

## L.A. CARE BOARD OF GOVERNORS MEETING

April 3, 2025 • 1:00 PM

Lobby Conference Room

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

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

## Mission

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 a 13-member Board of Governors 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.

## Health Coverage

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with two subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross and Blue Shield of California Promise Health Plan. 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 (HMO D-SNP)** – 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.



## Health Equity and Community Impact

It takes more than health care coverage to build healthy communities. L.A. Care recognizes that non-medical factors can significantly impact health outcomes. It is estimated that 50-80 percent of health outcomes are based on social, economic and environmental factors. To ensure healthy communities, it's critical to address basic needs like food, housing, education, transportation and employment – often referred to as social needs, or social drivers of health.

Poverty, implicit and systemic biases, and racism adversely impact the health of those who are low-income, people with disabilities, those who experience homelessness, people of color, and members of the LGBTQ community. L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. L.A. Care is also committed to being a champion and a voice for its members and their communities.

L.A. Care supports its members health and social needs through a variety of targeted activities:

**Community Health Investment Fund (CHIF)** strengthens community health and fills gaps in health coverage for low-income Angelenos. To date, CHIF has invested **\$138 million** via 970 grants to support programs that improve the health and support the social needs of under-resourced community members.

**Elevating the Safety Net** is designed to address a looming physician shortage. The **\$255 million** initiative is comprised of programs to train, recruit and retain diverse and highly qualified primary care physicians for the L.A. County safety net.

**L.A. Care and Blue Shield Promise Community Resource Centers** are jointly operated with L.A. Care's plan partner Blue Shield of California Promise Health Plan. The plans have jointly committed **\$146 million** to open 14 safe, fun and inclusive centers across LA County, which provide free fitness and health education classes, social services, member services and enrollment services that promote the well-being of members and the communities where they live.

**Regional Community Advisory Committees** are eight councils made up of L.A. Care members, doctors, nurses, community-based organizations and other health care providers who bring the voice of their communities directly to the L.A. Care Board of Governors.





## AGENDA

### BOARD OF GOVERNORS MEETING

L.A. Care Health Plan

Thursday, April 3, 2025, 2024, 1:00 P.M.

1055 W. 7<sup>th</sup> Street, Lobby Conference Room 100, Los Angeles, CA 90017

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

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

<https://lacare.webex.com/lacare/j.php?MTID=mc770d56256015c5d3791ee4de27fddd1>

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

English Meeting Access Number: **2498 422 6649** Password: **lacare**

Spanish Meeting Access Number: **2488 858 6852** Password: **lacare**

**John Raffoul**  
2423 Salamanca  
La Verne, CA 91750

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

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

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

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

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

1. Welcome Alvaro Ballesteros, MBA, *Chair*
2. Approve today’s agenda *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve Consent Agenda Items *Chair*  
*(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with “BOG”.)*
  - March 6, 2025 Board of Governors Meeting Minutes p.16
  - Ratify executed Amendment No. 58 to the Plan Partner Services Agreement between L.A. Care and Blue Shield Promise Health Plan which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards **(EXE 100)** p.53
  - Regional Advisory Community Committees membership **(ECA 100)** p.139
5. Chairperson Report *Chair*
  - Ad hoc Nominating Committee Report p.142



6. Chief Executive Officer Report **p.158**
- Government Affairs Update
  - Medicaid Uncertainty: State and Federal
  - Monthly Grants & Sponsorship Reports **p.190**
7. Chief Medical Officer Report **p.192**
8. Performance Monitoring – February 2025 **p.211**
- Martha Santana-Chin  
*Chief Executive Officer*
- Cherie Compartore  
*Senior Director, Government Affairs*
- John Russell  
*Partner, DGA*
- Rachel Blucher  
*Partner, Nielsen Merksamer Parrinello Gross & Leoni*
- Sameer Amin, MD  
*Chief Medical Officer*
- Sameer Amin, MD  
Acacia Reed  
*Chief Operating Officer*

Advisory Committee Reports

9. Executive Community Advisory Committee
- Regional Community Advisory Committees Region 2 motion transportation issues for medical services **(ECA 101) p.235**
10. Children’s Health Consultant Advisory Committee
- Fatima Vazquez  
*Consumer member*
- Layla Gonzalez  
*Advocate member*
- Tara Ficek, MPH  
*Committee Chair*

Board Committee Reports

11. Executive Committee
- Board Officer Election
  - Agency Designated Representative **(BOG 100) p.252**
12. Finance & Budget Committee
- Financial Performance January 2025 *(Informational Only)* **p.266**
  - Monthly Investment Transactions Reports January 2025 **p.275** *(Informational Only)*
13. Compliance & Quality Committee
14. Public Comment on Closed Session Items *(Please read instructions above.)*
- Chair

**ADJOURN TO CLOSED SESSION (Estimated time: 90 minutes)**

15. REPORT INVOLVING TRADE SECRET
- Pursuant to Welfare and Institutions Code Section 14087.38(n)  
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology  
Estimated date of public disclosure: *April 2027*
- Chair

16. **CONTRACT RATES**  
Pursuant to Welfare and Institutions Code Section 14087.38(m)
  - Plan Partner Rates
  - Provider Rates
  - DHCS Rates
17. **CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**  
Significant Exposure (3 cases)  
Pursuant to paragraph 2 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act
18. **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)
19. **CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION**  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act  
Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680  
Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF
20. **THREAT TO PUBLIC SERVICES OR FACILITIES**  
Government Code Section 54957  
Consultation with: Acacia Reed, *Chief Operating Officer*, Noah Paley, *Chief of Staff*, Terry Brown, *Chief Human Resources Officer*
21. **THREAT TO PUBLIC SERVICES OR FACILITIES**  
Government Code Section 54957  
Consultation with: Terry Brown, *Chief Human Resources Officer*, Augustavia Haydel, *General Counsel*
22. **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:  
Unrepresented Employee: Martha Santana-Chin

**RECONVENE IN OPEN SESSION**

*Chair*

**ADJOURNMENT**

*Chair*

The next meeting is scheduled on May 1, 2025 at 1 PM, it may be conducted as a teleconference meeting.  
The order of items appearing on the agenda may change during the meeting.

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

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

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

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

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



**Schedule of Meetings**  
**April 2025**

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3 <i>Board of Governors Meeting</i> <b>1 pm</b> <i>(for approx. 3 hours)</i>	4
7	8	9 <i>TTECAC Meeting</i> <b>10 AM</b> <i>(for approx. 3 hours)</i>	10	11
14	15	16 <i>RCAC 6</i> <b>10 AM</b> <i>(for approx. 2-1/2 hours)</i>	17 <i>Compliance &amp; Quality Committee Meeting</i> <b>2 PM</b> <i>(for approx. 2 hours)</i>  <i>RCAC 5</i> <b>2 PM</b> <i>(for approx. 2-1/2 hours)</i>	18 <i>RCAC 1</i> <b>11 AM</b> <i>(for approx. 2-1/2 hours)</i>
21 <i>RCAC 8</i> <b>10 AM</b> <i>(for approx. 2-1/2 hours)</i>	22	23 <i>Finance &amp; Budget Committee Meeting</i> <b>1 PM</b> <i>(for approx. 1 hour)</i>  <i>Executive Committee Meeting</i> <b>2 PM</b> <i>(for approx. 2 hours)</i>	24	25
28	29	30		



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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
<b>BOARD OF GOVERNORS</b>	<p><b>1<sup>st</sup> Thursday</b> 1:00 PM <i>(for approximately 3 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>April 3 May 1 June 5 July 24* <i>No meeting in August</i> September 4 ** October 2 *** November 6 December 4</p> <p><i>*4<sup>th</sup> Thursday due to summer vacations</i> <i>**All Day Retreat</i> <i>***Placeholder meeting</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez VACANT</p> <p><b>Staff Contact:</b> Martha Santana-Chin <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
<b>BOARD COMMITTEES</b>			
<b>EXECUTIVE COMMITTEE</b>	<p><b>4<sup>th</sup> Wednesday of the month</b> 2:00 PM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3<sup>rd</sup> Wednesday due to Thanksgiving holiday</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> G. Michael Roybal, MD, MPH <i>Governance Committee Chair</i> <i>Compliance &amp; Quality Committee Chair</i></p> <p><b>Staff Contact:</b> 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](http://www.lacare.org). Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 428.5500 or send email to [boardservices@lacare.org](mailto:boardservices@lacare.org).**

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2025 MEETING SCHEDULE / MEMBER LISTING**

	<b>MEETING DAY, TIME &amp; LOCATION</b>	<b>MEETING DATES</b>	<b>BOARD MEMBERS / STAFF CONTACT</b>
<b>COMPLIANCE &amp; QUALITY COMMITTEE</b>	<p>3<sup>rd</sup> Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>April 17 May 15 June 16 <i>No meeting in July</i> August 21 September 18 October 16 November 20 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
<b>FINANCE &amp; BUDGET COMMITTEE</b>	<p>4<sup>th</sup> Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3<sup>rd</sup> Wednesday due to Thanksgiving holiday</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p><b>Staff Contact:</b> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
<b>PROVIDER RELATIONS ADVISORY COMMITTEE</b>	<p>Meets Quarterly 3<sup>rd</sup> Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>May 21 August 20 November 19</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p><b>Staff Contact:</b> Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

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

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
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2025 MEETING SCHEDULE / MEMBER LISTING**

<p align="center"><b>L.A. CARE COMMUNITY HEALTH PLAN</b></p>	<p><b>Meets Annually or as needed</b> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez <b>VACANT</b></p> <p><b>Staff Contact:</b> Martha Santana-Chin, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center"><b>L.A. CARE JOINT POWERS AUTHORITY</b></p>	<p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>April 3 May 1 June 5 July 24* <i>No meeting in August</i> September 4 ** October 2 *** November 6 December 4</p> <p><i>*4<sup>th</sup> Thursday due to summer vacations</i> <i>**All Day Retreat</i> <i>***Placeholder meeting</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez <b>VACANT</b></p> <p><b>Staff Contact:</b> Martha Santana-Chin, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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<b>PUBLIC ADVISORY COMMITTEES</b>			
<p align="center"><b>CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</b></p>	<p align="center"><b>3<sup>rd</sup> Tuesday of every other month</b> 8:30 AM <i>(for approximately 2 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">May 20 August 19 October 21</p>	<p><b>Tara Ficek, MPH, <i>Chairperson</i></b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center"><b>TEMPORARY TRANSITIONAL EXECUTIVE COMMUNITY ADVISORY COMMITTEE</b></p>	<p align="center"><b>2<sup>nd</sup> Wednesday of the month</b> 10:00 AM <i>(for approximately 3 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">April 9 May 14 June 11 July 9 <i>No meeting in August</i> September 10 October 8 November 12 December 10</p>	<p><b>Ana Rodriguez, <i>Chairperson</i></b></p> <p><b>Staff Contact:</b> Idalia Chitica, <i>Community Outreach &amp; Education, Ext. 4420</i></p>
<p align="center"><b>TECHNICAL ADVISORY COMMITTEE</b></p>	<p align="center"><b>Meets Quarterly 2<sup>nd</sup> Thursday of meeting month</b> 2:00 PM <i>(for approximately 2 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">April 10 August 14 October 9</p>	<p><b>Alex Li, MD, <i>Chairperson</i></b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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2025 MEETING SCHEDULE / MEMBER LISTING**

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

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT [WWW.LACARE.ORG](http://WWW.LACARE.ORG). MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 428.5500 OR SEND EMAIL TO [BOARDSERVICES@LACARE.ORG](mailto:BOARDSERVICES@LACARE.ORG).**

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2025 MEETING SCHEDULE / MEMBER LISTING**

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

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# **CONSENT AGENDA**

**Board of Governors**  
**Regular Meeting Minutes #335**  
**March 6, 2025**



**L.A. Care**  
 HEALTH PLAN

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

**Members**

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

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

**Management**

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

*\*Absent*

*\*\* Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Board Vice Chairperson Ilan Shapiro, MD, called the meetings to order at 1:04 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p>Board Chairperson Ballesteros requested approval to participate virtually due to medical circumstances, and he stated there was no one with him over the age of 18 years.</p> <p>Vice Chairperson Shapiro welcomed all to the meeting and he outlined the information for public comment included on the meeting Agenda.</p>	<p><b>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Vaccaro, and Vazquez)</b></p>
<b>APPROVAL OF MEETING AGENDA</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson, RCAC 5, does not agree with item number two on today's agenda because she had asked that the Board address many important items that are not being addressed, like questionable actions by staff. She continues to state within any RCAC stakeholder bylaws and any initiative measures are to be submitted by the voters. However, even though during the RCAC stakeholder meetings, they thrive on public communication and L.A. Care members speaking out. The L.A. Care staff liaisons are unethically allowed to impede on that process, at least at her RCAC. There is no formal discussion on the agenda on whether those actions will be investigated today. Why is the staff allowed to speak publicly and team up against important decisions that they all try to lobby for, which could mentally, physically, and financially affect them all. She does not know why that is happening, but they need to discuss that on the agenda. It takes away</i></p>	

**DRAFT**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>their purpose. They distract the members from speaking throughout the meetings and take away their priorities. She thinks it is important to discuss that today and our L.A. Care unlawfully makes decisions towards the development of the team bylaws, filibustering the agenda, and unlawfully taking away their rights, their Robert's Rules of Order and Brown Act, which limits their nonprofit stakeholder partnership with L.A. Care. And that is wrong. Please address these unethical practices. This is because Chair Ballesteros, you and the other Board of Governors hold right to major decision processes. That is why she is asking that they place that on the agenda. We could help all people, including the homeless, we can even go to churches, letting them know about benefits and how they may change now since the Trump administration. We can work toward working with organizations, schools, and just all kinds of other things addressing issues that they are all facing right now, but yet they are not given that opportunity. She wants to make sure that the Board knows she is only here for a purpose and she shows love to every single person. No matter what race you are, anything having to do with the legally blind, people who may not be able to hear, like her Granny. And she wants to make sure that seniors and the disabled are represented properly, and they need to be able to have that dialogue during the meetings, but they have not been able to do so. And the chairs speak during the meetings and public comment is allowed only at the end. We cannot let the public comment on every agenda item anymore, and that is per staff.</i></p> <p><i>(Board Member Ghaly joined the meeting.)</i></p> <p>Martha Santana-Chin, <i>Chief Executive Officer</i>, thanked Ms. McFerson for her comments. Ms. Santana-Chin observed in her short time with L.A. Care that she hears a sense of frustration that comments indicate people are not being heard. Sameer Amin, MD, <i>Chief Medical Officer</i>, Noah Paley, <i>Chief of Staff</i>, and she, and the rest L.A. Care's senior leadership team, have committed to attending consumer advisory meetings to listen, observe, and figure out how to better support the needs of the members. They were very pleased to see the motion from members at the last meeting, and today there will be other motions directly from the Regional Community Advisory Committees (RCACs). That is the way it should work. The Board should hear directly from L.A. Care members. Everyone's intention is to make the plan better, to better serve and support communities, and they are 100% committed to that. Today in the CEO report, you'll hear a brief section that touches on this, specifically speaking to action as a result of the motion presented last month. The goal is to make sure that not only are leaders actively listening, but they are empowering L.A. Care's RCAC members to support the whole program. The Medi-Cal program is under threat, and that should be a collective number one priority. There are real threats around the Medi-Cal program and the Affordable Care Act, and all voices are needed to understand and help others understand the impact of potential cuts. There will be more information provided on that front but know that you are being heard.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Vice Chairperson Shapiro thanked Ms. McFerson for being here and voicing concerns and putting light on things that L.A. Care needs to do.</p> <p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper commented to the acting chair, to the chair and to the members of the Board of Governors. She welcomed the new CEO. Her name is Elizabeth Cooper. She is a long-time member. She brought a copy of the Constitution of California and the Constitution of the United States. She recommends everybody get it. She reads the Constitution of California and the Constitution of the United States. She would like to thank the CEO for her comments. She asks for reasonable accommodation because she hates to admit it, but she is a senior. She would like the Board to please consider her concern. She is deeply concerned about the pending cuts, and she is glad that it was mentioned. As a RCAC member, she has been in touch with her legislators. She has encouraged them to have public comments. She has called, and spoken with different organizations. She will write to the California Attorney General, Rob Bonta. She thanked him for the work he's doing to protect California. Rob Bonta, the Attorney General of the great State of California. She has been in touch with her legislators. The part now is not that they have to worry about what is going on. You are the Board members, but they are the members of the committee, and they have a role to play. She thinks each of us, this is non-partisan, when it is going to impact her son, who is an L.A. Care member or disabled. She has been in touch with her legislators. She is not going to sit around and wait to happen. At least she is going to say she is doing something and with the Board's help. She would like to thank the Department of Social Services. They encourage them to get involved. They encourage them to vote, register to vote, even her son. She thanked the DPSS for doing that because they are encouraging them to participate in democracy. And that is what it is about, because trust her ladies and gentlemen, and trust her members, this is a threat to their democracy if these benefits are cut. She's never been in a demonstration before, but she thought about getting out there and just watching with those person who might be a threat now, not worried about where they would live or whether someone could knock on their door and those who are losing their jobs, government workers. So she is involved and that's why she reads of we the people of the United States and the California Constitution.</i></p> <p>Vice Chairperson Shapiro thanked her, noting it is always a pleasure to have her here. He noted that the order of agenda items can change.</p> <p><b>The meeting Agenda was approved.</b></p>	<p>Unanimously approved by roll call.  <b>10 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Vaccaro and Vazquez)</b></p>
<p><b>PUBLIC COMMENTS</b></p>	<p><i>Andria McFerson feels that RCAC members and L.A. Care member stakeholders are not represented properly. And as she had said before and said many times, because the former chair sat right there and said that their budget would roll over for three years during</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>the fiscal year while they were on a hiatus during COVID-19. He said that it would roll over, so that added up to \$150,000. And they were not allowed to even meet as RCACs like how they were supposed to every other month, which meant that they were not able to vote on getting out to the public and doing events, doing some sort of outreach towards different organizations that may adhere to the members necessities health-wise during COVID-19. They were not even allowed to have telephone meetings, which meant that all that money went where? They have absolutely no idea. She has been asking for a budget now for a long time and she's never received it. But now they are having meetings with the staff basically writing proposals and presenting to them and telling them that they cannot have something on the agenda that they requested. She requested for a motion to have more funding, and that would be so that they can either help Pacific Palisades or help the homeless or help major things that are happening in L.A. Care health-wise. They do have the experience. They have a non-profit organization that's been together more than 20 years. They have been doing this for a long time, but all of a sudden it got taken away and they do not have the democratic process in order to make sure that they make those decisions for themselves and the people that they represent. She wants to make sure that the Board knows the last meeting that they had, the staff just basically stated that they have to give their money to another organization. The \$5,000 that they are funded. She does not know if it is Department of Health Care Services, but they have to give that money to another organization, and they do not have an equal quorum at their meetings. They do not have the legally disabled, blind, a whole lot of seniors. They do not have Middle East. They lack Asian representation and just all kinds of different things, even Caucasian. So they want to make sure that they have the right process in order to do all work that needs to be done in Los Angeles County and it needs to start here.</i></p> <p><i>Nelson Hermosillo is here on behalf of his mother who is an L.A. Care member. She is a disabled American and she is confined to a wheelchair. She would have loved to be here today but given the weather outside it is in her best interest to remain home. He would like to begin by praising the staff, Ginger and Jazmine of the environmental adaptations program, they have been phenomenal. Recently they made the decision to move his mom into his residence due to her age and her residence deteriorating. So they decided to move her in. He was getting bids to construct a ramp at his residence for her to be able to come in and out, and he realized that it is a lot more than he can afford. So he started looking into loans. Some of the community members informed him of the adaptation program, which he applied for. There were numerous phone calls to the hotline, some back and forth. They referred them to Medicare, then they came back, they referred us to the doctor to write a prescription, which they did, and there was all these documents on file and they kept coming back to him saying that they were not on file, and he kept offering to email them. So once he got to the right program, they were phenomenal. They took care of everything. They reached out to the contractor with L.A. Care to come out and do an assessment and initially they were on top of it. They came</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>out, they measured they pretty much took care of everything and that is when they went silent. He did not hear back from them. Ginger was calling them, he was calling them, the phone was ringing and ringing. The person that came out, which he believes was a subcontractor, gave him their phone number. He talked to the owner of that contractor company, Forever Active, and he essentially told him we will get to it when we can, we are backlogged. So he called Ginger again and she informed me that there is only one contractor that does adaptations for L.A. Care. And for 2.3 million members he does not think that is just. He is sure he is doing phenomenal work, but if he is overwhelmed, L.A. Care should definitely have alternate contractors to serve the community.</i></p> <p>Ms. Santana-Chin thanked Mr. Hermosillo for his comment and for raising this to the board’s attention. The Community Supports environmental adaptations program is a relatively new program offered by health plans. Health plans are not required to offer the program and it is not a benefit per se, it is a service that L.A. Care chose to offer because there are individuals like his mother that need assistance. It is a relatively new experience for the providers that L.A. Care contracts with, working with managed care health plans. L.A. Care chose to contract with only one at this point because the volume of participants is very low. In a 12-month period L.A. Care has had 62 cases that needed support and fortunately, most of those cases were completed within the regulatory required time frame. The State requires that the assessment is done in 60 days and 120 days for completion of the work. This particular vendor has been able to complete the work within a month or two. So far, it is working as intended. L.A. Care will continue to monitor results. Mr. Hermosillo is asking for something reasonable, for an alternative option. The challenge when you contract for services like this is that those providers want volume to be able to give good pricing. L.A. Care hears his suggestion and will definitely take it into consideration.</p> <p><i>Elizabeth Cooper would like the Chair and the Board members to please take notice, they have a lot of issues going on. First, and she forgot to mention this, she would like to thank the Board of Governors, as she was not here last month due to circumstances, for Black History Month, an important role that the Afro-American community played in the building of this country and also with the Constitution of the United States, the 14th Amendment and the Constitution. They have played a role. But she would like the Board members to please take notice, and the CEO, they are in a crisis now. The funds that they are asking for, she thinks the role needs to be played on now, how are they going to save Medicare. Medi-Cal is the most important thing now. They have issues here at the Board with the RCACs, she does too. She has a son who is going to be impacted, who is an L.A. Care member. But she just thinks we need to focus on involving the consumers and the members now, and the staff. She would like to thank staff for participating in the Martin Luther King Birthday celebration. She would like to thank their staff. It seemed to have a joyous time. She and her son were not able to attend, but they looked like they were very</i></p>	



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	<p><i>happy, so she would like to thank the L.A. Care staff who participated in the Martin Luther King Birthday last month. She gave kudos to members of the staff. Members of the Board and the staff, they need to start focusing on the cuts because all of these services we are talking about, if they do not save Medi-Cal, it does not matter what you say and what we do here. So they need to start mobilizing the consumers to be more concerned, be active in a non-partisan way. That is what her focus is. She has a lot of issues, she is concerned about the pending cut. But they need to focus, and she would like the CEO to speak about that. What can the RCACs do? Because they are the ones who will be impacted. Chairperson, she would like the Board to please take notice of her comment. She is concerned about the other issues, but what about Medi-Cal? It is about ready to be cut, Medi-Cal, and it is going to impact every member who is an L.A. Care member. What are we doing? What can we do? Without being political, she is just being honest with you. Please take notice. She might be political, but she might have a participant view, but that is not relevant now. What are you going to do to save Medi-Cal? And so, the members who are concerned about these cuts, what is happening within the services, what are you doing to save Medicare? How can they help? That is what her concern is.</i></p> <p><i>Sylvia Socio, RCAC 6 wants to refer a general comment. On February 27 around 10:15 A.M. she called to Call the Car and she wanted to cancel a ride. The system recognized her and immediately activated it, not giving her time to cancel. She tried everything until she found the driver in her doorway. She said, sorry sir, you have to go back, she did not have time to cancel. She thinks that this has to be modified and give the caller the opportunity to start or cancel the ride, so they have to have the options. The truth of the matter is that when they used to activate the ride before, because it seems they can change the recording, they were given time to use different options and that is what they need. Besides that, they do not need any information at that moment because one might be in the middle of the street struggling to accomplish one's ride. At that point they do not need any reference to having flu shots, not even to the sad situation with wildfires and resources. The only comment is if there is an emergency, be calm, hang up and call 911. But for that they have to be able to manage the situation very simply and in a very straightforward manner. Besides that, she is sorry that whenever she makes a comment, they make it into a complaint. She does not feel she is complaining, she is just giving an idea. She thinks there might be also focus groups, she would volunteer if necessary, and talk to the members, make groups, and talk to the members, to see what they might improve without making a complaint. Because every time she receives the paperwork for a complaint, she feels a witch, she feels that the bad witch of the tale. And they have also complained that she has not followed the right protocol to please to submit this complaint. Apparently, they have to call member services. And again, in member services, they have a wait time of 30-40 min. Lately, she has gotten used to calling member services between 8 and 10:00 p.m. Isn't that ridiculous?</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Dorothy Lowry noted Ms. Cooper's comments, she really wanted her to hear this because she looks at the news in different stations every night and a lot of the people are being frightened. But if you are a legal citizen, they are not going to take nothing from you. It is the illegal people they are working towards and it is making people stress out. If you are legal, you do not have nothing to worry about. Especially in her condition, they are not taking nothing from them. She wishes people would look at more stations, look at the fox station to get both sides. But if you focus on the Democrats, they are just about fear. Fear. You have to research when someone tells you, search another station so you can get the full understanding. But fear makes people sick.</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson from RCAC 5 commented that staff presented ECAC and the Board a bound agreement to change their bylaws and if L.A. Care and the Board was completely abreast of and knew how it would affect them, she believes the Board would not have allowed things to change. The Board would have voted towards a proper electoral process. No stakeholder chair would have met their tenure term limit and still would have been able to run again. It used to be the chairs only met their tenure and then they could not run anymore. But now it is starting all over again so basically you can run four times now instead of two. That is like, you know, the staff telling them to do something that they did not vote on. So that is like the White House staff telling President Trump he can run four times instead of two. Yeah, she just wanted to compare that so the Board can understand what she is talking about. But staff conveniently changed it. So now they can run four times almost, not giving them their rights. So during their last RCAC meeting staff changed it that day and told them they can only speak for 60 seconds and campaign for a position as a chair. And they ran against people that have been there for a long time and so a lot of them just got their position right back. And it is going to happen again. And if the Board does not change things, then they would not have that proper Robert's Rules of Order, Brown Act and democratic process that they all need in order to represent their community properly. And that is just based on ethics, that is not her personal vendetta against anyone. She loves everyone, and it does not matter to her who you are, where you are from or who you work for. She is just going to do the right thing. That is how she was raised. So that is the only comment she wanted to make and that was towards rectifying elected chairs because they have been elected due to that process that she is explaining to you right now.</i></p> <p>Vice Chairperson Shapiro read aloud the Consent Agenda items.</p> <ul style="list-style-type: none"> <li>• February 6, 2025 Board of Governors Meeting Minutes</li> <li>• Quarterly Investment Report <b><u>Motion FIN 100.0325</u></b></li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>To accept the Quarterly Investment Report for the quarter ending December 31, 2024, as submitted.</p> <ul style="list-style-type: none"> <li>Tangram, Inc. Contract Amendment to authorize increase funding to purchase new standard office furniture, equipment and installation labor <b><u>Motion FIN 101.0325</u></b> To delegate authority to the Chief Executive Officer to amend the Master Purchase Agreement with commercial furniture vendor New Tangram, LLC. and to authorize increasing funding in an amount not to exceed \$5,070,418 to purchase new standard office furniture, equipment and installation labor.</li> <li>Infocrossing, LLC Contract Amendment to continue providing third-party support for enrollment and disenrollment transactions and eligibility inquiries related to existing Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members <b><u>Motion FIN 102.0325</u></b> To authorize the staff to enter into Amendment #6 with Infocrossing, LLC, increasing the overall contract amount from \$4,700,000 to \$5,469,466, (an incremental increase of \$769,466), and increasing the contract terms from June 21, 2017 – December 31, 2025, to June 21, 2017 – December 31, 2026, (an incremental term of 1 year). This amendment will allow Infocrossing to continue to support L.A. Care with third-party support for enrollment and disenrollment transactions and eligibility inquiries related to Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members through December 31, 2026.</li> <li>Approve Regional Advisory Community Committees membership <b><u>Motion TTECA 100.0325</u></b> To approve the following candidate(s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their February 12, 2025 meeting: Jose Lopez, RCAC 3, Consumer</li> <li>Ratify elected Chairs and Vice Chairs of the Regional Advisory Community Committees <b><u>Motion TTECA 101.0325</u></b> To ratify the election of the following candidates for RCAC Chair and Vice Chair of their assigned Region for a two-year term that will start March 2025. <ul style="list-style-type: none"> <li>Maria Mayoral, RCAC 1, Chair</li> <li>Alicia Flores, RCAC 1, Vice Chair</li> </ul> </li> </ul>	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Ana Rodriguez, RCAC 2, Chair</li> <li>• Diane Chavez, RCAC 2, Chair</li> <li>• Gladis Alvarez, RCAC 3, Chair</li> <li>• Elmano Osorio, RCAC 3, Vice-Chair</li> <li>• Estela Lara, RCAC 4, Chair</li> <li>• Silvia Poz, RCAC 4, Vice-Chair</li> <li>• Marco Galindo, RCAC 5, Chair</li> <li>• Carmen Delgado, RCAC 5, Vice-Chair</li> <li>• Hilda Perez, RCAC 6, Chair</li> <li>• Joyce Sales, RCAC 6, Vice-Chair</li> <li>• Maritza Lebron, RCAC 7, Chair</li> <li>• Aida Aguilar, RCAC 7, Vice-Chair</li> <li>• Tonya Byrd, RCAC 8, Chair</li> <li>• Maria Alvarez, RCAC 8, Vice-Chair</li> </ul>	
<p><b>CHAIRPERSON'S REPORT</b></p>	<p>Vice Chairperson Shapiro has been in Washington, DC three times recently, and many of the conversations regarding Medicaid are about funding cuts. The system is not perfect, but the miracles that we do here, especially with Medicaid patients, are amazing. He remembers the patients who did not have stable Medicaid, came from other states, and were on intubations for asthma, it was reality on daily basis. He remembers patients that have type one diabetes, little kids that need insulin and ended up with complications in their eyes when they were 12 or 13 years old because they could not afford the insulin. As a pediatrician, as a member of the community, he sees the difference with stable Medicaid and a way to talk to a doctor. This expands to the grandparents that he sees, and the family members. It is interesting that 80 million people around the country have this coverage. It needs to be top of mind. It has changed lives and has been very effective, with the opportunity to do even better. He highlighted information that we have: Legislators need to figure out how to move \$880 billion, and it will be very hard not to include healthcare in the cuts. He does not want patients to go back to the emergency rooms or wait for complications. Prevention is worth it right now.</p> <p>Vice Chairperson Shapiro reported the appointment of the ad hoc nominating committee: Dr. Ghaly, Dr. Booth and Mr. Ballesteros.</p> <p>He reminded Board members about officer elections. The Executive Committee will review nominations at the March meeting and elections will be held at the April Board meeting. Board services will request nominations tomorrow, March 7.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented, first of all, as she said, she would like to welcome the CEO and she is sure she will do the best she can for L.A. Care and for the members. But she would like to see, working together with the staff, and now she might have disagreements with the staff, but she feels they play a vital role in making sure that L.A. Care's RCACs operate and members can do their duty. She would like to see the CEO coming to the RCACs and see what they are doing and how some of the roles that the RCACs have played in many initiatives that the Board has approved. As a long time member of the RCACs and one who served at one time as the vice chair before it became L.A. Care. And her signature was required for the Knox Keene license that L.A. Care has today. That is why she has such a passionate interest in that. She looks forward to the CEO and staff there and they might not do all those sophisticated words, but she looks forward to hoping that the CEO can have a successful career and also listen to the voices of the members, because they are the ones who keep the engines going. And that is what one former board member stated, he was the executive director, he said members are the ones who keep the engine going. Oh, and you might start the engine, but the RCAC members are the ones who are very important.</i></p> <p><i>Andria McFerson, RCAC 5, commented regarding item number six and the monthly grants. Formerly she had requested on the agenda to have a motion to request more money for sponsorship for the RCACs, and all accordingly, you can say, just so that like before, they can have basically events like they used to, and that is to reach out to people who need direct communication and just different things like that having to do with their rights as L.A. Care members. They do have an ability event and excuse her verbiage she is not quite sure the whole name, but that is tomorrow, Saturday and Sunday. It is for all people and primarily the disabled and people in wheelchairs and people who have limitations generally. It gives a lot of different options for people of Los Angeles County, of the community and just to have medical equipment and the training to know how to use certain things that they already have or certain things that are available to them. And there are fun games and just building incentive for people with disabilities just making it so that they are inclusive. And she thinks that is important. So, that is a lot of different things that they can be a part of. And she thinks L.A. Care needs to be able to communicate to members and let them know about different opportunities like that and give more sponsorship to the RCACs so that they can go out and talk about different things like that and communicate using peer on peer, eye to eye type of communication.</i></p> <p><i>(Board Member Greene joined meeting.)</i></p> <p>Ms. Santana-Chin reported that there's a lot of information circulating about Medi-Cal, and it is easy to not fully understand the depth of what is being discussed. Vice Chairperson Shapiro mentioned that the members of the U.S. House of Representatives have passed a budget resolution that includes an \$880 billion cut. \$880 billion is what that specific group has been</p>	

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	<p>given as a target, that they have got to find money to support programs, and though that funding is going to support tax cuts and the immigration agenda and many other priorities for the federal administration. That is a very big number. One of the biggest expenditure line items in the federal budget is Medicaid. You may have heard very explicitly that there are many other programs that the federal government intends not to touch, but Medicaid is absolutely one of the programs that is under threat. There are very specific items or ideas that are being bounced around. Some of these things can get complicated, and she will try to simplify as best as she can.</p> <p>The Medicaid program is funded by the federal government, the state government and by local government. It takes money from all those sources to fund Medicaid.</p> <ul style="list-style-type: none"> <li>• One proposal is that the federal government would like to reduce the federal government contribution to states for Medicaid programs.</li> <li>• Another proposal is to reduce how much the federal government allows states to use for adults between the ages of 18 to 65. That is another proposal to cut funding specifically targeting that population.</li> <li>• Another proposal is to enforce what they are calling work requirements. In the Medicaid program, most people who can work, actually work. These requirements would essentially create a process and implement paperwork and bureaucracy that we believe will end up disqualifying a lot of people that currently qualify for Medi-Cal because members would have to provide a lot of information that they may not be used to providing.</li> <li>• The other thing being talked about is characterized as fraud waste and abuse with something called provider taxes. The provider taxes are essentially the mechanism that the state and the local governments use to put up their share of funding for the Medicaid program. These taxes have been in place since the mid-1980s. Every time these taxes are implemented, the state finds a way to fund the program, the local counties find a way to fund the program, a proposal is submitted to the Centers for Medicare and Medicaid Services, the federal government approves the tax, it gets implemented, and that is how states fund the Medicaid system. If any of those things are impacted, the state governments will have to figure out if the state has the resources to support more money coming out of the state pocket to support the program. The state of California unfortunately is not in a very good fiscal situation, so it is not likely that California would be able to fully support the program.</li> </ul> <p>These proposals have a very real danger of cutting coverage, cutting benefits, cutting services, and unfortunately taking us back decades as Vice Chairperson Shapiro rightfully called out. One thing that she really appreciates about the public comment today is that L.A. Care is collecting member stories. These member stories are a critical part of informing legislators about the devastating impacts that cuts to the program can have. She invited anyone</p>	

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	<p>interested in participating and contributing to the member stories to contact Mr. Paley. His team is collecting member stories. A very simple video will be recorded. L.A. Care has had a number of individuals willing to stand up and to support L.A. Care’s programs, and she is thankful for that. This situation needs to make sure a lot of education gets out to raise awareness about how this will ultimately impact the people that L.A. Care serve. L.A. Care is doing its part to work directly and through coalitions at state and federal levels to educate legislators that will be making the decisions around the budget. Medi-Cal provides funds for the physicians, hospitals, nursing facilities L.A. Care members use. Cuts will also impact employment in that sector, which means the jobs are also at risk for friends, family and loved ones. There is a lot at stake with the cuts that are being proposed. L.A. Care is making this a high priority to make sure it is doing its part to educate, to get the facts out and partner with others to do the same. For any members looking to activate, please feel free to connect with Mr. Paley and the team will be happy to film a video about you.</p> <p>Another issue raised during the public comment today and at the last board meeting is the issue of making sure that L.A. Care is doing a better job of representing member perspectives and how L.A. Care run the program and respond. The senior leadership team has put a lot of work into this since early this year, and years of work prior to that. Public comments are very important and the advice that members give L.A. Care is very much appreciated. There are a few things that L.A. Care is doing to make sure that it is being responsive.</p> <ul style="list-style-type: none"> <li>• Dr. Amin has made it a priority to actively seek input from a broad range of representative members from various communities that L.A. Care serves. Seniors and people with disabilities, chronic conditions, families, children that are being supported by a children's hospital or other organizations that have special support for special needs members of the working class, whoever it is, whatever the needs are. The idea is to get information and insights directly from the people that L.A. Care serves to understand what L.A. Care can do better to serve the needs of each of those populations.</li> <li>• L.A. Care appreciates the motion last month, it was well organized and very specific. Members told us it is durable medical equipment (DME), it is transportation, it is communication between physician and providers that is very helpful. L.A. Care pulled together a strike team, a very dedicated group of individuals to address these issues. They have identified a few things that L.A. Care can do to support the process and do a better job. And they are hard at work pulling together an action plan to bring back to the Board in May so members could see what creative solutions will address the access issues identified.</li> <li>• Another thing will be to go back to the RCACs and work with the RCACs. She will personally attend meetings in March and April, as well as other members of the senior leadership team. L.A. Care wants to observe to learn and see how to better support the</li> </ul>	

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	<p>team members in unleashing the power of the RCACs. L.A. Care wants to make sure that the RCAC members feel that they are making an impact, they are heard, and that L.A. Care is helping them be as effective as possible, to harness the power of the people making the time to participate.</p> <ul style="list-style-type: none"> <li>• Ms. Santana-Chin announced that members of L.A. Care’s advocacy team are available at this meeting today and at future meetings to assist L.A. Care members. Any member that feels a need to provide public comment is welcome to do that. Public comment helps make L.A. Care better. The advocacy team will support individual member needs. There will be an office across that is private, so if any members who come to the board meeting and are sharing a specific need that they are struggling with. The team will have access to the systems, they will work the issues until they are resolved and are 100% committed to doing that. These are a few of the changes introduced this year to strengthen L.A. Care’s support for members.</li> <li>• As an update on the wildfire recovery efforts, at the last board meeting, the board graciously approved a \$10 million investment for long-term recovery after the wildfires. And the L.A. Care team's commitment was to be thoughtful about how those resources are allocated to address gaps that exist after the wildfire. More details will be released soon. What L.A. Care is centering on is making sure to direct money to restore and enhance access to care in the communities that were impacted and the surrounding areas, as many people ended up going to other neighborhoods. L.A. Care want to make sure that funds are used creatively. Even before the fires, some of these areas were struggling with nursing facility access, post-acute care support, telehealth, mobile health, creative ways of getting care into the communities. L.A. Care is trying to center investments helping the communities come back to life and get back on their feet. Whether it is a provider office with a significant number of employees impacted or the providers themselves, L.A. Care wants to be able to provide support. There are a lot of work going on. Ms. Santana-Chin thanked the leadership team and the team here today because they have been working hard to make sure that L.A. Care is as responsive as possible, based on the feedback received.</li> </ul> <p>Board Member Roybal understands that in the budget resolution that was passed, Congress has charged the House Committee on Energy and Commerce to find \$880 billion in cuts. His understanding is also that there are only about three things that that committee covers or is responsible for, Medicaid, which in California is called Medi-Cal, Medicare, and a mixture of health and non-health things. The non-health things represent only about \$500 or \$600 billion in funding. The other two pieces are Medicaid and Medicare. That committee is basically going to have to pick out of those three pots to cut \$880 billion. Cuts will come from Medicare, Medicaid or the smaller pot that includes some health things and some other things.</p>	



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	It would be hard not to cut either Medicare or Medicaid even if the other was zeroed out to make those cuts. Ms. Santana-Chin confirmed his statements.	
<ul style="list-style-type: none"> <li>Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Ms. Santana-Chin referred to the written report included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> <li>Approval of 2025 State and Federal Policy Priorities <b>(BOG 100)</b></li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, noted the revised motion for the state and federal legislative priorities. She noted that positions are stated in the affirmative, following Los Angeles County’s model. There are more significant threats this year, with the new federal administration. This policy agenda is longer than was presented in prior years. By design these principles are intended to be high level and not prescriptive. If and when the Board approves the priorities, L.A. Care’s leadership and government affairs teams will have an ability to quickly engage with regulatory agencies, elected officials, and other organizations on areas that impact L.A. Care. The priorities are specifically designed within L.A. Care’s mission. Significant issues or priorities that are not on this list and come up later will be brought back to the board for review and approval to move forward with the position.</p> <p>There is an ad hoc committee and a process in place for urgent items that arise between Board meetings. For the most part, specific populations are not identified, by design all L.A. Care members in all product lines are included in the policy platform. Medicare is specifically mentioned because of the Star ratings, and Covered California because of the premium subsidies. Medi-Cal members are not differentiated by population or age as all Medi-Cal members are included in the policy platform. A redlined version of the motion was presented based on late suggestions and edits. The principles are numbered and placed in categories.</p> <p>Board Member Vaccaro asked why, in the redlined version under access to care item 23, nurse practitioners were eliminated in terms of supporting residency positions for them.</p> <p>Board Member Booth opined that at this point she does not think it is in L.A. Care’s best interest to say nurse practitioners are the same or not the same as doctors. She suggested not defining that issue because there is evidence that, even though they are a lot nicer and patients tend to like them a lot more, nurse practitioners without any supervision can be more expensive because they order a lot more tests. She suggested to support improvements in education and training for all of the medical practitioners.</p> <p>Board Member Vaccaro disagreed and noted that health centers and federally qualified health centers (FQHCs) depend greatly on nurse practitioners, and when they come out of programs without having the residency program, there are challenges. The residency programs that are available to nurse practitioners are incredibly valuable, and there are not enough of them. She</p>	

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	<p>encouraged the Board to consider inclusion of nurse practitioners as a priority for residency programs. Board Member Booth suggested putting it in a separate sentence.</p> <p>Board Member Roybal concurred that residency programs for nurse practitioners will help to improve their ability to care for patients. When coming straight out of school, they are challenged, but he thinks that one thing not being done to prepare the workforce is residency programs for nurse practitioners. He thinks it is not done appropriately nor done enough, and he would go as so far as to make a motion to amend the motion to include them in that statement. Nurse practitioners provide a significant amount of care, especially for many primary provider groups (PPGs) and provider groups, as well as FQHCs. The more training provided for them, as is done for any others, whether a physician or practitioner assistant (PA), a registered nurse (RN), a community health worker, he thinks it only helps improve the care for L.A. Care members and improves access for L.A. Care patients. There is a limited number of training slots for physicians, but L.A. Care can help improve access by augmenting the training for other allied health professionals.</p> <p>Board Member Booth stated what was said makes sense, she would prefer to leave the nurse practitioners on a separate line. She does not think there should be a statement one way or the other, because if L.A. Care advocates strongly that they are the same, the optics are such that there are two levels of care.</p> <p>Board Member Roybal does not think the motion presents them as equal to physicians, it supports additional training.</p> <p>Vice Chairperson Shapiro suggested rephrasing to “support initiatives to increase residency positions for healthcare providers”, as it will provide leverage for workforce development in the future depending on what is needed.</p> <p>Board Member Booth suggested removing “physicians”. She appreciates the information as she has been away from working with nurse practitioners for a while. Ms. Compartore clarified that the words “for physicians” will be removed and replaced with “health care providers”. Board Member Booth suggested “support initiatives to increase residency positions with a focus on training health care providers to serve vulnerable and underserved populations, particularly in primary care.”</p> <p>Board Member Greene commented that the document is titled, state and federal policy priorities, and he immediately thinks of decisions being made in Sacramento and Washington DC. He suggested including positions at the local level, to engage with the city and county. He suggested a revision to include federal, state and local policy priorities, to clearly indicate advocacy on behalf of L.A. Care beneficiaries at the local level all the way up to Washington DC.</p>	

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	<p>Ms. Compartore endorsed his suggestion. There was no objection and Vice Chairperson Shapiro requested that be added to the motion.</p> <p>Board Member Contreras commented that one other threat to Medicaid is for states that provide a parallel service for the undocumented. In Los Angeles County there are over 650,000 individuals receiving that service. She also noticed a phrase, “reducing racial disparities” was deleted. She asked about L.A. Care’s policy positions for these areas.</p> <p>Ms. Compartore noted that statements about support for comprehensive coverage and access to care for the entire Medi-Cal member population include the undocumented. Board Member Booth asked Board Member Contreras about a reason to keep the phrase, “reducing racial disparities”, if L.A. Care is “working to improve equity”, would that not include reducing racial disparity? Board Member Contreras suggested that it is important to L.A. Care to advocate for equitable access and equitable outcomes. Board Member Contreras feels that reducing racial disparities refers to slightly different aspects. L.A. Care may not be able to achieve the desire impact if racial disparities are not tracked. It was agreed that the phrase, “reducing racial disparity” would remain in the motion.</p> <p>Board Member Booth noted that item 30 currently reads, “support proposals to prevent or mitigate medical debt and its negative impacts.” She suggested adding the following: “focus on individuals who are actively paying off their medical debt especially if the debt accrues interest.”</p> <p>Vice Chairperson Shapiro suggested on item 19, it could read, “with system modernization reducing disparities.” Board Members had no objection.</p> <p>With regard to medical debt, Board Member Raffoul asked about those who may be unable to pay their debt. Board Member Booth commented that the policy could list every circumstance, she feels it would mean the most to those who wanted to pay off the debt. Board Member Raffoul commented that if it is defined as only people who are actively paying, it may disadvantage all the people that may not have the means to pay. He suggested that if the statement is not revised as she suggested, the policy would be more flexible.</p> <p>Board Member Roybal suggested leaving it more open ended to give the organization more flexibility in making sure that it can address issues. In general, L.A. Care wants to help folks with medical debt, whether that is to prevent them from having medical debt or help with the medical debt they already have. Board Member Booth asked if it is possible to keep it open ended but set a priority for these people who are actually trying really hard to pay down their debt. Board Member Roybal stated that he thinks that is more of a process issue and what L.A. Care advocates is for the Board to decide. It is easier to meet multiple different needs if the wording remains as it is. If it gets too specific, it may become restrictive. Board Member Booth commented that if legislation is proposed that prioritizes people who are trying to pay</p>	

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	<p>off their medical debt, that would be more important to support than just to pay off medical debt. She does not like the idea of paying the debt for people who really do not care. Board Member Roybal noted that he thinks everybody cares who has medical debt, whether they are able to act on it or not depends on the individual situation. He feels in terms of legislation and policy, the focus is making sure that medical debt is addressed, and when proposals come up, L.A. Care will evaluate, determine if it is worthwhile for support. If the statement is too focused, it could limit advocacy for other things that may be useful, but outside the policy statement. Board Member Greene agreed with Board Member Roybal on this issue. The Hospital Association has been engaged on the issue of medical debt for years and there are a host of different medical debt programs, with no clear indication of what works and what does not work. Board Member Greene feels a broader policy that allows flexibility is the better position. Board Member Booth agreed to leave out the suggested amendment. Vice Chairperson Shapiro suggested language that reflects the fluidity of debt, recognizing the variation of effects on individuals and on different providers.</p> <p><b><u>Motion BOG 100.0325</u></b>  <b>To approve L.A. Care’s 2025 State and Federal Policy Agenda, as amended.</b></p> <p>Vice Chairperson Shapiro announced that due to potential updates between Board Meetings, an ad hoc committee will be formed to respond to public program funding and other changes. That ad hoc committee will report to the Board on its activities.</p>	<p><b>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Vaccaro, and Vazquez)</b></p>
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><i>(Supervisor and Board Member Hilda Solis joined the meeting.)</i></p> <p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper has a disabled son and sometimes one doctor might prescribe a medicine and another might prescribe one. How do you intervene? Because his health is at risk without making the doctor upset. She needs some help on the issue. That is why she was asking that question. She would like to ask Dr. Amin, is would he speak about the measles epidemic, and whether one should or should not get the vaccine. Because she is hearing so much and so many some states have had deaths and now there are children who have been impacted and she thinks about the measles epidemic. How does he feel about that and what does he recommend for those who have not been vaccinated? But two questions she would greatly appreciate it. She needs some answers to both. And</i></p>	

*they are very important because many people will know how to communicate best with their doctor when they have two opposing opinions and she needs some help on those.*

Dr. Amin responded that when you are in a doctor's office just like you do here, you should advocate for yourself. Make sure that you have a full understanding of what is being prescribed and what is being recommended for you. You are a main party of that conversation. And if you are not fully understanding your doctor's instructions, you need to make sure that you do before you leave the office. You should never be worried about your doctor's feelings, you should be more concerned about advancing your healthcare, and at the end of the day he believes that is what your doctor wants as well. First and foremost, worry less about their feelings, worry more about your healthcare. In response to the question about measles, Dr. Amin encouraged vaccination for everybody who's due for a vaccine.

Dr. Amin reported regarding Information Technology (IT) in health services, L.A. Care is about to launch a major changeover in one IT platform. He wants to make sure that the Board and the public are aware of that. L.A. Care has a new utilization management system that will launch over the weekend and will be fully onboard by Monday. The new platform will allow for significant innovation for the health plan, including:

- Better communication between the system that L.A. Care uses for authorizing medical care that will allow the health plan to seamlessly pay the bills from providers.
- More automation and less manual work.
- Deployment of the provider portal, which was demonstrated at the recent Provider Relations Advisory Committee (PRAC) meeting. It will be a significant advancement for the health plan, moving the authorization portal platform to widely deploy that system. The provider portal will allow electronic authorizations and self-help. Providers will be able to see where a claim and an authorization is in queue.

He reported on care collaboratives results. Skid Row Care Collaborative investment agreements are executed, and initial funding has been released. There was about \$10 million total committed, and initial payments in process this week total about \$3.5 million. There is a commitment for JWCH and LA Christian of \$20 million. As of right now, \$4.67 million has been dispersed. There is a field medicine component that has capacity building grants for more field medicine teams to see patients on the street. Those have total funding of about \$1.995 million dispersed across five executed contracts. JWCH and LA Christian in the Skid Row Care Collaborative have observation beds and specialist services online. JWCH has contracted medical observation beds and hired a cardiologist, radiologists, psychiatrist, podiatrist, and dermatologist. LA Christian brought on an orthopedist and a physical therapist. These specialists will be dedicated to the Skid Row community.

In the limited time since the project started, services have been rendered on site at the new facilities: 312 podiatry visits, 1,293 psychiatric visits, 58 dermatology visits, 82 cardiology visits,

and 3 people are in observation beds. A transit shuttle is moving people in Skid Row from site to site to get the care that they need. The DHS Crocker Street facility is scheduled to open its doors to the public in April.

Vice Chairperson Shapiro noted that with all the planning and providing services, what could happen if Medicaid funding is pulled. Dr. Amin responded that if the Medicaid funding was not available, the outpatient care could not be provided at the non-emergent site, and they would end up at a hospital, at an urgent care and ultimately they would receive treatment at a later stage of the illness, when it costs much more to treat. Cutting Medicaid funding does not eliminate cost, it balloons the cost as time goes on, and leads to intervention at a later stage in a more acute setting when members are sicker. Nobody wants to be in a hospital, nobody wants to have a leg amputated rather than take insulin. Without Medicaid funding, L.A. Care would not be able to support early intervention. It is critical to guard against that.

For the McArthur Park Care Collaborative, two major aspects are beginning: one is the dedicated field medicine team. A request for applications for that dedicated team was released last month. There will be a dedicated team that will begin operating in the summer months. The other aspect is the harm reduction health hub, a final budget and statement of work for the harm reduction health hub is under review. There will be harm reduction coordination and onsite clinical services delivered there. Those services are being finalized; and partners are searching for the right space to lease. The contracting process will begin later this year.

Dr. Amin reported he was in Sacramento yesterday speaking with the clinical leadership of Covered California. There were three topics for consideration:

- Interesting analysis on the cost of care was presented, comparing care by the same provider as opposed to fragmented care from multiple providers. Fragmented care creates a lot of duplication and a lack of accountability. Covered California is exploring incentivizing coordinated care and penalizing health plans for not having a coordinated single point of contact at the primary care level.
- Addressing vaccine hesitancy. Covered California has access to data throughout California. They observe that vaccine hesitancy has ballooned. There was discussion about what health plans can do to combat vaccine hesitancy, not only through large media campaigns but also individually in doctor's offices. L.A. Care will work to improve vaccination rates with its provider base and PPGs.
- Pharmaceuticals. There was discussion about the increasing cost of medical care, driven by new pharmaceuticals, specifically, GLP-1 weight loss drugs. They help patients lose weight and improve their cardiovascular condition, ultimately reducing cost of care over time. That said the medications are costly in the short term, despite being valuable to the system overall. It is important not to deprioritize extremely important medical care because of cost. We should be pairing GLP-1s with a larger care management strategy for weight loss.

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	L.A. Care will be accountable for all three of these things that are a concern of Covered California.	
<b>CHIEF FINANCIAL OFFICER</b> <ul style="list-style-type: none"> <li>• Financial Performance Report</li> <li>• 3+9 Forecast Update</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper asked that the Board direct some money for the members of the RCACs with the support of the two board members who represent the RCACs, please take notice. She would like that designated with L.A. Care approval and the Chief Executive Officer approval, money so the RCACs can have more involvement in civic engagement, how to be more civic engaged. Because right now they are in a crisis. She understands there are a lot of issues, but if there could be some money designated so the community outreach can help with more civic engagement. That is not a political issue, the County does it, she always has to refer to the County, Los Angeles County does it. If they can have money to have someone say, how do you register. Because it all depends upon what they say to these elected officials. L.A. Care does have lobbyists to represent it in Washington, in Sacramento, but the people are the greatest lobbyists, she thinks the voters are the greatest lobbyists.</i></p> <p>Afzal Shah, <i>Chief Financial Officer</i>, emphasized the severe threats to Medicaid funding at the federal level that can significantly impact the California Medi-Cal program and L.A. Care, including the members and providers. L.A. Care is closely monitoring activity at the federal level, from an advocacy perspective as well as a scenario planning perspective. This includes potential funding cuts to Medicaid and the impact for California, what California may or may not do, and how that would impact L.A. Care, members, and the provider communities.</p> <p><u>December 2024 YTD Financial Results</u></p> <p>The financial reports cover the three months ended December 2024. December 2024 membership is 2.63 million members, about 114,000 favorable to the budget.</p> <p>The overall financial statement for three months ended December 2024 shows a \$6.6 million net deficit, \$54 million unfavorable to the budget. Without \$32 million in investment income, the variance is \$39 million year to date (YTD).</p> <p>Operating margin by segment shows Medi-Cal unfavorable by 1.1 % over the original budget. Results are also slightly behind budget for the Duals Special Needs Plan (DSNP). Variances have been primarily driven by the shared risk accrual estimates as well as costs for Skilled Nursing Facilities (SNF). L.A. Care Covered (LACC) is unfavorable to the budget due to deductibles met at the end of the calendar year. There are key opportunities for improvement in Covered California with inpatient costs and pharmacy cost increases. If those cost trends continue it will be reviewed at a later date. Results for PASC are unfavorable to the budget due to retroactive adjustments to capitation and higher outpatient claims.</p>	

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	<p>The combined medical care ratio (MCR) was almost two points higher than budgeted. This will level out over the remaining nine months of the fiscal year. All other financial ratios look healthy.</p> <p>Tangible Net Equity (TNE) is healthy at 856% this month, with days of cash on hand at 79. That includes pass-through funds, Without those the days of cash at hand would be 63 days, which is in line with past results.</p> <p><u>3+9 Forecast Update</u> The annual budget is developed with very little insight at that time on the level of revenue. With uncertainty in revenue, there is uncertainty in costs, especially costs linked directly to percentage of premium contracts.</p> <p>Starting with overall membership, a 1.6 % increase in Medi-Cal membership is assumed for the remainder of the fiscal year. The forecast does not assume any changes due to potential effects of federal or state policy. There will be new forecasts after six and nine months.</p> <p>Ms. Santana-Chin noted that L.A. Care is actively engaged in strategic planning which includes potential effects of likely federal actions. Leadership plans to come back to the Board mid-2025 with a revised strategic plan.</p> <p>Mr. Shah reviewed the original budget created in August 2024 compared with a 3+9 budget forecast. He noted an increase in member months from 29.9 million to 31.8 million, and an increase in total revenue from \$10.7 billion in the original budget to \$12 billion in the 3+9 budget forecast, with about half of the \$1.3 billion favorability driven by membership change, and the remainder in the final 2025 rates. The final 2025 rates were higher than the draft 2025 rates.</p> <p>The MCR, a ratio of the healthcare cost to the total revenue, will be much the same as in the 2025 budget. L.A. Care has seen increases in our incurred claims, and increases in capitation are expected due to the increase in revenue.</p> <p>Overall operating expenses are projected to increase \$6 million higher than originally projected. It is a big improvement over one year ago. The overall surplus is expected to be better than the budget, \$216 million net surplus versus \$161 million, or a margin of 1.8 % of revenue. The MCR is forecast at 93.2%, with less than 1% improvement in Medi-Cal. MCR's for DSNP, LACC and PASC are projected to be higher</p>	<p><b>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez,</b></p>



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	<p>than originally budgeted. There are efforts underway to get a rate increase for PASC, a line of business that has not had a rate increase in many years.</p> <p><b><u>Motion FIN 103.0325</u></b>  <b>To accept the Financial Reports as of December 2024, as submitted.</b></p>	<p><b>Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro, and Vazquez)</b></p>
<ul style="list-style-type: none"> <li>Monthly Investment Transactions Reports (<i>Informational Only</i>)</li> </ul>	<p>Mr. Ingram reported that investment transactions reports are included in the meeting materials (<i>a copy of the reports can be obtained by contacting Board Services</i>) to comply with the California Government Code and are presented as an informational item. L.A. Care's total investment market value as of L.A. Care's total investment market value as of December 31, 2024, was \$3.2 billion.</p> <ul style="list-style-type: none"> <li>\$3.1 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$125 million in BlackRock Liquidity T-Fund</li> <li>\$11 million in Los Angeles County Pooled Investment Fund</li> <li>\$6 million in Local Agency Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>Quarterly Reports Required by Internal Policies (<i>Informational Only</i>)</li> </ul>	<p>Quarterly reports on travel and other business related expenses, executed vendor contracts and sole source purchases over \$250,000 are informational items only.</p>	
<p><b>PERFORMANCE MONITORING – FEBRUARY 2025</b></p>	<p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper would like to see the Board take more attention to comments and incorporate them sometime in a motion of concern, because sometimes they speak and a lot of these issues are relevant to what has happened, but she sure would like the Board to take a little bit more attention to the public comments regarding some of these issues.</i></p> <p>Dr. Amin informed that the full report is included in the meeting materials so Board members can review it in detail. The MCLA authorization processing timelines remain very timely at close to a 100% for all categories. The MCLA inpatient and hospital per thousand member per month are tracking within range of last year. There is active work to reduce these numbers. As explained previously, the blue dots represent delegated provider groups that are outside the norm. Some are better than the norm, some worse. L.A. Care is taking important feedback from the ones that are doing better and speaking to those who are not doing as well. Medical management joint operations meetings are held with the delegated provider groups to discuss best practices and to try to get their care statistics within range.</p> <p>30-day readmission rates are tracking generally to last year, between 18 to 19%, which are reasonable rates for MCLA. Emergency department (ER) visits per thousand members per</p>	

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	<p>month is within range of last year. ER outpatient visits per thousand members per month, these are the avoidable emergency department visits, are tracking close to last year. More work needs to be done in terms of analytics and visiting delegated provider groups to engage them on reducing these numbers.</p> <p>CalAIM Community Supportive Services includes housing navigation and tenancy support services. The Enhanced Care Management (ECM) volume is growing impressively and are now 20,400. These numbers are driving the ECM program for the entire state because L.A. Care has a majority ECM membership.</p> <p>Mr. Paley reported on transportation performance through December. L.A. Care continues to closely monitor Call the Car's (CTCs) performance daily, weekly, and monthly, reviewing daily logs for answering member calls, providing on time pickups, and addressing member concerns and grievances. Through February 2025, CTC performance is complying with all service levels in all categories except for a small percentage of rides needed for hospital discharges and transfers. In those two categories, CTC's performance through February is between 97 and 99%, but that is not good enough because every ride matters. To increase and sustain performance at a 100%, the L.A. Care transportation team continues to work diligently with CTC to address operational issues and to finalize contracting and credentialing of a fleet of additional drivers with a supplemental vendor for full activation by May 1. Last month, CTC and L.A. Care transportation team began participating in RCAC meetings to explain the transportation benefits available, how members access those benefits, and how to express concerns with transportation services received. In response to a member comment earlier today, the agenda for future transportation presentations at RCAC meetings has been expanded to include opportunities for members to provide ideas about how the transportation service could be improved. CTC and L.A. Care teams will also explain the case monitoring program, which exists to accommodate members with extra needs and special requests.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, noted that the volume of claims received has returned to normal levels, at 1.6 to 1.7 range. The volume submitted electronically has also rebounded after last month. L.A. Care total claims payments reduced in January as did the volume of claims auto adjudicated. The total interest paid on the first pass claims continues to decline, which means L.A. Care is paying accurately timely. L.A. Care continues to be timely on the 30- and 90- calendar day metric. The 45-business day timeliness is included to show when interest starts to accrue. The average calendar date to process also remains low and aligns closely with L.A. Care's payment floor of seven days. Nothing of note for adjustments and denials. The first pass claim denial rate remains consistent to prior months at under 20%, which was the commitment last year. Total claims processed compared to last year shows there was slippage in the provider dispute resolution (PDR) performance in January. There is a 45-business day window for provider disputes. The volume and performance results reflect</p>	

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	<p>the volume received in November 2024. November volume was high in comparison to prior months and shows poor performance in January 2025. Staff is working to bring that number back in line, but likely that performance below the KPI will continue into February, with a rebound expected in March. Provider cases, the average business days to process, tie in with the volume for the closure month, which is January. The way to look at this is to track forward two months on the first graph to see the performance for the month that you are in.</p>	
<b>ADVISORY COMMITTEE REPORT</b>		
<b>PROVIDER RELATIONS ADVISORY COMMITTEE</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Ms. Cooper does not get a chance to see too much of this or come too much to meetings anymore, but she wants to say regarding providers, many years ago, the former chair of the Board of Governors, who was from the Hospital Association, came before the RCACs. He asked for their support when the hospitals were facing a crisis. They were able, at their RCAC to give him an audience, where they met at the hospital and she thinks they supported it. But she thinks the providers need to come to the RCAC sometime. She knows they are doing a good job, but they need to come to the RCACs and see what they are doing because they are all in this together. She would like to see sometimes the providers just drop in and see what the RCACs are doing, how they are effectively helping the providers. Because without the members there would be no providers, and without the providers, members would be at risk. She would like sometimes providers don't look at them just as members, but come there and sometime drop by and say hello or just see what the RCACs are doing.</i></p> <p>Vice Chairperson Shapiro thanked her and he will try very hard to attend RCAC meetings.</p> <p>Board Member Greene echoed his comments and he appreciates the feedback. He will share the invitation at the next provider relations committee meeting. He thinks it is a good idea that providers attend the RCAC meetings to see the work that they do and share the experience.</p> <p>The Provider Relations Advisory Committee (PRAC) met on February 19, please contact board services to obtain a copy of approved meeting minutes. The committee received a report on participating physician group scorecards and internal performance metrics. The committee also received presentations about access and referrals, consumer assessment of the healthcare providers and systems, and transitions of care Star metrics. Copies of the presentations may be obtained by contacting board services.</p> <p>He noted that the members of the PRAC continue to be appreciative of the opportunity to come together in that forum, to identify not just challenges that the providers are facing with</p>	

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	<p>regard to providing care to beneficiaries of L.A. Care, but also to identify opportunities for collaboration with L.A. Care to improve the patient experience.</p>	
<p><b>Transitional Temporary Executive Community Advisory Committee</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper would like to thank Layla Gonzalez and their representative in their quiet manner, maybe they do discuss matters. She would like to thank the two members of the Board of Governors. Ahe hopes that they will continue to do a job of representing all the members. Have to be nice to their two board members. She thanked them both for their representation and she hopes with this crisis that they are facing, that they try to represent the members there to the Board.</i></p> <p><i>Hilda Perez welcomed the CEO. She is a health promoter, volunteer, the newly elected RCAC 6 Chair, her community work does not stop. It is something that she does because she is passionate about giving everybody the same opportunities. She is really glad that they are presenting these motions because the RCACs did not meet during the pandemic. And once they met, they started already making guacamole. She is talking about the fact that members have brought issues like the fact that if they are referred to get a specialist, they are defaulted to long distance locations, and also the fact that this is an ongoing issue regarding the urgent care facilities available for members. They are trying to avoid Members from going to the ER with non-threatening situations, but they are not able yet to offer them enough information to where to go that Medi-Cal is accepted and L.A. Care is accepted. The other issue that she is addressing is the fact that she is an L.A. Care member and when she calls member solutions, L.A. Care has beautiful people working there, but she does not really get enough help. She has the opportunity to attend the wonderful Community Resource Centers and at the Centers they do have navigators that are experts. They do help you more because maybe their expertise is wider. She was wondering if this type of training can be up front once they call the member services, because not everyone is familiar with the CRCs, they are working on that, but once she calls, they want all the members to get enough information so they can make wise decisions.</i></p> <p>Board Member Fatima Vazquez reported that TTECAC met on February 12, 2025 and thanked all the members that attended the TTECAC in person and to those present today. At this meeting we have:</p> <ul style="list-style-type: none"> <li>○ RCAC 1 Laura Gonzalez</li> <li>○ RCAC 2 Elizabeth Cooper</li> <li>○ RCAC 2 Myrra Bolla</li> <li>○ RCAC 2 Ana Rodriguez</li> <li>○ RCAC 3 Reyna Hernandez</li> <li>○ RCAC 3 Lluvia Salazar</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ RCAC 3 Gladis Alvarez</li> <li>○ RCAC 4 Russell Mahler</li> <li>○ RCAC 4 Estela Lara</li> <li>○ RCAC 5 Robert G. Harvey-Dixon</li> <li>○ RCAC 5 Marco Galindo</li> <li>○ RCAC 6 Lottie Cleveland</li> <li>○ RCAC 6 Hilda Perez</li> <li>○ RCAC 7 Martha Pedroza</li> <li>○ RCAC 7 Maritza Lebron</li> <li>○ RCAC 8 Deaka McClain</li> <li>○ RCAC 8 Sambour Lay</li> <li>○ Reginald Fagan</li> </ul> <ul style="list-style-type: none"> <li>● The Committee reviewed and approved the motions for new RCAC Candidate and ratified the newly elected RCAC Chairs and RCAC Vice Chairs.</li> <li>● Dr. Auleria Eakins gave a Communications and Community Relations update. She noted the importance of staying grounded and supporting one another during challenging times, particularly regarding access to care and community well-being. She discussed L.A. Care’s response to recent wildfires, including allowing out-of-network services, early prescription refills, and relocating affected members without prior authorization. Community support efforts included distributing essential supplies to over 3,000 families, opening resource centers with extended hours, and providing N95 masks for air quality concerns.</li> </ul> <p>Board Member Layla Gonzalez continued the report:</p> <ul style="list-style-type: none"> <li>● Dr. Eakins provided an update on the ongoing restructure process and encouraged patience and engagement as it evolves, with a commitment to addressing concerns and incorporating member feedback. In recognition of volunteer efforts, L.A. Care will celebrate TTECAC members in April for their contributions throughout the pandemic. She highlighted Black History Month initiatives, including a fireside chat on Black health equity and a screening of “No Address,” followed by discussions on housing as a social determinant of health.</li> <li>● Victor Rodriguez presented a Motion ECA C.0225, approval of the Board Seat election timeline, application, and rules.</li> </ul> <p>Board Member Gonzalez expressed that in the RCAC meetings she attends a lot of fear is expressed, not just from people that are undocumented but also people that are citizens. They are afraid of what the new president is going to do. They keep hearing about cuts here and there and they are hearing about ICE raids. People are just afraid and the fear is growing in all different regions that she has gone to. People just do not know what to expect and they are</p>	

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	<p>looking to L.A. Care to see what we are going to do to mitigate the different changes. She wanted to let Board Members know that members want to see Board Members and the CEO at the RCAC meetings.</p>	
<ul style="list-style-type: none"> <li>The Temporary Transitional Executive Community Advisory Committee (TTECAC) request and recommends L.A. Care to conduct a comprehensive review of business process which impacts member experience.</li> </ul>	<p>Board Member Gonzalez introduced Anna Rodriguez, Chair of TTECAC, who will present two motions which clearly show the disapproval of how things are going.</p> <p>TTECAC Chair Rodriguez thanked the Board, the CEO, and the members in RCACs 5 and 6 for helping bring these important issues to the Board. She described difficulty members experience with access to primary care providers, PCP specialists and urgent care services, with members having to travel long distances. Concerns were initially raised during the RCAC meetings and were escalated to the February 12, 2025 TTECAC meeting. Members from all eight regions affirm experiencing the same challenges, emphasizing the need for comprehensive long term and sustained solutions. Ms. Rodriguez noted the issues are detailed in the motion, with impacts to member experience. She noted the motions request that L.A. Care provide a written report with solutions by May 2025, create health access education materials and provide additional training for member services representatives. She noted that in 2018 Health Promoters provided workshops, one was Medi-Cal 101, which taught the community about urgent care and emergency room care, and the higher cost for emergency room care for the same services received at an urgent care site. Members are concerned about changes that could be implemented by the new federal administration and it would be beneficial to members to have this information distributed to members so they can help save money.</p> <p>Ms. Santana-Chin thanked her for bringing member concerns to the Board, members are being heard. This is a priority, and a dedicated team at L.A. Care is working on the issues, and L.A. Care has identified processes that can be improved. There are other items identified for improvement in partnership with providers. She appreciates the request to work with members to distribute information that they need to understand how to use the system and provide tools needed for visits to primary care providers, making sure that the primary care provider gives members the information to effectively seek care with specialists or others, because sometimes that is where details are lost. Those are some things that staff are thinking about. She wants to inform members about plans for a report in May. L.A. Care sees opportunities and looks forward to hearing directly from members. She invited Dr. Amin to say a few words.</p> <p>Dr. Amin thanked the members and pointed out that this motion that is brought forward is how the RCACs are supposed to work, and exactly what L.A. Care needs. Information from the members through the ECAC and to L.A. Care in a Board motion is wonderful. L.A. Care is hearing and taking action on the concerns that are specifically laid out and will track them to a root cause. Once the larger root cause are identified, they will be collected into themes.</p>	

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	<p>There will be two parallel tracks. One will be large structural cross-divisional changes that need to occur in the health plan to improve services for members. The other will be short-term fixes to address the low-hanging fruit that was distinctly identified by the motions. These are things like improving provider training and engagement with vendors. The provider portal will be helpful. L.A. Care is hoping to get those done quickly, and that information will be provided by May. Some of the larger structural cross-divisional changes will be reported over the next year. He hopes that it would not be casually checking off a list of requests, but that members will feel meaningful change. A sign of success will be that members feel that things are better. L.A. Care will continue to work tirelessly until members are satisfied. He looks forward to providing more information by May.</p> <p>Board Member Booth congratulated members on the motion and the motion at the last meeting. She noted the excellent results from Call the Car, yet members seem to have problems, so additional analysis is needed.</p> <p>Board Member Solis appreciates the presentation from Board Members Vazquez and Gonzalez, she asked about hesitancy in seeking services because of immigration issues. She asked how L.A. Care can address that, what are some remedies that it could be using. This is a very timely issue that affects people throughout Los Angeles County.</p> <p>Ms. Santana-Chin referred to Call the Car and asked Mr. Paley to update the Board on the processes. On the issue of fear in the community, L.A. Care has taken action in partnership with other organizations with expertise in immigration and is leveraging the community resource centers. The first is that L.A. Care made sure to understand what it is able to do as a health plan to facilitate access to care. There are restrictions in how information is shared, and L.A. Care will make sure to respect and be mindful in protecting member information within the bounds of law. L.A. Care has educated staff on how to engage if immigration officials come into our community resource centers, on the appropriate process to follow that is respectful of the law and protects the rights of members; and protects the health information as required. A lot of work has been done with community resource centers (CRCs), training internal staff on what is allowed and not allowed. L.A. Care has hosted a series of Know Your Rights sessions at the CRCs, including sharing the red cards that many partners are distributing, so that individuals understand how to engage and understand their rights. L.A. Care is making sure that members get the care they need and deserve. L.A. Care is making sure that people are informed about their rights and the rules for accessing healthcare. Equally important is the work done with associations to make sure that clinics, physician offices, hospitals, and other providers, are aware of how to engage with immigration officials and how to protect members and information, according to the law. Unfortunately, we are living in very uncertain times and some of these threats are very scary, they are very real. L.A. Care's contractual obligations that have not changed. There are a lot of news about executive orders,</p>	

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	<p>about changes coming our way. L.A. Care delivers healthcare services according to the contractual benefits and services the health plan is required to deliver. L.A. Care continues to offer benefits and services to all covered members and will continue to do that unless and until the requirements change contractually. She wishes there was more certainty about the future and how to respond. L.A. Care will follow the contracts, and make sure people get the care that they deserve.</p> <p>Ms. Santana-Chin spoke earlier about L.A. Care’s advocacy, informing legislators about the devastating impacts that the potential cuts can have in the community. She invited members to contact L.A. Care with their compelling stories highlighting the personal impact of the programs. There is nothing better than having real people share their stories and the direct impacts on them.</p> <p>Supervisor Solis asked Ms. Santana-Chin to consider recording a video for social media and the CRCs, with information about the actions L.A. Care is taking.</p> <p>Mr. Paley responded to Board Member Booth's question, reiterating what Ms. Santana-Chin said earlier about the strike team that has been created to orient members and assist them in understanding the delivery system components and capabilities so that they can be more sophisticated consumers, in addition to what Dr. Amin mentioned about the teams looking at root causes and addressing operational issues that impact and cause the access issues experienced by members. L.A. Care is reviewing service volumes and going beyond to give members an opportunity to express issues they are having with transportation services. That is precisely why listening sessions are held at the RCACs to understand the concerns, because there may be members that are not submitting formal grievances and have concerns about the level of service they're receiving.</p> <p><b><u>Motion TTECA 102.0325</u></b>  <b>The Temporary Transitional Executive Community Advisory Committee (TTECAC), on behalf of Regional Community Advisory Committee (RCAC) Region 5, request the Board of Governors to act on the following items which impacts member experience.</b></p> <ol style="list-style-type: none"> <li><b>1. Provide a Report with solutions by May 2025</b>  <b>Conduct a review of contracted PCPs, specialist, and urgent care facilities, along with a baseline analysis of L.A. Care’s travel time and distance based on care standards and member zip codes.</b></li> <li><b>2. Create Solutions to Address Long Wait Times with Member Services:</b>  <b>Provide solutions to reduce wait times for members seeking assistance with PCP and specialist changes.</b></li> </ol>	



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	<p>3. <b>Develop a Resource Guide of Urgent Care Facilities:</b> Compile a list of urgent care facilities that currently accept L.A. Care and create a resource guide to be distributed to members, providers, web and clinics. Require all IPAs to provide their urgent care affiliation or contract with urgent care to ensure access and impact on overall cost of consumers.</p> <p>4. <b>Call the Care Medical Transportation Services:</b> Review current grievances related to poor customer service and late arrivals to medical appointments experienced by members using Call the Car. Increase vendor accountability and implement necessary improvements to enhance the member experience and decrease late arrival to medical appointments.</p> <p><u>Motion TTECA 103.0325</u>  The Temporary Transitional Executive Community Advisory Committee (TTECAC), on behalf of Regional Community Advisory Committee (RCAC) Region 6, request the Board of Governors to act on the following items which impacts member experience.</p> <ol style="list-style-type: none"> <li><b>1. Provide a written report with solutions by May 2025</b>  Conduct a review of contracted PCPs, specialist, and urgent care facilities, along with an analysis of L.A. Care’s travel time and distance to care standards based on member zip codes.</li> <li><b>2. Create Health Access Education Materials:</b> Develop materials explaining the difference between urgent care and emergency care, compile a list of urgent care facilities that currently accept L.A. Care and create a resource guide to be distributed to members, providers, and clinics.  Require all IPAs to provide their urgent care affiliation or contract with urgent care to ensure access and impact on overall cost for consumers.</li> <li><b>3. Provide Additional Training for Member Services Representatives:</b> Offer enhanced training to support members who request assistance with provider changes or locating covered urgent care facilities.</li> </ol>	<p>Both motions were unanimously approved by roll call. 12 AYES</p>
<b>BOARD COMMITTEE REPORTS</b>		
Executive Committee	<p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper thanked the Board for the opportunity to speak today. She is concerned about Afro Americans and other workers who are going to be laid off and that takes health care coverage away. Please do not forget the total picture for workers who will be serving the consumers like health care workforce for the Department of Healthcare Services. In order not to just protect the consumer, but to protect the consumers, we have to have a total approach. There are going to be many and many have been laid off in health care and it will impact the consumers receiving the services. She hopes that they watch the total is because so many who have been serving the community and serving the</i></p>	

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	<p><i>consumers getting the services and making it easy, but do not forget the services and do not forget those who are being laid off now of different cultures. She thinks that is very important, not just for them, she doesn't believe even just for her. Because if you are just for me, it is not helpful. But for we the people, that is what she believes in.</i></p> <p>Vice Chairperson Shapiro reported that the Executive Committee did not meet in February 2025.</p>	
<p><b>Finance &amp; Budget Committee</b></p> <ul style="list-style-type: none"> <li>• Revisions to the Finance &amp; Budget Committee Charter</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper appreciates them hearing her voice today. She is hoping that they give some money, if you believe in supporting these issues or opposing some of the issues. She knows the Board has to watch it and that is where Ms. Haydel steps in, letting them know whether they are in compliance, but what about community forums. It is not because a lot of them do not want to be on camera, but they might have community forums, letting the committee know and put out a little budget for those kinds of things. And she appreciates, see all of them do not know how to speak those words that some use, they articulate very well, but let us put it in layman's terms so that having community forums and having the Board members and the staff and the CEO come out and express it to them and let them know so they can communicate with the people who will make the decisions. Because as she was saying, we the people will make the decisions, and that means her and so many others, so they would not be so afraid if they stand up for their rights in the Constitution, they would not be afraid. And she really appreciates all the Board members, their courtesy that they extended to her and heard her voice.</i></p> <p>Board Treasurer Booth reported that the Finance and Budget Committee reviewed and approved a contract with Complete Cleaning Services to provide janitorial services for L.A. Care community resource centers that did not require full board approval. The Committee reviewed and approved motions that were approved earlier today and the 2024 financial report That was also approved earlier today.</p> <p>She referred to a motion for an amendment to the Finance and Budget Committee Charter. The staff works hard to streamline the information flow to the Board and the Committees, so meetings are efficient. The Finance and Legal staff determined that the financial updates must be reported monthly to the Board of Governors. The Board created the Finance and Budget committee to take on that detailed work of fiduciary oversight that ensures the financial reports are properly reviewed and vetted. In months that there is not a Finance and Budget Committee meeting, a designated committee member, the Treasurer, will review the report on behalf of the Committee. So that delegation of tasks ensures that there is continuous oversight and it will be efficient. The CFO has a limited time reserved for review of the financial reports at the Board of Governor meetings. Finance and Budget Committee reviews the reports for a</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>longer period of time and hear more detail. The Board will be informed about L.A. Care’s financial status quarterly. In addition, if something comes up at the Finance and Budget Committee meeting it will be reported to the Board. Rather than having frequent monthly briefings to the Board, a more comprehensive update will be provided four times a year. The Board is ultimately responsible for the financial accountability of the organization. Moving to quarterly financial reports to the Board, the monthly report to Finance and Budget Committee will also be in Board meeting packets for Board review. Board members can ask questions and focus on broad financial trends or concerns. The Finance and Budget Committee will have an in-depth review.</p> <p>Board Treasurer Booth recommends approval to add language to the Finance and Budget Committee Charter: <i>The committee shall review the current final financial reports at scheduled monthly meetings and the Board Treasurer shall review the current financial reports in months that a committee meeting is not scheduled.</i> She noted that additional updates to the Finance and Budget Committee Charter may be brought to a future meeting.</p> <p><b><u>Motion BOG 101.0325</u></b>  <b>To approve the Finance &amp; Budget Committee Charter revised to include a provision for the financial report to be reviewed monthly, and by the Board Treasurer in months the Finance Committee does not meet.</b></p>	<p><b>Unanimously approved by roll call. 12 AYES</b></p>
<p><b>Compliance &amp; Quality Committee</b></p>	<p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper appreciates the Board. Board Members are wonderful because of how courteous they are and sensitive to them as a committee. She can say Board members are all beautiful. That is all she can say today. She might not say it tomorrow, but she said it today.</i></p> <p>Committee Chairperson Both reported that the Compliance &amp; Quality Committee met on February 20 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Todd Gower presented the Chief Compliance Officer report. He reported that February Internal Compliance Committee (ICC) meeting covered key compliance topics, including risk management, appeals and grievances, and internal audits. A summary of the ICC report was sent to Board Services. Compliance is working with a third party to support the review of a remediation workplan and associated validation activities. The work commenced on February 20, 2025, with a focus on grievances, claims, and prescription drug coverage. During the ICC report, the Appeals and grievances data from 2024 showed that Pharmacy Prior Authorizations were the top reason for appeals (34%), while Billing and Financial Issues led grievances (33%). The annual risk assessment identified key risks, assigned accountable parties, and carried over some of the 2024 Management Action Plans (MAPs) into 2025. Compliance training achieved 99% completion, with the Board at</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>100%. The 2025 Internal Audit Plan prioritizes enforcement matters, claims processing, and provider payments. Audits are the follow up after a compliance issue has been resolved. The Compliance department communicated they are working on a new process for submitting reports to C&amp;Q that will include a summary report on all submissions to C&amp;Q. The Compliance department will do this first at the March C&amp;Q meeting.</p> <ul style="list-style-type: none"> <li>• Dr. Amin presented a Chief Medical Officer report (he reported to the Board earlier today).</li> <li>• Elaine Sadowchi-Smith presented information about Population Health Management (PHM). The report covered PHM goals, performance, and updates. L.A. Care met 88.9% of its PHM goals for 2023-24 and 66.7% so far for 2024-25. The presentation highlighted alignment with PHM program goals and ongoing efforts to improve health outcomes. Updates on CalAIM initiatives were provided, including participation in revising Key Performance Indicators (KPIs) with California Department of Health Care Services (DHCS). Next steps focus on refining PHM interventions and continuing collaboration for improved performance.</li> <li>• Brigitte Bailey gave a presentation on L.A. Care’s Member Experience survey results. The presentation highlighted efforts to improve patient satisfaction through training, partnerships, and engagement initiatives. L.A. Care’s Consumer Assessment of Healthcare Providers and Systems (CAHPS) Leadership Team established in 2023, brings together various departments to find ways to enhance the member experience through initiatives like member journey mapping and satisfaction surveys. Since 2019, SullivanLuallin Group has provided patient experience training, with sessions tailored for providers, office staff, and care teams. The contract is extended through 2025. In 2024, there were 13 training sessions completed for eight clinics and IPAs, with positive impacts on Clinicians and Groups (CG)-CAHPS survey scores in 10 of 14 clinics. Monthly Joint Operations Meetings (JOMs) were launched in 2024 with 10 large provider groups covering 70% of the network, to address quality improvement, data processes, and member experience solutions. Future efforts will focus on refining training programs, strengthening partnerships, and enhancing service excellence to improve member satisfaction.</li> </ul>	
<p><b>PUBLIC COMMENT</b> on Closed Session items</p>	<p><i>Dorothy Lowry is still a little confused about Medi-Cal, Medicaid, and Medicare. Before Obama became President, she was Medi-Medi. And then she had to join a group, so she chose L.A. Care. She thinks L.A. Cal is through the state, and L.A. Care is federal, and then what she thinks she understood is Medicaid is the state and the federal, and there was a third thing that covers and the thing that people are being concerned about and worried is that there might not be the proper amount of money to cover the amount of people you have. So, from what she has been watching it is not supposed to hurt if one is legal and in the system, legal. What she has been watching, they have people getting social security checks, and they have taken \$200 from her and would not give it back, and</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>the judge told them, but they are treating her as a citizen bad. But it is more to it. That is why she is saying if one can express it because a lot of people that do not need to worry, are worrying.</i></p> <p>Ms. Santana-Chin thanked her for the comment. The healthcare system in the United States is very complicated. There is a lot of education to do, and the Medi-Cal 101 training was mentioned earlier, which was a really good suggestion. L.A. Care works with the federal government to provide Medicare services. If you have Medicare and signed up for L.A. Care, L.A. Care is administering your Medicare benefits. Some people also have Medi-Cal, and some people only have Medi-Cal. If one has both Medicare and Medi-Cal, L.A. Care manages both Medicare and Medi-Cal benefits. The Medicare part pays for certain benefits and other benefits are paid for by Medi-Cal. The Medi-Cal program is funded by the state and the federal government. The federal government proposal is basically threatening to cut funding that the federal government provides to cover the Medicare part of your benefits. It has nothing to do with immigration status. There are funding cuts proposed in the funding that goes to states in order to support other priorities for the federal government. Across the country, Medicaid is the program that basically serves low-income people. California got really fancy and called it Medi-Cal. Medicaid and Medi-Cal are two names for the same thing.</p> <p><i>Ms. Lowry asked if President Obama added Medicaid.</i></p> <p>Ms. Santana-Chin responded no, he did not, and suggested it would be helpful if an L.A. Care staff members could walk her through an explanation of the government sponsored health coverage programs to make it easy for her. Ms. Santana-Chin thanked her for asking the question because many other people may have the same questions.</p> <p>Vice Chairperson Shapiro noted the questions that need to be asked to clarify what is happening. That way everybody will have a voice. There will be people that may say something different, but it is important to ask questions. She is asking the correct questions.</p> <p><i>Russel Mahler asked Ms. Santana-Chin if the RCACs will be involved with the community again, because they were doing that in the past. The RCACs would reach out to the community to let them know about L.A. Care, they haven't done that in a while. They need to get back to the community.</i></p> <p>Ms. Santana-Chin thanked him and noted that somebody mentioned that earlier. She is still learning and in her field trips she will learn a lot more about this. One thing that they have said is they probably could do a better job empowering RCAC members to make an impact in the community and support some of the work that L.A. Care is doing. Her guess is yes, but</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>there's still learning to do. She will commit to suggest improvements and changes at a future Board meeting after the listening sessions with the RCACs.</p> <p><i>Hilda Perez and Ana Rodriguez are proud to be volunteer health promoters with L.A. Care. Ms. Perez is really glad that Miss Dorothy brought this topic to today's meeting, as well as Ms. Rodriguez in regards to Medi-Cal 101. In the past it was called Access to Care, when the health promoters presented information to different groups about how to navigate the healthcare system. She is an immigrant from Mexico. When she came to this country, she realized and was surprised that even people born and raised in the United States did not know how to navigate the system. Her daughter got sick and she took her to the doctor and that was an ordeal. They did not know what to do. So that is the reason why she became a health promoter. She brings Ms. Rodriguez to make this comment with her because the health promoters are a program that was established thanks to Board Member Maria Guerrero. She brought it into consideration. Ms. Perez reminded Board members that the health promoters are valuable community members trained in education on health issues and identify with the community because they are part of the community. People see the health promoters as someone that they trust and full of resources. She does not know if Francisco Oaxaca is still connected to the program, but it is understaffed. They have only two wonderful staff members that are their director and coordinator to help facilitate all of this, but if they have more projects to accept or to get into, they do not have the bandwidth to do it. And another thing she wanted to say that there are members of the RCACs and members at large that have made a comment about the health promoters program, and she just wanted to express this today.</i></p> <p><i>Deaka McClain commented once again for the new CEO, she will say it again, she said it last month, she looks forward to having a one on one with her about seniors and disability concerns. She looks forward to that conversation. She wants to comment about something that Dr. Amin said earlier because they are lacking in that area. When it comes to going to the doctor, as Dr. Amin said, make sure before leaving the doctor that they understand what the needs are, and the concerns are. She brought this up at the QI meeting that she is part of with Fatima Vazquez. We need to do something about that because doctors give you 15 minutes, probably even less than that, and then tell people to talk about one or two things and then the patient does not get appointment again for another three months. She knows it is about dollars and cents, but if L.A. Care can help advocate to get more time with the doctors, because some people, especially those with disabilities, have cognitive issues. They have to use ACC machines and it takes time and they want to feel that they are being heard and not rushed out of the room. She also suggested having a member advocate in the room with the doctor so when they have to leave, the member advocate can continue to talk to the doctor, just like what Dorothy was saying. She just wanted to bring that up. She supports the health promoters. Please find a way to add more staff to that program and incorporate them educating doctors and</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>providers in the community more about disabilities, what the different ones are, how it affects the person with disability, culturally, interculturally. All those things play a part in learning about how to access care for people with disabilities.</i>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:38 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:39 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>March 2027</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>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> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, Terry Brown, <i>Chief Human Resources Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>California Medical Association vs. Watanabe, California Department of Managed Health Care</i> S.F.S.C. Case No.CPF-24-518478</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County</i> L.A.S.C. Case No. 21STCV47250</p>	

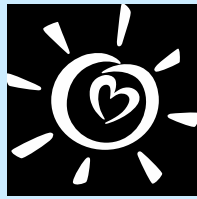
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>THREAT TO PUBLIC SERVICES OR FACILITIES  Government Code Section 54957  Consultation with: Terry Brown, <i>Chief Human Resources Officer</i>, Augustavia Haydel, <i>General Counsel</i></p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR  Sections 54957 and 54957.6 of the Ralph M. Brown Act  Title: CEO  Agency Designated Representative: Alvaro Ballesteros, MBA  Unrepresented Employee: Martha Santana-Chin</p>	
<b>RECONVENE IN OPEN SESSION</b>	The L.A. Care Board of Governors reconvened in open session at 5:29 pm. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 5:29 pm.	

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

APPROVED BY:

\_\_\_\_\_  
John G. Raffoul, *Board Secretary*  
Date Signed \_\_\_\_\_





**L.A. Care**  
HEALTH PLAN®

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

**Date:** April 3, 2025

**Motion No.** EXE 100.0425

**Committee:** Executive

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** Request to ratify the execution of an Amendment to the Plan Partner Services Agreement (PPSA) (Amendment No. 58) which incorporates the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Blue Shield Promise Health Plan (BSP)

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

**Background:** The delegation standards exhibit of the PPSA has been revised to incorporate the 2022 NCQA criteria. Note that staff brought this amendment to the Board for approval in October 2023; after that time, additional substantive changes were made to the amendment, such that staff is bringing the revised amendment back for Board approval (please see the attached matrix indicating the changes that were made between October 2023 and November 2024). In addition, staff is requesting ratification rather than approval because the Plan and BSP needed to execute and operationalize the requirements that date from 2022.

**Member Impact:** This action will not affect L.A. Care members directly.

**Budget Impact:** None (already factored into the relevant budget).

**Motion:**     **To ratify the executed Amendment No. 58 to the Plan Partner Services Agreement between L.A. Care and Blue Shield Promise Health Plan which incorporates the 2022 National Committee for Quality Assurance delegation standards.**

**Blue Shield Promise- 2022-2023 PPSA Summary of Changes: Delegation**

#	Standard	Element	Change Summary from 2021 to 2022	Type of Change	Reason for Change
1	QI 1	A: QI Program Structure	removed factor 6: Objectives for serving a culturally and linguistically diverse membership	Requirement removed	NCQA eliminated QI 1A, factor 6 in the 2022 guidelines
2	QI 2	A: Practitioner Contracts	Added language from Policies and Procedures Section 2-Contracts with practitioners include an affirmative statement indicating that practitioners may freely communicate with patients about treatment options regardless of benefit coverage limitations	language update	Added language from (NCQA Policies and Procedures Section 2, Accreditation Scoring and Status Requirements)
3	QI 3	D: Transition to Other Care	Added element statement language	language addition	Added element statement language from the QI 3D 2022 standard guidelines.
4	QI 4	A: Data Collection	Added language for Factor 6: Special needs of members with serious mental illness or serious emotional disturbance	language addition	Added factor 6 language updates from the QI 4A 2023 standard guidelines.
5	PHM 2	D: Segmentation	Added intent statement language	language addition	Added intent statement language from the PHM 2D 2022 standard guidelines.
6	PHM 3	A: Practitioner or Provider Support	Added language for Factor 6: Providing training on equity, cultural competency, bias, diversity or inclusion	language addition	Added factor 6 language updates from the PHM 3A, Factor 6 2022 standard guidelines.
7	PHM 5	D: Initial Assessment	Added intent statement language	language addition	Added intent statement language from the PHM 5D 2022 standard guidelines.
8	UM 2	A: UM Criteria	Added language for Factor 5: Annually reviews the UM criteria and the procedures for applying them, and updates the criteria when appropriate.	language addition	Added factor 5 language from the UM 2A 2022 standard guidelines.
9	UM 5	D: Timeliness Report	removed factors 1, 3, and 5	Requirement removed	NCQA eliminated UM 5D, factors 1, 3, and 5 from the 2022 guidelines.
10	UM 7	A: Discussing a Denial With a Nonbehavioral Healthcare Reviewer	Updated standard statement language	language update	updated standard statement language from the UM 7A 2022 guidelines.
11	UM 7	B: Written Notification of Nonbehavioral healthcare Denials	Updated intent statement language	language update	updated standard statement language from the UM 7B 2022 guidelines.
12	UM 7	F: Written Notifications of Pharmacy Appeals Rights/Process	Updated intent statement language	language update	updated standard statement language from the UM 7F 2022 guidelines.
13	UM 8	A: Internal Appeals	Updated language for factor 8	language update	updated factor language from the UM 8A 2022 guidelines.
14	UM 9	B: Timeliness of the Appeal Process	Updated intent statement language	language update	updated intent statement language from the UM 9B 2022 guidelines.
15	UM 12	C: UM Appeal System Controls	Added UM Appeal System Control standard language	language addition	NCQA added NEW UM 12C Appeal system controls language in the 2022 guidelines,
16	UM 12	D: UM Appeal System Control Oversight	Added UM Appeal System Control oversight standard language	New Requirement	NCQA added NEW UM 12D Appeal system controls oversight language in the 2022 guidelines,
17	CR 1	A: Practitioner Credentialing Guidelines	Added intent statement language	language addition	CR 1A did not have intent statement language in the PPSA.
18	CR 1	B: Practitioner Rights	Added intent statement language	language addition	CR 1B did not have intent statement language in the PPSA.
19	CR 1	C: Credentialing System Controls	Added intent statement language and updated language for factor 1	language addition	CR 1C did not have intent statement language in the PPSA. Updated factor 1 language.
20	CR 2	C: Credentialing System Controls Oversight	Added CR 1C Credentialing Oversight System Controls language	New Requirement	NCQA added NEW CR 1C Credentialing Oversight System controls language in the 2022 guidelines,
21	ME 5	Pharmacy Benefit Information	Removed ME 5A standard language	Requirement removed	Removed because Pharmacy benefits are carved out to Medi-Cal RX (Magellan/DHCS)

**21 Total**

- 11 language additions
- 5 language updates
- 2 new requirements
- 3 requirement removed

## Blue Shield - 2022-2023 PPSA Summary of Changes: Reporting

#	Standard	Element	Change Summary from 2021 to 2022	Type of Change	Reason for Change
1	UM	Pharmacy	Removed Pharmacy UM Reports	Requirement removed	Removed because Pharmacy benefits are carved out to Medi-Cal RX (Magellan/DHCS)
2	ME	Pharmacy	Removed Pharmacy ME Reports	Requirement removed	Removed because Pharmacy benefits are carved out to Medi-Cal RX (Magellan/DHCS)

**Amendment No. 58**  
to  
**Services Agreement**  
between  
**Local Initiative Health Authority for Los Angeles County**  
and  
**Blue Shield of California Promise Health Plan**

This Amendment No. 58 is effective as of July 1, 2022, as indicated herein by and between the Local Initiative Health Authority for Los Angeles County, a local public agency operating as L.A. Care Health Plan ("Local Initiative") and *Blue Shield of California Promise Health Plan*, a California health care service plan ("Plan").

**RECITALS**

WHEREAS, the State of California ("State") has, through statute, regulation, and policies, adopted a plan ("State Plan") for certain categories of Medi-Cal recipients to be enrolled in managed care plans for the provision of specified Medi-Cal benefits. Pursuant to this State Plan, the State has contracted with two health care service plans in Los Angeles County. One of these two health care service plans with which the State has a contract ("Medi-Cal Agreement") is a health care service plan locally created and designated by the County's Board of Supervisors for, among other purposes, the preservation of traditional and safety net providers in the Medi-Cal managed care environment ("Local Initiative"). The other health care service plan is an existing HMO which is selected by the State (the "Commercial Plan");

WHEREAS, the Local Initiative is licensed by the Department of Managed Health Care as a health care service plan under the California Knox-Keene Act (Health and Safety Code Sections 1340 *et seq.*) (the "Knox-Keene Act");

WHEREAS, Plan is duly licensed as a prepaid full service health care service plan under the Knox-Keene Act and is qualified and experienced in providing and arranging for health care services for Medi-Cal beneficiaries; and

WHEREAS, Local Initiative and Plan have entered into a prior agreement dated October 1, 2009, as amended ("Agreement"), for Plan to provide and arrange for the provision of health care services for Local Initiative enrollees as part of a coordinated, culturally and linguistically sensitive health care delivery program in accordance with the Medi-Cal Agreement and all applicable federal and state laws.

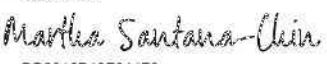
NOW, THEREFORE, in consideration of the foregoing and the terms and conditions set forth herein, the parties agree to amend the Agreement as follows:

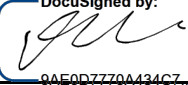
**I. Exhibit 8 – Delegation Agreement, shall be revised as is set forth in Exhibit 8, below.**


IN WITNESS WHEREOF, the parties have entered into this Amendment No. 58 as of the date set forth below.

**Local Initiative Health Authority for Los Angeles County operating as L.A. Care Health Plan (Local Initiative)**  
*A local public agency*

**Blue Shield of California Promise Health Plan,**  
*A California health care services plan*

Signed by:  
  
By: DD3918D18F844F0...  
Martha Santana-Chin  
Chief Executive Officer  
1/20/2025 | 12:12 PM PST  
Date: \_\_\_\_\_, 2025

DocuSigned by:  
  
By: 9AE0D770A434C7...  
Kristen Cerf  
President and Chief Executive Officer  
1/2/2025 | 1:48 PM PST  
Date: \_\_\_\_\_, 2025

DocuSigned by:  
  
By: AA470E43B18B4A1...  
Alvaro Ballesteros  
Chairperson  
L.A. Care Board of Governors  
1/17/2025 | 3:30 PM PST  
Date: \_\_\_\_\_, 2025

**II. Exhibit 8 – Delegation Agreement, shall be revised as follows:**

**Exhibit 8**  
**Delegation Agreement**  
**[Attachment A]**

**Delegated Activities Effective July 1, 2022-June 30, 2023**  
**Responsibilities of Plan and Local Initiative**

The purpose of the following grid is to specify the activities delegated by Local Initiative (“L.A. Care”) to Blue Shield of California Promise Health Plan (individually and collectively “Plan” and/or “Delegate”) under the Delegation Agreement with respect to: (i) quality management and improvement, (ii) population health management (iii) network management, (iv) utilization management, (v) credentialing and re-credentialing, (vi) member experience, (vii) claims recovery., and (viii) financial solvency and claims processing compliance. All Delegated Activities are to be performed in accordance with currently applicable NCQA accreditation standards and State and Federal regulatory requirements, as modified from time to time. Blue Shield of California Promise Health Plan agrees to be accountable for all responsibilities delegated by L.A. Care and will not further delegate (sub-delegate) any such responsibilities without prior written approval by L.A. Care, except as outlined in the Delegation Agreement. Blue Shield of California Promise Health Plan is responsible for sub-delegation oversight of any sub-delegated activities. Blue Shield of California Promise Plan will provide periodic reports to L.A. Care as described elsewhere in the Delegation Agreement. L.A. Care will oversee the delegation to Blue Shield of California Promise Health Plan as described elsewhere in the Services Agreement. In the event deficiencies are identified through this oversight, Blue Shield of California Promise Health Plan will provide a specific corrective action plan acceptable to L.A. Care. If Blue Shield of California Promise Health Plan does not comply with the corrective action plan within the specified time frame, L.A. Care may revoke the delegation to Blue Shield of California Promise Health Plan, in whole or in part, in accordance with Exhibit 5, herein. L.A. Care will provide delegate with Member Experience data: complaints, CAHPS, survey results or other data collected on members’ experience with the delegate’s services. In addition, will also provide Clinical performance data: HEDIS measures, claims and other clinical data collected by the organization. L.A. Care may provide data feeds for relevant claims data or clinical performance measure results when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care’s delegate Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care’s Policies and Procedures securing PHI through applicable protections, e.g., encryption.

Standard	Delegated Activities	Retained by L.A. Care
	QUALITY MANAGEMENT AND IMPROVEMENT	
<b>Program Structure and Operations:</b> Applicable L.A. Care Policies: QI-003, QI-005, QI-006, QI-007, QI-0026  (NCQA QI 1)	<b><u>QI Program Structure</u></b> The organization’s QI program description specifies: 1. The QI Program Structure 2. The behavioral healthcare aspects of the program. 3. Involvement of a designated physician in the QI program 4. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program 5. Oversight of QI functions of the organization by the QI Committee	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs, including review, evaluation, and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.

Standard	Delegated Activities	Retained by L.A. Care
	<p><b><u>Annual Work Plan</u></b>  The organization documents and executes a QI annual work plan that reflects ongoing activities throughout the year and addresses:</p> <ol style="list-style-type: none"> <li>1. Yearly planned QI activities and objectives.</li> <li>2. Time frame for each activity’s completion.</li> <li>3. Staff members responsible for each activity.</li> <li>4. Monitoring of previously identified issues.</li> <li>5. Evaluation of the QI program.</li> </ol> <p><b><u>Annual Evaluation</u></b>  The organization conducts an annual written evaluation of the QI program that includes the following information:</p> <ol style="list-style-type: none"> <li>1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service</li> <li>2. Trending of measures of performance in the quality and safety of clinical care and quality of service</li> <li>3. Evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices</li> </ol> <p><b><u>QI Committee Responsibilities</u></b>  The organization’s QI Committee:</p> <ol style="list-style-type: none"> <li>1. Recommends policy decisions.</li> <li>2. Analyzes and evaluates the results of QI activities.</li> <li>3. Ensures practitioner participation in the QI program through planning, design, implementation or review.</li> <li>4. Identifies needed actions.</li> <li>5. Ensures follow-up, as appropriate.</li> </ol> <p><b><u>Promoting Organizational Diversity, Equity and Inclusion</u></b>  The organization:</p> <ol style="list-style-type: none"> <li>1. Promotes diversity in recruiting and hiring.</li> <li>2. Offers training to employees on cultural competency, bias or inclusion.</li> </ol>	
<p><b>Health Services Contracting:</b>  Applicable L.A. Care Policy:  QI-007  (NCQA QI 2)</p>	<p><b><u>Practitioner Contracts</u></b>  Contracts with practitioners specifically require that:</p> <ol style="list-style-type: none"> <li>1. Practitioners cooperate with QI activities</li> <li>2. Practitioners allow the organization to use their performance data.</li> </ol> <p><b><u>Provider Contracts</u></b>  This standard is required for the first survey under NCQA guidelines. Plans are still required to maintain compliance with this standard. NCQA only removed this</p>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p>requirement to submit documentation for renewal surveys.</p> <p>Contracts with practitioners specifically require that:</p> <ol style="list-style-type: none"> <li>1. Practitioners cooperate with QI activities.</li> <li>2. Practitioners allow the organization to use their performance data.</li> </ol>	
<p><b>Continuity and Coordination of Medical Care:</b> Applicable L.A. Care Policy: QI-0026 (NCQA QI 3)</p>	<p><b><u>Identifying Opportunities</u></b> The organization annually identifies opportunities to improve continuity and coordination of medical care across the network by:</p> <ol style="list-style-type: none"> <li>1. Collecting data on member movement between practitioners.</li> <li>2. Collecting data on member movement across settings.</li> <li>3. Conducting quantitative and qualitative analysis of data to identify improvement opportunities.</li> <li>4. Identifying and selecting one opportunity for improvement.</li> <li>5. Identifying and selecting a second opportunity for improvement.</li> <li>6. Identifying and selecting a third opportunity for improvement.</li> <li>7. Identifying and selecting a fourth opportunity for improvement.</li> </ol> <p><b><u>Acting on Opportunities</u></b> The organization annually acts to improve coordination of medical care by:</p> <ol style="list-style-type: none"> <li>1. Acting on the first opportunity for improvement identified in Element A, factor 4-7</li> <li>2. Acting on the second opportunity for improvement identified in Element A, factor 4-7</li> <li>3. Acting on the third opportunity for improvement identified in Element A, factor 4-7.</li> </ol> <p><b><u>Measuring Effectiveness</u></b> The organization annually measures the effectiveness of improvement actions taken for:</p> <ol style="list-style-type: none"> <li>1. The first opportunity identified in Element B.</li> <li>2. The second opportunity identified in Element B.</li> <li>3. The third opportunity identified in Element B.</li> </ol> <p><b><u>Transition to Other Care</u></b> The organization helps with members' transition to other care when their benefits ends, if necessary.</p> <p>Refer to Utilization Management Delegated Activities Section</p>	



Standard	Delegated Activities	Retained by L.A. Care
<p><b>Continuity and Coordination Between Medical Care and Behavioral Healthcare:</b> Applicable L.A. Care Policy: QI-0026  (NCQA QI 4)</p>	<p><b><u>Data Collection</u></b> The organization annually collects data about opportunities for collaboration between medical care and behavioral healthcare in the following areas:</p> <ol style="list-style-type: none"> <li>1. Exchange of information.</li> <li>2. Appropriate diagnosis, treatment and referral of behavioral healthcare disorders commonly seen in primary care.</li> <li>3. Appropriate use of psychotropic medications.</li> <li>4. Management of treatment access and follow-up for members with coexisting medical and behavioral disorders.</li> <li>5. Primary or secondary preventive behavioral healthcare program implementation.</li> <li>6. Special needs of members with serious mental illness or serious emotional disturbance.</li> </ol> <p><b><u>Collaborative Activities</u></b> The organization annually conducts activities to improve the coordination of behavioral healthcare and general medical care including:</p> <ol style="list-style-type: none"> <li>1. Collaborating with behavioral healthcare practitioners.</li> <li>2. Quantitative and qualitative causal analysis of data to identify improvement opportunities</li> <li>3. Identifying and selecting one opportunity for improvement from Element A.</li> <li>4. Identifying and selecting a second opportunity for Improvement from Element A.</li> <li>5. Taking collaborative action to address one identified opportunity for improvement from Element A.</li> <li>6. Taking collaborative action to address a second identified opportunity for improvement from Element A</li> </ol> <p><b><u>Measuring Effectiveness</u></b> The organization annually measures the effectiveness of improvement actions taken for:</p> <ol style="list-style-type: none"> <li>1. The first opportunity in Element B.</li> <li>2. The second opportunity in Element B.</li> </ol>	

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<b>Standards for Medical Record Documentation</b> (DHCS)	Establishing medical record standards which require medical records to be maintained in a manner that is current, detailed and organized, and which permits effective and confidential patient care and quality review, including: <ol style="list-style-type: none"> <li>1. Developing and distributing to practice sites:               <ol style="list-style-type: none"> <li>a. Policies and procedures for the confidentiality of medical records;</li> <li>b. Medical record documentation standards;</li> <li>c. Requirements for an organized medical record keeping system;</li> <li>d. Standards for the availability of medical records</li> </ol> </li> </ol>	
<b>Sub-Delegation of QI:</b> Applicable L.A. Care Policy: QI-007  (NCQA QI 5)	<p><b><u>Sub-Delegation Agreement</u></b>  <b>LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b></p> <p>The written sub-delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon.</li> <li>2. Describes the sub-delegated activities and the responsibilities of the delegate and the sub-delegated entity.</li> <li>3. Requires at least semiannual reporting by the sub-delegated entity to the delegate.</li> <li>4. Describes the process by which the delegate evaluates the sub-delegated entity's performance.</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the delegate if the sub-delegated entity does not fulfill its obligations, including revocation of the sub-delegation agreement</li> </ol> <p><b><u>Predelegation Evaluation</u></b>            For new sub-delegation agreements initiated in the look-back period, the delegated entity evaluates sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</p>	



Standard	Delegated Activities	Retained by L.A. Care
		<ul style="list-style-type: none"> <li>• Coordinating needed resources (staffing/funding data) by the LHJs.</li> <li>• Submitting the Los Angeles County annual PHM Strategy to DHCS.</li> </ul>
<p><b>Population Identification</b> (NCQA PHM 2)</p>	<p><b><u>NCOA Data Integration</u></b> The organization integrates the following data to use for population health management functions:</p> <ol style="list-style-type: none"> <li>1. Medical and Behavioral claims or encounters</li> <li>2. Pharmacy (Physician Administered Drugs) claims</li> <li>3. Laboratory results</li> <li>4. Health appraisal results</li> <li>5. Electronic health records</li> <li>6. Health Services programs within the organization</li> <li>7. Advanced data sources</li> </ol> <p><b><u>NCOA Population Assessment</u></b> The organization annually:</p> <ol style="list-style-type: none"> <li>1. Assesses the characteristics and needs, including social determinants of health, of its member population.</li> <li>2. Assesses the needs of child and adolescent members.</li> <li>3. Assesses the needs of members with disabilities.</li> <li>4. Assesses the needs of members with serious and persistent mental illness (SPMI).</li> <li>5. Assesses the needs of members of racial or ethnic groups.</li> <li>6. Assesses the needs of members with limited English proficiency.</li> <li>7. Identifies and assesses the needs of relevant member subpopulations.</li> </ol> <p><b><u>Activities and Resources</u></b> The organization annually uses the population assessment to:</p> <ol style="list-style-type: none"> <li>1. Review and update its PHM activities to address member needs</li> <li>2. Review and update its PHM resources to address member need</li> <li>3. Review and update activities or resources to address health care disparities for at least one identified population.</li> <li>4. Review community resources for integration into program offerings to address member needs.</li> </ol> <p><b><u>Segmentation</u></b> At least annually, the organization segments or stratifies its entire population into subsets for targeted intervention:</p>	

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(APL 19-011) (APL 23-021) (DHCS PHM Policy Guide)	<ol style="list-style-type: none"> <li>1. Segments or stratifies its entire population into subset for targeted intervention.</li> <li>2. Assesses for racial bias in its segmentation or stratification methodology.</li> </ol> <p><b><u>DHCS Population Needs Assessment</u></b>            Actively participate in the collaboration with Local Health Department CHA/CHIP process, for which L.A. Care directs the focus of the PNA.</p>	L.A. Care is responsible for the PNA submission to DHCS and works with its Delegates to complete the requirements as detailed in APL 19-011, APL 23-021 and the PHM Policy Guide.
<b>Delivery System Supports</b> (NCQA PHM 3)	<p><b><u>Practitioner or Provider Support</u></b>            The organization supports practitioners or providers in its network to achieve population health management goals by:</p> <ol style="list-style-type: none"> <li>1. Sharing data</li> <li>2. Offering evidence-based or certified shared-decision making aids</li> <li>3. Providing practice transformation support to primary care practitioners</li> <li>4. Providing comparative quality information on selected specialties</li> <li>5. Providing comparative pricing information for selected services</li> <li>6. Providing training on equity, cultural competency, bias, diversity or inclusion</li> <li>7.</li> </ol>	<p><b><u>Value-Based Payment Arrangements</u></b>            The organization demonstrates that it has a value-based payment (VBP) arrangement(s) and reports the percentages of total payments tied to VBP.</p>
<b>Wellness and Prevention</b> (NCQA PHM 4)	<p><b><u>Frequency of Health Appraisal Completion</u></b>            This standard is required for the first survey under NCQA guidelines. Plans are still required to maintain compliance with this standard. NCQA only removed this requirement to submit documentation for renewal surveys.            The organization has the capability to administer a health appraisal (HA) annually.</p> <p><b><u>Topics of Self-Management Tools</u></b>            The organization offers self-management tools derived from available evidence, that provide members with information on at least the following wellness and health promotion areas:</p> <ol style="list-style-type: none"> <li>1. Healthy weight (BMI) maintenance.</li> <li>2. Smoking and tobacco use cessation.</li> <li>3. Encouraging physical activity.</li> <li>4. Healthy eating.</li> <li>5. Managing stress.</li> <li>6. Avoiding at-risk drinking.</li> <li>7. Identifying depressive symptoms.</li> </ol>	

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<p><b>Complex Case Management</b> (NCQA PHM 5)</p>	<p><b><u>Access to Case Management</u></b> The organization has multiple avenues for members to be considered for complex case management services, including:</p> <ol style="list-style-type: none"> <li>1. Medical management program referral</li> <li>2. Discharge planner referral</li> <li>3. Member or caregiver referral</li> <li>4. Practitioner referral.</li> </ol> <p><b><u>Case Management Systems</u></b> The organization uses case management systems that support:</p> <ol style="list-style-type: none"> <li>1. Evidence-based clinical guidelines or algorithms to conduct assessment and management;</li> <li>2. Automatic documentation of the individual ID and date and time of action on the case when interaction with the member occurred; and</li> <li>3. Automated prompts for follow-up as required by the case management plan.</li> </ol> <p><b><u>Case Management Process</u></b> This standard is required for the first survey under NCQA guidelines. Plans are still required to maintain compliance with this standard. NCQA only removed this requirement to submit documentation for renewal surveys.</p> <p>The organization’s complex case management procedures address the following:</p> <ol style="list-style-type: none"> <li>1. Initial assessment of member health status, including condition-specific issues</li> <li>2. Documentation of clinical history, including medications</li> <li>3. Initial assessment of activities of daily living</li> <li>4. Initial assessment of behavioral health status, including cognitive functions</li> <li>5. Initial assessment of social determinants of health</li> <li>6. Initial assessment of life planning activities</li> <li>7. Evaluation of cultural and linguistic needs, preferences or limitations</li> <li>8. Evaluation of visual and hearing needs, preferences or limitations</li> <li>9. Evaluation of caregiver resources and involvement</li> <li>10. Evaluation of available benefits</li> <li>11. Evaluation of community resources</li> <li>12. Development of an individualized case management plan, including prioritized goals and considers member and caregiver goals, preferences and desired level of involvement in the case management plan</li> <li>13. Identification of barriers to the member meeting goals or complying with the case management plan</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p>14. Facilitation of member referrals to resources and follow-up process to determine whether members act on referral</p> <p>15. Development of a schedule for follow-up and communication with the member</p> <p>16. Development and communication of self-management plans.</p> <p>17. A process to assess members' progress against case management plans.</p> <p><b><u>Initial Assessment</u></b>  An NCQA review of a sample of the organization's complex case management files demonstrates that the organization follows its documented processes for completing the following within 60 calendar days:</p> <ol style="list-style-type: none"> <li>1. Initial assessment of members' health status, including condition-specific issues</li> <li>2. Documentation of clinical history, including medications</li> <li>3. Initial assessment of activities of daily living (ADL)</li> <li>4. Initial assessment of behavioral health status, including cognitive functions</li> <li>5. Initial assessment of social determinants of health</li> <li>6. Evaluation of cultural and linguistic needs, preferences or limitations</li> <li>7. Evaluation of visual and hearing needs, preferences or limitations</li> <li>8. Evaluation of caregiver resources and involvement</li> <li>9. Evaluation of available benefits</li> <li>10. Evaluation of available community resources</li> <li>11. Assessment of life planning activities.</li> <li>12. Beginning the assessment for at least one factor within 30 calendar days of identifying a member for complex case management.</li> </ol> <p><b><u>Case Management Ongoing Management</u></b>  The NCQA review of a sample of the organization's case management files that demonstrates the Plan Partner follows its documented processes for:</p> <ol style="list-style-type: none"> <li>1. Development of case management plans, including prioritized goals, that take into account member and caregiver goals, preferences and desired level of involvement in the complex case management program</li> <li>2. Identification of barriers to meeting goals and complying with the case management plan</li> <li>3. Development of a schedule for follow-up and communication with members.</li> <li>4. Development and communication of member self-management plans.</li> </ol>	

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	5. Assessment of progress against case management plans and goals and modification as needed.	
<b>Population Health Management Impact</b> (NCQA PHM 6)	<p><b><u>Measuring Effectiveness</u></b>            At least annually, the organization conducts a comprehensive analysis of the impact of its PHM strategy that includes the following:</p> <ol style="list-style-type: none"> <li>1. Quantitative results for relevant clinical, cost/utilization and experience measures.</li> <li>2. Comparison of results with a benchmark or goal.</li> <li>3. Interpretation of results.</li> </ol> <p><b><u>Improvement and Action</u></b>            The organization uses results from the PHM impact analysis to annually:</p> <ol style="list-style-type: none"> <li>1. Identify opportunities for improvement.</li> <li>2. Act on one opportunity for improvement.</li> </ol>	
<b>Sub-Delegation of PHM</b> (NCQA PHM 7)	<p><b><u>Sub-Delegation Agreement</u></b>  <b>(LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b></p> <p>The written sub-delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the sub-delegated activities and the responsibilities of the delegate and the sub-delegated entity</li> <li>3. Requires at least semiannual reporting by the sub-delegated entity to the delegate</li> <li>4. Describes the process by which the delegate evaluates the sub-delegated entity’s performance</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the delegate if the sub-delegated entity does not fulfill its obligations, including revocation of the sub-delegation agreement</li> </ol> <p><b><u>Predelegation Evaluation</u></b>            For new sub-delegation agreements initiated in the look-back period, the delegated entity evaluates sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</p> <p><b><u>Review of PHM Program</u></b>            For arrangements in effect for 12 months or longer, the delegate:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its sub-delegate’s PHM program</li> </ol>	



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	<ol style="list-style-type: none"> <li>2. Annually audits complex case management files against NCQA standards for each year that sub-delegation has been in effect, if applicable</li> <li>3. Annually evaluates sub-delegate performance against NCQA standards for sub-delegated activities</li> <li>4. Semiannually evaluates regular reports, as specified in the sub-delegation agreement</li> </ol> <p><b><u>Opportunities for Improvement</u></b>  For sub-delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that sub-delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</p>	
<b>NETWORK MANAGEMENT</b>		
<b>Availability of Practitioners</b> (NCQA NET 1)	<p><b><u>Cultural Needs and Preferences</u></b>  The organization annually:</p> <ol style="list-style-type: none"> <li>1. Assessing the cultural, ethnic, racial, and linguistic needs of members</li> <li>2. Adjusts the availability of practitioners within its network if necessary.</li> </ol> <p><b><u>Practitioners Providing Primary Care</u></b>  To evaluate the availability of practitioners who provide primary care services, including general medicine or family practice, internal medicine and pediatrics, the organization:</p> <ol style="list-style-type: none"> <li>1. Establishes measurable standards for the number of each type of practitioners providing primary care</li> <li>2. Establishes measurable standards for the geographic distribution of each type of practitioner providing primary care.</li> <li>3. Annually analyzes performance against the standards for the number of each type of practitioner providing primary care</li> <li>4. Annually analyzes performance against the standards for the geographic distribution of each type of practitioner providing primary care.</li> </ol> <p><b><u>Practitioners Providing Specialty Care</u></b>  To evaluate the availability of specialists in its delivery system, the organization:</p> <ol style="list-style-type: none"> <li>1. Defines the types of high-volume and high-impact specialists</li> <li>2. Establishes measurable standards for the number of each type of high-volume specialists.</li> <li>3. Establishes measurable standards for the geographic distribution of each type of high-volume specialists.</li> </ol>	

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	<p>4. Establishes measurable standards for the geographic distribution of each type of high-impact specialist.</p> <p>5. Analyzes its performance against the established standards at least annually.</p> <p><b><u>Practitioners Providing Behavioral Healthcare</u></b>            To evaluate the availability of high-volume behavioral healthcare practitioners in its delivery system, the organization:</p> <ol style="list-style-type: none"> <li>1. Defines the types of high-volume behavioral healthcare practitioners</li> <li>2. Establishes measurable standards for the number of each type of high-volume behavioral healthcare practitioner</li> <li>3. Establishes measurable standards for the geographic distribution of each type of high-volume behavioral healthcare practitioner</li> <li>4. Analyzes performance against standards annually</li> </ol>	
<p><b>Accessibility of Services</b> (NCQA NET 2)</p>	<p><b><u>Access to Primary Care</u></b>            Using valid methodology, the organization collects and performs an annual analysis of data to measure its performance against its standards for access to:</p> <ol style="list-style-type: none"> <li>1. Regular and routine care appointments;</li> <li>2. Urgent care appointments;</li> <li>3. After-hours care</li> </ol> <p><b><u>Access to Behavioral Healthcare</u></b>            Using valid methodology, the organization annually collects and analyzes data to evaluate access to appointments for behavioral healthcare for:</p> <ol style="list-style-type: none"> <li>1. Care for a non-life-threatening emergency within 6 hours</li> <li>2. Urgent care within 48 hours</li> <li>3. Initial visit for routine care within 10 business days</li> <li>4. Follow-up routine care.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
	<p><b><u>Access to Specialty Care</u></b>            Using valid methodology, the organization annually collects and analyzes data to evaluate access to appointments for:</p> <ol style="list-style-type: none"> <li>1. High-volume specialty care</li> <li>2. High-impact specialty care</li> </ol>	

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<p><b>Assessment of Network Adequacy</b> (NCQA NET 3)</p>	<p><b><u>Assessment of Member Experience Accessing the Network</u></b> The organization annually identifies gaps in networks specific to geographic areas or types of practitioners or providers by:</p> <ol style="list-style-type: none"> <li>1. Using analysis results related to member experience with network adequacy for nonbehavioral healthcare services from ME 7, Element C and Element D.</li> <li>2. Using analysis results related to member experience with network adequacy for behavioral healthcare services from ME 7, Element E.</li> <li>3. Compiling and analyzing non-behavioral requests for and utilization of out-of-network services</li> <li>4. Compiling and analyzing behavioral healthcare requests for and utilization of out-of-network services.</li> </ol> <p><b><u>Opportunities to Improve Access to Nonbehavioral Healthcare Services</u></b> The organization annually:</p> <ol style="list-style-type: none"> <li>1. Prioritizes opportunities for improvement from analyses of availability (NET 1, Elements A, B and C), accessibility (NET 2, Elements A and C) and member experience accessing the network (NET 3, Element A, factors 1 and 3).</li> <li>2. Implements interventions on at least one opportunity, if applicable.</li> <li>3. Measures the effectiveness of interventions, if applicable.</li> </ol>	
	<p><b><u>Opportunities to Improve Access Behavioral Healthcare Services</u></b> The organization annually:</p> <ol style="list-style-type: none"> <li>1. Prioritizes opportunities for improvement identified from analyses of availability (NET 1, Elements A and D), accessibility (NET 2, Element B) and member experience accessing the network (NET 3, Element A, factors 2 and 4).</li> <li>2. Implements interventions on at least one opportunity, if applicable.</li> <li>3. Measures the effectiveness of the interventions, if applicable.</li> </ol>	

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<p><b>Continued Access to Care</b> (NCQA NET 4)</p>	<p><b>Notification of Termination</b> Refer to Utilization Management Delegated Activities Section</p> <p><b>Continued Access to Practitioners</b> Refer to Utilization Management Delegated Activities Section</p> <p>Note: Review process is managed by L.A. Care Utilization Management team.</p>	
<p><b>Physician and Hospital Directories</b> (NCQA NET 5)</p>	<p><b><u>Physician Directory Data</u></b> The organization has a web-based physician directory that includes the following physician information:</p> <ol style="list-style-type: none"> <li>1. Name</li> <li>2. Gender</li> <li>3. Specialty</li> <li>4. Hospital affiliations</li> <li>5. Medical group affiliations</li> <li>6. Board certification</li> <li>7. Accepting new patients</li> <li>8. Language spoken by the physician or clinical staff</li> <li>9. Office locations and phone numbers</li> </ol> <p><b><u>Physician Directory Updates</u></b> The organization updates its web-based physician directory within 30 calendar days of receiving new information from the network physician.</p> <p><b><u>Assessment of Physician Directory Accuracy</u></b> Using valid methodology, the organization performs an annual evaluation of its physician directories for:</p> <ol style="list-style-type: none"> <li>1. Accuracy of office locations and phone numbers</li> <li>2. Accuracy of hospital affiliations</li> <li>3. Accuracy of accepting new patients</li> <li>4. Awareness of physician office staff of physician’s participation in the organization’s networks.</li> </ol> <p><b><u>Identifying and Acting on Opportunities</u></b> Based on results of the analysis performed in Element C, at least annually the organization:</p> <ol style="list-style-type: none"> <li>1. Identifies opportunities to improve the accuracy of the information in its physician directories.</li> <li>2. Takes action to improve the accuracy of the information in its physician directories.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p><b><u>Searchable Physician Web Based Directory</u></b>  The organization’s web-based physician directory includes search functions with instructions for finding the following physician information:</p> <ol style="list-style-type: none"> <li>1. Name</li> <li>2. Gender</li> <li>3. Specialty</li> <li>4. Hospital affiliations</li> <li>5. Medical group affiliations</li> <li>6. Accepting new patients</li> <li>7. Languages spoken by the physician or clinical staff</li> <li>8. Office locations</li> </ol> <p><b><u>Hospital Directory Data</u></b>  The organization has a web-based hospital directory that includes the following:</p> <ol style="list-style-type: none"> <li>1. Hospital name</li> <li>2. Hospital location and phone number</li> <li>3. Hospital accreditation status</li> <li>4. Hospital quality data from recognized sources</li> </ol> <p><b><u>Hospital Directory Updates</u></b>  The organization updates its web-based hospital directory information within 30 calendar days of receiving new information from the network hospital.</p> <p><b><u>Searchable Hospital Web-Based Directory</u></b>  The organization’s web-based directory includes search functions for specific data types and instructions for searching for the following information:</p> <ol style="list-style-type: none"> <li>1. Hospital name</li> <li>2. Hospital location</li> </ol> <p><b><u>Usability Testing</u></b>  The organization evaluates its web-based physician and hospital directories for understandability and usefulness to members and prospective members at least every three years, and considers the following:</p> <ol style="list-style-type: none"> <li>1. Reading level</li> <li>2. Intuitive content organization</li> <li>3. Ease of navigation</li> <li>4. Directories in additional languages, if applicable to the membership</li> </ol>	

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	<p><b><u>Availability of Directories</u></b>  The organization makes web-based physician and hospital directory information available to members and prospective members through alternative media, including:</p> <ol style="list-style-type: none"> <li>1. Print</li> <li>2. Telephone</li> </ol>	
<p><b>Sub-Delegation of NET (NCQA NET 6)</b></p>	<p><b><u>Sub-Delegation Agreement</u></b>  <b>LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b>  The written sub-delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the sub-delegated activities and the responsibilities of the delegate and the sub-delegated entity</li> <li>3. Requires at least semiannual reporting by the sub-delegated entity to the delegate</li> <li>4. Describes the process by which the delegate evaluates the sub-delegated entity’s performance</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the delegate if the sub-delegated entity does not fulfill its obligations, including revocation of the sub-delegation agreement</li> </ol> <p><b><u>Predelegation Evaluation</u></b>  For new sub-delegation agreements initiated in the look-back period, the organization evaluated sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</p> <p><b><u>Review of Sub-Delegated Activities</u></b>  For arrangements in effect for 12 months or longer, the delegate:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its sub-delegate’s network management procedures</li> <li>2. Annually evaluates sub-delegate performance against NCQA standards for sub-delegated activities</li> <li>3. Semiannually evaluates regular reports, as specified in the sub-delegation agreement</li> </ol> <p><b><u>Opportunities for Improvement</u></b>  For sub-delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that sub-delegation has been in effect, the</p>	

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	delegate identified and followed up on opportunities for improvement, if applicable.	
	<b>UTILIZATION MANAGEMENT</b>	
<b>Continued Access to Care and Continuity and Coordination of Medical Care</b> (NCQA NET 4 and QI 3)	<p><b><u>Notification of Termination (NET4)</u></b>            The organization notifies members affected by the termination of a practitioner or practice group in general, family or internal medicine or pediatrics, at least thirty (30) calendar days prior to the effective termination date and helps them select a new practitioner.</p> <p><b><u>Continued Access to Practitioners (NET 4)</u></b>            If a practitioner’s contract is discontinued the organization allows affected members continued access to practitioner, as follows:</p> <ol style="list-style-type: none"> <li>1. Continuation of treatment through the current period of active treatment or for up to ninety (90) calendar days, whichever is less, for members undergoing active treatment for a chronic or acute medical condition.</li> <li>2. Continuation of care through the postpartum period for members in their second or third trimester of pregnancy.</li> </ol> <p><b><u>Transition to Other Care (QI 3)</u></b>            The organization helps with members’ transition to other care when their benefits end, if necessary.</p>	
<b>Program Structure</b> (NCQA UM 1)	<p><b><u>Written Program Description</u></b>            The organization’s UM program description includes the following:</p> <ol style="list-style-type: none"> <li>1. A written description of the program structure</li> <li>2. The behavioral healthcare aspects of the program</li> <li>3. Involvement of a designated senior physician in UM program implementation</li> <li>4. Involvement of a designated behavioral healthcare practitioner in the implementation of the behavioral healthcare aspects of the UM program.</li> <li>5. The program scope and processes used to make determinations of benefit coverage and medical necessity.</li> <li>6. Information sources used to determine benefit coverage and medical necessity.</li> </ol> <p><b><u>Annual Evaluation</u></b>            The organization annually evaluates and updates the UM program, as necessary.</p>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.

Standard	Delegated Activities	Retained by L.A. Care
<b>Clinical Criteria for UM Decisions</b> (NCQA UM 2)	<p><b><u>UM Criteria</u></b>            The organization:</p> <ol style="list-style-type: none"> <li>Has written UM decision-making criteria that are objective and based on medical evidence</li> <li>Has written policies for applying the criteria based on individual needs</li> <li>Has written policies for applying the criteria based on an assessment of the local delivery system</li> <li>Involves appropriate practitioners in developing, adopting and reviewing criteria.</li> <li>Annually reviews UM criteria and the procedures for applying them and updating them and updates the criteria when appropriate.</li> </ol> <p><b><u>Availability of Criteria</u></b>            The organization:</p> <ol style="list-style-type: none"> <li>States in writing how practitioners can obtain the UM criteria</li> <li>Makes the criteria available to practitioners upon request.</li> </ol> <p><b><u>Consistency in Applying Criteria</u></b>            At least annually, the organization:</p> <ol style="list-style-type: none"> <li>Evaluates the consistency with which health care professionals involved in UM apply criteria in decision making</li> <li>Acts on opportunities to improve consistency, if applicable.</li> </ol>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.
<b>Communication Services</b> (NCQA UM 3)	<p><b><u>Access to Staff</u></b>            The organization provides the following communication services for members and practitioners:</p> <ol style="list-style-type: none"> <li>Staff are available at least eight (8) hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues</li> <li>Staff can receive inbound communication regarding UM issues after normal business hours</li> <li>Staff are identified by name, title, and organization name when initiating or returning calls regarding UM issues</li> <li>TDD/TTY services for members who need them</li> <li>Language assistance for members to discuss UM issues.</li> </ol>	
<b>Appropriate Professionals</b> (NCQA UM 4)	<p><b><u>Licensed Health Professionals</u></b>            The organization has written procedures:</p> <ol style="list-style-type: none"> <li>Requiring appropriately licensed professionals to supervise all medical necessity decisions</li> <li>Specifying the type of personnel responsible for each level of UM decision-making.</li> </ol>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also



Standard	Delegated Activities	Retained by L.A. Care
	<p><b><u>Use of Practitioners for UM Decisions</u></b>  The organization has a written job description with qualifications for practitioners who review denials of care based on medical necessity. Practitioners are required to have:</p> <ol style="list-style-type: none"> <li>1. Education, training and professional experience in medical or clinical practice</li> <li>2. A current clinical license to practice or an administrative license to review UM cases without restriction.</li> </ol> <p><b><u>Practitioner Review of Nonbehavioral healthcare Denials</u></b>  The organization uses a physician, or other healthcare professional as appropriate, reviews any non-behavioral healthcare denial of coverage based on medical necessity.</p> <p><b><u>Practitioner Review of Behavioral Healthcare Denials</u></b>  The organization uses that a physician or appropriate behavioral healthcare practitioner to review any behavioral healthcare denial of care based on medical necessity.</p> <p><b><u>Practitioner Review of Pharmacy Denials</u></b>  The organization uses a physician or a pharmacist to review pharmacy denials based on medical necessity. Note: This only applies to pharmaceuticals (Physician Administered Drugs) covered under the medical benefit.</p> <p><b><u>Use of Board-Certified Consultants</u></b>  The organization:</p> <ol style="list-style-type: none"> <li>1. Has written procedures for using board certified consultants to assist in making medical necessity determinations</li> <li>2. Provides evidence that it uses board-certified consultants for medical necessity determinations.</li> </ol>	<p>provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
<p><b>Timeliness of UM Decisions</b>  (NCQA UM 5)</p>	<p><b><u>Notification of Nonbehavioral Decisions</u></b>  The organization adheres to the following time frames for notification of non-behavioral healthcare UM Decisions:</p> <ol style="list-style-type: none"> <li>1. N/A Marketplace</li> <li>2. For Medicaid urgent concurrent decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request.</li> <li>3. For Medicaid urgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>4. For Medicaid nonurgent preservice decisions the organization gives electronic or written notification of the decision to members and practitioners within 14 calendar days of the request.</p> <p>5. For Medicaid postservice decisions the organization gives electronic or written notification of the decision to members and practitioners within 30 calendar days of the request.</p> <p><b><u>Notification of Behavioral Healthcare Decisions</u></b>  The organization adheres to the following time frames for notification of behavioral healthcare UM decisions:</p> <ol style="list-style-type: none"> <li>1. N/A (Marketplace)</li> <li>2. For Medicaid urgent concurrent decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request.</li> <li>3. For Medicaid urgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request.</li> <li>4. For Medicaid nonurgent preservice decisions the organization gives electronic or written notification of the decision to members and practitioners within 5 business days of receipt of information reasonably necessary to render a decision, not to exceed 14 calendar days of the request.</li> <li>5. For Medicaid post service decisions, the organization gives electronic or written notification of the decision to practitioners and members within 30 calendar days of the request.</li> </ol> <p><b><u>Notification of Pharmacy Decisions</u></b>  The organization adheres to the following time frames for notifying members and practitioners of pharmacy UM decisions:</p> <ol style="list-style-type: none"> <li>1. For Medicaid urgent concurrent decisions electronic or written notification of the decision to members and practitioners within 24 hours of the request.</li> <li>2. For Medicaid urgent preservice decisions electronic or written notification of the decision to members and practitioners within 72 hours of the request.</li> <li>3. For Medicaid nonurgent preservice decisions electronic or written notification of the decision to members and practitioners within 15 calendar days of the request.</li> <li>4. For Medicaid postservice decisions electronic or written notification of the decision to members and practitioners within 30 calendar days of the request.</li> <li>5. N/A (Medicare and Marketplace)</li> </ol>	

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	<p><b><u>Timeliness Report</u></b>  The organization monitors and submits a report for timeliness of:</p> <ol style="list-style-type: none"> <li>1. Notification of non-behavioral UM decisions</li> <li>2. Notification of behavioral UM decisions</li> <li>3. Notification of pharmacy UM decisions</li> </ol> <p>Note: This only applies to pharmaceuticals (Physician Administered Drugs) covered under the medical benefit.</p> <p><i>Note: L.A. Care and Plan must adhere to the applicable standards identified in the California Health and Safety Code and DHCS Contract, all current regulatory notifications (such as APLs), as well as the most recent NCQA HP Standards</i></p>	
<p><b>Clinical Information</b> (NCQA UM 6)</p>	<p><b><u>Relevant Information for Nonbehavioral Healthcare Decisions</u></b>  There is documentation that the organization gathers relevant clinical information consistently to support nonbehavioral healthcare UM decision making.</p> <p><b><u>Relevant Information for Behavioral Healthcare Decisions</u></b>  There is documentation that the organization gathers relevant clinical information consistently to support behavioral healthcare UM decision making.</p> <p><b><u>Relevant Information for Pharmacy Decisions</u></b>  The organization documents that it consistently gathers relevant information to support pharmacy UM decision making.  Note: This only applies to pharmaceuticals (Physician Administered Drugs) covered under the medical benefit.</p>	
<p><b>Denial Notices</b> (NCQA UM 7)</p>	<p><b><u>Discussing a Denial With a Nonbehavioral Healthcare Reviewer</u></b>  The organization gives practitioners the opportunity to discuss nonbehavioral healthcare UM denial decisions with a physician or other appropriate reviewer.</p> <p><b><u>Written Notification of Nonbehavioral healthcare Denials</u></b>  The organization’s written notification of each non-behavioral healthcare denials, provided to members and their treating practitioners contains the following information:</p> <ol style="list-style-type: none"> <li>1. The specific reason for denial, in easily understandable language</li> </ol>	

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	<p>2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial decision is based</p> <p>3. A statement that members can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision is based, upon request.</p> <p><b><u>Written Notification of Nonbehavioral Healthcare Appeal Rights/Process</u></b>  The organization’s written non-behavioral denial notification to members and their treating practitioners contains the following information:</p> <ol style="list-style-type: none"> <li>1. A description of appeal rights, including the right to submit written comments, documents or other information relevant to the appeal</li> <li>2. An explanation of the appeal process, including the members’ rights to representation and appeal time frames</li> <li>3. A description of the expedited appeal process for urgent pre-service or urgent concurrent denials</li> <li>4. Notification that expedited external review can occur concurrently with the internal appeals process for urgent care.</li> </ol> <p><b><u>Discussing a Behavioral Healthcare Denial With a Reviewer</u></b>  The organization provides practitioners with the opportunity to discuss any behavioral healthcare UM denial decisions with a physician appropriate behavioral healthcare reviewer or pharmacist reviewer.</p> <p><b><u>Written Notification of Behavioral Healthcare Denials</u></b>  The organization’s written notification of behavioral healthcare denials that it provided to members and their treating practitioners contains:</p> <ol style="list-style-type: none"> <li>1. The specific reasons for the denial, in easily understandable language.</li> <li>2. A reference to the benefit provision, guideline, protocol or similar criterion on which the denial decision is based</li> <li>3. A statement that members can obtain a copy of the actual benefit provision, guideline, protocol or similar criterion on which the denial decision was based, upon request</li> </ol> <p><b><u>Written Notification of Behavioral Healthcare Appeal Rights/Process</u></b>  The organization’s written notification of behavioral healthcare denials which it provides to members and their treating practitioners contains the following information:</p>	

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	<ol style="list-style-type: none"> <li>1. A description of appeal rights, including the right to submit written comments, documents or other information relevant to the appeal</li> <li>2. An explanation of the appeal process, including members' right to representation and appeal time frames</li> <li>3. A description of the expedited appeal process for urgent pre-service or urgent concurrent denials</li> <li>4. Notification that expedited external review can occur concurrently with the internal appeals process for urgent care.</li> </ol> <p><b><u>Discussing a Pharmacy Denial with a Reviewer</u></b> The organization gives practitioners the opportunity to discuss pharmacy UM denial decisions with a physician or pharmacist</p> <p><b><u>Written Notifications of Pharmacy Denials</u></b> The organization's written notification of pharmacy denials to members and their treating practitioners contains the following information:</p> <ol style="list-style-type: none"> <li>1. The specific reasons for the denial in language that is easy to understand.</li> <li>2. A reference to the benefit provision guidelines protocol or similar criterion on which the denial decision is based.</li> <li>3. A statement that members can obtain a copy of the actual benefit provision guideline protocol or similar criterion on which the denial decision was based, upon request.</li> </ol> <p><b><u>Written Notification of Pharmacy Appeal Rights/Process</u></b> The organization's written notification of pharmacy denials to members and their treating practitioners contains the following information:</p> <ol style="list-style-type: none"> <li>1. A description of appeal rights including the member's right to submit written comments documents or other information relevant to the appeal.</li> <li>2. An explanation of the appeal process including the member's right to representation and the appeal time frames.</li> <li>3. A description of the expedited appeal process for urgent preservice or urgent concurrent denials.</li> <li>4. Notification that expedited external review can occur concurrently with the internal appeal process for urgent care</li> </ol>	

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	Note: This only applies to pharmaceuticals (Physician Administered Drugs) covered under the medical benefit.	
<b>Policies for Appeals</b> (NCQA UM 7 NCQA UM 8)	<p><b><u>Internal Appeals</u></b>            The organization’s written policies and procedures for registering and responding to written internal appeals include the following:</p> <ol style="list-style-type: none"> <li>1. Allowing at least sixty (60) calendar days after notification of the denial for the member to file the appeal.</li> <li>2. Documenting the substance of the appeal and any actions taken</li> <li>3. Full investigation of the substance of the appeal, including any aspects of clinical care involved</li> <li>4. The opportunity for the member to submit written comments, documents or other information relating to the appeal</li> <li>5. Appointment of a new person to review an appeal, who was not involved in the initial determination and who is not the subordinate of any person involved in the initial determination</li> <li>6. Appointment of at least one person to review an appeal who is a practitioner in the same or similar specialty</li> <li>7. The decision for a pre-service appeal and notification to the member within 30 calendar days of receipt of the request.</li> <li>8. For Medicaid only, the decisions for postservice appeals and notifications to the members must be within 30 calendar days of receipt of the request.</li> <li>9. The decision for an expedited appeal and notification to the member within 72 hours of receipt of the request.</li> <li>10. Notification to the member about further appeal rights.</li> <li>11. Referencing the benefit provision, guideline, protocol or other similar criterion on which the appeal decision is based</li> <li>12. Giving members reasonable access to and copies of all documents relevant to the appeal, free of charge, upon request.</li> <li>13. Including a list of titles and qualifications, including specialties, of individuals participating in the appeal review</li> <li>14. Allowing an authorized representative to act on behalf of the member</li> <li>15. Continued coverage pending the outcome of an appeal.</li> </ol>	<p>Members have the option to appeal directly to L.A. Care.            Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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<p><b>Appropriate Handling of Appeals</b> (NCQA UM 9)</p>	<p><b><u>Preservice and Postservice Appeals</u></b> An NCQA review of the organization’s appeal files indicates that they contain the following information:</p> <ol style="list-style-type: none"> <li>1. Documenting the substance of appeals</li> <li>2. Investigating appeals</li> <li>3. Appropriate response to the substance of the appeal.</li> </ol> <p><b><u>Timeliness of the Appeal Process</u></b> The organization adheres to the following time frames for notification of preservice, postservice and expedited appeal decisions:</p> <ol style="list-style-type: none"> <li>1. For preservice appeals, the organization gives electronic or written notification within thirty (30) calendar days of receipt of the request</li> <li>2. For Medicaid postservice appeals, the organization gives electronic or written notification within thirty (30) calendar days of receipt of the request</li> <li>3. For expedited appeals, the organization gives electronic or written notification within seventy-two (72) hours of receipt of the request.</li> </ol> <p><b><u>Appeal Reviewers</u></b> The organization provides non-subordinate reviewers who were not involved in the previous determination and same or similar specialist review, as appropriate.</p> <p><b><u>Notification of Appeal Decision/Rights</u></b> An NCQA review of the organization’s internal appeal files indicates notification to members of the following:</p> <ol style="list-style-type: none"> <li>1. Specific reasons for the appeal decision in easily understandable language</li> <li>2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based</li> <li>3. Notification that the member can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based, upon request.</li> <li>4. Notification that the member is entitled to receive reasonable access to and copies of all documents free of charge upon request.</li> <li>5. The list of titles and qualifications, including specialties, of individuals participating in the appeal review</li> <li>6. A description of the next level of appeal, either within the organization or to an independent external organization, as applicable, along with relevant written procedures.</li> </ol>	<p>Members have the option to appeal directly to L.A. Care. Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p><b><u>Final Internal and External Appeal Files</u></b> N/A</p> <p><b><u>Appeals Overturned by the IRO</u></b> N/A</p>	
<p><b>Evaluation of New Technology</b> (NCQA UM 10)</p>		<p><b><u>Written Process</u></b> Evaluates the inclusion of new technology and the new application of existing technology in the benefits plan, including medical and behavioral health procedures, physician administered drugs effective January 2022 and devices.</p> <p>This element is Not Applicable for Medicaid product lines if the state mandates all benefits and new technology determinations.</p> <p>L.A. Care will provide the state’s language.</p> <p><b><u>Description of the Evaluation Process</u></b> This element is Not Applicable for Medicaid product lines if the state mandates all benefits and new technology determinations.</p> <p>L.A. Care will produce documentation that demonstrates this.</p>
<p><b>Procedures for Pharmaceutical Management</b> (NCQA UM 11)</p>	<p><b><u>Pharmaceutical Management Procedures</u></b> The organization’s policies and procedures for pharmaceutical management include the following:</p> <ol style="list-style-type: none"> <li>1. The criteria used to adopt pharmaceutical management procedures</li> <li>2. A process that uses clinical evidence from appropriate external organizations</li> <li>3. A process to include pharmacists and appropriate practitioners in the development of procedures</li> <li>4. A process to provide procedures to practitioners annually and when it makes changes.</li> </ol> <p><b><u>Pharmaceutical Restrictions/Preferences</u></b> Annually and after updates, the organization communicate to members and prescribing practitioners:</p> <ol style="list-style-type: none"> <li>1. A list of pharmaceuticals including restrictions, updates and preferences to post on its Internet website</li> </ol>	



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	<p>and update that posting with changes on a monthly basis (SB1052)</p> <ol style="list-style-type: none"> <li>2. How to use the pharmaceutical management procedures</li> <li>3. An explanation of limits or quotas</li> <li>4. How prescribing practitioners must provide information to support an exception request</li> <li>5. The process for generic substitution, therapeutic interchange and step-therapy protocols.</li> </ol> <p><b><u>Pharmaceutical Patient Safety Issues</u></b>  The organization’s pharmaceutical procedures include:</p> <ol style="list-style-type: none"> <li>1. Identifying and notifying members and prescribing practitioners affected by Class II recalls or voluntary drug withdrawals from the market for safety reasons within thirty (30) calendar days of the FDA notification</li> <li>2. An expedited process for prompt identification and notification of members and prescribing practitioners affected by a Class I recall.</li> </ol> <p><b><u>Reviewing and Updating Procedures</u></b>  With the participation of physicians and pharmacists the organization annually:</p> <ol style="list-style-type: none"> <li>1. Reviews the procedures</li> <li>2. Reviews the list of pharmaceuticals</li> <li>3. Updates the procedures as appropriate</li> <li>4. Updates the list of pharmaceuticals, as appropriate, and</li> </ol> <p><b><u>SB 1052</u></b>  Post the list with changes on its Internet website on a monthly basis</p> <p><b><u>Considering Exceptions</u></b>  The organization has exceptions policies and procedures that describe the process for:</p> <ol style="list-style-type: none"> <li>1. Making exception requests based on medical necessity</li> <li>2. Obtaining medical necessity information from prescribing practitioners</li> <li>3. Using appropriate pharmacists and practitioners to consider exception requests</li> <li>4. Timely handling of request</li> <li>5. Communicating the reason for denial and explanation of the appeal process when it does not approve an exception request.</li> </ol> <p>Note: This only applies to pharmaceuticals (Physician Administered Drugs) covered under the medical benefit.</p>	

Standard	Delegated Activities	Retained by L.A. Care
<p><b>UM System Controls</b> (NCQA UM 12)</p>	<p><b><u>UM Denial System Controls</u></b> The organization has policies and procedures describing its system controls specific to UM denial notification dates that:</p> <ol style="list-style-type: none"> <li>1. Define the date of receipt consistent with NCQA requirements.</li> <li>2. Define the date of written notification consistent with NCQA requirements.</li> <li>3. Describe the process for recording dates in systems.</li> <li>4. Specify titles or roles of staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate.</li> <li>5. Specify how the system tracks modified dates.</li> <li>6. Describe system security controls in place to protect data from unauthorized modification.</li> <li>7. Describe how the organization monitors its compliance with the policies and procedures in factors 1–6 at least annually and takes appropriate action, when applicable.</li> </ol> <p><b><u>UM Denial System Controls Oversight</u></b></p> <p>At least annually, the organization demonstrates that it monitors compliance with its UM denial controls, as described in Element A, factor 7, by:</p> <ol style="list-style-type: none"> <li>1. Identifying all modifications to receipt and decision notification dates that did not meet the organization’s policies and procedures for date modifications.</li> <li>2. Analyzing all instances of date modifications that did not meet the organization’s policies and procedures for date modifications.</li> <li>3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.</li> </ol> <p><b><u>UM Appeal System Controls</u></b></p> <p>The organization has policies and procedures describing its system controls specific to UM appeal dates that:</p> <ol style="list-style-type: none"> <li>1. Define the date of receipt consistent with NCQA requirements.</li> <li>2. Define the date of written notification consistent with NCQA requirements.</li> <li>3. Describe the process for recording dates in systems.</li> <li>4. Specify titles or roles of staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>5. Specify how the system tracks modified dates.</p> <p>6. Describe system security controls in place to protect data from authorized modification.</p> <p>7. Describe how the organization monitors its compliance with the policies and procedures in factors 1-6 at least annually and takes appropriate action, when applicable.</p> <p><b><u>UM Appeal System Controls Oversight</u></b></p> <p>At least annually, the organization demonstrates that it monitors compliance with its UM appeal controls, as described in Element C, factor 7, by:</p> <ol style="list-style-type: none"> <li>1. Identifying all modifications to receipt and decision notification dates that did not meet the organization’s policies and procedures for date modifications.</li> <li>2. Analyzing all instances of date modifications that did not meet the organization’s policies and procedures for date modifications.</li> <li>3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.</li> </ol>	
<p><b>Sub-Delegation of UM</b> ( NCQA UM 13)</p>	<p><b><u>Sub-Delegation Agreement</u></b> <b>LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b></p> <p>The written delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity.</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization.</li> <li>4. Describes the process by which the organization evaluates the delegated entity’s performance.</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations including revocation of the delegation agreement.</li> </ol> <p><b><u>Predelegation Evaluation</u></b></p> <p>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.</p>	

Standard	Delegated Activities	Retained by L.A. Care
	<p><b><u>Review of the UM Program</u></b>  For arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its delegate’s UM program.</li> <li>2. Annually audits UM denials and appeals files against NCQA standards for each year that delegation has been in effect.</li> <li>3. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> <li>4. Semiannually evaluates regular reports, as specified in Element A.</li> <li>5. At least annually monitors the delegate’s UM denial and appeal system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate’s policies and procedures.</li> <li>6. At least annually acts on all findings from factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.</li> </ol> <p><b><u>Opportunities for Improvement</u></b>  For delegation arrangements that have been in effect for more than 12 months at least once in each of the past 2 years the organization identified and followed up on opportunities for improvement if applicable.</p>	
<b>CREDENTIALING</b>		
<p><b>Credentialing Policies</b>  (NCQA CR 1)  DMHC, DHCS, CMS</p>	<p>The Delegate has a well-defined credentialing and recredentialing process for evaluating licensed independent practitioners, non-physician medical practitioners (NMPs) and non-medical/clinical providers (NCPs) to provide care to its members by developing and implementing credentialing policies and procedures which specify:</p> <p><b><u>Practitioner Credentialing Guidelines</u></b>  The organization has a rigorous process to select and evaluate practitioners:</p> <ol style="list-style-type: none"> <li>1. The types of practitioners to credential and re-credential, to also include all administrative physician reviewers responsible for making medical decisions.</li> <li>2. The verification sources used.</li> <li>3. The criteria for credentialing and re-credentialing.</li> <li>4. The policies must explicitly define the process and criteria used for making credentialing and re-credentialing decisions.</li> </ol>	<p>L.A. Care retains the right based on quality issues to approve, suspend and terminate individual practitioners, providers and sites at all times.</p> <p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ credentialing activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

Standard	Delegated Activities	Retained by L.A. Care
	<p>5. The process for managing credentialing files that meet Delegate's established criteria. Policies must describe the process it uses to determine and approve clean files or the Delegate may present all files to the Credentialing Committee, including clean files, or it may designate approval authority to the medical director or to an equally qualified practitioner.</p> <p>6. The process for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner. Policies must specify that the Delegate does not base credentialing decisions on an applicant's race, ethnic/national identity, gender, age, sexual orientation or patient type in which the practitioner specializes. Has a process for preventing and monitoring discriminatory practices and monitors the credentialing and recredentialing processes for discriminatory practices, at least annually and maintain a heterogeneous credentialing committee to sign a statement affirming that they do not discriminate when they make decisions.</p> <p>7. The process for notifying practitioners about any information obtained during the credentialing process that varies substantially from the information provided to Delegate by the practitioner.</p> <p>8. The process to ensure that practitioners are notified of initial and recredentialing decisions within sixty (60) calendar days of the committee's decision.</p> <p>9. The medical director or other designated physician's direct responsibility for, and participation in, the credentialing program.</p> <p>10. The process for securing the confidentiality of all information obtained in the credentialing process except as otherwise provided by law.</p> <p>11. The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data including education training board certification and specialty.</p> <p><b><u>Practitioner Rights</u></b>  The organization notifies practitioners about:</p> <ol style="list-style-type: none"> <li>1. The right of practitioners to review information submitted to support their credentialing or recredentialing application</li> <li>2. The right of practitioners to correct erroneous information including: <ul style="list-style-type: none"> <li>• The timeframe for making corrections.</li> <li>• The format for submitting corrections.</li> <li>• The person to whom the corrections must be submitted.</li> </ul> </li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
(DHCS APL22-013)	<p>3. The right of practitioners to be informed of the status of their credentialing or re-credentialing application, upon request.</p> <p><b><u>Credentialing System Controls</u></b>  The Delegate must have policies and procedures for its CR system security controls. If the Organization outsources storage of credentialing information to an external entity, the contract between the Delegate and the external entity will be part of the oversight review. The organization’s credentialing process describes:</p> <ol style="list-style-type: none"> <li>1. How primary source verification information is received, stored, reviewed, tracked and dated.</li> <li>2. How modified information is tracked and dated from its initial verification.</li> <li>3. Titles or roles of staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate.</li> <li>4. The security controls in place to protect the information from unauthorized modification.</li> <li>5. How the organization monitors its compliance with the processes and procedures in factors 1–4 at least annually and takes appropriate action when applicable.</li> </ol> <p><b><u>Credentialing System Controls Oversight</u></b>  At least annually, the organization demonstrates that it monitors compliance with its credentialing controls, as described in Element C, factor 5, by:</p> <ol style="list-style-type: none"> <li>1. Identifying all modifications to credentialing and recredentialing information that did not meet the organization’s policies and procedures for modifications.</li> <li>2. Analyzing all instances of modifications that did not meet the organization’s policies and procedures for modifications.</li> <li>3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.</li> </ol> <p><b><u>Medi-Cal FFS Enrollment</u></b>  Developing and implementing policies and procedures for Medi-Cal enrollment. Policy must clearly specify enrollment process including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. All practitioners that have a FFS enrollment pathway must enroll in the Medi-Cal program process for ensuring and verifying Medi-Cal enrollment prior to contracting.</li> <li>2. The process for ensuring and verifying Medi-Cal enrollment prior to contracting.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<ol style="list-style-type: none"> <li>3. The process for practitioners whose enrollment application is in process.</li> <li>4. The process for monitoring between recredentialing cycles to validate continued enrollment.</li> <li>5. Process for practitioners not currently enrolled in the Medi-Cal program.</li> <li>6. Process for practitioners deactivated, suspended or denied from the Medi-Cal program.</li> </ol> <p>During the annual oversight review, the Delegate is subject to a CAP (Corrective Action Plan) if their documented process does not align with policies. In addition, if the Delegate demonstrates reoccurring deficiencies that were identified in previous audits, the Delegate is subject to additional point deductions.</p>	
<b>Credentialing Committee</b> (NCQA CR 2) DHCS, DMHC, CMS	<p>Designating a credentialing committee that uses a peer review process to make recommendations regarding credentialing and recredentialing decisions such that:            The committee:</p> <ol style="list-style-type: none"> <li>a. Includes representation from a range of participating practitioners to provide advice and expertise for credentialing decisions.</li> <li>b. Has the opportunity to review the credentials of all practitioners being credentialed or re-credentialed who do not meet Delegate's established criteria and to offer advice, which Delegate considers appropriate under the circumstances.</li> <li>c. The Medical Director, designated physician or credentialing committee reviews and approves files that meet the Delegate's established criteria.</li> <li>d. Ensures that all license accusations, sanctions or restrictions are reviewed by the credentialing committee for action.</li> </ol>	
<b>Credentialing Verification</b> (NCQA CR 3) DHCS, DMHC, CMS	<p>Primary source verification and credentialing and recredentialing decision-making, which includes verification of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care, within the regulatory and NCQA prescribed time limits, through primary or other regulatory and NCQA-approved sources prior to credentialing and recredentialing by:            Verifying that the following are within the prescribed time limits:</p> <ol style="list-style-type: none"> <li>1. Current, valid license to practice (develop a process to ensure providers licenses are kept current at all times).</li> </ol>	

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	<ol style="list-style-type: none"> <li>2. A valid DEA or CDS, with schedules 2 thru 5, if applicable; or the Delegate has a documented process for practitioners:               <ul style="list-style-type: none"> <li>• Allowing a practitioner with a valid DEA certificate to write all prescriptions for a practitioner with a pending DEA certificate.</li> <li>• Require an explanation from a qualified practitioner who does not prescribe medications and provide arrangements for the practitioner’s patients who need prescriptions for medications.</li> </ul> </li> <li>3. For physicians, verification of the highest of the following three levels of education and training obtained by the practitioners as appropriate:               <ul style="list-style-type: none"> <li>• Board certification if practitioner stated on the application that he/she is board certified, as well as expiration date of certification.</li> <li>• Completion of a residency program.</li> <li>• Graduation from medical or professional school.</li> </ul> </li> <li>4. For Non-Physician Medical Practitioners (NMPs) and Non-Clinical Providers (NCPs), the Delegate verifies the provider has met the qualifications to render services based on the provider type including but not limited to, a current and valid license, registration, certification or the education/training equivalent.</li> <li>5. Work history.</li> <li>6. Current malpractice insurance/professional liability coverage for physicians (\$1 million/\$3 million).</li> <li>7. A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner.</li> <li>8. Clinical Privileges in good standing at a Plan contracted facility designated by the physician as the primary admitting facility.</li> <li>9. Current, valid FSR/MRR of primary care physician (PCP) offices within 3 years prior to credentialing decision.</li> <li>10. CLIA Certifications, if applicable.</li> <li>11. NPI number.</li> <li>12. Medicare number, if applicable</li> <li>13. Medi-Cal FFS enrollment.</li> </ol> <p>All certifications and expiration dates must be made part of the practitioner’s file and kept current.</p>	



Standard	Delegated Activities	Retained by L.A. Care
	<p>Delegate shall maintain credentialing and/or other monitoring processes to assure that licensure and professional status of each Participating Provider is verified on an ongoing basis. Pursuant to the performance of its credentialing, recredentialing, auditing, monitoring and/or other processed, which include confirmation relating to the following:</p> <ul style="list-style-type: none"> <li>▪ Each Participating Provider/Practitioner is and shall remain duly licensed, registered or certified, as required by the laws of this State, and such licensure is free from restrictions that would restrict or limit the ability of Participating provider/practitioner to provide Health Care Services to LAC members as required under the Agreement.</li> <li>▪ Each Delegate's participating provider/practitioner shall maintain professional liability insurance, either independently or through Contractor or some other entity, in a dollar amount that is sufficient for his/her/its practice and as may be required by law or accrediting entities. The Delegate's participating providers must also have general liability insurance in a dollar amount appropriate for their business practice.</li> </ul> <p>The Delegate must notify L.A. Care immediately when a practitioner's license has expired for removal from the network.</p>	
<p><b>CR Sanction Information</b> (NCQA CR 3) DHCS, DMHC, CMS</p>	<p>Primary source verification and credentialing and recredentialing decision-making, which includes verifying, within the NCQA prescribed time limits, through primary or other NCQA-approved sources, the following prior to credentialing and recredentialing.</p> <ol style="list-style-type: none"> <li>a. State sanctions, restrictions on licensure, or limitations on scope of practice. Review of information must cover the most recent 5-year period available. If a practitioner is licensed in more than one state, in the most recent 5-year period, the query must include all states in which they worked</li> <li>b. Medicare and Medicaid sanctions.</li> <li>c. *Medicare Opt-out.</li> <li>d. SAM.</li> <li>e. CMS Preclusion.</li> <li>f. Debarment</li> <li>g. Decertification</li> </ol>	

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	<p>Providers must not be terminated, sanctioned, suspended, debarred, disenrolled/decertified, convicted of a felony related to healthcare program fraud or excluded from participation in any federal or state funded programs. L.A. Care does not contract, credential, refer, or pay claims to Practitioners or Providers who have opted out of participation in the Medicare and Medicaid programs; or with individuals or businesses that have been convicted of a felony related to healthcare program fraud, federally or state terminated, sanctioned, suspended, debarred, disenrolled/decertified, excluded, or have appeared on any sanction reports, or on any order issued by judicial authority. Such Practitioners, Providers, individuals, or businesses are ineligible from participation in Medi-Cal, Medicare, federal or state funded programs.</p> <p>The Delegate must notify L.A. Care immediately when practitioners are identified on any sanctions or reports for removal from the network.</p>	
<p><b>CR Application and Attestation</b> (NCQA CR 3) DHCS, DMHC, CMS</p>	<p>Applications for credentialing and recredentialing include the following:</p> <ol style="list-style-type: none"> <li>a. Reasons for inability to perform the essential functions of the position, with or without accommodation.</li> <li>b. Lack of present illegal drug use.</li> <li>c. History of loss of license and felony convictions.</li> <li>d. History of loss or limitation of privileges or disciplinary action.</li> <li>e. Current malpractice/professional liability insurance coverage for physicians. (\$1 million/\$3 million).</li> <li>f. Current and signed attestation confirming the correctness and completeness of the application.</li> </ol>	
<p><b>Re-credentialing Cycle Length</b> (NCQA CR 4) DHCS, DMHC, CMS</p>	<p>Recredentialing all practitioners at least every 36 months. For PCPs only, must confirm provider has a valid FSR at least every 36 months as part of the recredentialing process.</p>	
<p><b>CR Ongoing Monitoring and Interventions</b> (NCQA CR 5) DHCS, DMHC, CMS</p>	<p>Developing and implementing policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues and takes appropriate action against practitioners when it identifies occurrences of poor quality between recredentialing cycles by:</p> <ol style="list-style-type: none"> <li>1. Collecting and reviewing Medicare and Medicaid sanctions within 30 calendar days of its release. In areas where reporting entities do not publish sanction</li> </ol>	<p>Upon notification of any Adverse Event, L.A. Care will notify the Delegate of their responsibility with respect to delegation of credentialing/re-credentialing activity. The notification will clearly delineate what is expected from the Adverse Event that has</p>

Standard	Delegated Activities	Retained by L.A. Care
	<p>information on a set schedule, the Delegate must query for this information at least every 6 months</p> <ol style="list-style-type: none"> <li>2. Collecting and reviewing accusations, sanctions or limitations on licensure and report actions taken against any identified practitioners to Plan.</li> <li>3. Collecting and reviewing complaints.</li> <li>4. Collecting and reviewing information from identified adverse events.</li> <li>5. Implementing appropriate interventions when delegate identifies instances of poor quality.               <ol style="list-style-type: none"> <li>a. The Delegate’s Credentialing committee may vote to flag a practitioner for ongoing monitoring.</li> <li>b. The Delegate must make clear the types of monitoring it imposes, the timeframe used, the intervention, and the outcome, which must be fully demonstrated in the Delegate’s credentialing committee minutes.</li> <li>c. The Delegate’s credentialing committee can:                   <ul style="list-style-type: none"> <li>• Request a practitioner be placed on a watch list. Any list must be clearly defined and monitored.</li> <li>• Request that the practitioner demonstrate compliance with probation that has been imposed by the State and monitor completion.</li> <li>• Impose upon the practitioner to demonstrate steps they have taken to improve processes and/or chart review, if applicable.</li> <li>• Delegated entities who fail to comply with the requested information within the specified timeframe are subject to sanctions as described in L.A. Care’s policies and procedures.</li> <li>• The Plan will clearly delineate what is expected from the Delegate regarding the Adverse Event that has been identified. The notification may include performing the following:                       <ul style="list-style-type: none"> <li>• Requesting what action will be taken by the Delegate.</li> <li>• What type of monitoring is being performed.</li> <li>• What interventions are being implemented, including closing panel, moving members,</li> </ul> </li> </ul> </li> </ol> </li> </ol>	<p>been identified. The notice will include, but is not limited to:</p> <ol style="list-style-type: none"> <li>a. Requesting what actions will be taken by the Delegate.</li> <li>b. What type of monitoring is being performed.</li> <li>c. What interventions are being implemented including closing panel, moving members, or removal of practitioner from the network.</li> <li>d. The notification will include a timeframe for responding to L.A. Care to ensure L.A. Care’s members receive the highest level of quality care.</li> </ol>

Standard	Delegated Activities	Retained by L.A. Care
	<p>or removal of practitioner from the network.</p> <ul style="list-style-type: none"> <li>• The notification will include a timeframe for responding to L.A. Care to ensure L.A. Care members receive the highest level of quality care.</li> </ul> <p>6. In the event that the Delegate fails to respond as required, L.A. Care will perform the oversight functions of the Adverse Event and the Delegate will be subject to L.A. Care’s credentialing committee’s outcome of the adverse events.</p> <p>7. The Delegate must notify L.A. Care immediately when practitioners are identified on any sanctions or reports for removal from the network.</p> <p>8. The above are samples, but not limited to, the steps the Delegate can take.</p>	
<p><b>Notification to Authorities and Practitioner Appeal Rights</b> (NCQA CR 6) DHCS, DMHC, CMS</p>	<p>The Delegate uses objective evidence and patient care considerations when deciding on a course of action for dealing with a practitioner who does not meet its quality standards, including:</p> <ol style="list-style-type: none"> <li>1. Developing and implementing policies and procedures that specify: <ol style="list-style-type: none"> <li>a. The range of actions available to Delegate.</li> <li>b. That the Delegate reviews participation of practitioners whose conduct could adversely affect members’ health or welfare.</li> <li>c. The range of actions that may be taken to improve practitioner performance before termination.</li> <li>d. That the Delegate reports its actions to the appropriate authorities.</li> <li>e. Making the appeal process known to practitioners.</li> </ol> </li> </ol> <p>All final adverse actions determined to be reportable pursuant to applicable law, must be reported by the Delegate to the National Practitioner Data Bank (NPBD) and the appropriate State Medical Boards. Upon the filing of NPBD reports and 805 reporting, the Delegate must notify the Plan within 5 business days from the date the reports are filed.</p> <p>Providers must notify the Delegate, in writing, of any adverse or criminal action taken against them promptly and no later than fourteen (14) calendar days from the occurrence of any adverse event, criminal action, changes in privileges, accusation, probation, or other disciplinary action of practitioners. Failure to do so may result in the removal of the practitioner from L.A. Care’s network as</p>	<p>L.A. Care retains accountability for procedural components and will oversee Delegate’s adherence to these standards through pre-delegation, routine monitoring and annual oversight review or more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</p>

Standard	Delegated Activities	Retained by L.A. Care
	<p>referenced in the California Participating Physician Application Information Release Acknowledgments.</p> <p>Upon notification from a contracted or employed provider, the delegate must notify L.A. Care immediately or no later than 5 business days from the date when practitioners are identified on any ongoing monitoring reports.</p> <p>Within 14 days from criminal action taken against any contracted practitioner, Delegate shall notify L.A. Care in writing.</p>	
<p><b>CR Assessment of Organizational Providers</b> (NCQA CR 7) DHCS, DMHC, CMS</p>	<p>The Delegate’s policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every 36 months thereafter it:</p> <ol style="list-style-type: none"> <li>1. Confirms that the provider is in good standing with state and federal regulatory bodies.</li> <li>2. Confirms that the provider has been reviewed and approved by an accrediting body acceptable to Delegate, including which accrediting bodies are acceptable.</li> <li>3. Conducts an onsite quality assessment if the provider is not accredited.</li> <li>4. At least every three years that the provider continues to be in good standing with state and federal regulatory bodies and, if applicable, is reviewed and approved by an accrediting body acceptable to Delegate.</li> </ol> <p>Maintaining a tracking log that includes names of the organization, type of organization, a prior validation date, a current validation date for licensure, accreditation status (if applicable), CMS or state reviews conducted within 3 years at time of verification (if applicable), CLIA certificate (if applicable), NPI number for each organizational provider.</p> <p>The Delegate includes at least the following medical providers in its assessment:</p> <ol style="list-style-type: none"> <li>a. Hospitals.</li> <li>b. Home health agencies.</li> <li>c. Skilled nursing facilities.</li> <li>d. Freestanding surgical centers.</li> <li>e. Federally Qualified Health Center (FQHCs).</li> <li>f. Any other ancillary provider types outlined in the delegate’s contract with the Plan</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>The Delegate includes behavioral healthcare facilities providing mental health or substance abuse services in the following setting:</p> <ol style="list-style-type: none"> <li>a. Inpatient.</li> <li>b. Residential.</li> <li>c. Ambulatory.</li> </ol> <p>The Delegate assesses contracted medical health care providers.</p> <p>The Delegate assesses contracted behavioral healthcare providers.</p>	
<p><b>Sub-Delegation of CR</b> (NCQA CR 8) DHCS, DMHC, CMS</p>	<p><b><u>Subdelegation Agreement:</u></b> <b>LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b></p> <p>If Delegate sub-delegates any NCQA required credentialing activities, there must be evidence of oversight of the delegated activities, including a written sub-delegation agreement that:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon.</li> <li>2. Describes the sub-delegated activities and the responsibilities of the organization and the delegated entity.</li> <li>3. Requires at least quarterly reporting to Delegate.</li> <li>4. Describes the process by which Delegate evaluates sub-delegate’s performance.</li> <li>5. Specifies that the delegate retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making.</li> <li>6. Describes the remedies available to Delegate if sub-delegate does not fulfill its obligations, including revocation of the delegation agreement.</li> </ol> <p>Retention of the right by Delegate and LA Care, based on quality issues, to approve, suspend, and terminate individual practitioners, providers, and sites.</p> <p><b><u>Presubdelegation Evaluation:</u></b> For new sub-delegation agreements initiated in the look-back period, the Delegate evaluated sub-delegate capacity to meet NCQA requirements before sub-delegation begins</p>	<p>L.A. Care retains the right to perform a pre-delegation audit of any entity to which the Plan sub-delegates delegated credentialing activities and approve any such sub-delegation audit of any sub-delegate that would be part of the L.A. Care provider network.</p>

Standard	Delegated Activities	Retained by L.A. Care
	<p><b><u>Review of Subdelegates Credentialing Activities:</u></b>  For sub-delegation arrangements in effect for 12 months or longer, the Delegate:</p> <ol style="list-style-type: none"> <li>a. Annually reviews its sub-delegate’s credentialing policies and procedures.</li> <li>b. Annually audits credentialing and recredentialing files against NCQA standards for each year that sub-delegation has been in effect.</li> <li>c. Annually evaluates the sub-delegate’s performance against relevant regulatory requirements; NCQA standards and Delegate’s expectations annually</li> <li>d. Evaluates regular reports from sub-delegate at least quarterly or more frequently based on the reporting schedule described in the sub-delegation document.</li> <li>e. Annually monitors the delegate’s credentialing system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate’s policies and procedures at least annually.</li> <li>f. Annually acts on all findings from NCQA CR 8, Element C, factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.</li> </ol> <p><b><u>Opportunities for Improvement:</u></b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identifies and follows up on opportunities for improvement, if applicable.</p> <p>If a Delegate fails to complete the corrective action plan and has gone through the exigent process which results in de-delegation, the Delegate cannot appeal and must wait one year to reapply for a pre-delegation audit. If the pre-delegation audit reveals deficiencies identified are the same as those from previous audits, delegation will be at the sole discretion of the Credentialing Committee regardless of score.</p>	
<b>MEMBER EXPERIENCE</b>		
<p><b>Statement of Members’ Rights and Responsibilities (NCQA ME 1)</b></p>	<p><b><u>Distribution of Rights Statement</u></b>  The organization distributes its member rights and responsibilities statement to the following groups:</p> <ol style="list-style-type: none"> <li>1. New members, upon enrollment.</li> <li>2. Existing members, if requested.</li> <li>3. New practitioners, when they join the network.</li> <li>4. Existing practitioners, if requested.</li> </ol>	<p><b><u>Rights and Responsibilities Statement</u></b>  The organization’s member rights and responsibilities statement specifies that members have:</p> <ol style="list-style-type: none"> <li>1. A right to receive information about the organization its services its practitioners and</li> </ol>

Standard	Delegated Activities	Retained by L.A. Care
		<p>providers and member rights and responsibilities.</p> <ol style="list-style-type: none"> <li>2. A right to be treated with respect and recognition of their dignity and their right to privacy.</li> <li>3. A right to participate with practitioners in making decisions about their health care.</li> <li>4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions regardless of cost or benefit coverage.</li> <li>5. A right to voice complaints or appeals about the organization or the care it provides.</li> <li>6. A right to make recommendations regarding the organization's member rights and responsibilities policy.</li> <li>7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.</li> <li>8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.</li> <li>9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.</li> </ol> <p>L.A. Care adheres to the most current NCQA standards to comply with these requirements.</p>
<p><b>Subscriber Information</b> (NCQA ME 2)</p>		<p><b><u>Subscriber Information</u></b> L.A. Care informs its subscribers upon enrollment and annually thereafter about benefits and access to medical services.</p>



Standard	Delegated Activities	Retained by L.A. Care
		<p><b><u>Distribution of Subscriber Information</u></b>  The organization distributes its subscriber information to the following groups:</p> <ol style="list-style-type: none"> <li>1. New members, upon enrollment.</li> <li>2. Existing members, annually.</li> </ol> <p><b><u>Interpreter Services</u></b>  L.A. Care provides interpreter or bilingual services in its Member Services Department and telephone functions based on linguistic needs of its subscribers.  L.A. Care adheres to the most current NCQA standards to comply with these requirements.</p>
<p><b>Marketing Information</b>  (NCQA ME 3)</p>		<p><b><u>Materials and Presentations</u></b>  L.A. Care’s prospective members receive an accurate description of the organization’s benefits and operating procedures.  L.A. Care adheres to the most current NCQA standards to comply with these requirements.</p> <p><b><u>Communicating with Prospective Members</u></b>  The organization uses easy-to-understand language in communications to prospective members about its policies and practices regarding collection, use and disclosure of PHI:</p> <ol style="list-style-type: none"> <li>1. In routine notification of privacy practices</li> <li>2. The right to approve the release of information (use of authorizations)</li> <li>3. Access to Medical Records</li> <li>4. Protection of oral, written, and electronic information across the organization</li> <li>5. Information for employers</li> </ol> <p><b><u>Assessing Member Understanding</u></b>  The organization systematically takes the following steps:</p>

Standard	Delegated Activities	Retained by L.A. Care
		1. Assesses how well new members understand policies and procedures. The right to approve the release of information (use of authorizations) 2. Implements procedures to maintain accuracy of marketing communication. Protection of oral, written, and electronic information across the organization 3. Acts on opportunities for improvement, if applicable.
<b>Functionality of Claims Processing</b> (NCQA ME 4)	<p><b><u>Functionality-Website</u></b>            Members can track the status of their claims in the claims process and obtain the following information on the organization’s website in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. The stage in the process.</li> <li>2. The amount approved.</li> <li>3. The amount paid.</li> <li>4. The member’s cost.</li> <li>5. The date paid</li> </ol> <p><b><u>Functionality-Telephone Requests</u></b>            Members can track the status of their claims in the claims process and obtain the following information over the telephone in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. The stage in the process.</li> <li>2. The amount approved.</li> <li>3. The amount paid.</li> <li>4. Member cost.</li> <li>5. The date paid</li> </ol>	
<b>Personalized Information on Health Plan Services</b> (NCQA ME 6)	<p><b><u>Functionality-Website</u></b>            Members can complete each of the following activities on the organization’s website in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. Change a primary care practitioner, as applicable.</li> <li>2. Determine how and when to obtain referrals and authorizations for specific services, as applicable</li> <li>3. Determine benefit and financial responsibility for a specific service or treatment from a specified provider or institution, if applicable.</li> </ol> <p><b><u>Functionality Telephone</u></b>            To support financial decision making, members can complete each of the following activities over the telephone within one business day:</p> <ol style="list-style-type: none"> <li>1. Determine how and when to obtain referrals and authorizations for specific services, as applicable.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>2. Determine benefit and financial responsibility for a specific service or treatment from a specified provider or institution.</p> <p><b><u>Quality and Accuracy of Information</u></b>            At least annually, the organization must evaluate the quality and accuracy of the information provided to members via the website and telephone must be evaluated by:</p> <ol style="list-style-type: none"> <li>1. Collecting data on quality and accuracy of information provided.</li> <li>2. Analyzing data against standards or goals.</li> <li>3. Determining causes of deficiencies, as applicable.</li> <li>4. Acting to improve identified deficiencies, as applicable.</li> </ol> <p><b><u>E-mail Response Evaluation</u></b>            The organization:</p> <ol style="list-style-type: none"> <li>1. Has a process for responding to member e-mail inquiries within one business day of submission.</li> <li>2. Has a process for annually evaluating the quality of e-mail responses.</li> <li>3. Annually collects data on email turnaround time.</li> <li>4. Annually collects data on the quality of email responses.</li> <li>5. Annually analyzes data.</li> <li>6. Annually act to improve identified deficiencies.</li> </ol>	
<p><b>Member Experience</b>            Applicable L.A. Care Policy:            QI-031             (NCQA ME 7)</p>	<p><b><u>Policies and Procedures for Complaints</u></b>            The organization has policies and procedures for registering and responding to oral and written complaints that include:</p> <ol style="list-style-type: none"> <li>1. Documenting the substance of complaints and actions taken.</li> <li>2. Investigation of the substance of complaints and actions taken.</li> <li>3. Notification to members of the resolution of complaints and, if there is an adverse decision, the right to appeal.</li> <li>4. Standards for timeliness including standards for urgent situations.</li> <li>5. Provision of language services for the complaint process.</li> </ol> <p><b><u>Policies and Procedures for Appeals</u></b>            The organization has policies and procedures for registering and responding to oral and written appeals which include:</p> <ol style="list-style-type: none"> <li>1. Documentation of the substance of the appeals and actions taken.</li> </ol>	<p>Members have the option to complain and appeal directly to L.A. Care.</p> <p>L.A. Care retains the right to perform a pre-delegation audit of any entity to which the Plan sub-delegates delegated activities and approve any such sub-delegation audit of any sub-delegate. Prior to entering into an agreement to sub-delegate Delegated Activities, Plan shall provide L.A. Care with reasonable prior notice of Plan’s intent to sub-delegate.</p> <p><b><u>Nonbehavioral Opportunities for Improvement</u></b>            The organization annually identifies opportunities for improvement, sets priorities and decides which opportunities to</p>

Standard	Delegated Activities	Retained by L.A. Care
	<ol style="list-style-type: none"> <li>2. Investigation of the substance of the appeals</li> <li>3. Notification to members of the disposition of appeals and the right to further appeal, as appropriate</li> <li>4. Standards for timeliness including standards for urgent situations.</li> <li>5. Provision of language services for the appeal process.</li> </ol> <p><b><u>Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals</u></b> Using valid methodology, the organization annually analyzes nonbehavioral complaints and appeals for each of the five required categories.</p> <p><b><u>Annual Assessment of Behavioral Healthcare and Services</u></b> Using valid methodology, the organization annually:</p> <ol style="list-style-type: none"> <li>1. Evaluates behavioral healthcare member complaints and appeals for each of the five required categories.</li> <li>2. Conducts a member experience survey.</li> </ol> <p><b><u>Behavioral Healthcare Opportunities for Improvement</u></b> The organization works to improve members’ experience with behavioral healthcare and service by annually:</p> <ol style="list-style-type: none"> <li>1. Assessing data from complaints and appeals or from member experience surveys.</li> <li>2. Identifying opportunities for improvement.</li> <li>3. Implementing interventions, if applicable.</li> <li>4. Measuring effectiveness of interventions, if applicable.</li> </ol>	<p>pursue based on analysis of the following information:</p> <ol style="list-style-type: none"> <li>1. Member complaint and appeal data from Member Experience standard for Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals.</li> <li>2. CAHPS survey results and/or QHP Enrollee Experience Survey results.</li> </ol>
<p><b>Sub-Delegation of ME (NCQA ME 8)</b></p>	<p><b><u>Sub-Delegation Agreement</u></b> <b>LAC will ask Delegate of its sub-delegate (Blue Shield Promise Health Plan Plan Participating Providers) during the annual audit.</b></p> <p>The written sub-delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity and the delegated activities.</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization.</li> <li>4. Describes the process by which the organization evaluates the delegated entity’s performance.</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p><b><u>Predelegation Evaluation</u></b> For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.</p> <p><b><u>Review of Performance</u></b> For delegation arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Semiannually evaluates regular reports as specified in the sub-delegation agreement.</li> <li>2. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> </ol> <p><b><u>Opportunities for Improvement</u></b> For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years the organization identified and followed up on opportunities for improvement, if applicable.</p>	
<p><b>Nurse Advice Line</b>  (Title 28 California Code of Regulations Section 1300.67.2.2)</p>	<p>A Nurse Advice Line is offered to members to assist members with wellness and prevention</p> <p><b>A. Access to Nurse Advice Line</b> A Nurse Advice Line that is staffed by licensed nurses or clinicians and meets the following factors:</p> <ol style="list-style-type: none"> <li>1. Is available 24 hours a day, 7 days a week, by telephone.</li> <li>2. Provides secure transmission of electronic communication, with safeguards, and a 24-hour turnaround time.</li> <li>3. Provides interpretation services for members by telephone.</li> <li>4. Provide telephone triage or screening services in a timely manner appropriate to the enrollee’s condition. The triage and screening wait time shall not exceed 30 minutes.</li> </ol> <p><b>B. Nurse Advice Line Capabilities</b> The nurse advice line gives staff the ability to:</p> <ol style="list-style-type: none"> <li>1. Follow up on specified cases and contact members.</li> <li>2. Link member contacts to a contact history.</li> </ol> <p><b>C. Monitoring the Nurse Advice Line</b> The following shall be conducted:</p> <ol style="list-style-type: none"> <li>1. Track telephone statistics at least quarterly</li> <li>2. Track member use of the nurse advice line at least quarterly.</li> <li>3. Evaluate member satisfaction with the nurse advice line at least annually.</li> <li>4. Monitors call periodically.</li> </ol>	<p>L.A. Care retains accountability for procedural components and will oversee Delegate’s adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</p>

Standard	Delegated Activities	Retained by L.A. Care
	<p>5. Analyze data at least annually and, if applicable, identify opportunities and establish priorities for improvement.</p> <p><b>D. Policies and Procedures</b></p> <ol style="list-style-type: none"> <li>1. Establish and maintain an operational policy for operating and maintaining a Telephone Nurse Advice Service.</li> </ol> <p><b>E. Promotion</b></p> <ol style="list-style-type: none"> <li>1. Promote the availability of Nurse Advice Line services in materials that are approved in accordance with the Plan Partner Services Agreement and L.A. Care policies and procedures.</li> <li>2. In the form of, but not limited to: <ol style="list-style-type: none"> <li>a. Flyers</li> <li>b. Informational mailers</li> <li>c. ID Cards</li> <li>d. Evidence of Coverage (EOC)</li> </ol> </li> </ol>	
<p><b>Potential Quality of Care Issue Review</b></p> <p>(Title 28 California Code of Regulations Section 1300.70)</p>	<p>The Quality Improvement program must document that the quality of care is being reviewed, that problems are being identified, that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated.</p> <p>The Quality Improvement program must include continuous review of the quality of care provided; quality of care problems are identified and corrected for all provider entities.</p>	<p>L.A. Care retains accountability for procedural components and will oversee Delegate’s adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</p>
<p><b>Quality Improvement Performance:</b> Applicable L.A. Care Policy: QI-0008 APL 19-017</p>	<ol style="list-style-type: none"> <li>1. Annually measures performance and meets the NCQA 50<sup>th</sup> percentile benchmark for the Medi-Cal Managed Care Accountability Set established by DHCS and NCQA required Medi-Cal accreditation measures.</li> <li>2. Opportunity for Improvement When the 50<sup>th</sup> percentile is not met the plan will identify and follow up on opportunities for improvement.</li> </ol>	<p>L.A. Care will still retain the PIP and PDSA reporting process with DHCS for the Medi-Cal line of business.</p>
<p><b>Blood Lead Screening of Young Children</b> Applicable L.A. Care Policy: QI-048 APL 20-016</p>	<ol style="list-style-type: none"> <li>1. Ensure network providers follow the blood lead anticipatory guidance and screening requirements in accordance with APL 20-016</li> <li>2. Identify, on at least a quarterly basis (i.e. January – March, April – June, July – September, October – December), all child members under the age of six years (i.e. 72 months) who have any record of receiving a blood lead screening test as required</li> </ol>	<p>Annual Submission to DHCS data for all child members under the age of six years (i.e. 72 months) who have no record of receiving a blood lead screening</p>

Standard	Delegated Activities	Retained by L.A. Care
	Note: L.A. Care will send delegate CLPPB data when they receive from DHCS on a quarterly basis.	
<b>HEALTH EDUCATION</b>		
DHCS Policy Letter 02-004 DHCS Policy Letter 16-014 DHCS Policy Letter 18-018 DHCS Policy Letter 13-001 APL 22-030 DHCS Policy Letter 10-012 DHCS Policy Letter 16-005	<ol style="list-style-type: none"> <li>1. Maintenance of a health education program description and work plan</li> <li>2. Availability and promotion of member health education services in DHCS language and topic requirements including implementation of a closed-loop referral process.</li> <li>3. Implementation of comprehensive tobacco cessation/prevention services including:               <ol style="list-style-type: none"> <li>a. individual, group, and telephone counseling</li> <li>b. Provider tobacco cessation trainings</li> <li>c. Tobacco user identification system</li> <li>d. Tracking individual utilization data of tobacco cessation interventions</li> </ol> </li> <li>4. Availability of a diabetes prevention program (DPP) that complies with CDC DPP guidelines and is delivered by a CDC recognized provider</li> <li>5. Availability of written member health education materials in English and Spanish in DHCS required health topics including:               <ol style="list-style-type: none"> <li>a. a system for providers to order materials and informing providers how to do so</li> <li>b. Adherence to all regulatory requirements as dictated per the Readability &amp; Suitability Checklist</li> </ol> </li> <li>6. Implementation of an Individual Health Education Behavioral Assessment (IHEBA), preferably the Staying Healthy Assessment (SHA) including a method of making the assessments available to providers and provider education</li> <li>7. Employment of a full-time Health Education Director, or the equivalent, with a Master’s Degree in Public Health (MPH) responsible for the direction, management and supervision of the health education system.</li> <li>8. Integration between health education activities and QI activities</li> <li>9. Provision of provider education on health education requirements and resources</li> <li>10. Adherence to all requirements regarding Non-Monetary Member Incentives including submission of Request for Approval and Annual Update/End of Program Evaluation forms to L.A. Care’s Compliance Unit on an on-going basis.</li> <li>11. Should Plan Partner delegate any or all health education requirements to a sub-delegate, Plan</li> </ol>	<p>L.A. Care retains responsibility for providing written health education materials in DHCS required health topics for non-English/Spanish threshold languages.</p> <p>L.A. Care retains responsibility for conducting the Health Education, Cultural &amp; Linguistics Population Needs Assessment (PNA) annually but retains the right to request Plan Partner assistance as needed.</p>

Standard	Delegated Activities	Retained by L.A. Care
	Partner must monitor sub-delegate's performance and ensure continued compliance.	
<b>CULTURAL &amp; LINGUISTIC REQUIREMENTS</b>		
<p>Civil Rights Act of 1964, Title VI Code of California Regulations (CCR), Title 28, §1300.67.04(c) CCR, Title 22, §53876 DHCS Agreement Exhibit A Attachment 9, (12)&amp; (13)(A)</p> <p>Federal Guidelines: OMH CLAS Standards, Standards 1-4 &amp; 9</p>	<p><b>Cultural &amp; Linguistic Program Description and Staffing</b></p> <ol style="list-style-type: none"> <li>1. Plan maintains an approved written program description of its C&amp;L services program that complies with all applicable regulations, includes, at minimum, the following elements (or its equivalent):               <ol style="list-style-type: none"> <li>a. Organizational commitment to deliver culturally and linguistically appropriate health care services.</li> <li>b. Goals and objectives with timetable for implementation.</li> <li>c. Standards and performance requirements for the delivery of culturally and linguistically appropriate health care services.</li> </ol> </li> <li>2. Plan centralizes coordination and monitoring of C&amp;L services. The department and/or staff responsible for such services are documented in an organizational chart.</li> <li>3. Plan has written description(s) of position(s) and qualifications of the staff involved in the C&amp;L services program.</li> </ol>	
<p>Civil Rights Act of 1964, Title VI Code of California Regulations (CCR), Title 22, §53876 CCR, Title 28, §1300.67.04, (c)(2)(G) &amp; (H) Code of Federal Regulations (CFR), Title 28, §35.160-25.164 CFR, Title 45 §92.4 &amp; §92.201 DHCS Agreement Exhibit A, Attachment 9(12) &amp; (14) DHCS All Plan Letter 21-004</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 5-7</p>	<p><b>Access to Interpreting Services</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures which include, at minimum, the following items:               <ol style="list-style-type: none"> <li>a. Provision of timely 24-hour, 7 days a week interpreting services from a qualified interpreter at all key points of contact, in any language requested, including American Sign Language, at no cost to members.</li> <li>b. Discouraging use of friends, family, and particularly minors as interpreters, unless specifically requested by the member after she/he was being informed of the right and availability of no-cost interpreting services.</li> <li>c. Availability of auxiliary aids and services, such as TTY, video relay services, remote interpreting services, etc., to ensure effective communication with individuals with disabilities.</li> </ol> </li> </ol> <p>Plan has a sound method to ensure qualifications of interpreters and quality of interpreting services. Qualified interpreter must have demonstrated:</p>	



Standard	Delegated Activities	Retained by L.A. Care
	<ol style="list-style-type: none"> <li>2.               <ol style="list-style-type: none"> <li>a. Proficiency in speaking and understanding both spoken English and at least one other spoken language; and</li> <li>b. Ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using necessary specialized vocabulary and a fundamental knowledge in both languages of health care terminology and phraseology concepts relevant to health care delivery systems.</li> <li>c. Adherence to generally accepted interpreter ethics principles, including client confidentiality (such as the standards promulgated by the California Healthcare Interpreters Association and the National Council on Interpreting in Healthcare)</li> </ol> </li> <li>3. Plan makes available translated signage (tagline) on availability of no-cost language assistance services and how to access such services to providers. Tagline must be in English and all 18 non-English languages specified by DHCS</li> <li>4. Plan posts non-discrimination notice and translated taglines in English and 18 non-English languages specified by DHCS at physical location where the plan interacts with the public and on plan’s website.</li> <li>5. Plan maintains utilization reports for face-to-face and telephonic interpreting services.</li> </ol>	
<p>Civil Rights Act of 1964, Title VI            Code of California Regulations (CCR), Title 28, §1300.67.04(c)(2)(H)            Code of Federal Regulations (CFR), Title 45 §92.4 &amp; §92.201(e)(4)            DHCS Agreement Exhibit A, Attachment 9(13)(B) &amp; (F)            DHCS All Plan Letter 22-04</p> <p>Federal Guidelines:            OMH CLAS Standards,            Standards - 7</p>	<p><b>Assessment of Linguistic Capabilities of Bilingual</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to identifying, assessing, and tracking oral and/or written language proficiency of clinical and non-clinical bilingual employees who communicate directly with members in a language other than English.</li> <li>2. Plan has a sound method to assess bilingual employees’ oral and/or written language proficiency, including appropriate criteria for ensuring the proficiency. Qualified bilingual staff must have demonstrated:               <ol style="list-style-type: none"> <li>a. Proficiency in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology.</li> <li>b. Ability to effectively, accurately, and impartially communicate directly with Limited English Proficiency Members in their preferred language.</li> </ol> </li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>3. Plan maintains a current list of assessed and qualified bilingual employees, who communicate directly with members, including the following information at minimum, name, position, department, language, level of proficiency.</p>	
<p>Civil Rights Act of 1964, Title VI Code of California Regulations (CCR), Title 28, §1300.67.04(d)(9) DHCS Agreement Exhibit A, Attachment 6(11)(B)(2) &amp; Attachment 18 (6)(K) DHCS Policy Letter 98-12</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 7</p>	<p><b>Linguistic Capabilities of Provider Network</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to identifying and monitoring language capabilities of providers and provider staff ensuring provider network is reflective of membership demographics.</li> <li>2. Plan lists language spoken by providers and provider staff in the provider directory.</li> <li>3. Plan updates language spoken by providers and provider staff in the provider directory.</li> <li>4. Plan annually assesses the provider network language capabilities meet the members’ needs.</li> </ol>	
<p>California Health and Safety Code, §1367.04(b)(1)(A)-(C) Civil Rights Act of 1964, Title VI Code of California Regulations (CCR), Title 22, §53876 (a)(2)&amp;(3) CCR, Title 28, §1300.67.04, (b)(7), (c)(2)(F) &amp; (e)(2)(i)-(ii) Code of Federal Regulations (CFR), Title28, §35.160-25.164 CFR, Title 45 §92.4 &amp; §92.8 DHCS Agreement, Exhibit A, Attachment 9(14)(B)(2), (14)(C), Attachment 13(4)(C) DHCS All Plan Letter 21-011 DHCS All Plan Letter 21-004 DHCS All Plan Letter 22-002</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 5-</p>	<p><b>Access to Written Member Informing Materials in Threshold Languages &amp; Alternative Formats</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures documenting the process to: <ol style="list-style-type: none"> <li>a. Translate Written Member Informing Materials, including the non-template individualized verbiage in Notice of Action (NOA) letters, accurately using a qualified translator in all Los Angeles County threshold languages and alternative formats (large print 20pt, audio, Braille, accessible data) according to the required timelines.</li> <li>b. Track member’s standing requests for Written Member Informing Materials in their preferred threshold language and alternative format.</li> <li>c. Submit newly captured members’ alternative format selection data directly to the DHCS Alternate Format website</li> <li>d. Distribute fully translated Written Member Informing Materials in their identified Los Angeles County threshold language and alternative format to members on a routine basis based on the standing requests and DHCS alternative format selection (AFS) data.</li> <li>e. Attach the appropriate non-discrimination notice and translated tagline (a written language</li> </ol> </li> </ol>	<p>L.A. Care provides Plan with:</p> <ol style="list-style-type: none"> <li>1. Any changes to threshold and tagline languages.</li> <li>2. Weekly DHCS alternative format selection data</li> </ol>

Standard	Delegated Activities	Retained by L.A. Care
	<p>assistance notice) in English and required all 18 non-English required by DHCS to Member Informing Materials publications).</p> <p>Threshold Languages for Los Angeles County: English, Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Tagalog, and Vietnamese.</p> <p>Taglines (Language assistance notice) Languages: English, Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Tagalog, Vietnamese, Hindi, Hmong, Japanese, Lao, Mien, Punjabi, Thai and Ukrainian.</p> <p>2. Plan has a sound method to ensure qualifications of translators and quality of translated Written Member Informing Materials. Qualified translators must have demonstrated:</p> <ul style="list-style-type: none"> <li>a. Adherence to generally accepted translator ethics principles, including client confidentiality to protect the privacy and independence of LEP Members.</li> <li>b. Proficiency reading, writing, and understanding both English and the other non-English target language.</li> <li>c. Ability to translate effectively, accurately, and impartially to and such language(s) and English, using necessary specialized vocabulary, terminology and phraseology.</li> </ul> <p>Plan maintains:</p> <ul style="list-style-type: none"> <li>a. Translated Written Member Informing materials on file along with attestations which affirm qualifications of the translators and translated document is an accurate rendition of the English version.</li> <li>b. Evidence of the distribution of Written Member Informing Materials to members in their identified Los Angeles County threshold language and alternative format on a routine basis.</li> <li>c. Evidence of reporting newly captured AFS data to DHCS</li> </ul>	
Code of California Regulations (CCR), Title 28, §1300.67.04(c)(2)(C)	<p><b>Member Education</b></p> <p>1. Plan informs members annually of their right to no-cost interpreting services 24-hour, 7 days a week,</p>	

Standard	Delegated Activities	Retained by L.A. Care
<p>DHCS Agreement, Exhibit A, Attachment 13(1)(A) DHCS All Plan 21-004</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 6</p>	<p>including American Sign Language and axillary aids/services and how to access these services.</p> <ol style="list-style-type: none"> <li>2. Plan informs members annually about the importance of not using friends, family members and particularly minors, as interpreters.</li> <li>3. Plan informs members annually of their right to receive Written Member Informing Materials in their preferred language and alternative format at no cost and how to access these services.</li> <li>4. Plan informs members annually of their right to file complaints and grievances if their cultural or linguistic needs are not met and how to file them.</li> <li>5. Plan informs members annually that Plan does not discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability or identification with any other persons or group identified in Penal Code 422.56 in its health programs and activities.</li> </ol>	
<p>Code of California Regulations (CCR), Title 28, §1300.67.04(c)(2)(E) &amp; (3) DHCS Agreement Exhibit A, Attachment 7(5)(B), Attachment 9 (13)(E), Attachment 18(7)(F) &amp; (9)(M) DHCS All Plan Letter 99-005</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 4</p>	<p><b>Provider Education &amp; Training</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to education/training on C&amp;L requirements, cultural competency, sensitivity or diversity training for providers.</li> <li>2. Plan provides initial orientation training/education on cultural and linguistic requirements to new providers within first ten business days of active status and annual education/training thereafter, which includes the following items: <ol style="list-style-type: none"> <li>a. Availability of no-cost language assistance services, including: <ol style="list-style-type: none"> <li>i) 24-hour, 7 days a week interpreting services, including American Sign Language\</li> <li>ii) Written Member Informing Materials in their identified Los Angeles threshold language and preferred alternative format</li> <li>iii) Auxiliary aids and services, such as TTY, video relay services, remote interpreting services, etc.</li> </ol> </li> <li>b. How to access language assistance services.</li> <li>c. Discouraging the use of friends, family, and particularly minors as interpreters.</li> </ol> </li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<ul style="list-style-type: none"> <li>d. Not relying on staff other than qualified bilingual staff to communicate directly in a non-English language with members.</li> <li>e. Documenting the member’s language and the request/refusal of interpreting services in the medical record.</li> <li>f. Posting translated taglines in English and 18 non-English languages required by DHCS at key points of contact with members.</li> <li>g. Working effectively with members using in-person or telephonic interpreters and using other media such as TTY and remote interpreting services.</li> <li>h. Referring members to culturally and linguistically appropriate community services.</li> </ul> <p>3. Plan provides initial and annual cultural competency, sensitivity or diversity training to providers, which includes topics that are relevant to the cultural groups in Los Angeles County, such as:</p> <ul style="list-style-type: none"> <li>a. Promote access and the delivery of services in a culturally competent manner to all Members, regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental, disability, or identification with any other persons or groups defined in Penal Code 422.</li> <li>b. Awareness that culture and cultural beliefs may influence health and health care delivery.</li> <li>c. Knowledge about diverse attitudes, beliefs, behaviors, practices, and methods regarding preventive health, illnesses, diseases, traditional home remedies, and interaction with providers and health care systems.</li> <li>d. Skills to communicate effectively with diverse populations</li> <li>e. Language and literacy needs.</li> </ul>	
<p>Code of California Regulations (CCR), Title 28, §1300.67.04(c)(3)  DHCS Agreement Exhibit A, Attachment 9(13)(E)  DHCS All Plan Letter 99-005</p> <p>Federal Guidelines:</p>	<p><b>Plan Employee Education &amp; Training</b></p> <ul style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to education/training on C&amp;L requirements, cultural competency sensitivity or diversity training for Plan employees.</li> <li>2. Plan provides initial and annual education/training on cultural and linguistic requirements and language</li> </ul>	

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<p>OMH CLAS Standards, Standard 4</p>	<p>assistance services to plan staff, which includes the following items:</p> <ul style="list-style-type: none"> <li>a. The availability of Plan’s no-cost language assistance services to members, including: <ul style="list-style-type: none"> <li>i. 24-hour, 7 days a week interpreting services, including American Sign Language.</li> <li>ii. Written Member Informing Materials in their identified Los Angeles threshold language and preferred alternative format.</li> <li>iii. Auxiliary aids and services, such as TTY, video relay services, remote interpreting services, etc.</li> </ul> </li> <li>b. How to access these language assistance services.</li> <li>c. Discouraging the use of friends, family, and particularly minors, as interpreters.</li> <li>d. Not relying on staff other than qualified bilingual staff to communicate directly in a non-English language with members.</li> <li>e. Working effectively with members using in-person or telephonic interpreters and using other media such as TTY and remote interpreting services</li> <li>f. Referring members to culturally and linguistically appropriate community services.</li> </ul> <p>3. Plan has cultural competency, sensitivity or diversity training material(s) for Plan employees, which includes topics that are relevant to the cultural groups in Los Angeles County, such as:</p> <ul style="list-style-type: none"> <li>a. Promote access and the delivery of services in a culturally competent manner to all Members, regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental, disability, or identification with any other per-sons or groups defined in Penal Code 422.</li> <li>b.</li> <li>c. Knowledge about diverse attitudes, beliefs, behaviors, practices, and methods regarding preventive health, illnesses, diseases, traditional home remedies, and interaction with providers and health care system.</li> <li>d. Skills to communicate effectively with diverse populations.</li> <li>e. Language and literacy needs</li> </ul>	

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<p>DHCS Agreement Exhibit A, Attachment 9(13)(F) DHCS All Plan Letter 99-005</p> <p>Federal Guidelines: OMH CLAS Standards, Standard 10</p>	<p><b>C&amp;L and Quality Improvement</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to C&amp;L program evaluation, at minimum, including:               <ol style="list-style-type: none"> <li>a. Review and monitoring of C&amp;L program that has a direct link to Plan’s quality improvement processes.</li> <li>b. Procedures for continuous evaluation.</li> </ol> </li> <li>2. Plan analyzes C&amp;L services performance and evaluates the overall effectiveness of the C&amp;L program to identify barriers and deficiencies. For example:               <ol style="list-style-type: none"> <li>a. Grievances and complaints regarding C&amp;L issues.</li> <li>b. Trending of interpreting and translation utilization.</li> <li>c. Member satisfaction with the quality and availability of language assistance services and culturally competent care.</li> <li>d. Plan staff and providers’ feedback on C&amp;L services.</li> </ol> </li> <li>3. Plan takes actions to correct identified barriers and deficiencies related to C&amp;L services.</li> </ol>	
<p>Authority: Code of California Regulations (CCR), Title 28, §1300.67.04 (c)(4) DHCS Agreement, Exhibit A, Attachment 4(6)(A), (B) &amp; Attachment 6(14)(B) DHCS All Plan Letter 99-005 DHCS All Plan Letter 17-004 DHCS All Plan Letter 21-004</p>	<p><b>Oversight of *Subcontractors for Cultural &amp; Linguistic Services and Requirements</b></p> <ol style="list-style-type: none"> <li>1. Plan has a contract and/or other written agreement with its network providers and subcontractor(s) regarding:               <ol style="list-style-type: none"> <li>a. C&amp;L requirements (e.g., documentation of preferred language and refusal/request for interpreting services in the medical record, posting of translated tagline in English and 18 non-English languages)</li> <li>b. Delegated C&amp;L services (e.g., language assistance services)</li> </ol> </li> <li>2. Plan has approved policies and procedures related to oversight and monitoring of its network providers and subcontractors to ensure compliance with the contract/agreement terms and applicable federal and state laws and regulations that are related to C&amp;L requirements and/or delegated C&amp;L services.</li> <li>3. Plan has a mechanism to monitor network providers and subcontractors to ensure compliance with the contract terms and applicable federal and state laws and regulations that are related to C&amp;L requirements and/or delegated C&amp;L services.</li> <li>4. Plan monitors network providers and subcontractors with regular frequency to ensure compliance with</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p>the contract terms and applicable federal and state laws and regulations that are related to C&amp;L requirements and/or delegated C&amp;L services.</p> <p><i>*“Subcontractor” may include, but is not limited to, Blue Shield of California Promise Health Plan provider groups, specialty health plans, telehealth, transportation vendors, etc.</i></p>	
<p>Code of California Regulations (CCR), Title 22, §53876 DHCS Agreement Exhibit A, Attachment 9(5) &amp; (14)(B)(3)</p>	<p><b>Cultural &amp; Linguistic Service Referral*</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures related to referring members to culturally and linguistically appropriate community services and providers who can meet the members’ religious and ethical needs.</li> <li>2. Plan has a process and/or mechanism to refer members to culturally and linguistically appropriate community services.</li> <li>3. Plan informs providers of the availability of culturally and linguistically appropriate community service programs for members and how to access them.</li> </ol>	
<b>FINANCIAL SOLVENCY AND CLAIMS PROCESSING REQUIREMENTS</b>		
<p>Financial Solvency (Title 28 California Code of Regulations Sections 1300.75.1, 1300.75.4.1(a)(5) &amp; (6), 1300.75.4.2(a), 1300.76, 1300.76.1, 1300.77.1 &amp; 2, 1300.78, and 1300.76.3).</p>	<p><b>Financial Solvency</b></p> <ol style="list-style-type: none"> <li>1. Maintain a cash-to-claims ratio &gt; 0.75.</li> <li>2. Maintain positive working capital.</li> <li>3. Maintain a minimum Tangible Net Equity (TNE).</li> <li>4. Document and record the liability for incurred but not reported (IBNR) claims on a monthly basis.</li> <li>5. Submit the quarterly financial statements no later than 45 calendar days after the close of each quarter end to L.A. Care.</li> <li>6. Submit the annual financial statements audited by an independent Certified Public Accounting firm no later than 120 calendar days after each fiscal year end to L.A. Care.</li> </ol> <p><b>Administrative Costs</b></p> <ol style="list-style-type: none"> <li>1. Maintain administrative costs no greater than 15% of the revenue.</li> </ol> <p><b>Commissioner Deposits</b></p> <ol style="list-style-type: none"> <li>1. Maintain at least \$300,000 deposit with the Commissioner, with any FDIC insured bank.</li> </ol> <p><b>Quarterly Risk-Sharing Reports</b></p> <ol style="list-style-type: none"> <li>1. Distribute the quarterly risk-sharing report detailing the amounts allocated to the Plan Participating</li> </ol>	



Standard	Delegated Activities	Retained by L.A. Care
	<p>Providers (PPPs) under each risk-sharing arrangement no later than 45 calendar days after each quarter end.</p> <ol style="list-style-type: none"> <li>2. Distribute the annual preliminary payment risk-sharing report detailing the amounts allocated to the PPPs under each risk-sharing arrangement no later than 150 calendar days after the contract year.</li> <li>3. Remit payment due under risk-sharing arrangements to the PPPs no later than 180 days after the contract year.</li> </ol> <p><b>Risk Management</b> Maintain the following insurance at all times:</p> <ol style="list-style-type: none"> <li>1. Reinsurance or Stop-Loss or Parental Guarantee</li> <li>2. Malpractice or Professional Liability</li> <li>3. General Liability</li> <li>4. Errors &amp; Omissions</li> <li>5. Workers Compensation</li> <li>6. Fidelity Bond</li> </ol> <p><b>Policies and Procedures</b> Maintain approved policies and procedures that describe the process and requirements for each of the sections mentioned above.</p>	
	<p><b>Financial Viability Oversight of the Plan Participating Providers (PPPs)</b></p> <ol style="list-style-type: none"> <li>1. Obtain and analyze quarterly financial statements and annual audited financial statements of the PPPs.</li> <li>2. Perform financial audit of the PPPs at least once a year including the issuance of audit reports.</li> <li>3. Request a written or monitor a corrective action plan (CAP) from PPPs that do not meet the financial solvency requirements.</li> </ol> <p><b>Claims Processing Oversight of the PPPs</b></p> <ol style="list-style-type: none"> <li>1. Perform claims processing audit of the PPPs at least once a year including the issuance of audit reports.</li> <li>2. Perform annual ER claims and applicable ER follow-up audits for the PPPs that are delegated for the ER claims payment functions.</li> <li>3. Request a written corrective action plan (CAP) from PPPs that do not meet the claims processing requirements.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
	<p><b>Policies and Procedures</b> Maintain approved policies and procedures that describe the process and requirements for each of the sections mentioned above.</p>	
<p>Claims Processing (Title 28 California Code of Regulations Section 1300.71)</p>	<p><b>Timely Claims Processing</b></p> <ol style="list-style-type: none"> <li>1. Process at a minimum ninety percent (90%) of claims within 30 calendar days of the claim receipt date,</li> <li>2. Process at a minimum ninety-five percent (95%) of claims within 45 working days of the claim receipt date, <b>and</b></li> <li>3. Process at a minimum ninety-nine percent (99%) of claims within 90 calendar days of the claim receipt date.</li> </ol> <p><b>Accurate Claims Payments</b></p> <ol style="list-style-type: none"> <li>1. Pay claims at the Medi-Cal rates or contracted rates at a minimum of 95% of the time.</li> <li>2. All modified claims are reviewed and approved by a physician and medical records are reviewed.</li> <li>3. Calculate and pay interest automatically for claims paid beyond 45 working days from date of receipt at a minimum 95% of the time. <ol style="list-style-type: none"> <li>a. <b>Emergency services claims:</b> Late payment on a complete claim which is not contested or denied will automatically include the greater of \$15 or 15% rate per annum applied to the payment amount for the time period the payment is late.</li> <li>b. <b>All other service claims:</b> Late payments on a complete claim will automatically include interest at a 15% rate per annum applied to the payment amount for the time period payment is late.</li> </ol> <p><b>Penalty:</b> Failure to automatically include the interest due on the late claims regardless of service is \$10 per late claim in addition to the interest amount.</p> </li> </ol> <p><b>Forwarding of Misdirected Claims</b> Forward misdirected claims within 10 working days of the claim receipt date at a minimum of 95% of the time.</p> <p><b>Acknowledgement of Claims</b> Acknowledge the receipt of electronic claims within 2 working days and paper claims within 15 working days at a minimum of 95% of the time.</p> <p><b>Dispute Resolution Mechanism</b> Provide written notice of a dispute resolution mechanism for all denied and modified claims at a minimum 95% of the time.</p>	

Standard	Delegated Activities	Retained by L.A. Care
	<p><b>Accurate and Clear Written Explanation</b> Provide written notice of a dispute resolution mechanism for all denied and modified claims at a minimum 95% of the time.</p> <p><b>Deadline for Claims Submission</b> Shall not impose a claims filing deadline less than 90 days after the date of service for contracted providers and less than 180 days after the date of service for non-contracted providers on three or more occasions.</p> <p><b>Request for Reimbursement of Overpayment</b> Reimbursement for overpayment request shall be in writing and clearly identifying the claim and reason why the claim is believed to be overpaid within 365 days from the payment date, for at least 95% of the time.</p> <p><b>Rescind or Modify an Authorization</b> An authorization shall not be rescinded or modified for health care services after the provider renders the service in good faith and pursuant to the authorization on three (3) or more occasions over the course of any three-month period.</p> <p><b>Request for Medical Records</b></p> <ol style="list-style-type: none"> <li>1. <b>Emergency services claims:</b> Medical records shall not be requested more frequently than twenty percent (20%) of the claims submitted by all providers for emergency services over any 12-month period.</li> <li>2. <b>All other claims:</b> Medical records shall not be requested more frequently than three percent (3%) of the claims submitted by all providers, excluding claims involving unauthorized services over any 12-month period.</li> </ol> <p><b>Exception:</b> The thresholds and limitations on requests for medical records as stated above should not apply to claims where reasonable grounds for suspecting possible fraud, misrepresentation or unfair billing practices are being demonstrated.</p> <p><b>Policies and Procedures</b> Maintain approved policies and procedures that describe the process and requirements for each of the sections mentioned above.</p>	
Provider Dispute Resolution (PDR) Processing and Payments requirement.	<p><b>Acknowledgement of Provider Disputes</b> Acknowledgement of received disputes is performed in a timely manner at a minimum of 95% of the time.</p> <ol style="list-style-type: none"> <li>a. 15 working days for paper disputes.</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
<p>(Title 28 California Code of Regulations Section 1300.71.38)</p>	<p>b. 2 working days for electronic disputes.</p> <p><b>Timely Dispute Determinations</b> Dispute determinations are made in a timely manner, at a minimum of 95% of the time.</p> <ol style="list-style-type: none"> <li>a. 45 working days from receipt of the dispute.</li> <li>b. 45 working days from receipt of additional information.</li> </ol> <p><b>Clear Explanation of NOA Letter</b> Rationale for decision is clear, accurate and specific in NOA Letter, at a minimum of 95% of the time.</p> <ol style="list-style-type: none"> <li>a. Written determination stating the pertinent facts and explaining the reasons for the determination</li> </ol> <p><b>Accurate Provider Dispute Payments</b></p> <ol style="list-style-type: none"> <li>1. Appropriately paying any outstanding monies determined to be due if the dispute is determined in whole or in part in favor of the provider.</li> <li>2. Interest payments are paid correctly when dispute determination is in favor of provider, at a minimum of 95% of the time.</li> </ol> <p>Accrual of interest of payment on resolved provider disputes begin on the day after the expiration of forty-five (45) working days from the original claim receipt date.</p> <p><b>Acceptance of Late Claims</b> The organization must accept and adjudicate disputes that were originally filed beyond the claim filing deadline and the provider was able to demonstrate good cause for the delay, at a minimum of 95% of the time.</p> <p><b>Policies and Procedures</b> Maintain approved policies and procedures that describe the process and requirements for each of the sections mentioned above.</p>	
<p>Annual Plan Claims Payment and Dispute Resolution Mechanism Report” Cal. Code Regs. tit. 28 § 1300.71.38(k) Cal. Code Regs. tit. 28 § 1300.71.38(k)(1) Cal. Code Regs. tit. 28 § 1300.71.38(k)(2)</p>	<ol style="list-style-type: none"> <li>1. “Information on the number and types of providers using the dispute resolution mechanism.</li> <li>2. “A summary of the disposition of all provider disputes, which shall include an informative description of the types, terms and resolution. Disputes contained in a bundled submission shall be reported separately as individual disputes. Information may be submitted in an aggregate format so long as all data entries are appropriately footnoted to provide full and fair disclosure; and...</li> </ol>	

Standard	Delegated Activities	Retained by L.A. Care
Cal. Code Regs. tit. 28 § 1300.71.38(k)(3)	3. A detailed, informative statement disclosing any emerging or established patterns of provider disputes and how that information has been used to improve the plan's administrative capacity, plan-provider relations, claim payment procedures, quality assurance system (process) and quality of patient care (results) and how the information has been used in the development of appropriate corrective action plans. <sup>1</sup>	
DMHC Provider Disputes Document/Information Requests	Plan Partner to respond to document/information requests from L.A. Care for DMHC provider disputes within 5 days, urgent requests within 2 days.	
<b>PROVIDER NETWORK REQUIREMENTS</b>		
DHCS Agreement Exhibit A, Attachment 7 (5)(A)(B)	<p><b>Provider Education &amp; Training</b></p> <ol style="list-style-type: none"> <li>1. Plan has approved policies and procedures for training newly contracted/hired providers within ten (10) business days of the effective date of contract/hire. The training must include, but is not limited to: (DHCS Agreement, Exhibit A, Attachment 7, Provision 5; DHCS Agreement, Exhibit A, Attachment 13, Provision 1), and the NCQA 2017 Standards and Guidelines (NCQA, Element A), NCQA RR 1. <ol style="list-style-type: none"> <li>a. 1. Federal and State statutes and regulations to ensure providers' full compliance</li> <li>b. 2. Medi-Cal Managed Care services</li> <li>c. 3. Applicable policies and procedures</li> <li>d. 4. Medi-Cal marketing guidelines</li> <li>e. 5. Member rights and responsibilities</li> <li>f. 6. Member services, including the member's right to full disclosure of health care information and the member's right to participate actively in health care decisions education/training on C&amp;L requirements, for providers.</li> </ol> </li> <li>2. Plan Partner must evidence a process to provide information to and train providers on a continuing basis regarding clinical protocols and evidence-based practice guidelines for Seniors and Persons with Disabilities or chronic conditions <ol style="list-style-type: none"> <li>a. 1. Process includes an educational program for providers regarding health needs specific to Seniors and Persons with</li> </ol> </li> </ol>	

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<sup>1</sup> Cal. Code Regs. tit. 28 § 1300.71.38(k)(3)

Standard	Delegated Activities	Retained by L.A. Care
	<p>Disabilities or chronic conditions population</p> <p>b. 2. Educational program uses a variety of educational strategies, including, but not limited to, posting information on websites and other methods of educational outreach to providers</p>	


**Exhibit 8  
Delegation Agreement  
[Attachment B]**

**Plan's Reporting Requirements**

<b>Report</b>	<b>Due Date</b>	<b>Submit To</b>	<b>Required Format</b>
<b>QUALITY IMPROVEMENT</b>			
<b>NET 1A</b> Cultural Needs and Preferences Assessment  <b>NET 1B</b> Practitioners Providing Primary Care  <b>NET 1C</b> Practitioners Providing Specialty Care  <b>NET 1D</b> Practitioners Providing Behavioral Healthcare	Annually during PP audit	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan's accreditation submission
<b>NET 2A</b> Access to Primary Care  <b>NET 2B</b> Access to Behavioral Healthcare  <b>NET 2C</b> Access to Specialty Care	Annually during PP audit	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan's accreditation submission
<b>NET 3A</b> Assessment of Member Experience Accessing the Network  <b>NET 3B</b> Opportunities to Improve Access to Nonbehavioral Healthcare Services  <b>NET 3C</b> Opportunities to Improve Access to Behavioral Healthcare Services	Annually during PP audit	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan's accreditation submission
<b>QI 2A</b> Practitioner Contracts	Annually during PP audit	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan's accreditation submission

<p><b>QI 3A</b> Identifying Opportunities</p> <p><b>QI 3B</b> Acting on Opportunities</p> <p><b>QI 3C</b> Measuring Effectiveness</p>	<p>Annually during PP audit</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/</p>	<p>Annual data collection analysis that identify and acts on opportunities for improvement for Continuity of Care as outlined by NCQA guidelines for Continuity Coordination of Care of Medical Care and Continuity and Coordination Between Medical Care and Behavioral HealthCare</p>
<p><b>QI 4A</b> Data Collection</p> <p><b>QI 4B</b> Collaborative Activities</p> <p><b>QI 4C</b> Measuring Effectiveness</p>	<p>Annually during PP audit</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>QI 5A</b> Sub-Delegation Agreement</p> <p><b>QI 5B</b> Sub- Delegation Predelegation Evaluation</p> <p><b>QI 5C</b> Sub-Delegation Review of QI Program</p> <p><b>QI 5D</b> <b>Sub-Delegation Opportunities for Improvement</b></p>	<p>Annually during PP audit</p>	<p>home/ucfst/infile/Quality Improvement/</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b><u>Quality Improvement Quarterly reporting requirements</u></b></p> <ol style="list-style-type: none"> <li>1. <b>QI Workplan Update</b></li> <li>2. <b>Potential Quality of Care Issues (PQIs)</b> <ol style="list-style-type: none"> <li>a. Number of PQIs</li> <li>b. Number of closed PQIs</li> <li>c. Number of closed PQIs within 6 months</li> <li>d. PQI Detail Report with final PQI severity level</li> </ol> </li> </ol>	<p>QI Workplan Update - Quarterly</p> <p>1<sup>st</sup> Qtr – Jun 30 2<sup>nd</sup> Qtr – Sep 30 3<sup>rd</sup> Qtr – Dec 30 4<sup>th</sup> Qtr – Mar 30</p> <p>2. PQI Report - Quarterly</p> <p>1<sup>st</sup> Qtr – April 25 2<sup>nd</sup> Qtr – July 25 3<sup>rd</sup> Qtr – Oct 25 4<sup>th</sup> Qtr – Jan 25</p>	<p>1-3. L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/</p>	<p>1 – 3. Acceptable formats:</p> <ul style="list-style-type: none"> <li>• Quarterly Workplan Updates</li> <li>• ICE Reporting Format</li> </ul> <p><b>Naming convention for PQI Reports</b> <i>Plan Partner Name YYYY Q# PQI Report</i></p>



<p><b>Quality Improvement Annual reporting requirements</b></p> <ol style="list-style-type: none"> <li><b>QI 1A:</b> QM Program Description</li> <li><b>QI 1C:</b> QM Program Evaluation</li> <li><b>QI 1B:</b> Annual Work Plan</li> <li>PHM Work Plan (if the activities are not included in the QI Workplan)</li> </ol>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	<p>Acceptable formats:</p> <ul style="list-style-type: none"> <li>Quarterly</li> <li>ICE Reporting Format</li> </ul>
<p><b>ME 1B:</b> Distribution of Member Rights &amp; Responsibilities Statement</p>	Semi-Annually: Jan 15th (Reporting period Q3 & Q4) July 15th (Reporting period Q1 & Q2)	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	<p>Mutually agreed upon format</p>  <p>ME 1B_Distribution of Rights Statement</p>
<p><b>ME 7C</b> Element C: Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals</p> <p><b>ME 7E</b> Element E: Annual Assessment of Behavioral Healthcare and Services</p> <p><b>ME 7F</b> Element F: Behavioral Healthcare Opportunities</p>	Annually during PP audit	home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan’s accreditation submission
<p><b>PHM 1A</b> Strategy Description</p> <p><b>PHM 1B</b> Informing Members</p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan’s accreditation submission
<p><b>PHM 2A</b> Data Integration</p> <p><b>PHM 2B</b> Population Assessment</p> <p><b>PHM 2C</b> Activities and Resources</p> <p><b>PHM 2D</b> Segmentation</p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan’s accreditation submission
<p><b>PHM 3 A</b> Practitioner or Provider Support</p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan’s accreditation submission
<p><b>PHM 6A</b> Measuring Effectiveness</p> <p><b>PHM 6B</b> Improvement and Action</p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Quality Improvement/	Compliant with NCQA in accordance to Plan’s accreditation submission
<p><b>PHM 7A</b> Sub-Delegation Agreement</p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP)	Compliant with NCQA in accordance to Plan’s

<p><b>PHM 7B</b> Sub-Delegate Pre-Delegation Agreement</p> <p><b>PHM 7C</b> Sub-Delegate Review of PHM Program</p> <p><b>PHM 7D</b> Opportunities for Improvement</p>		home/ucfst/infile/Quality Improvement/	accreditation submission
<p><b>Title 28 California Code of Regulations Section 1300.67.2.2</b> <b>California Health and Safety Code Section 1348.8</b></p> <p><b>Assessment of Nurse Advice Line</b></p> <p>1. Nurse Advice Line monitoring for:</p> <p style="padding-left: 20px;">a. Telephone statistics at least quarterly</p> <ul style="list-style-type: none"> <li>• Average abandonment rate within 5 percent</li> <li>• Average speed of answer within 30 seconds</li> </ul> <p>2. Annual analysis of Nurse Advice Line statistics (telephone, use, and calls), identify opportunities and establish priorities for improvement.</p>	<p>1. Quarterly 1<sup>st</sup> Qtr – May 18 2<sup>nd</sup> Qtr – August 18 3<sup>rd</sup> Qtr – November 18 4<sup>th</sup> Qtr – February 18</p> <p>2. Annually during PP Audit</p>	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Health Education/ Plan will also have the option to submit via email to remain compliant with due date.	Mutually agreed upon format
<p><b>Quality Improvement Performance</b></p> <p>A PDSA tool will be required when the plan does not meet the 50<sup>th</sup> percentile for the Managed Care Accountability Set and the 50<sup>th</sup> percentile for the Medicaid NCQA Accreditation Measures as established by both regulatory entities.</p>	Annually during PP Audit. The PDSA tool is due 90 calendar days after findings are received.	L.A. Care’s Secure File Transfer Protocol (SFTP)/ home/ucfst/infile/Quality Improvement/  Plan will also have the option to submit via email to remain compliant	The PDSA tool provided by DHCS or L.A. Care
<b>DELEGATION OVERSIGHT - UTILIZATION MANAGEMENT AND MEMBER RIGHTS</b>			
<p><b>APPEALS &amp; GRIEVANCES</b></p> <p>Member complaints and Appeals Log</p>	Monthly 15 <sup>th</sup> Calendar Day of Each Month	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Delegation Oversight	Format as defined in the L.A. Care Technical Bulletin MS 005
<p><b>ME 7 A, B, C, E, F</b></p> <p><b>Analysis of Member Experience, if delegated, to include:</b></p>	Annually during PP audit	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/grievance/	Compliant with NCQA in accordance to Plan’s accreditation submission

<ol style="list-style-type: none"> <li>1. Policies and Procedures for Complaints</li> <li>2. Policies and Procedures for Appeals</li> <li>3. Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals for each of 5 categories: <ol style="list-style-type: none"> <li>a. Quality of Care</li> <li>b. Access</li> <li>c. Attitude and Service</li> <li>d. Billing and Financial Issues</li> <li>e. Quality of Practitioner Office Site</li> </ol> </li> <li>4. Annual Assessment of Behavioral Healthcare Complaints and Appeals and Services for each of 5 categories along with opportunities for improvement: <ol style="list-style-type: none"> <li>a. Quality of Care</li> <li>b. Access</li> <li>c. Attitude and Service</li> <li>d. Billing and Financial Issue</li> <li>e. Quality of Practitioner Office Site</li> </ol> </li> </ol>			
<b>Service Authorizations and Utilization Review</b>			
<p><b>UM 1</b></p> <ol style="list-style-type: none"> <li>1. UM Program Description</li> <li>2. UM Program Evaluation</li> <li>3. UM Program Work Plan</li> </ol>	<ol style="list-style-type: none"> <li>1- Delegation Oversight to review. Annually during PP audit</li> <li>2-3. Due to Clinical Assurance on May 31<sup>st</sup> via the SFTP Site</li> </ol>	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/	<ol style="list-style-type: none"> <li>1. Narrative</li> <li>2. HICE Quarterly Reporting format</li> <li>3. HICE Quarterly Format</li> </ol>
<p><b>Quarterly UM Activity Report</b>  <b>All elements outlined within L.A. Care</b>  <b>Quarterly UM Activity Health Industry Collaboration Effort (HICE) reporting format including but not limited to:</b></p> <ol style="list-style-type: none"> <li>1. UM Summary – Inpatient Activity <ol style="list-style-type: none"> <li>a. Average monthly membership</li> <li>b. Acute Admissions/K</li> <li>c. Acute Bed days/K</li> <li>d. Acute LOS</li> <li>e. Acute Readmits/K</li> <li>f. SNF Admissions/K</li> <li>g. SNF Bed days/K</li> <li>h. SNF LOS</li> <li>i. SNF Readmits/K</li> </ol> </li> <li>2. UM Activities Summary <ol style="list-style-type: none"> <li>a. Referral Management Tracking of the number of Approvals/Modifications/Denials/Deferrals (Routine/Urgent)</li> </ol> </li> </ol>	Quarterly 1 <sup>st</sup> Qtr – May 31 2 <sup>nd</sup> Qtr – Aug 31 3 <sup>rd</sup> Qtr – Nov 30 4 <sup>th</sup> Qtr – Feb 28	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/	HICE Quarterly Reporting Format

<ul style="list-style-type: none"> <li>b. Referral Denial Rate</li> <li>c. Appeals/K</li> <li>d. Overturn Rate</li> </ul> <p>3. <b>PHM 5:</b> CCM Complex Case Management CM Reports and Statistics</p>			
<p><b>NET 4B:</b> Continued Access to Care</p> <p>1. Continued Access to Practitioners If a practitioner’s contract is discontinued, the organization allows affected members continued access to the practitioner, as follows:</p> <ul style="list-style-type: none"> <li>a. Continuation of treatment through the current period of active treatment for members undergoing active treatment for a chronic or acute medical condition</li> <li>b. Continuation of care through the postpartum period for members in their second or third trimester of pregnancy</li> </ul>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 31 2<sup>nd</sup> Qtr – Aug 31 3<sup>rd</sup> Qtr – Nov 30 4<sup>th</sup> Qtr – Feb 28</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/</p>	<p>L.A. Care Quarterly Reporting Format</p>
<p><b>PHM 5: CCM</b> Log of Case Management Cases (CCM) for members who have been in CCM for at least 60 days to include both open and closed cases.</p>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 25 2<sup>nd</sup> Qtr – Aug 25 3<sup>rd</sup> Qtr – Nov 25 4<sup>th</sup> Qtr – Feb 25</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/</p>	<p>Acceptable formats: L.A. Care Format</p>
<p><b>Medi-Cal Provider Preventable Reportable Conditions Log</b></p>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 25 2<sup>nd</sup> Qtr – Aug 25 3<sup>rd</sup> Qtr – Nov 25 4<sup>th</sup> Qtr – Feb 25</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/</p>	<p>Acceptable formats: L.A. Care approved reporting template</p>
<p><b>QI 3D:</b> Transition to Other Care--member transition to other care,</p> <ul style="list-style-type: none"> <li>a. When their benefits end, if necessary</li> <li>b. During transition from pediatric care to adult care.</li> </ul>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 31 2<sup>nd</sup> Qtr – Aug 31 3<sup>rd</sup> Qtr – Nov 30 4<sup>th</sup> Qtr – Feb 28</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Clinical Assurance_CFST/</p>	<p>L.A. Care Quarterly Reporting Format</p>
<b>CREDENTIALING</b>			
<p>1. Initial Credentialed practitioner list containing Credentialing Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</p> <p>2. Re-credentialed practitioner list containing Re-credentialing Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</p>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 15 2<sup>nd</sup> Qtr – Aug 15 3<sup>rd</sup> Qtr – Nov 15 4<sup>th</sup> Qtr – Feb 15</p>	<p>credinfo@lacare.org</p>	<p>Current L.A. Care Health Plan Delegated Credentialing</p> <p>Quarterly Credentialing Submission Form (ICE Format)</p>

<p>3. Voluntary Practitioner Termination list containing Termination Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</p> <p>4. Involuntary Practitioner Termination list containing Termination Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name</p>			
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<b>DMHC SURVEYS</b>			
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<p>1. DMHC Timely Access and Network Reporting (TAR)</p> <ul style="list-style-type: none"> <li>a. Exhibit A-1 Timely Access Time-Elapsed Standards Policies and Procedures</li> <li>b. Exhibit A-2 Alternative Access Timely Access Time-Elapsed Standards Policies and Procedures</li> <li>c. Exhibit A-3 Oversight of Plan-to-Plan Contracts Policy and Procedures</li> <li>d. Exhibit B-1 Quality Assurance Monitoring related to Time-Elapsed Standards Policies and Procedures</li> <li>e. Exhibit B-2 Quality Assurance Monitoring related to All Other Time-Elapsed Standards Policies and Procedures</li> <li>f. Exhibit D-1 Non-Compliance Policies and Procedures</li> <li>g. Exhibit D-2 Incidents of Non-Compliance Resulting in Substantial Harm to an Enrollee</li> <li>h. Exhibit D-3 Patterns of Non-Compliance</li> <li>i. Exhibit D-4 Prior Incidents or Patterns of Non-Compliance not Previously Submitted</li> <li>j. Exhibit E-1 Policies and Procedures for Advanced Access Program</li> <li>k. Exhibit F-1 Triage</li> <li>l. Exhibit F-2 Telemedicine</li> <li>m. Exhibit F-3 Health I.T.</li> <li>n. Exhibit G-1 Provider Satisfaction Survey Methodology</li> <li>o. Exhibit G-2 Provider Satisfaction Survey Results</li> </ul>	<p>Due Date: 4/17/2023</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) /ucfst/infile/compliance</p>	
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3. Non-Medical Transportation & Non-Emergency Medical Transportation (NMT-NEMT) Report Mandated by APL 22-008	Monthly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	DHCS approved template
4. Health Industry Collaboration Effort AB1455 Quarterly Reports a. M/Q Medi-Cal Claims Timeliness Report Quarterly Provider Dispute Resolution (PDR) Report b. Disclosure of Emerging Claims Payment Deficiencies (DoECPD)	Quarterly – Due to L.A. Care within specified deadline set by L.A. Care	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/AB1455	HICE Approved Documents
5. Call Center Report	Quarterly – Due to L.A. care 30 days after the end of each quarter of the calendar year. When due date falls on the weekend (Sunday or Saturday, data must be submitted by COB on the Friday before the due date.  <ul style="list-style-type: none"> <li>• Q1 – January, February, and March</li> <li>• Q2 – April, May, and June</li> <li>• Q3 – July, August, and September</li> <li>• Q4 – October, November, and December</li> </ul>	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	Format as specified by L.A. Care
6. Community Based Adult Services (CBAS) Report	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	DHCS approved templates
7. Dental General Anesthesia Report Mandated by APL 15-012 (Report retired on 03/29/2023)	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	DHCS approved templates
8. Medi-Cal Managed Long-Term Services & Supports (MLTSS) Report Mandated by APL 22-024	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	DHCS approved templates
9. Medi-Cal Managed Care Survey – Disproportionate State Hospitals (MMCS-DSH) Survey	Annually - Due to L.A. Care 7 business days prior to submission to DHCS	BSCPHP has the option to submit report directly to DHCS  Or	DHCS approved templates

		Via L.A. Care's Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	
10. Enhanced Care Management DHCS Required Reporting	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care Regulatory / Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports	DHCS approved template, plus attestation of data and brief written summary of oversight and monitoring activity for the reporting period
11. Community Supports DHCS Required Reporting	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care Regulatory / Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports	DHCS approved template, plus attestation of data and brief written summary of oversight and monitoring activity for the reporting period
12. CBAS Monthly Wavier Report	Monthly - Due to L.A. Care every 4 <sup>th</sup> day of the month	L.A. Care Regulatory / Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports	DHCS approved template
13. MOT Post Transitional Monitoring	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care Regulatory / Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports	DHCS approved template
14. Prop 56 Directed Payment for Physician Services Mandated by APL 19-015	Quarterly- Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care Regulatory / Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports	Financial Compliance provided Template based on APL reporting requirements
15. Prop 56 Hyde Reimbursement Requirements for specific Services Mandated by APL 23-015	Quarterly- Due to L.A. Care 7 business days prior to submission to DHCS	LA Care Regulatory/Secure File Transfer Protocol (sFTP)  home/ucfst/infile/Regulatory	Regulatory Reports provided Template based on APL reporting requirements
16. Prop 56 Directed Payments for Developmental Screening Services Mandated by APL 23-016	Quarterly-Due to L.A. Care 7 business days prior to submission to DHCS	LA Care Regulatory/Secure File Transfer Protocol (sFTP)  home/ucfst/infile/Regulatory	Regulatory Reports provided Template based on APL reporting requirements



<p>17. Prop 56 Directed Payments for Valued Base Payment Program Mandated by APL 23-014</p>	<p>Quarterly-Due to L.A. Care 7 business days prior to submission to DHCS</p>	<p>LA Care Regulatory/Secure File Transfer Protocol (sFTP)  home/ucfst/infile/Regulatory</p>	<p>Regulatory Reports provided Template based on APL reporting requirements</p>
<p>18. Prop 56 Directed Payments for Family Planning Mandated by APL 23-008</p>	<p>Quarterly-Due to L.A. Care 7 business days prior to submission to DHCS</p>	<p>LA Care Regulatory/Secure File Transfer Protocol (sFTP)  home/ucfst/infile/Regulatory</p>	<p>Regulatory Reports provided Template based on APL reporting requirements</p>
<p>19. Prop 56 Directed Payment for Adverse Childhood Experiences Screening Services Mandated by APL 23-017</p>	<p>Quarterly-Due to L.A. Care 7 business days prior to submission to DHCS</p>	<p>LA Care Regulatory/Secure File Transfer Protocol (sFTP)  home/ucfst/infile/Regulatory</p>	<p>Regulatory Reports provided Template based on APL reporting requirements</p>
<p>20. MCPD and PCPA Managed Care Program Date (MCPD) and Primary Care Provider Alignment (PCPA) Mandated by APL 20-017</p> <p>The Managed Care Program Data (MCPD) report is a consolidated reporting requirement which DHCS introduced through APL 20-017. The MCPD file replaces the following reporting requirements, as this data is now incorporated into the MCPD file in .json format:</p> <ul style="list-style-type: none"> <li>• Grievances and appeals data in an Excel template, as specified in APL 14-013 <i>(previously submitted by your plan as the Grievance Report Mandated by APL 14-013)</i></li> <li>• Monthly MERs and other continuity of care records data in an Excel template, as specified in Attachment B of APL 17-007 <i>(previously submitted by your plan as the MMDR Report)</i></li> <li>• Other types of continuity of care data in ad-hoc Excel templates</li> <li>• Out-of-Network request data in a variety of ad-hoc Excel templates <i>(previously submitted by your plan as the OON Report)</i></li> </ul>	<p>Monthly - Due to L.A. Care every 4<sup>th</sup> day of the month</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports/</p>	<p>Regulatory Reports provided Template based on APL reporting requirements</p>

21. Cost Avoidance & Post Payment (CAPP) Recovery Mandated by APL 22-027	Monthly – Due to L.A. Care 6 <sup>th</sup> business day of every month	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports/	DHCS Approved Template
22. Provider Network Termination Mandated by APL 21-003	Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Regulatory Reports/	DHCS Approved Template
23. Third Party Liability APL 21-007	15 days from the date LA Care submits case file.	L.A. Care via its Secure File Transfer Protocol (SFTP) –  home/ucfst/infile/Regulatory Reports/	DHCS approved templates
24. New and or revised reports as released by DHCS	Due to L.A. Care 7 business days prior to submission to DHCS	L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports	DHCS approved templates
25. Disaster and Recovery Plan  Disaster Recovery Test Results  L.A. Care will request all elements outlined below including but not limited to:  LA Care may require additional information on Business Continuity efforts based off current event.  In the event there are any additional requests from regulators for individual instances, such as, an emergency declared by the governor;	Annually during PP audit and ad-hoc;           Ad-Hoc	L.A. Care’s Secure File Transfer Protocol (SFTP) <a href="mailto:EnterpriseRiskManagement@lacare.org">EnterpriseRiskManagement@lacare.org</a>           home/PPName/infile/Regulatory Reports/  <a href="mailto:EnterpriseRiskManagement@lacare.org">EnterpriseRiskManagement@lacare.org</a> ; <a href="mailto:RegulatoryReports@lacare.org">RegulatoryReports@lacare.org</a>	Word Document, Non-Specific template           Template may change upon regulators request.
26. L.A. Care will send out an ad hoc written request asking to respond with the requested information should it be an element outside of what is already being requested and another mobile contact mechanism when outside of regular business hours.			
27. Encounter Data	Monthly, at a minimum	L.A. Care’s Secure File Transfer Protocol (SFTP)	
<b>DELEGATED FINANCIAL AND DELEGATED CLAIMS COMPLIANCE</b>			

<p>1. a) Oversight Summary on Financial Solvency Monitoring of Delegates' Quarterly Unaudited Financial Statements</p> <p>b) Data elements that are from Delegates' Quarterly Timeliness Reporting will be included in 1(a) above.</p> <p>Note: Delegates consist of Blue Shield of California Promise Health Plan Plan Participating Providers and capitated hospitals.</p>	<p>Quarterly – Due to L.A. Care 75 calendar days after each quarter end</p>	<p>L.A. Care's Secure File Transfer Protocol (SFTP)</p> <p>home/ucfst/infile/Financial_Compliance/</p> <p>Plan will also have the option to submit via email to remain compliant</p>	<p>Excel/PDF</p>
<p>2. Oversight Summary on Financial Solvency Monitoring of Delegates' Annual Independent Audited Financial Statements</p> <p><b><i>Note: 2) does not apply to Oversight reporting of claims processing audits of delegates</i></b></p> <p>Note: Delegates consist of Blue Shield of California Promise Health Plan Plan Participating Providers and capitated hospitals.</p>	<p>Annually – Due to L.A. Care 180 calendar days after delegates' fiscal year end</p>	<p>L.A. Care's Secure File Transfer Protocol (SFTP)</p> <p>home/ucfst/infile/Financial_Compliance</p> <p>Plan will also have the option to submit via email to remain compliant</p>	<p>Excel/PDF</p>
<p>3. a) Oversight Summary on Annual Financial Solvency Audits of Delegates.</p> <p>b) Oversight Summary on Annual &amp; Follow-Up Claims Processing Audit of Delegates</p> <p>Note: Delegates consist of Blue Shield of California Promise Health Plan Plan Participating Providers and capitated hospitals.</p>	<p>Quarterly – Due to L.A. Care 60 calendar days after each calendar quarter end for the delegate audits conducted<sup>1</sup> in the reporting quarter</p> <p><sup>1</sup>the date of delegate audit is based on the first date of fieldwork conducted by BSC PHP.</p>	<p>L.A. Care's Secure File Transfer Protocol (SFTP)</p> <p>home/ucfst/infile/Financial_Compliance</p> <p>Plan will also have the option to submit via email to remain compliant</p>	<p>Excel/PDF</p>
<p>4. Policy 2305 Medi-Cal Allocation</p>	<p>Annually – Due to L.A. Care 120 calendar year end (April 30)</p>	<p>L.A. Care's Secure File Transfer Protocol (SFTP)</p> <p>home/ucfst/infile/Financial_Compliance</p> <p>Plan will also have the option to submit via email to remain compliant</p>	
<p><b>DELEGATION OVERSIGHT</b></p>			

New Member Welcome Kit Mailing Reports	Quarterly – Due to L.A. Care the 15 <sup>th</sup> day of each quarter end Q1 due 4/15 Q2 due 7/15 Q3 due 10/15 Q4 due 1/15	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Delegation Oversight	Format as specified by L.A. Care
<b>HEALTH EDUCATION</b>			
1. Health Education Referral Report	Quarterly – Due to L.A. Care the 25 <sup>th</sup> day of the month following the end of the quarter: <ul style="list-style-type: none"> <li>• Q1 due 4/25</li> <li>• Q2 due 7/25</li> <li>• Q3 due 10/25</li> <li>• Q4 due 1/25</li> </ul>	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Health Education/	Format as specified by L.A. Care or mutually agreed upon per Plan Partner process.
2. Health Education Material Distribution Report	Quarterly – Due to L.A. Care the 25 <sup>th</sup> day of the month following the end of the quarter: <ul style="list-style-type: none"> <li>• Q1 due 4/25</li> <li>• Q2 due 7/25</li> <li>• Q3 due 10/25</li> <li>• Q4 due 1/25</li> </ul>	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Health Education/	Format as specified by L.A. Care or mutually agreed upon per Plan Partner process.
3. Health Education Program Description and Work Plan	Annually – due to L.A. Care January 31 <sup>st</sup> of each year	L.A. Care’s Secure File Transfer Protocol (SFTP)  home/ucfst/infile/Health Education/	As appropriate per Plan Partner model.

**CULTURAL AND LINGUISTIC SERVICES**

1. C&L Program Description and Work Plan	Annually – due to L.A. Care January 31 <sup>st</sup> of each year	L.A. Care’s Secure File Transfer Protocol (SFTP)  <i>OR</i>  Via email to CL_Reports_Mailbox@la care.org	Plan Partner can submit their own format of C&L PD and work Plan. Requirement is in reference to Policy and Procedure CL-008 and C&L Program Description delegated Subcontractor.
2. C&L Referral Report	Quarterly – Due to L.A. Care the 25 <sup>th</sup> day of the month following the end of the quarter: <ul style="list-style-type: none"> <li>• Q1 due 4/25</li> <li>• Q2 due 7/25</li> <li>• Q3 due 10/25</li> <li>• Q4 due 1/25</li> </ul>	L.A. Care’s Secure File Transfer Protocol (SFTP)  <i>OR</i>  Via email to CL_Reports_Mailbox@la care.org	Format as specified by LA. Care or mutually agreed upon per Plan Partner process.

[Signature block appears on the following page]

All other non-conflicting rights and duties, obligations and liabilities of the parties to the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties have entered into this Amendment as of the date set forth below.

**Local Initiative Health Authority for Los Angeles County d.b.a. L.A. Care Health Plan (L.A. Care)**  
**A local government agency**

Signed by:  
*Martha Santana-Chin*  
By: DD3616B18F644F0...  
Martha Santana-Chin  
Chief Executive Officer

1/20/2025 | 12:12 PM PST  
Date: \_\_\_\_\_, 2025

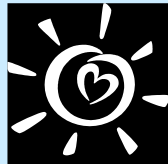
**Blue Shield of California Promise Health Plan**  
**A California health care services plan**

DocuSigned by:  
*Kristen Cerf*  
By: 9AE0D770A43AC7...  
Kristen Cerf  
President and Chief Executive Officer

12/23/2024 | 2:12 PM PST  
Date: \_\_\_\_\_, 2024

DocuSigned by:  
*Alvaro Ballesteros*  
By: AA470E43B18B4A1...  
Alvaro Ballesteros  
Chairperson,  
L.A. Care Board of Governors

1/17/2025 | 3:30 PM PST  
Date: \_\_\_\_\_, 2025



**L.A. Care**  
HEALTH PLAN

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

**Date:** April 3, 2025

**Motion No.** ECA 100.0425

**Committee:** Executive Community Advisory Committee (ECAC)

**Chairperson:** Ana Rodriguez

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

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

**Budget Impact:** None.

**Motion** To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their March 12, 2025, meeting:

- Alicia Taylor, RCAC 1, Consumer
- Lisa Polecheck, RCAC 2, Consumer
- Patricia Espadas, RCAC 3, Consumer
- Maria Rodriguez, RCAC 3, Consumer
- Buddhist Tzu Chi Medical Foundation, 3, Community Partner
- PHE WIC, RCAC 3, Community Partner
- Beyond Us and Them, RCAC 4, Community Partner
- Imagine LA, RCAC 4, Community Partner
- Natalie Holman, RCAC 5, Consumer
- Allies for Every Child, RCAC 5, Community Partner
- American Cancer Society, RCAC 5, Community Partner
- VIC James Center, RCAC 5, Community Partner
- Avril Jones Gabriel, RCAC 6, Consumer
- Audie Rhodes, RCAC 6, Consumer
- Advocates for African American Elders, RCAC 6, Community Partners
- Equity for Latinx-Hispanic Healthy Aging Lab, RCAC 7, Community Partner
- The Urban Warehouse/The Garage Shop, RCAC 7, Community Partner

- **Family Promise of the South Bay, RCAC 8, Community Partner**
- **Disables Resource Center, RCAC 8, Community Partner**
- **Gang Alternatives Program (GAP), RCAC 8, Community Partner**
- **The Good Seed, RCAC 8, Community Partner**



# **CHAIRPERSON'S REPORT**



April 3, 2025

To: Board of Governors

From: Linda Merkens, *Board Services*

Through: Augustavia Haydel, *General Counsel*

Subject: Process for Nomination by L.A. Care Board

The L.A. Care Board nominates one member to its own Board for a seat representing health plan or health insurance expertise. The Board authorized the Chairperson to appoint members to an ad hoc Nominating Committee to recommend a process and bring a candidate for nomination. The Committee members are Board Chairperson Al Ballesteros, and Board Members Christina Ghaly and Stephanie Booth.

The ad hoc Nominating Committee recommends the following process:

<b>April, 2025</b>	3- ad hoc Nominating Committee will recommend the process to the Board. Application will be posted on the L.A. Care website for 30 days. Application will be sent to stakeholder organizations with a cover letter explaining the nominating process.
<b>May</b>	19 - Ad hoc Nominating Committee meets to review applications and narrow field of candidates. 27 and 30 - ad hoc Committee will meet with candidates and consider recommending nominee(s) to Board.
<b>June</b>	5 - ad hoc Nominating Committee presents recommended candidate(2) to Board for consideration of a nomination. <b>Nomination will be sent to Board of Supervisors</b>
<b>July</b>	After appointment of new member by the Board of Supervisors, the ad hoc nominating committee is dissolved. 24 - New Board Member seated at Board meeting

Attachments:

- Sample letter and list of external organizations
- L.A. Care Board Member Nominee Application
- List of external organizations



**APPLICATION FOR NOMINATION TO  
L.A. CARE HEALTH PLAN'S BOARD OF GOVERNORS**  
Applications received by May 5, 2025  
will be considered by the ad hoc Nominating Committee.

The Board of Governors for L.A. Care Health Plan [the Local Initiative Health Authority for Los Angeles County] (“L.A. Care”) is comprised of thirteen people representing stakeholders who have an interest in the Los Angeles County health care community. Each Board Member holds a stakeholder seat defined by law (California Welfare and Institutions Code Sections 14087.3-14087.48, and 14087.96-14087.9725, and other applicable law). Each Board Member is nominated by the nominating entity defined in the Bylaws of L.A. Care and appointed by the Los Angeles County Board of Supervisors. The Board of Governors of L.A. Care strives to reflect the diversity of its provider and beneficiary communities.

L.A. Care Board of Governors is the nominating entity for a Board Member with health insurance or health plan experience. Applicants for that position are asked to complete this application and return it:

By email to: [boardservices@lacare.org](mailto:boardservices@lacare.org)

or by mail to:

Board Services

L.A. Care Health Plan

1200 West 7<sup>th</sup> Street, 2nd Floor

Los Angeles, California 90017

Return by May 5, 2025

## Qualifications and Responsibilities

A candidate for the Board should have the vision and objectivity to act in the best interests of L.A. Care and the populations it serves. Candidates **must** reside or work in Los Angeles County, and should:

- Have expertise in the areas of health insurance or health plans in California.
- Be familiar with the needs of Medicare, Medi-Cal and other vulnerable populations in Los Angeles County.
- Have knowledge of the health care delivery structure in Los Angeles County and issues associated with implementing Medi-Cal managed care.
- Have an understanding of the diverse geographical and multi-cultural make-up of L.A. Care's constituencies.
- Be committed to supporting a publicly funded health care system for the public good.
- Be committed to being a responsible, active, and contributing participant of the Board of Governors.
- Have excellent interpersonal skills to work effectively as part of a group, communicate with fellow Board members and staff, and maintain dialog among constituencies.
- Be committed to attending meetings regularly. **This is a voluntary position for which members report spending at least 10-12 hours per month.**

**If nominated by the Board of Governors, the applicant also must:**

- **Complete and submit the statement of qualifications form to the Los Angeles County Commissions office.**
- **Be appointed by the Los Angeles County Board of Supervisors.**
- **Agree to attend the required meetings at the L.A. Care offices.**
- **Participate in Board Committees, as assigned.**
- **Adhere to L.A. Care's Code of Conduct and participate in the training required by law.**
- **Complete L.A. Care's Conflict of Interest training, as prescribed by L.A. Care Policy and Procedures.**
- **Complete California's AB 1234 Ethics training as required by law.**
- **Annually complete the Fair Political Practice's Commission's Form 700- Statement of Economic Interest as required by law.** The completed Form 700 is a public document that would be made available upon request to any member of the public.
- **Provide personal information as required for L.A. Care to comply with reporting requirements and contractual obligations.**
- **Provide L.A. Care with the Social Security Number, EIN or Tax Identification Number, so L.A. Care can satisfy its reporting requirements as required by law, including without limitation reporting the compensation you receive as a Board member to the IRS or other federal and/or state governmental authorities.**
- **Comply with any other requirements under L.A. Care's enabling legislation, By-laws, applicable policies and procedures, as well as state and federal laws.**

**APPLICATION FOR L.A. CARE HEALTH PLAN  
BOARD OF GOVERNORS**

**Please type or print clearly. You may attach additional pages.**

Name:

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Last	First	Initial
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Social Security Number:

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Home Address:

---

City/Zip Code:

---

Employer (if applicable):

---

Office Address (if applicable):

---

Your Job Title (if applicable):

---

PHONE: Day ( )

Evening ( )

FAX ( )

---

E-MAIL (IF APPLICABLE):

---

Please attach a bio, resume or CV describing your relevant experience.

1. Please provide a statement about each of the following:

a) Your experience with health insurance or health plans:

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b) Your knowledge of and/or experience with the Medi-Cal managed care system in Los Angeles County.

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c) Your understanding of the unique health care needs of those from low income and culturally diverse families.

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d) Any other pertinent information you wish to share.

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2. What do you hope to contribute to the Board and your community if elected to serve on the Board of Governors?

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3. Do you work or volunteer for an organization that provides services to Medi-Cal beneficiaries or indigent persons?  Yes  No  Not Applicable

If yes, what kind of services:

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6. Please list three personal and/or professional references.

Name	Title/Relationship	Phone Number

4. Please indicate below any assistance you would need in order to participate on the Board of Governors.

- Interpreter (please indicate language required) \_\_\_\_\_
- Transportation (indicate requirement) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Consent and Certification**

I have reviewed the qualifications and responsibilities of the position of Board Member on the L.A. Care Board of Governors on page 2 of this Application. **If selected to serve on the board, I am able to perform all duties, serve for the term of this position and adhere to L.A. Care’s By-laws, Code of Conduct and other applicable policies, rules and requirements, as well as applicable provisions of federal and state law.**

**I understand that my application must be fully completed and signed below in order to be considered.**

**I hereby certify that the information in this application is true and correct.** I understand that any misrepresentation, falsification, or material omission of information may result in disqualification from candidacy, or, if selected, possible termination or removal from the Board of Governors.

**I authorize L.A. Care Health Plan to contact other entities, including other governmental agencies, and/or other persons to confirm the information I provided.** I consent to these contacts and accept the verification process, including a search on the HHS Office of the Inspector General list of excluded individuals (the online search can be found here: [Search the Exclusions Database | Office of Inspector General](#)) to validate my application for nomination to serve on the L.A. Care Health Plan Board of Governors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**AUTHORITY FOR BACKGROUND CHECKING**

I hereby certify that the information in this application is true and correct and authorize Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan or designated representative to have any of these statements checked and verified. I hereby further authorize my current and/or former employers to provide L.A. Care Health Plan or designated representative any and all information concerning my previous employment and any other pertinent information. Further, I release all parties and persons from any and all liability for any damage that may result from furnishing such information to L.A. Care Health Plan or L.A. Care Health Plan's use or disclosure of such information by L.A. Care Health Plan or any of its agents, employees or representatives.

I understand that any misrepresentation, falsification or material omission of information may result in my failure to be nominated for L.A. Care Health Plan's Board of Governor. In consideration of acceptance of my nomination, I agree to conform to the rules and standards of L.A. Care Health Plan that may be amended by L.A. Care Health Plan from time to time in its discretion. Accordingly, either I or L.A. Care Health Plan can terminate my membership as Board of Governor at will, at any time, with or without cause or advance notice.

I understand that my nomination as member of the Board of Governor of L.A. Care Health Plan may be conditioned on satisfactory completion of a background investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF CONFLICT OF INTEREST INFORMATION**

I acknowledge that I have been advised that Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan has informed me of various Conflict of Interest laws and regulations, as well as L.A. Care's policies and has provided me with the Conflict of Interest Disclosure Questionnaire applicable to members of the Board of Governors.

This means among other things, that I will not influence or attempt to influence and disqualify myself from participation in any governmental matters and will not make decisions in which I have a disqualifying conflict of interest. If I have any questions regarding the propriety of my involvement, participation or decision-making in such matters, I will consult with L.A. Care's General Counsel prior to being involved with the matter at issue.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Board of Governors

*Alvaro Ballesteros, MBA  
Chairperson  
Federally Qualified Health Centers*

*Ilan Shapiro, MD, MBA, FAAP  
FACHE  
Vice Chairperson  
Children's Health Care Providers*

*Stephanie Booth, MD  
Treasurer  
Physician Representative*

*John G. Raffoul  
Secretary  
Private Disproportionate  
Share Hospitals*

*Jackie Contreras, PhD  
County of Los Angeles*

*Christina R. Ghaly, MD  
County of Los Angeles*

*Layla Gonzalez  
Member Advocate, L.A. Care  
Members*

*George W. Greene, Esq.  
Private Non-Disproportionate  
Share Hospitals*

*Honorable Hilda Solis  
Board of Supervisors  
County of Los Angeles*

*G. Michael Roybal, MD  
County of Los Angeles*

*Nina Vaccaro, MPH  
Community Clinics & Health  
Centers*

*Fatima Vazquez  
Member Representative  
L.A. Care Members*

*VACANT  
Health Plan/Health Insurance  
Expertise*

*Martha Santana-Chin  
Chief Executive Officer*

Re: Request for Referral of Potential Candidates for L.A. Care Board of Governors

We are writing on behalf of the L.A. Care Board of Governors to ask for your help in finding suitable candidates for nomination to a seat on the L.A. Care Board of Governors representing health plan or health insurance expertise, for a term ending October 31, 2028. An announcement is attached, along with a brief statement for potential candidates that will let L.A. Care know about an applicant's qualifications. Please feel free to share this information with your members.

Please send contact information for anyone you would like to nominate to:

Board Services  
L.A. Care Health Plan  
1200 W 7<sup>th</sup> Street  
Los Angeles CA 90017  
[boardservices@lacare.org](mailto:boardservices@lacare.org)

Those interested in the position will be asked to complete the brief application attached. Potential candidates should review their personal potential conflicts of financial interest when considering participation in L.A. Care Board discussion and decisions. L.A. Care's Legal Department can assist with a preliminary Conflict of Interest review.

Sincerely,

Alvaro Ballesteros, MBA  
Chairperson, Board of Governors

Martha Santana-Chin  
Chief Executive Officer

Encl: Fact Sheet on Conflict of Interest Laws

# California's Conflict of Interest Laws

## Fact Sheet

The following summarizes California's conflict of interest laws that guide the decisions of L.A. Care's Board of Governors.

- **Why are conflict of interest issues a particular concern for L.A. Care's Board of Governors?**

Conflict of interest issues arise when a decision by a public official has an effect upon his or her personal economic or financial interests. These issues are a particular concern for L.A. Care's Board of Governors because the Board represents designated "stakeholder" groups—e.g. physicians, disproportionate share hospitals, community and free clinics. Many individual providers who have the background and experience to represent "stakeholder" interests are already part of L.A. Care's substantial provider network. Therefore, many providers are likely to have a financial interest of some kind in the contracts L.A. Care enters into to provide health care services.

- **What are the most significant California laws governing conflict of interest?**

The most significant California laws governing conflict of interest consist of the following:

- **Government Code Section 1090:** This code section prohibits members of public boards and some staff members from having a financial interest in any contract made by them in their official capacity or by the public entities of which they are board members.
- **Political Reform Act (PRA):** The PRA prohibits a member of the Board of Governors from making, participating in, or otherwise using their official position to influence a decision in which a member has a financial interest.

- **Who is subject to these conflict of interest laws?**

Section 1090 and the PRA are generally applicable to all public officials responsible for managing public funds.

- **Are there exemptions/exceptions to these conflict of interest laws?**

There are exemptions/exceptions to each of these conflict of interest laws.

- L.A. Care's enabling legislation provided an exemption to **Section 1090**. This exemption allows Board member participation on contracts that have substantially the same effect on all other individuals or organizations the Board member was appointed to represent. L.A. Care amended its enabling legislation in 2001 to clarify that this exemption applied to contract amendments as well. The amending legislation (SB 720), enacted in 2002, also clarified that the class of people benefiting from the exemption includes representatives of the county, consumers, and consumer advocates.
- The **PRA** also provides an exemption known as the "public generally" exception. Under this exemption, a Board member might otherwise have a disqualifying financial interest but may participate in a decision if the "public generally" exception applies. To qualify, the

“public generally” exception requires a board member to show that a “significant segment” of the “stakeholder” group the member was appointed to represent experiences the financial impact of a decision in a “substantially similar” manner that the member would experience.

DRAFT List of Stakeholder Organizations  
To receive Announcement of Board Seat

President & CEO  
**Los Angeles Area Chamber of Commerce**  
350 S. Bixel St.  
Los Angeles, CA 90017  
gtoebben@lachamber.com

Chief Executive Officer  
**Los Angeles County Medical Association**  
707 Wilshire Boulevard, Suite 3800  
Los Angeles, California 90017  
rocky@lacmanet.org

George Greene, Esq. President & CEO  
**Hospital Association of Southern California**  
515 South Figueroa Street, Suite 1300  
Los Angeles, CA 90071-3300

Louise McCarthy, MPP,  
President & Chief Executive Officer  
**Community Clinics Association of Los Angeles County**  
700 South Flower Street, 31st Floor  
Los Angeles, CA 90017

**American Academy of Pediatrics, California District IX**  
1107 Fair Oaks #111  
South Pasadena, CA 91030-3311

**California Department of Health Care Services**  
1501 Capitol Ave., 6th Fl., MS 0002, Sacramento, CA 95814

**Department of Managed Health Care**  
980 9th Street, Suite 500  
Sacramento, CA 95814-2725

President & CEO  
**California Association of Health Plans**  
1415 L Street, Suite 850  
Sacramento, CA 95814

Local Health Plans of California  
1225 8th St Ste 440, Sacramento

President and CEO  
**Integrated Healthcare Association**  
500 12th Street, Suite 310  
Oakland, CA 94607

**California Association of Physician Groups**  
915 Wilshire Boulevard, Suite 1620  
Los Angeles, CA 90017

Executive Director  
**Insure the Uninsured Project**  
2444 Wilshire Blvd., Suite 412  
Santa Monica, CA 90403

President & Chief Executive Officer  
**California HealthCare Foundation**  
1415 L Street #820, Sacramento, CA 95814

President and CEO  
**The California Wellness Foundation**  
6320 Canoga Avenue  
Suite 1700  
Woodland Hills, CA 91367

President and Chief Executive Officer  
**California Endowment**  
1000 N. Alameda Street  
Los Angeles, CA 90012

President and Chief Executive Officer  
**Kaiser Family Foundation**  
2400 Sand Hill Road  
Menlo Park, CA 94025

President & Chief Executive Officer  
**California Community Foundation**

221 S. Figueroa St., Suite 400  
Los Angeles, CA 90012

President & CEO  
**Sierra Health Foundation**  
1321 Garden Highway  
Sacramento, CA 95833

Chief Executive Officer  
**Association for Community Affiliated Plans**  
1015 15th Street NW, Suite 950  
Washington, DC 20005

**America's Health Insurance Plans**  
601 Pennsylvania Avenue, NW  
South Building, Suite 500  
Washington, DC 20004

Executive Director  
**American Public Health Association**  
800 I Street, NW  
Washington, DC 20001

**American College of Health Care Executives**  
One North Franklin Street, Suite 1700  
Chicago, IL 60606-3529

Dean, **UCLA Fielding School of Public Health**  
650 Charles E. Young Dr. South  
16-035 Center for Health Sciences  
Los Angeles, CA 90095-1772

Dean, School of Public Health  
Professor, Health Policy and Management  
**University of California Berkeley**  
50 University Hall, #7360  
Berkeley, CA 94720-7360

Professor of Public Health & Professor of Social Ecology  
**University of California, Irvine**  
1360 SE II

2080 AIRB  
Mail Code: 3957  
Irvine, CA 92697

California State University Schools of Health Science (Long Beach, Los Angeles)

University of Southern California Health Sciences



**CHIEF  
EXECUTIVE  
OFFICER  
REPORT**



April 3, 2025

TO: Board of Governors

FROM: Martha Santana-Chin, *Chief Executive Officer*

**SUBJECT: CEO Report – April 2025**

As we enter the second quarter of the calendar year, we continue to focus on advocacy, strategic planning, delivering on operational performance, building resilience in the business, and evolving our member engagement model. Below are a few updates on our advocacy work, organizational planning, and member centered engagement work.

### **Advocacy, Strategic Planning and Preparedness**

**State Budget Context:** The California Department of Health Care Services (DHCS) has reported a \$6.2 billion shortfall in the Medi-Cal program through June 2025, attributed to higher-than-expected enrollment and rising pharmacy costs. To address this shortfall, DHCS has requested both a loan and additional budget allocations to ensure program funding continues through the fiscal year. Under ordinary circumstances, clarity regarding planned program changes and timing for implementation would be provided in the May Revise of the state budget.

**Federal Funding Risks:** Proposed federal reductions could significantly impact Medi-Cal and Affordable Care Act (ACA) funding for California, with estimated reductions ranging between \$10 billion and \$20 billion. L.A. Care, which represents approximately 16% to 20% of the overall Medi-Cal program enrollment, could experience annual funding cuts ranging from \$1.5 billion to \$4 billion if these proposals are enacted.

Key federal proposals under consideration include:

- Elimination or reduction of provider taxes, including the MCO tax
- Implementation of work requirements
- Reduction of the federal match rate, both overall and for the expansion population
- Introduction of per capita caps and/or Block Grants
- Non-renewal of enhanced subsidies for individuals on Covered California which are set to expire December 31, 2025
- Other changes aimed at reducing funding, coverage, and/or benefits

Negotiations between the House and Senate are expected to continue through the summer. If enacted, these proposals can lead to: increased uncompensated care and additional financial strain on hospitals, a destabilized provider network, a reduction in the number of individuals covered through our programs, and/or elimination of benefits which will severely impact access to care, negatively affect the members we serve and decrease funding to LA Care.

Our advocacy work continues directly and through coalitions. We have developed a comprehensive set of strategies and materials to educate members, elected officials, and other stakeholders on what is at stake; this includes the creation and development of videos, fact sheets, press conferences, op eds, legislative

briefings, sign-on letters and other strategies. We expect to continue this effort through the summer as we prepare our organization to withstand potential cuts.

**L.A. Care's Preparedness Efforts:** While DHCS has not communicated any direct impact to health plans, L.A. Care continues to actively engage in federal negotiations to advocate for adequate funding and prepare for potential reductions by:

- Modeling the range of potential impacts on funding and operations.
- Prioritizing and completing the strategic planning process to position the organization for resilience and adaptability.
- Conducting a holistic review of our medical and admin costs to identify key savings opportunities in the short and long-term including:
  - Prioritizing medical unit cost and/or utilization reduction initiatives.
  - Identifying vendor spend cost-saving and revenue generation opportunities.
  - Reevaluating capital expenditures.
  - Prioritizing automation efforts to drive efficiencies.

L.A. Care remains committed to its mission of providing high-quality care to all eligible members, despite the ongoing budgetary and federal funding challenges. We will continue to keep the Board informed of developments and our mitigation strategies as the federal negotiations progress.

### **Centering Efforts on Improving Member Experience**

We are working diligently to foster a supportive and collaborative environment that allows our members to feel heard and brings the member perspective into our decision-making process.

- **Strengthening our Consumer Advisory Committees through Capacity Building:** Our Community Outreach & Engagement team will begin working with a consultant to provide training and capacity building for ECAC members and elected board consumer representatives. Integrating capacity building will enhance our members' understanding of their roles within the consumer advisory committees and as governing board members, improve their ability to represent the perspectives and concerns of other RCAC members and the health plan membership, and enable them to lead productive and inclusive discussions in the RCAC and ECAC meetings they facilitate. Board consumer representatives will also receive additional support when preparing reports to the board of governors to ensure that concerns and issues raised at RCAC and ECAC meetings are communicated regularly.
- **Improving Consumer Engagement:** Staff is preparing a comprehensive set of recommendations for adjusting the operations of the consumer advisory committees to expand opportunities for members to express themselves in less structured forums and fully understand their roles as volunteer consumer advisory committee members. Educational opportunities will also be offered to provide information on various aspects of health plan operations that affect the consumer advisory committees. Additional consultant resources will be engaged to moderate a series of discovery conversations with members to inform changes to advisory committee operations.
- **Addressing Transportation Needs:** In response to member feedback, our Contracts & Relationship Department, Vendor Management team, met with Call the Car – the vendor we work with to provide our members with free transportation services that helps them get to their medical appointments and other eligible non-medical locations – to discuss our members' experience. Call the Car will be attending our next ECAC meeting to listen and learn more about our members' experiences first-hand. They will also be coordinating a series of events throughout the community that will help provide education and support to our members on how to utilize transportation services. In addition to efforts focused on improving members' accessibility, understanding, and experience in utilizing these transportation services for their medical and other eligible appointments, we must also ensure that our

community advisory committee members can successfully attend RCAC, ECAC, and Board meetings. For that reason, Call the Car will also have real-time representation at these meetings, and dedicated contact information including phone number(s) will be provided to secure transportation to RCAC, ECAC, and Board meetings. We recognize that in order to hear our members' voices and have engaged member representation at our meetings, we must work towards reducing barriers that get in the way of our community advisory committee members' active participation.

Below please find additional organizational updates for March.

### **Liv DTLA Grand Opening Celebration**

I had the honor of joining community leaders, housing advocates, and other partners to celebrate the grand opening of Liv DTLA, a transformative affordable housing development in the heart of downtown Los Angeles. Both L.A. Care and Health Net have been at the forefront of increasing access to high-quality care and housing solutions and have launched multiple programs aimed at bridging the gap between health care and housing. This milestone marks a significant step in providing stable housing for individuals who have experienced homelessness.

### **L.A. Care hosts Health Equity Conference to Discuss Bridging Gaps in Healthcare**

L.A. Care's Health Equity team hosted their first health equity conference, bringing together leaders across the industry to discuss bridging gaps in healthcare. I had the opportunity to participate, and it was so rejuvenating and powerful to convene with leaders and healthcare providers that are committed to making compassionate, high-quality care accessible to everyone. Equitable care is synonymous with high-quality care, and our work must steadfastly continue to be outcomes-driven, inclusive, and transformative.

### **Closing**

Thank you for your continued commitment to our mission and for leading through this period of change. Together, we have an opportunity to shape a stronger, resilient L.A. Care for the future.

**L.A. Care**, the nation's largest public health plan **servicing more than 2.6 million members** across Los Angeles County, is committed to safeguarding Medi-Cal, California's Medicaid program. Medicaid is the largest source of health coverage in the U.S. and is a critical part of California's healthcare delivery system and economy.

Reduced Medicaid funds would strain healthcare providers, worsen workforce shortages, limit access to care, harm California's economy, and reduce treatment options for substance use disorders (SUD) at a time when we need it the most.

In a recent poll, **77% of Americans expressed favorable views of Medicaid**, and nearly half of respondents (46%) said the federal government doesn't spend enough on Medicaid. Likewise, an overwhelming majority of Californians (91%) believe Medi-Cal is important to the state. **More than half of Californians (54%)** view Medi-Cal as personally important to them and their families.

### LA County By The Numbers

- Los Angeles County includes **4,118,306 Medi-Cal recipients**, making up approximately **41%** of the population.
- Estimated total Medi-Cal spending (2024): **\$53.99 billion**

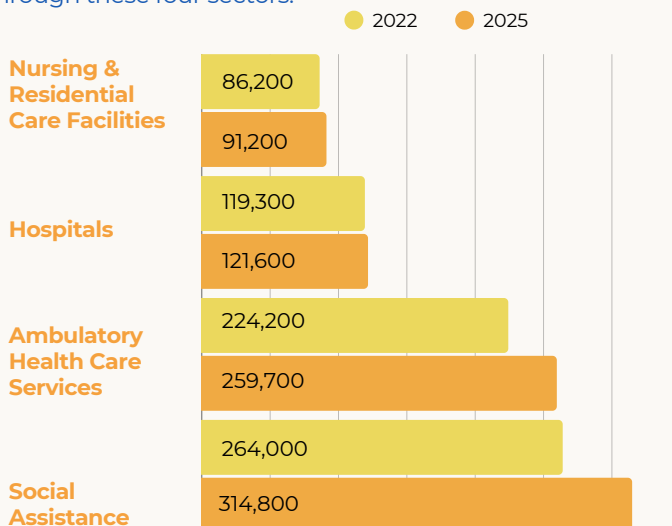
### Medi-Cal Covers:

- 14.5 million Californians** across the state, which includes:
  - Nearly **4 million** low-income people in LA County
  - 5 million children** — more than half of all California's kids
  - 2.3 million seniors and people with disabilities**
  - 3.4 million working Californians** — nearly one in five of all California workers

## Medicaid creates jobs, strengthens families, and fuels economic growth.

### Creates jobs supporting vital roles in the healthcare sector.

As Medi-Cal enrollment has grown, so has the demand for workers, fueling one of LA County's fastest-growing employment sectors. LA County supports **787,300 total jobs** through these four sectors.



### Supports seniors and people with disabilities.

Medicaid is the primary payer for long-term care in the U.S., covering **61% of total spending** on long-term care for seniors and people with disabilities.



### Medicaid is the primary payer for 6 in 10 nursing home residents.

### A critical source of prenatal and postpartum care.

Medicaid covers over **40% of births** (nearly half of births in rural areas) and vital pregnancy-related and postpartum care, including covering infants for twelve months.



### Fuels economic mobility for families.

Of all types of health insurance, Medicaid is the most successful in reducing poverty rates. Medicaid coverage at different points during a lifespan has been tied to economic mobility across generations and higher educational attainment, income, and taxes paid as adults.



**Over 8 in 10 (82%)** of Medi-Cal adults (ages 19-64) reported being in a working family.





## Destabilizing Medicaid funding would destabilize California's state budget

Program changes and resulting cuts to Medicaid threaten essential programs for working families, children, seniors, and vulnerable communities.

For every dollar that is used to fund Medi-Cal, **\$0.62 cents** come from the federal government, **\$0.22 cents** come from the state and **\$0.16 cents** come from local contributions.



## Any Medicaid cuts have the potential to impact ALL Medi-Cal recipients and the entire economy.

### Medicaid cuts would lead to:

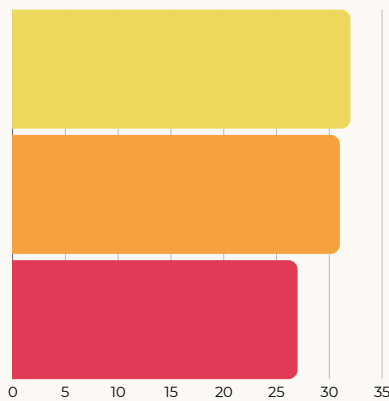
#### Significant Job Losses

Healthcare and related sectors (construction, transportation, IT) could be forced to lay off workers, cut services, or shut down as providers struggle with reduced funding.



#### Fewer Working People Covered

Working families count on Medi-Cal for their health needs. The three industries with the highest rate of enrollment in Medi-Cal are:



**32% of workers** in agriculture, forestry, fishing, and mining

**31% of workers** in restaurants, bars, and food services

**27% of workers** in "other services," a category that includes auto mechanics, hair salon workers, workers in private households, and other workers

#### Limited Healthcare Access

California will be forced to reduce coverage and cut critical benefits like vision, dental, home and community-based services, behavioral health, and more. Cuts will simply reduce access to critically needed care.



#### A Heightened Long-Term Care Crisis

The United States does not have a comprehensive program to pay for long-term care services, making Medicaid critical for low-income Medicare beneficiaries (called "dually eligible beneficiaries") who live in nursing facilities through various Medicare Savings Programs. Over **900,000 older adults and people with disabilities** receive coverage for essential long-term services and support through Medi-Cal, including at-home care and care in institutional settings.

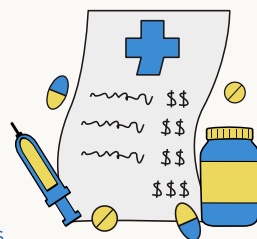


#### Economic Hardship

Uninsured Californians face a **38.4% poverty rate**, double that of Medi-Cal enrollees.

#### Higher Health Care Costs

Limiting access to healthcare coverage often results in patients seeking treatment in higher cost settings (like emergency rooms), leading to more expensive care. When patients without coverage are unable to pay, hospitals have to resolve costs for uncompensated care. Hospitals attempt to recover these losses by charging higher fees, forcing commercial plans to increase their prices. These higher premium costs are passed on to employers and consumers, so businesses and individuals ultimately have to pay more.



#### Less Support for Substance Use Disorder (SUD) Treatment

**One in five Medicaid beneficiaries (21%)** rely on Medicaid for substance use disorder (SUD) treatment, including treatment for opioid addiction. Cuts to Medicaid would hit these individuals hardest, especially in regions with high Medi-Cal enrollment, many of which have been devastated by the fentanyl crisis.

California's Drug Medi-Cal Organized Delivery System (DMC-ODS) depends on Medicaid for **75% of its funding**. Losing this support means potentially more overdose deaths, more Californians unable to access treatment, and fewer SUD recovery options statewide.

## Mission

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 a 13-member Board of Governors 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.

## Health Coverage

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with two subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross and Blue Shield of California Promise Health Plan. 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 (HMO D-SNP)** – 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.



## Health Equity and Community Impact

It takes more than health care coverage to build healthy communities. L.A. Care recognizes that non-medical factors can significantly impact health outcomes. It is estimated that 50-80 percent of health outcomes are based on social, economic and environmental factors. To ensure healthy communities, it's critical to address basic needs like food, housing, education, transportation and employment – often referred to as social needs, or social drivers of health.

Poverty, implicit and systemic biases, and racism adversely impact the health of those who are low-income, people with disabilities, those who experience homelessness, people of color, and members of the LGBTQ community. L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. L.A. Care is also committed to being a champion and a voice for its members and their communities.

L.A. Care supports its members health and social needs through a variety of targeted activities:

**Community Health Investment Fund (CHIF)** strengthens community health and fills gaps in health coverage for low-income Angelenos. To date, CHIF has invested **\$138 million** via 970 grants to support programs that improve the health and support the social needs of under-resourced community members.

**Elevating the Safety Net** is designed to address a looming physician shortage. The **\$255 million** initiative is comprised of programs to train, recruit and retain diverse and highly qualified primary care physicians for the L.A. County safety net.

**L.A. Care and Blue Shield Promise Community Resource Centers** are jointly operated with L.A. Care's plan partner Blue Shield of California Promise Health Plan. The plans have jointly committed **\$146 million** to open 14 safe, fun and inclusive centers across LA County, which provide free fitness and health education classes, social services, member services and enrollment services that promote the well-being of members and the communities where they live.

**Regional Community Advisory Committees** are eight councils made up of L.A. Care members, doctors, nurses, community-based organizations and other health care providers who bring the voice of their communities directly to the L.A. Care Board of Governors.





## Membership

<b>L.A. Care Membership - Overall</b> <i>(as of March 2025)</i>	
Medi-Cal:	2,350,814
L.A. Care Covered:	226,471
L.A. Care Medicare Plus:	25,724
IHSS Worker Coverage:	50,419
<b>Total</b>	<b>2,653,428</b>

## L.A. Care & Blue Shield Promise Plan Community Resource Centers

**East LA:** 4801 Whittier Blvd Los Angeles, CA 90022

**El Monte:** 3570 Santa Anita Ave El Monte, CA 91731

**Inglewood:** 2864 W. Imperial HWY. Inglewood, CA 90303

**Long Beach:** 5599 Atlantic Ave Long Beach, CA 90805

**Lynwood:** 3200 East Imperial HWY Lynwood, CA 90262

**Metro LA:** 1233 S Western AVE. Los Angeles, CA 90006

**Norwalk:** 11721 Rosecrans Ave. Norwalk, CA 90650

**Palmdale:** 2071 E. Palmdale BLVD. Palmdale, CA 93550

**Panorama City:** 7868 Van Nuys Blvd., Panorama City, CA 91402

**Pomona:** 696 W. Holt Ave Pomona, CA 91768

**South LA:** 5710 Crenshaw Boulevard, Los Angeles, CA 90043

**West LA:** 11173 W. Pico Blvd., Los Angeles, CA 90064

**Wilmington:** 911 North Avalon Blvd. Wilmington, CA 90744



March 18, 2025

California Congressional Delegation  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Members of the California Congressional Delegation:

The California Association of Health Plans (CAHP) is a statewide trade association representing public and private health care plans that provide coverage to more than 26 million Californians including over 14 million enrolled in Medi-Cal managed care. We are writing today to emphasize the foundational importance of the Medi-Cal program to California's health care system and to urge you to support the program and maintain its stability.

California's Medi-Cal enrollees include women, children, the aged, blind and disabled, very low income and the homeless. They depend on the support of the federal government to keep this program stable and ensure that they receive critical health care.

California's health plans organize the health care delivery system through our contracts with thousands of health care providers and hospitals that span the entirety of the state. Health plans provide coverage to individuals, employers, CalPERS, Covered California, Medicare, and Medi-Cal. We have a firsthand view of the importance of Medi-Cal to our healthcare system because we provide coverage in all 58 counties, with over 230,000 employees, in 56 different California cities and towns.

Cuts to Medi-Cal could cause millions of Californians to lose access to care, destabilize rural hospitals and the state budget. As budget legislation is considered in Congress, Medicaid should be supported and strengthened, not undermined.

Medi-Cal is crucial to low-income people and working families. If their Medi-Cal coverage is disrupted, they will lose access to primary care and be unable to fill prescriptions, many of which are necessary to treat chronic illnesses. Without the necessary health care, many will end up in emergency rooms. This will increase the amount of uncompensated care, increase the costs of care for everyone, and keep people from working.

In addition, California's rural and underserved hospitals and clinics are already under financial distress due to existing government reimbursement rates. These hospitals and clinics serve a significant Medi-Cal population, and if they buckle under additional financial stress, it will have a direct effect on the ability of Californians to access healthcare in their community. Reductions in federal support will hit these communities hardest. The hospital closure in Madera is an example of what will happen in rural communities when funding is inadequate to pay for care.

The impact of an underfunded Medi-Cal program goes beyond just poorer access to health care. The Medi-Cal program spends \$188 Billion a year paying hospitals, clinics, and doctors to treat Medi-Cal patients. In fact, Medi-Cal funding supports a wide array of facilities across the state that generate well-paying jobs, economically benefiting local communities. Unfortunately, low Medi-Cal reimbursement rates for providers have led to shifting costs onto other insurance markets. This leads to increased premiums for Californians who purchase coverage through their employer or on their own. Reduced federal support will make things worse by further increasing premiums and reducing local jobs.

The Medi-Cal program is important to all Californians and its value extends to all our communities. We urge you to support the Medi-Cal Program and to oppose proposals that would destabilize it.

Sincerely,

A handwritten signature in black ink that reads "Charles Bacchi". The signature is written in a cursive, flowing style.

Charles Bacchi  
President and CEO  
California Association of Health Plans

HEALTH

# California’s Medi-Cal shortfall hits \$6.2 billion with ‘unprecedented’ cost increases



BY ANA B. IBARRA  
MARCH 18, 2025

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California is racing to adjust its Medi-Cal budget after expanding coverage in recent years. Here, a hospital employee enters Alta Bates Summit Medical Center in Oakland on August 24, 2020. Photo by Anne Wernikoff for CalMatters

## IN SUMMARY

California is spending billions more than planned for Medi-Cal. Some of the cost drivers include higher enrollment among immigrants without legal status as well as pharmacy costs.

*Lea esta historia en [Español](#)*

The hole in California's [Medi-Cal](#) budget seems to be bigger than what state officials reported just last week.

California health care officials told the Legislature on Monday that the state will need another \$2.8 billion to be able to pay Medi-Cal providers through the end of the fiscal year.

That's on top of a \$3.4 billion loan that the administration told lawmakers last week it needed to make ["critical" payments for Medi-Cal](#), the state-federal health insurance program for low-income people.

Combined, that's \$6.2 billion in spending above what was projected in the budget Gov. Gavin Newsom signed last summer. Almost 15 million Californians have health care coverage through Medi-Cal, also known as Medicaid.

"With the loan and these additional funds, the administration anticipates being able to manage expenditures for the remainder of the current year," said Michelle Baass, director of the Department of Health Care Services, which oversees Medi-Cal.

Baass told legislators in a budget hearing that several factors are contributing to the higher-than-anticipated spending, including an increase in pharmacy costs, but also more growth in enrollment than the state projected. For one, the state underestimated the [number of immigrants without legal status](#) who would sign up to the program in the last year.

Baass said the department had about one month of data regarding new policies before it had to make projections for the budget Newsom signed.

"These changes were unprecedented, and all happened at once," Baass said.

The developments include:

- More immigrants without legal status enrolled in the program than expected. Over the last 10 years, California has [expanded Medi-Cal coverage](#) to undocumented people in different age groups. The final group, adults ages 26 to 49, were allowed to apply for Medi-Cal starting Jan. 1, 2024. In January, Baass' department estimated California would be spending [\\$2.7 billion beyond what it budgeted](#) due to the cost of covering care and prescriptions for newly enrolled immigrants. According to updated estimates from the administration, it costs the state about \$8.5 billion from the general fund to cover immigrants who are in the country without legal authorization.
- Also starting on Jan. 1, 2024, more seniors were able to sign up for Medi-Cal after the state stopped counting certain assets, such as cars, homes and savings when considering someone's eligibility. Now, like everyone else, seniors' eligibility is based on their income.
- The program has seen higher overall enrollment due to pandemic-related flexibilities. California's overall Medi-Cal population ballooned during the COVID-19 pandemic when the federal government temporarily suspended income eligibility checks to keep people insured during the national emergency. The number of people who dropped off the program after the pandemic was smaller than the department assumed.

Baass said other states are also going over budget, noting health care spending in general is increasing across the U.S.

Going over budget has vexed some state Republicans who say the governor and Democrats over-promised when they decided to expand Medi-Cal services to all low-income immigrants. Democrats have come out in defense of the expansion and the state's efforts to keep people covered during the pandemic.

"The things that you're talking about means that we have been successful," Assemblymember Pilar Schiavo, a Santa Clarita Democrat, told Baass during Monday's hearing. "We have been successful about keeping people covered, about making sure that they have access to health care."

Schiavo added that California's current shortfall is solvable, but less so are the potential cuts to Medicaid that Congress is currently weighing.

House Republicans recently voted to advance a proposal that could result in cuts of [\\$880 billion to a group of programs](#), largely Medicaid, over the next 10 years. According to some estimates, that could translate into annual losses of [\\$10 billion to \\$20 billion a year](#) for California, an amount that state officials have said the state would not be able to backfill.

*Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit [www.chcf.org](http://www.chcf.org) to learn more.*

## MORE ON CALIFORNIA HEALTH CARE



### **California has a lot to lose if Trump slashes Medicaid. Seniors, kids and more could face coverage cuts**

FEBRUARY 28, 2025



### **‘I couldn’t find a nurse:’ L.A. family sues hospital over life-altering injuries**

MARCH 19, 2024

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## THE LATEST



**New fire maps put nearly 4 million Californians in hazardous zones. What does that mean for the people who live there?**



**California considers more homeless shelter oversight after CalMatters investigation**



**‘We should be in crisis mode’: Toxic fumigant could be seeping into these communities**



**Parents can’t figure out how California schools are doing. Newsom’s plan to fix that stalls**



**Students and faculty sue administrators over last spring’s UCLA pro-Palestinian protests**



March 3, 2025

The Honorable Mike Crapo, Chairman, Committee on Finance, U.S. Senate  
The Honorable Brett Guthrie, Chairman, Energy and Commerce Committee, U.S. House of Representatives  
The Honorable Ron Wyden, Ranking Member, Committee on Finance, U.S. Senate  
The Honorable Frank Pallone, Ranking Member, Energy and Commerce Committee, U.S. House of Representatives

Dear Congressional Leaders,

As a coalition of stakeholders serving individuals relying on the Medicaid and Children's Health Insurance Programs (CHIP), we write to convey the critical importance of these programs, and to encourage you to continue to strengthen both in the years to come. The flexibility, efficiency and positive impact of Medicaid in every state across the country is a hallmark of how federal-state partnerships can deliver results tailored to local needs.

As you know, Medicaid serves a broad spectrum of Americans across all walks of life, including children, mothers, the aged, blind and disabled, individuals with substance use disorder (SUD), persons with mental health conditions and mental illness, and low-income individuals, all of whom depend on the program to provide them with access to health care services and life-saving treatments.

Medicaid shines as a bright example of what can be accomplished when the Federal government works with state partners to deliver for the American people. The flexibility and accountability of the program enables efficient coverage for over 79 million individuals in 50 states and the District of Columbia, as of October 2024. The Medicaid program allows states the ability to tailor their programs to meet the needs of their unique populations, while creating efficiencies and innovations that might not be possible in other delivery systems.

With the ability to design their own programs, states have leveraged the Medicaid program to ensure access to care for our most vulnerable populations; populations that would have no other source of insurance coverage. Individuals with disabilities rely on the Medicaid program to receive long-term services and supports, both at in person nursing facilities and through home and community-based services, allowing them to find employment and serve as active members of their communities. Medicaid plays a key role in providing mental health and SUD services, as 40% of the nonelderly adult Medicaid population (13.9 million enrollees) had a mental health condition or SUD in 2020. And more than 37 million children receive health coverage through Medicaid and CHIP, representing 47.4% of overall Medicaid and CHIP program enrollment. Nearly two out of every three adult women enrolled in Medicaid are in their reproductive years, and Medicaid currently covers about 42% of all births in the United States. Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit keeps children healthy and provides them with critical behavioral health services. EPSDT is also a benefit with strong bipartisan support that was recently strengthened by the Safer Communities Act.

In addition to the vulnerable populations covered by Medicaid, it is a crucial source of coverage for many safety net facilities and the clinicians relied on by patients in these settings. Insurance coverage through Medicaid ensures that our safety net facilities, including rural hospitals, health centers, mental health centers, nursing homes, critical access hospitals, and others, remain open and can provide primary and specialty care services, as well as 24/7 emergency care, to the communities surrounding them. Without comprehensive Medicaid coverage these facilities may be forced to close, and millions of people would need to travel hundreds of miles to access a health care facility to receive necessary care from trusted clinicians.

It is vital that Medicaid and CHIP continue to receive strong support from the Federal government, so that the program can continue to serve mothers, children, the aged, blind and disabled, individuals with SUD, persons with mental health conditions and mental illness, and low-income Americans, all who depend on the program to stay healthy and to receive life-saving treatments. Interruptions in health coverage, even temporary, have been shown to lead to a deterioration of



health conditions which later leads to higher costs for payers, challenging the sustainability of the program and making it more difficult for Americans depending on Medicaid to continue to work and contribute as members of their communities. Further, reductions in Medicaid funding could lead to hospital closures and reduced access to healthcare providers in rural and underserved areas, that are already struggling to meet the needs of their populations. Medicaid and CHIP have historically received bipartisan support, and we respectfully encourage you to continue this tradition, in order to strengthen and enhance this vital program serving millions of Americans across the country.

We sincerely thank you for your consideration and remain available to work with you and your colleagues to continue to meet the needs of the American people through a flexible, accountable, and efficient Medicaid program.

Respectfully,

**National**

Advocates for Community Health  
Alliance of Community Health Plans  
Allies for Independence  
American Academy of Pediatric Dentistry  
American Association of Nurse Practitioners  
American Association on Health and Disability  
American Dental Association  
American Nurses Association  
Association for Community Affiliated Plans  
Association of Clinicians for the Underserved (ACU)  
CommunicationFIRST  
Federation of American Hospitals  
Institute for Exceptional Care  
Lakeshore Foundation  
Medicaid Health Plans of America (MHPA)  
National Association of Community Health Centers  
National Association of Pediatric Nurse Practitioners  
National Disability Rights Network (NDRN)  
National Health Care for the Homeless Council  
National MLTSS Health Plan Association  
The National Council of Urban Indian Health

**State**

Access Living (Illinois)  
Coalition of New York State Public Health Plans (New York)  
Kentucky Association of Health Plans (Kentucky)  
Local Health Plans of California (California)  
Michigan Association of Health Plans (Michigan)  
Minnesota Association of County Health Plans (Minnesota)  
National Council on Independent Living (District of Columbia)  
Ohio Association of Health Plans (Ohio)  
Pennsylvania's Medicaid Managed Care Organizations (PAMCO) (Pennsylvania)

# Medi-Cal Matters to Californians



## Who Medi-Cal Covers

**14.5M** Californians, as well as:

**39%** of all births in CA

**5M** children (nearly half of CA's kids)



**2.3M** seniors & people with disabilities (900,000 receive coverage for essential long-term services, like nursing home stays, through Medi-Cal)

\*At \$147,000 a year, nursing home care is unaffordable for most families without Medi-Cal.

**3.4M** working Californians (1 in 5 workers)

➔ Top industries enrolled:

- Agriculture (32%)
- Restaurants (31%)
- Other Services (27%)

\*Percentages show how many people in each industry depend on Medi-Cal for healthcare

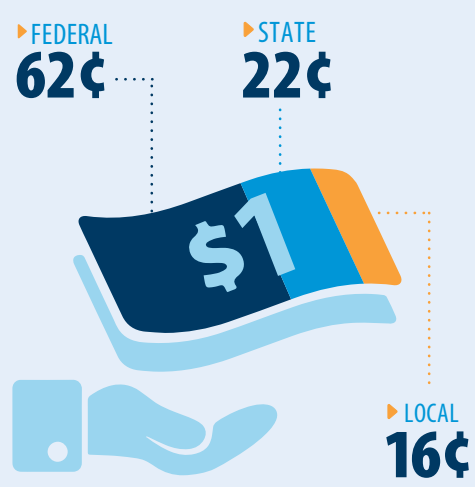
➔ **41% (4M)** residents in Los Angeles County



## What Medi-Cal Covers

- ✓ Doctor Visits & Hospital Care
- ✓ Prescription Drugs
- ✓ Mental Health & Substance Use Care
- ✓ Dentist and Eye Care
- ✓ Long-Term Care & In-Home Support
- ✓ School-based & Community Health Services
- ✓ Transportation and other Services

## For every dollar that is used to fund Medi-Cal



## Federal Cuts Could Cost CA \$10B–\$20B Each Year

- California will be forced to dramatically reduce Medi-Cal coverage, benefits, and funding
- Cuts in long-term care, mental health, & public hospital services
- Loss of healthcare for low-income adults & 2.3M seniors/disabled residents
- Cuts to school-based health support for children
- Any Medi-Cal cuts that occur have the potential to impact ALL Medi-Cal recipients



## Medi-Cal Strengthens California's Economy

• Medicaid represents nearly **\$1** out of every **\$5** spent on health care in the U.S., and it helps create jobs that support critical healthcare roles. Healthcare is one of L.A. County's fastest-growing employment sectors, with over 787,300 jobs.

The bottom line is clear: a strong Medi-Cal program creates jobs, strengthens families, and fuels economic growth. Medi-Cal is essential to California's health and future.

[lacare.org](http://lacare.org)



# Medi-Cal es de importancia para los Californianos

## ¿A Quién Cubre Medi-Cal?

**14.5M**  
de californianos,  
incluyendo:

**39%**  
de todos los  
nacimientos en CA

**5M**  
de niños (casi la mitad  
de los niños en CA)



**2.3M** de adultos mayores y personas  
con discapacidades  
(400,000 personas viven en residencias  
de ancianos o reciben atención en enfermerías)

\*Con un costo de \$147,000 dólares al año, la atención en un hogar de ancianos resulta inaccesible para la mayoría de las familias que no tienen Medi-Cal.

**3.4M** de trabajadores  
(1 de cada 5 trabajadores)

➔ Principales industrias:  
• Agricultura (32%)  
• Restaurantes (31%)  
• Otros Servicios (27%)

\*Los porcentajes muestran cuántas personas en cada industria dependen de Medi-Cal para recibir atención médica.

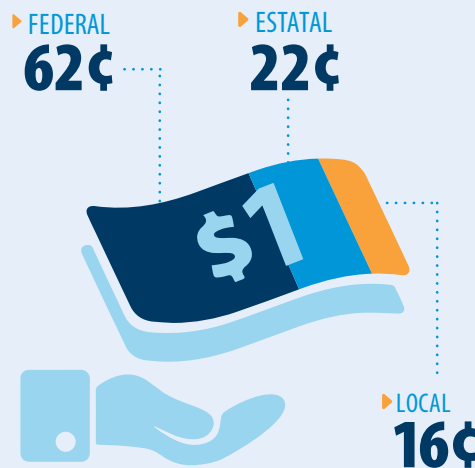
➔ **41%** (4M) de residentes  
del condado de Los Ángeles



## ¿Qué Cubre Medi-Cal?

- ✓ Visitas al médico y atención hospitalaria
- ✓ Medicamentos recetados
- ✓ Tratamiento de salud mental y abuso de sustancias
- ✓ Atención dental y de la vista
- ✓ Cuidado a largo plazo y apoyo en el hogar
- ✓ Servicios de salud comunitarios y en escuelas
- ✓ Transportación y otros servicios

## Por cada dolar que se usa para pagar por Medi-Cal



## Los Recortes Federales Podrían Costarle a California \$10B–\$20B Cada Año

- ❖ California se verá obligada a reducir drásticamente la cobertura, los beneficios y la financiación de Medi-Cal
- ❖ Recortes de cuidados a largo plazo, salud mental y servicios en hospitales públicos
- ❖ Pérdida de cobertura para adultos de bajos ingresos y 2.3M de adultos mayores/personas con discapacidades
- ❖ Recortes en servicios de salud escolar para niños
- ❖ Cualquier recorte de Medi-Cal que ocurra tiene el potencial de afectar a todos los beneficiarios de Medi-Cal

## Medi-Cal fortalece la economía de California

- ❖ Medicaid representa casi **\$1** de cada **\$5** que se gastan en atención médica en EE.UU. y contribuye a la creación de empleos que respaldan funciones esenciales de atención médica. La atención médica es uno de los sectores de empleo de mayor crecimiento en el condado de Los Ángeles, con más de 787,300 empleos.

La conclusión es clara: un programa Medi-Cal sólido crea empleos, fortalece a las familias e impulsa el crecimiento económico. Medi-Cal es esencial para la salud y el futuro de California.

lacare.org



## Health Care Leaders Urge Congress to Uphold President Trump’s Promise to Protect Medicaid Beneficiaries

February 6, 2025

**Washington, D.C.** – Following President Trump’s statement this weekend that his administration is [committed to protecting the Medicaid program and not undermining the millions of Americans who rely on it](#), the Modern Medicaid Alliance — which represents organizations caring for, representing, and serving Medicaid beneficiaries across the country — urged Congressional leaders to follow the President’s lead by opposing cuts to the Medicaid program.

President Trump’s position underscores the critical need to maintain funding for the Medicaid program, particularly as proposed cuts threaten to destabilize state budgets, weaken local economies and undermine essential health services for beneficiaries.

[Recent analysis](#) on Congressional proposals to cut Medicaid funding show that these policies would decimate Medicaid as well as the critical support services the program provides to working families and at-risk patients. The cumulative impact would be wide-ranging across states, leading to job losses, hospital closures and direct beneficiary harm, including for those living in rural communities, pregnant women, new moms, children, low-wage workers in jobs that do not provide health benefits, those in need of mental health and substance abuse support and seniors and people with disabilities who rely on Medicaid for long-term care assistance.

Public opinion is [strongly opposed](#) to cutting Medicaid, with recent polling showing that [a majority of Republican voters](#) view the program favorably.

As policymakers look to reduce health care spending, members of the Modern Medicaid Alliance are committed to engaging state and federal leaders about the critical role of the Medicaid program in reducing the burden of uncompensated care on the broader health system and for millions of beneficiaries.

## Health Care Stakeholders Lead Widespread Opposition to Potential Medicaid Cuts

February 28, 2025

With **\$880 billion in funding cuts** to Medicaid on the table, a large group of policy experts and stakeholders representing patients, seniors, individuals with disabilities, hospitals, pediatricians and those who care for the **more than 70 million Americans on Medicaid** are calling on Congress to oppose cuts to the program.

Ahead of and following the [House vote on its budget resolution](#), they issued stark warnings about the **severe, real-world consequences of Medicaid cuts**, including stripping essential health care from children, seniors, people with disabilities and low-income families and threatening the stability of communities, state budgets, hospitals and providers.

- **[American Cancer Society Cancer Action Network](#)**: “ACS CAN opposes cuts that will increase the number of uninsured nationwide by severing the lifeline Medicaid provides for cancer patients and those at risk for cancer. It is imperative for cancer patients and millions more at risk that this valuable health insurance program be protected.”
- **[American Hospital Association](#)**: “On behalf of the hospitals, nurses, doctors and those who care for and serve the needs of the 72 million patients that rely on Medicaid, we urge you to consider the implications of hinging the budget reconciliation bill’s fate on removing health care access for millions of our nation’s patients. These are hardworking families, children, seniors, veterans, and disabled individuals who rely on essential health care services.”
- **[American Lung Association + 37 leading national patient advocacy organizations](#)**: “Our organizations strongly oppose the House budget resolution, which requires massive cuts that can only be achieved by decimating the Medicaid program. There is no way to make cuts of this magnitude without taking healthcare away from seniors, children, and people with disabilities and chronic health conditions.”
- **[Association of American Medical Colleges](#)**: “We remain extremely concerned that the budget resolution’s reconciliation instructions would result in unsustainable cuts to federal health programs, specifically Medicaid, by requiring at least \$880

billion in savings from the House Energy and Commerce Committee. Cuts of this magnitude would jeopardize both access to care for millions of Medicaid enrollees and the financial stability of providers who care for them.”

- **Association for Community Affiliated Plans:** “Cuts to Medicaid of the scope contemplated here would force states to restrict eligibility or reduce benefits, leaving families without access to preventive care and treatment – and sticking taxpayers with the bill for the subsequent, higher-intensity care that will inevitably be needed later on.”
- **Center on Budget and Policy Priorities:** “The House Republican budget passed today calls for massive cuts in health coverage, food assistance, and help paying for college, among some other areas, to pay for huge tax giveaways for wealthy households and businesses. This betrays President Trump’s campaign promises to protect families who struggle financially, as well as his specific pledge to not cut Medicaid, which provides health coverage for 72 million people.”
- **Children’s Hospital Association:** “The House budget resolution’s directive to the Energy and Commerce Committee to cut \$880 billion in spending will almost certainly lead to deep reductions in Medicaid funding for children who rely on the program and destabilize the financial viability of providers caring for them.”
- **Federation of American Hospitals:** “Key Republican lawmakers – recognizing that so many constituents rely on Medicaid for critical care – made it clear that their vote today was based on an understanding the final reconciliation bill would not include devastating Medicaid cuts or changes. That is gratifying – it’s important that these members came to the same conclusion the President did: Medicaid cuts are off the table.”
- **Georgetown University Center for Children and Families:** “The draconian Medicaid cuts under consideration largely involve severe cost shifts to states through per capita caps, reductions in federal support for the Medicaid expansion and other changes to federal Medicaid matching rates, and restrictions on state use of provider taxes, as well as proposals such as work reporting requirements that add onerous red tape that would substantially cut enrollment among millions of eligible people.”
- **Healthcare Leadership Council:** “Deep cuts to the Medicaid program could jeopardize this critical lifeline for our nation’s most vulnerable — including children, seniors, and people with disabilities. This is especially true in rural communities where provider shortages threaten the availability of medical services. As budget

legislation is considered, we urge Congress to protect Medicaid funding while pursuing targeted reforms that strengthen the program without compromising access to care.”

- **[National Alliance on Mental Illness](#)**: “The House took the first step in advancing a budget that, if enacted by Congress, would lead to drastic, harmful cuts to Medicaid. This is disappointing news for all Americans but especially people affected by mental health conditions. Medicaid is a lifeline to tens of millions of people who rely on this coverage to access mental health services. This budget resolution puts access to those services at risk, potentially harming the one in three people with mental illness who rely on Medicaid.”
- **[Protect Our Care](#)**: “Medicaid is an essential pillar of our health care system with over 70 million Americans currently covered through the program. The GOP budget slashes Medicaid and would have a devastating impact on the most vulnerable Americans, including low-income seniors, children, veterans, people with serious disabilities, and people who take care of their children or elderly parents.

The Modern Medicaid Alliance and its partners continues to [call on Congress](#) to block any Medicaid cuts or harmful policy proposals as part of the ongoing budget process.

To: California's Congressional Delegation

The California Association of Health Plans (CAHP) is a statewide trade association representing public and private health care plans that provide coverage to more than 26 million Californians including over 14 million enrolled in Medi-Cal managed care. We are writing today to emphasize the foundational importance of the Medi-Cal program to California's health care system and to urge you to support the program and maintain its stability.

California's Medi-Cal enrollees include women, children, the aged, blind and disabled, very low income and the homeless. They depend on the support of the federal government to keep this program stable and ensure that they receive critical health care.

California's health plans organize the health care delivery system through our contracts with thousands of health care providers and hospitals that span the entirety of the state. Health plans provide coverage to individuals, employers, CalPERS, Covered California, Medicare, and Medi-Cal. We have a firsthand view of the importance of Medi-Cal to our health care system because we provide coverage in all 58 counties, with over 230,000 employees, in 56 different California cities and towns..

Cuts to Medi-Cal could cause millions of Californians to lose access to care, destabilize rural hospitals and the state budget. As budget legislation is considered in Congress, Medicaid should be supported and strengthened, not undermined.

Medi-Cal is crucial to low-income people and working families. If their Medi-Cal coverage is disrupted, they will lose access to primary care and be unable to fill prescriptions, many of which are necessary to treat chronic illnesses. Without the necessary health care, many will end up in emergency rooms. This will increase the amount of uncompensated care, increasing the costs of care for everyone, and keep people out of work.

In addition, California's rural and underserved hospitals and clinics are already under financial distress due to existing government reimbursement rates. These hospitals and clinics serve a significant Medi-Cal population, and if they buckle under additional financial stress it will have a direct effect on the ability of Californians' access to health care in their community. Reductions in federal support will hit these communities hardest. The hospital closure in Madera is an example of what will happen in rural communities when funding is inadequate to pay for care.

The impact of an underfunded Medi-Cal program goes beyond just poorer access to health care. The Medi-Cal program spends \$188 Billion a year paying hospitals, clinics, and doctors to treat Medi-Cal patients. In fact, Medi-Cal funding supports a wide array of facilities across the state that generate well-paying jobs, economically benefiting local communities. Unfortunately, low Medi-Cal reimbursement rates for providers have led to shifting costs onto other insurance markets. This leads to increased premiums for Californians who purchase coverage through their employer or on their own. Reduced federal support will make things worse by further increasing premiums and reducing local jobs.

The Medi-Cal program is important to all Californians and its value extends to all our communities. We urge you to support the Medi-Cal program and to oppose proposals that would destabilize it.



# Medicaid Provider Taxes Protect Californians' Access to Care

Medicaid provider taxes are a cornerstone of the Medicaid financing structure.

Without federal revenue generated from these taxes, reimbursement for care provided to patients covered by Medicaid would be woefully insufficient and health care access would be at grave risk. For many hospitals, losing this revenue would mean closure of service lines; for others, it would threaten their viability altogether.

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**Cutting Medicaid means millions of Americans — regardless of what type of insurance they have — would lose access to their health care providers.**

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## Medicaid and California's hospital tax

- In California, Medicaid pays 80 cents for each dollar spent on care; without the additional payments from the hospital tax, reimbursement would drop to just 70 cents on the dollar.
- The **federal Medicaid statute expressly authorizes provider taxes** as permissible sources of funding the nonfederal share of program expenditures, in recognition of finite state revenue sources.
- State Medicaid agencies work closely with CMS to ensure provider taxes comply with all federal requirements and CMS must approve every program year after year. California's hospital tax program has been approved for more than 10 years.
- Forty-five states rely on a form of a hospital tax. California's hospital tax program is broadly similar to states such as Indiana, Tennessee, West Virginia, Georgia, and Nebraska.
- Approximately one-third of Californians are covered by Medicaid — nearly 15 million people. Without the hospital field's ability to self-finance additional payments via the hospital tax, some 150 hospitals in California would lose money — greatly increasing the risk of service line and facility closures.
- Hospitals pay provider taxes to the state before receiving any federal funds to care for patients. This is increasingly difficult to do with more than half of hospitals in California currently losing money.

## FAST FACTS ABOUT MEDICAID PROVIDER TAXES

- They are part of 49 state Medicaid programs.
- They are rigorously reviewed by the Centers for Medicare & Medicaid Services (CMS).
- They are vital to ensuring access to health care services.
- They are a financial pillar for urban and rural safety net providers.



## Modern Medicaid Alliance Statement on House Budget Resolution

February 26, 2025

**Washington, D.C.** – The Modern Medicaid Alliance issued the following statement:

“The latest House vote breaks a vital promise to more than 70 million Americans who depend on the Medicaid program and now face the potential for unprecedented, destabilizing cuts to their coverage and access to care. The full extent of cuts being considered go far beyond addressing ‘waste, fraud and abuse’ and would undermine Medicaid coverage for those who depend on it. Already, Senators are issuing stark warnings about the impact of Medicaid cuts on the stability of their communities, state budgets, hospitals and providers. We urge members of the House and Senate to block any Medicaid cuts or harmful policy proposals as part of the ongoing budget process.”

### Opposition to Medicaid Cuts Grows

**Politico (Feb. 24):** “Some Senate Republicans have begun pushing back against major cuts to Medicaid. Sen. **Josh Hawley** of Missouri, where more than 21 percent of the population is enrolled in Medicaid, **told HuffPost he doesn’t support massive cuts** to the program that House Republican leaders are weighing. Hawley joined Sen. **Susan Collins** (R-Maine) in the early hours of Friday morning in backing a Democratic amendment to the **Senate budget resolution** that would prevent tax cuts for the wealthy if any Medicaid funding is cut.”

**HuffPost (Feb. 22):** “‘Large cuts to Medicaid would hurt a lot of people in my state — and we voted overwhelmingly for President Trump,’ Sen. Shelley Moore Capito (R-W.Va.) said in an interview...”

**Axios (Jan. 22):** “Sen. Lisa Murkowski (R-Alaska), a key moderate vote who is not up for reelection, expressed the most concern about cuts. ‘I come from a state where Medicaid expansion has been really, really very key, so if it’s going to be part of reconciliation, [it’s something] I would be looking very critically at,’ she said.”



## Modern Medicaid Alliance Statement on Budget Reconciliation Process

February 24, 2025

Washington, D.C. – The Modern Medicaid Alliance issued the following statement:

“A strong, healthy American economy depends on strong, healthy American families. With over 70 million children, seniors and hardworking families relying on Medicaid for their health and well-being, it is critical Congress listens to [state and local government officials, faith leaders, health care providers and hardworking Americans](#) and blocks proposed cuts to the program. As organizations representing and caring for the millions of Americans who receive coverage and benefits through Medicaid, we know firsthand how the current level of cuts being considered by Congress would impact their care – they will cause Americans to lose coverage, reduce health access and increase costs. We oppose any cuts or harmful policy changes to Americans’ Medicaid benefits as part of the budget reconciliation process, and call on Congressional leaders to reverse course and protect the program moving forward.”

### Protecting Medicaid Is A Priority

- [President Trump \(Jan. 31\)](#): “We’ll love and cherish Social Security, Medicare, and Medicaid. We’re not going to do anything with that...The people won’t be affected.”
- [Rep. Rob Bresnahan Jr \(R-PA\) \(Feb. 14\)](#): “I ran for Congress under a promise of always doing what is best for the people of Northeastern Pennsylvania. If a bill is put in front of me that guts the benefits my neighbors rely on, I will not vote for it.”
- [President Trump \(Feb. 18\)](#): “Medicare, Medicaid – none of that stuff is going to be touched.”
- [Reps. Tony Gonzales \(Texas\), Monica De La Cruz \(Texas\), David Valadao \(Calif.\), Juan Ciscomani \(Ariz.\) Rob Bresnahan \(Pa.\), Nicole Malliotakis \(N.Y.\), along with Dels. James Moylan of Guam and Kimberlyn King-Hinds of Northern Mariana Islands \(Feb. 19\)](#): “The House Budget Resolution proposed \$800 billion in cuts to programs under the House Committee on Energy and Commerce, with Medicaid expected to bear the brunt of these reductions. Nearly 30% of Medicaid enrollees are Hispanic Americans, and for many families across the country, Medicaid is their only access to healthcare. Slashing Medicaid would have serious consequences, particularly in

rural and predominantly Hispanic communities where hospitals and nursing homes are already struggling to keep their doors open. Moreover, the possibility of cutting Medicaid Disproportionate Share Hospital (DSH) funding threatens hospitals that serve low-income and uninsured patients.”

- [Rep. Nicole Malliotakis \(N.Y.\) \(Feb. 19\)](#): “I appreciate the president’s comments on Hannity last night reaffirming his commitment to not cut Social Security, Medicare and Medicaid, but I still need some clarity from my colleagues in the House on how we’re gonna get to the numbers mandated in the resolution without cutting Medicaid in a way that it impacts beneficiaries or my hospitals.”
- [U.S. Conference of Mayors, National Conference of State Legislatures, etc. \(Feb. 19\)](#): “Medicaid accounts for over half of all federal funds to states and is the largest source of federal funding for state budgets, making it essential to states’ ability to design and administer healthcare programs that meet the unique needs of their populations. Preserving state flexibility and preventing significant funding cuts are both critical to ensuring Medicaid can be tailored to local priorities, as such cuts would severely limit this ability, forcing states to reduce services, restrict eligibility, or shift costs to local governments. These reductions would jeopardize access to affordable healthcare and long-term services and place an unsustainable financial burden on states and counties, which often serve as payers of last resort.”



Modern Medicaid  
ALLIANCE

## **Modern Medicaid Alliance Statement on Proposed House Budget Resolution**

February 12, 2025

**Washington, D.C.** – Following the [release of the proposed](#) House Budget Resolution, the Modern Medicaid Alliance issued the following statement:

“Stable Medicaid funding is essential for the health and well-being of over 70 million Americans and the stability of local providers who care for them. [Cuts to Medicaid](#) would cause millions of Americans to lose access to care, destabilize rural hospitals and wreak havoc on state budgets. With seniors, veterans, and nearly half of our nation’s children depending on Medicaid, President Trump was right in promising to ‘[love and cherish](#)’ the Medicaid program. As budget legislation is considered, Medicaid should be supported and strengthened, not undermined with cuts and loss of coverage.”

## Provider Taxes Are Essential for State Budgets, Patients' Access to Care

Medicaid provides vital health care services to over 70 million Americans, including children, seniors and hardworking families.<sup>1</sup> As a joint federal-state program, states rely on taxes to help finance their share of Medicaid funding. By establishing a provider tax structure across hospitals, nursing homes and other providers, states can maintain stable and sustainable funding for Medicaid coverage and benefits without having to increase taxes on consumers through increased property, sales or income taxes. As a result, states have a consistent and stable source of Medicaid funding that can be independent from federal funding to the program.<sup>2</sup>

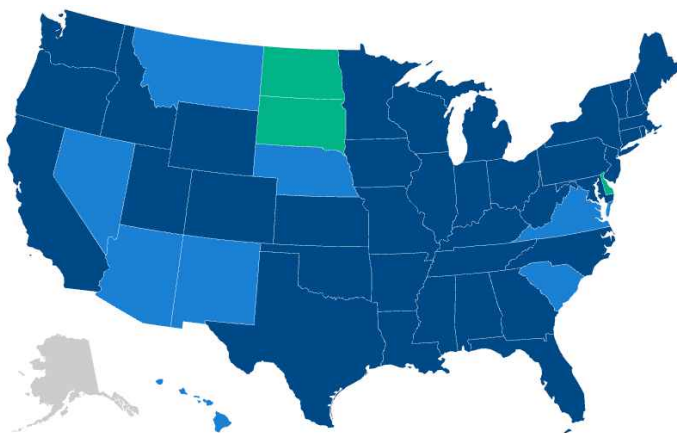
Congress must maintain stable Medicaid funding for the millions of Americans, including seniors, veterans, and children who rely on the program. Maintaining a consistent approach to provider taxes, which have been supported on a bipartisan basis, will ensure hardworking Americans and families have access to the health care they need.

### Key Facts on Provider Taxes

**Provider taxes give states critical financial flexibility to maintain Medicaid while also mitigating direct costs to taxpayers.**

- Provider taxes have been used by states to help finance Medicaid since the inception of the program. These taxes support a wide range of essential health care services covered by Medicaid, including psychiatric support to emergency care to pregnancy and postpartum services.<sup>3</sup>
- 49 states and the District of Columbia utilize at least one provider tax to help fund their Medicaid program (see Figure 1).
  - States can tax providers, such as hospitals, nursing homes and other care specialists, up to 6% of net patient revenues. 37 states and the District of Columbia have at least one provider tax over 5.5% (see Figure 2). These taxes have been implemented on a bipartisan basis in both Democrat- and Republican-led states.

Figure 1: Number of Provider Taxes Per State (All states but Alaska Had at Least One in SFY 2024)<sup>4</sup>



3+ Provider Taxes/Fees (39 states including DC)  
 2 Provider Taxes/Fees (8 states)  
 1 Provider Tax/Fee (3 states)  
 No Provider Taxes/Fees (1 state)

Note: SFY = state fiscal year. Includes Medicaid provider taxes as reported by states; refer to source for additional information about types of provider taxes in place. FL did not respond to the 2024 survey; publicly available data used to verify taxes in place.

Source: Annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2024

KFF

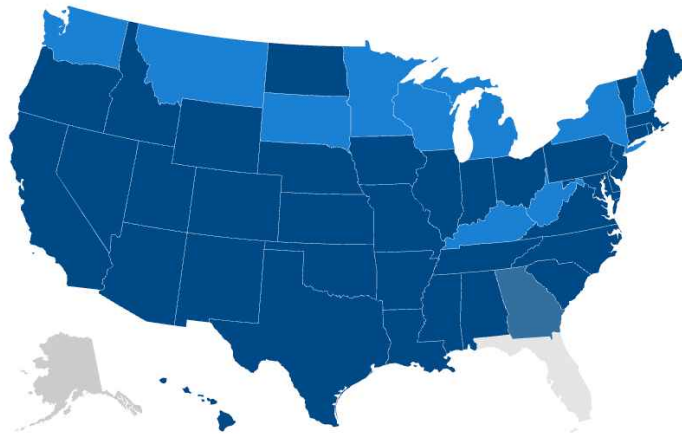
<sup>1</sup> ["October 2024 Medicaid & CHIP Enrollment Data Highlights"](#), Medicaid.gov (October 2024)

<sup>2</sup> ["Provider Taxes Ensure Patient Access to Care"](#), Federation of American Hospitals (March 2025)

<sup>3</sup> ["Medicaid Provider Taxes: A Critical Source of Medicaid Funding for States"](#), Georgetown Center for Children and Families (February 2025)<sup>86</sup>

<sup>4</sup> ["Medicaid Financing: The Basics"](#), KFF (January 2025)

Figure 2: Percentage Level of Provider Tax Per State (Majority Have at Least One Over 5.5%, Close to Cap of 6%)<sup>5</sup>



At Least 1 Provider Tax/Fee Over 5.5% (38 states including DC)  
 At Least 1 Provider Tax/Fee Over 3.5% But None Over 5.5% (10 states)  
 (48 states including DC with at least 1 provider tax/fee over 3.5%)  
 No Provider Taxes/Fees Over 3.5% (1 state)  
 No Provider Taxes/Fees (1 state)  
 No Response (1 state)

Note: SFY = state fiscal year. Includes Medicaid provider taxes as reported by states; refer to source for additional information about types of provider taxes in place. FL did not respond to the 2024 survey; publicly available data used to verify taxes in place.

Source: Annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2024



### Provider taxes are subject to rigorous oversight and regulation.

- The federal government uses an open and transparent process for developing provider taxes that involves the Centers for Medicare and Medicaid Services (CMS), state legislatures and governors.<sup>6</sup>
- Federal legislation also subjects provider taxes to extensive regulations and reporting requirements, requiring the tax to be broad-based and uniform across providers. Additionally, these taxes cannot hold providers who are paying the tax harmless, preventing any direct kickback measures.<sup>7</sup>

### Reducing or cutting provider taxes entirely would be especially harmful to patients, including seniors, parents and children.

- Medicaid is the primary payor for over 60% of nursing home residents and covers half of all births in the U.S.<sup>8,9</sup> In the absence of provider taxes, fewer providers will likely be able to participate in the Medicaid program, creating an access crisis across multiple states and rural communities on our most pressing health care issues.
- Eliminating or reducing provider taxes would create significant financial gaps for states, ultimately leading to destabilized budgets, reductions in provider services and loss of coverage for patients.<sup>10</sup>

### Congress must block any potential changes to provider taxes to safeguard the stability of states' health care infrastructure and access to care for millions of patients.

<sup>5</sup> Ibid.

<sup>6</sup> Sections 202 & 203 of the Consolidated Appropriations Act of 2021

<sup>7</sup> "Medicaid Provider Taxes: A Critical Source of Medicaid Funding for States," Georgetown Center for Children and Families (February 2025)

<sup>8</sup> "Access to Care Report," AHCA (August 2024)

<sup>9</sup> "Characteristics of Mothers by Source of Payment for the Delivery," NCHS Data Brief (May 25, 2023)

<sup>10</sup> "Provider Taxes Ensure Patient Access to Care," Federation of American Hospitals (March 2025)





February 24, 2025

TO: Members of the California Congressional Delegation  
RE: Protect Access to Care and Oppose Medicaid Cuts

On behalf of the undersigned organizations and the 15 million Medi-Cal (California's Medicaid program) patients we serve, we urge you to reject the severe proposed Medicaid funding cuts that would harm the care that is delivered to all Californians, not just those on Medicaid.

California's Medi-Cal program is among the most efficient and cost effective in the nation, thanks in part to the critical role of local Medi-Cal managed care plans. Adjusted for cost of living, California ranks 14th lowest in per-enrollee Medicaid spending nationwide.

Ultimately, the proposed Medicaid cuts amount to an added tax burden on all Californians, as newly uninsured patients are forced to forgo vital preventive care and instead end up in hospital emergency departments with more costly, difficult-to-treat conditions — leading to higher health care costs for everyone.

In particular, the health care of our patients – children, pregnant women, seniors, disabled individuals, veterans, and low-income working families who cannot afford insurance or are not offered it by employers will be directly impacted. Additionally, having a regular source of care that includes preventive care and treatment for chronic conditions plays an important role in family stability and productivity. Medicaid provides essential health care services, and it must be protected. Medicaid is particularly important in rural areas, where 50% of Californians would lack health care coverage without it.

With nearly 40% of Californians enrolled in Medi-Cal, California voters have made clear that we need to protect this health care coverage, and increase funding, not tear it down. In November 2024, voters overwhelmingly supported increased funding for Medi-Cal, through Proposition 35, the Protect Access to Health Care Act, which passed with 68% of the vote and strong bipartisan support.

Three-fourths of Americans have favorable views of Medicaid, including a majority of Republicans, Independents, and Democrats and a recent Hart Poll shows two-thirds of Trump voters believe Medicaid is an important source of health coverage for people who could not otherwise afford healthcare.

The proposals to reduce federal Medicaid matching funds, establish per capita caps that end the guarantee of Medicaid, and eliminate managed care organization and provider levies—



which are dedicated to health care in California—disproportionately harm California’s rural and at-risk communities that rely on Medicaid. These significant cuts would shift the health care burden to physicians and other healthcare providers, may result in the closure of more hospitals and their services, along with physician/healthcare provider practices, strain community health centers that care for one third of all Medi-Cal enrollees in our state and make it more difficult for us to care for Medi-Cal patients and those who lose coverage.

California’s healthcare system serves everyone. Medi-Cal, 15 million people enrolled, is a critical funding source and critical to the health and well-being of your constituents. It protects our most vulnerable by providing essential services to half of California’s children. It ensures vital access to primary and preventive care, improving health outcomes and reducing overall costs by keeping people out of emergency rooms.

Medicaid cuts will hurt California disproportionately. A vote to strip funding away from California is a vote against what California voters supported when they passed Proposition 35. We urge you to protect your constituents by rejecting Medicaid cuts that threaten patient care, coverage, and California provider viability. Please protect our Medicaid program.

**February 2025  
Grants & Sponsorships Report  
April 2025 Board of Governors Meeting**

#	Organization Name	Project Description	Focus Area	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cumulative Total
1	Los Angeles Area Chamber of Commerce	2025 Inaugural Dinner: This sponsorship supports the LA Chamber of Commerce gala, which is the region's premier business gathering bringing together over 1,000 of the region's most influential leaders.	Income Security	2/7/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
2	Greater Los Angeles Zoo Association	Springtime at the L.A. Zoo 2025: This sponsorship supports the education of individuals, children and families on animals, nutrition, and nature at the LA Zoo. This educational series is open to all residents of LA County and beyond, and the Sales Dept will manage a booth.	Early Childhood Education	2/13/2025	Sponsorship	\$ -	\$ 20,000	\$ 20,000
3	Resilient Agency	Community Food and Resource Distribution Programming: This sponsorship supports five months of weekly food and resource distributions across LA County.	Food Security	2/13/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
4	Autism Future	Reel Opportunities: A Gala for Autism and Film: This sponsorship supports promoting a deeper understanding, acceptance, and the full potential of each individual with autism by empowering families.	Access to Health Care	2/13/2025	Sponsorship	\$ -	\$ 2,500	\$ 2,500
5	Community Clinic Association of Los Angeles County	2025 Annual Health Care Symposium: This sponsorship supports an annual conference that creates a forum to share valuable knowledge and resources for the provision of quality health care for all SPAs in Los Angeles County.	Access to Health Care	2/13/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
6	It's Bigger Than Us	Fire Disaster Relief Efforts: This sponsorship is part of L.A. Cares fire relief efforts to support on the ground needs to impacted areas including distribution of food and necessities.	Food Security	2/13/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
7	South LA Cafe Community Foundation	Fire Relief Donation & Distribution Efforts: This sponsorship supports the fire relief efforts by distributing food, water, and essential items.	Food Security	2/13/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
8	Peggy Beatrice Foundation	Serve-A-Soul Homeless Feeding Event: This sponsorship supports a food, clothing, and blanket drive for unhoused individuals on Skid Row.	Food Security	2/13/2025	Sponsorship	\$ -	\$ 5,000	\$ 5,000
10	LA Family Housing	LAFH Awards 2025: This sponsorship supports a gala and fundraiser for a nonprofit that helps people transition out of homelessness and poverty through a continuum of housing enriched with supportive services in SPA 2, and throughout LA County.	Housing Security	2/13/2025	Sponsorship	\$ -	\$ 10,000	\$ 10,000
11	Health Consortium of Greater San Gabriel Valley, a program of Public Health Foundation Enterprises, Inc DBA Heluna Health	San Gabriel Valley Health Summit: This sponsorship supports a summit which will gather approximately 125 health, behavioral health, and social care professionals, including direct service providers, program staff, and directors/managers from clinics, hospitals, and community-based organizations as well as students, academics, and representatives from foundations and public agencies whose work aligns with the Health Consortium's mission in the San Gabriel Valley SPA 3.	Access to Health Care	2/13/2025	Sponsorship	\$ -	\$ 5,000	\$ 5,000
12	Charles R. Drew University of Medicine and Science	10th Annual President's Breakfast: This sponsorship supports Charles Drew University's effort to increase access to healthcare and diverse medical professionals for Angelenos.	Access to Health Care	2/13/2025	Sponsorship	\$ -	\$ 50,000	\$ 50,000
13	Habitat for Humanity of Greater Los Angeles	ReBUILD LA -- Wildfire Emergency Response: This sponsorship supports the LA Fire survivors with housing resources and cash assistance.	Housing Security	2/13/2025	Sponsorship	\$ -	\$ 5,000	\$ 5,000
<b>Total of grants and sponsorships approved in February 2025</b>						<b>\$ -</b>	<b>\$ 147,500</b>	<b>\$ 147,500</b>

No grants were approved in February.

**CHIEF  
MEDICAL  
OFFICER'S  
REPORT**



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

**For All of L.A.**

CMO Report: March 2025

# Health Services Division Update

Medical Management  
Community Health  
Pharmacy  
Quality Improvement

**Sameer Amin, MD**  
Chief Medical Officer

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## Medical Management

### Enhanced Care Management (ECM)

#### Enrollment

L.A. Care is working toward enrolling 30,000 members in ECM, or 1% of total Medi-Cal membership, per DHCS requirements. Initial Q4 2024 data shows 14,821 members enrolled with L.A. Care and 20,440 total with Plan Partners—a 34% increase from Q4 2023. This growth was driven primarily by L.A. Care’s enrollment push, which included new incentive payments and improved referral processes, such as granting all ECM providers presumptive authorization and allowing retro enrollment for up to 30 days.

#### Contracting and Network

L.A. Care’s ECM network now includes 88 contracted providers and 17 justice-involved providers. Interest in joining the network has increased, with over 70 current Letters of Interest, particularly from CBOs and for-profit organizations.

Given that the current network meets overall capacity, our focus is on maintaining strong oversight through monthly audits and prioritizing new contracts only with providers that can fill specific network gaps. Moving forward, we will prioritize providers with expertise in Justice-Involved, Birth Equity, or Child Welfare populations. While further growth is expected in 2025, new contracts later this year will focus on addressing these priority areas.

#### Audit and Oversight

Our ECM Monitoring and Oversight Program launched in Q3, during which we audited 30 ECM providers and reviewed over 80 member cases.

- **Key Findings:** Since this was our first audit, we uncovered areas for improvement:
  - Inconsistent or incomplete documentation by providers.
  - Gaps in the development of care plans.
  - Issues with timely and accurate Transitions of Care (TCS) interventions
- Performance Highlights:
  - Highest Performing Area: Enhanced Care Coordination ranked the highest in our audit.
  - Lowest Performing Area: TCS interventions ranked the lowest.
- Next Steps - Gap Closure Plans: We will provide all providers with a Gap Closure Plan to track progress on addressing the identified issues.
- Expanded Audits: In the next quarter, we plan to expand the audit to include more providers.

## Care Management for Dual Eligible Special Needs Plans (D-SNP)

### Case Volumes

The DSNP Care Management (CM) team continues to see a growing number of members assigned to high-risk and complex care management. This increase is largely driven by a successful Annual Enrollment Period and overall growth in D-SNP enrollment. As of February 2025, a total of 1,298 members were assigned, representing approximately 5.19% of the entire DSNP membership.

## Care Management for MCLA Members

- In February 2025, the LAC CM team generated 546 MCLA CM cases and initiated outreach to offer care management support to members. Overall, 1,706 MCLA CM cases remained active, with members either engaged in the program or in ongoing outreach efforts.
- For Transitional Care Services (TCS), the LAC team maintained a steady volume of high-risk TCS cases throughout the month. A total of 4,133 high-risk TCS cases were open in February, including 1,558 newly created cases. Low-risk TCS members continued receiving letters informing them about available transitional care support, and 14 members contacted the TCS member line to request services.

## Utilization Management

### Timeliness of UM Decisions and Notifications

The UM department has continued operational excellence from July 2024 through January of this year, with all quantitative compliance measures for timeliness of decisions and notifications consistently exceeding 95% across multiple lines of business, including MCLA, LACC, PASC, and D-SNP. The department's success in these areas highlights its strong adherence to regulatory requirements and its effectiveness in delivering timely care decisions to members.

### Operational System Transition

L.A Care is currently transitioning the program utilized to process authorization requests from Syntranet to QNXT. The move to QNXT began on March 7<sup>th</sup>, 2025. The UM team has been working with our IT, configuration, and associated departments extensively over the past year to ensure a smooth transition. This program is used across multiple areas including UM, MLTSS, Behavioral Health, Community Health Services, and Claims. A multi-faceted training for all departments commenced on September 30<sup>th</sup>, which was successfully completed by the end of November. Approximately 350 users over multiple areas of LAC attended this series

of educational sessions. UM continues to provide education as needed to all areas affected by the Syntranet to QNXT transition.

### **Provider Portal Soft Launch**

Beginning in February, the new Provider Portal went live for two of our high volume providers, Call the Car and Western Drug. These providers are entering authorization requests on the portal, which are then processed by our UM team. The feedback received from both groups has been very positive, leading to smoother processes and greater communication. In March, additional providers have been added, and eventually, the portal will be rolled out to all providers.

### **Prior Authorization Requirement Updates**

On July 25, 2024, the UM team launched an updated prior authorization matrix, reducing the number of procedure codes requiring prior authorization by 24%. This exciting implementation supports the goal of reducing administrative burden on providers allowing focus on patient care and expediting hospital discharges for our members. The new process also includes fax notifications to providers for codes that do not require prior authorization, replacing approval letters. Since the "No Authorization Required" implementation, authorization volume has decreased by 57% based on a comparison of average monthly volume from January to July (pre-implementation) with August through December (post-implementation). UM is working collaboratively with the provider network team to address high-volume providers submitting unnecessary requests, aiming for further reductions.

## **Managed Long Term Services and Supports (MLTSS)**

### **CalAIM & Community Supports (CS)**

Efforts to increase referrals and enrollment in all MLTSS CS-administered programs continue. Services are promoted in various provider forums as well as through internal education and training for cross-functional teams across the organization. Referrals to Personal Care and Homemaking Services have seen a significant increase, averaging 216 per month since October 2024, compared to an average of 146 per month in the previous fiscal year. Referrals to Respite Care and Environmental Accessibility Adaptations also continue to rise, with a current authorization rate of 77%, an increase since the last report.

Nursing Facility Transition and Diversion to Assisted Living Facility (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. Currently, three providers are contracted, with more to be added during the scheduled "Letter of Interest" process later in the year. Referrals for both programs have steadily increased, originating from hospitals, skilled nursing facilities, and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). To



date, the average number of referrals is 66, an increase from 27 in the last report, with an authorization rate of 84%. Trends and outcomes will continue to be monitored and reported.

### **CalAIM & Benefits Standardization**

Since January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care became a Medi-Cal Managed Care covered service. Contracting efforts are ongoing with nearly 200 facilities throughout the county, most of which are new to managed care. As of February 2025, the ICF-DD census is at 310.

## **Community Health**

### **Community Supports (CS) Operations & Reporting**

#### **CS Provider Network**

Providers are in various stages of the contracting process for CS services. Certification Applications for the July 2025 contracting cycles is in progress, with additional cohorts of providers at early stages of contracting to support field-based housing navigation services.

### **Housing Initiatives**

#### **Housing Community Supports: Housing Navigation (HN), Tenancy Sustaining Services (TSS) and Housing Deposits (HD).**

#### **Financial Restructure Planning**

- HN/TSS transition from a preemptive monthly capitation structure to 2 claims per month (paid at half the cap rate each) is complete.
- HD transition from having administration cots included in monthly capitation to being added as a cost line item on HD requests is complete.
  - HHIP Unit Acquisition investment with County CEO - HI has resulted in 1,751 units currently contracted. Of these units 1247 are occupiable.
  - L.A. Care participated regularly in Inside Safe, Pathway Home, and Tiny Home events to connect members to health plan resources and assist with program referrals.

## Field and Street Medicine: Launch and Operations

- Capacity-building grants for new Field Medicine teams are fully executed for 5 of the 9 providers. 2 contracts are pending signature, and 2 are pending budget revisions.
- Measurement Period 1 of the Field Medicine Performance Incentive program concluded on December 31st, 2024. Adjudication is in progress.
- Contracting for non-contracted Field Medicine providers is in progress
- Convened a Field Medicine Steering Committee and associated subcommittees to work on internal processes that need to be altered or created.
- RFP for MacArthur Park Field Medicine team released in February, applications due on 3/14
- Work continues with newly established Emergency Centralized Response Center (ECRC) regarding the role Field Medicine providers will play with other City and County organizations.

## Pharmacy

### Pharmacy Star Rating

Pharmacy had an overall increase in Star Rating in Measurement Year (MY) 2024, from 3.46 in MY2023 to 3.54 in MY2024. Preliminary CY2024 results show a 1-2% increase in all three adherence Star measures (ENTER HERE) compared to CY2024. Based on projected cut points, we have achieved 4 stars in the diabetes medication adherence measure and 3 stars in both the hypertension and cholesterol measures.

### Medication Adherence Programs

#### Comprehensive Adherence Solutions Program (CASP)

To further enhance member experience, the Pharmacy team recently launched a new welcome call campaign for incoming members who are new to our DSNP plan starting 1/2025. This initiative educated members on health plan pharmacy benefits and resources, assisting them in getting started with our DSNP plan. As an immediate pivot after this campaign, we are now focusing on the "First-Fill Campaign" to bridge gaps between initial and subsequent medication fills, ensuring early inclusion and timely interventions for members at risk of non-adherence. As part of our ongoing efforts to enhance member

support, we have integrated predictively analytics risk scores with the Advanced Analytics Lab (AAL) to identify member who may benefit from additional high-touch support.

### **Pharmaco-Adherence Mailers**

Based on recent member feedback from the Enrollee Advisory Committees (EAC), the adherence mailers were revised. Our adherence team will always call the members as a first-line intervention. If we are unable to reach them, we will then send a mailer to follow up. The mailer includes a request for members to verify their phone numbers, helping us ensure we have the correct contact information for future outreach.

### **Pharmaco-Adherence Postcards**

Pharmacy has designed a magnetic postcard to inform members about their pharmacy benefits. The postcard will be sent independently and as part of the Welcome Kit for 2026 enrollees and serves as a daily reminder for members to contact their Pharmacy team at L.A. Care with any questions or issues related to their prescription benefits or medications. Distribution was set to begin by end of Q1 2025.

## **Statin Use in Persons with Diabetes (SUPD) and Statin Therapy for Patients with Cardiovascular Disease (SPC)**

### **Timely Member Identification for SPC Measure**

L.A. Care Pharmacy utilized multiple internal sources to enhance the timely identification of members qualifying for the SPC measure. Identifying these members before the year's end is essential to facilitate interventions. These sources included the Health Information Management (HIM) team, Impact Intelligence, Optum Impact Pro, and cardiovascular-related inpatient admission data. 224 members eligible for possible intervention were identified in 2024 amongst all sources. Pharmacy also submitted an intake request to the Advanced Analytics Lab (AAL) team to develop a predictive model to identify members likely to qualify for the SPC measure. The model is expected to be completed in mid-2025.

### **Medication Therapy Management (MTM) Program**

CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR).

- L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 92% completion rate of eligible members in 2024. This is a significant improvement from 2023 at 87%.

- Starting in 2025, the MTM measure will be on display for at least two years due to major changes in the program eligibility criteria. During this time, the program will still be active with expanded eligibility criteria. The updated program criteria are reflected on our website.

## Additional Pharmacy Programs

### **Transitions of Care (TRC) - Medication Reconciliation Post-Discharge (MRP)**

Pharmacy completed 457 reviews in 2024 in collaboration with Care Management's Transitional Care Services Program for MCLA. Pharmacy has also developed a workflow with Quality Improvement Stars team to complete 200 reviews for DSNP members in MY2024. The Clinical CareAdvance (CCA) platform is being utilized to upload medication reviews and extract data for HEDIS ingestion for both MRP and COA to boost Star ratings. Additionally, a new workflow was implemented in January to conduct outreach and offer medication reviews for CMR-eligible MRP members. The goal of this workflow is to enhance care coordination and ensure members are fully informed of any medication changes that may have occurred following discharge.

### **Community Resource Center (CRC) Vaccine Clinics:**

Pharmacy is working in collaboration with the USC Alfred E. Mann School of Pharmacy and L.A. Care CRCs to establish recurring medication review "brown bag" events. This event is open to all community members at no cost. USC pharmacists, residents, and interns will conduct medication reviews and provide health information, with particular focus on respiratory health due to the recent L.A. fires. The first event is scheduled for Wednesday, March 19th, at the Inglewood CRC with plans to expand to additional CRCs and include health screenings at future events.

## Quality Improvement

### Health Education, Cultural, and Linguistic Services (HECLS)

#### Meals as Medicine Program

The Meals as Medicine (MAM) program concluded 2024 with 7,106 service requests and 4,936 approvals. MAM meal providers stepped up to address member needs during the wildfires, potentially impacting meal deliveries.

#### Medi-Cal Doula Hub

Health Education partnered with the Community Health team to present the Medi-Cal Doula Services Benefits program to 173 Community Supports providers on January 24th, 2025. The presentation covered "What is a Doula's Role," "Benefit Guidelines," "Connecting Members to Services," and "L.A. Care Maternal Health Programs Overview."

#### Language Assistance Program

- L.A. Care released a Language Services RFP in late 2024. The next few months will focus on vendor selection and contract negotiations. The new contracts/vendor services will go live in 2026.
- In FY 2023-2024, there was a 25% increase in face-to-face (in-person) interpreting requests, with medical appointments accounting for 97% of requests and administrative requests accounting for 3%. The top three requested languages for medical appointments were Spanish, American Sign Language, and Thai, while the top three languages for telephonic interpretation were Spanish, Mandarin, and Armenian.

#### Fight the Flu and COVID-19 Campaigns

- A total of 90.5% of members (n=226,426) outreached to for the texting campaign, successfully enrolled. As of January 2025, the texting campaign has concluded, and the vendor will provide a detailed analysis in the coming months for the 2024 campaign, including information on COVID-19 vaccines.
- The seven CRC vaccine events were well attended, as evidenced by the data below reporting participation by LAC members.
- 850 flu shots were given with 29.3% to LAC members (n=249).
- 429 Covid vaccines were administered, with 24.4% to LAC members (n=105).
- A social media campaign with flu and COVID-19 messages on Instagram and Facebook is running.
- A total of 21,380 messages have been sent to members with an active account in the MyHIM wellness portal since the initiative's launch in September.

- Fax blasts were sent to providers in December 2024 to remind their patients to get flu and COVID-19 shots.

## QI Initiatives

### Regulatory Updates

- Plan Partner 2024 Annual Audits are currently underway. Carelon and Blue Shield Promise Audits have been completed. Anthem Blue Cross CAP response with validation is due on 2/15/2025.
- The Clinical Initiatives team submitted CY (Cycle Year) 2026 Model of Care (MOC) for the Medicare product line. The report contains key performance metrics and activities to support clinical initiatives and establish benchmarks and goals for each measure.

### Interventions by HEDIS Measure

- Three Quality Health Partners (QHP) mobile health events at Community Resource Centers (CRC) are being scheduled for March-April 2025. Events will include outreach to Manage Care L.A. Care (MCLA) W30 members. First mobile event will be held at the Wilmington Community Resource Center (CRC) on Wednesday 3/5 from 2-7pm.
- Childhood Immunization Status: Combination Ten (CIS-10)
- A new Vaccine Journey Text Messaging campaign is being planned for 2025. Campaign will focus on addressing hesitancy and misinformation.
- MCLA and LACC Pediatric Flu Vaccine Member Incentives are expected to be relaunched in February. Robocalls and member letters launched in late February.
- A new at-home provider partner, DocGo, is working on closing gaps for vaccines and well care measures for MY 2025.
- Cervical Cancer Member Incentive for Los Angeles County Department of Health Services (DHS) members only will deploy in 2025. The program was approved by DHCS in January 2025.
- The MY 2024 Blood Lead Attestation, to ensure that PPGs downstream blood lead testing and documentation requirements, has been sent out to PPGs. Currently, only 3 PPGs out of 28 are outstanding. Due to the fires, L.A. Care has decided to postpone sending out a Notice of Non-Compliance.

### Member Experience

- The Spring 2025 Patient Experience Training webinar series Enhancing the Clinical Experience for All will be launching in March and run through May.
- The SullivanLuallin Group is currently providing shadow coaching to a provider at Olive View UCLA. The team is working on promoting the shadow coaching program for 2025.

## Provider Quality Review (PQR)

### Processing Timeliness

Our current performance for FY 2024/2025 is 99.95% timely processing of Potential Quality of Care Issue (PQI) investigation from when the team receives a case to closure within six months.

### QR Engagement with PPGs to Improve Care

PQR is sharing PQI findings and trended data for selected PPGs to better understand each PPG's needs through joint data review and analysis. Collaborative efforts will help develop comprehensive PPG engagement sessions, enhancing communication and addressing specific needs to improve care.

### PQR Collaboration with A&G

A&G, Medical Management, and PQR teams have started the year to re-evaluate and refine the A&G PQI referral process. Key stakeholders in each business unit continue to collaborate on:

- Refining clinical staff's understanding of Quality of Care (QOC) and Quality of Service criteria and workflows
- Refining data reporting for trend analysis
- Continued monthly audit oversight of all non-referred cases to identify potential missed PQI opportunities
- Engaging in collaborative discussions between clinical leadership to review and provide feedback on monthly audit oversight findings and identify any potential gaps
- Continuing collaborative discussions on workflow process improvement and training needs to improve consistency in identifying PQIs
- PQR continues to monitor quality-of-care grievances and conduct monthly audit oversight with non-referred cases to capture all necessary PQIs. In Q4 2024, 90 grievances were reviewed, of which 18 were found to have potential quality-of-care concerns. We will continue collaborative discussions to ensure referrals for any identified cases.

### PQR Collaboration with Credentialing/Peer Review Committee(C/PRC)

PQR continues to partner with C/PRC to review trending provider issues, identify opportunities for PQI-focused reviews, and report adverse events to the committee.

### PQR System Platform, Kaizen

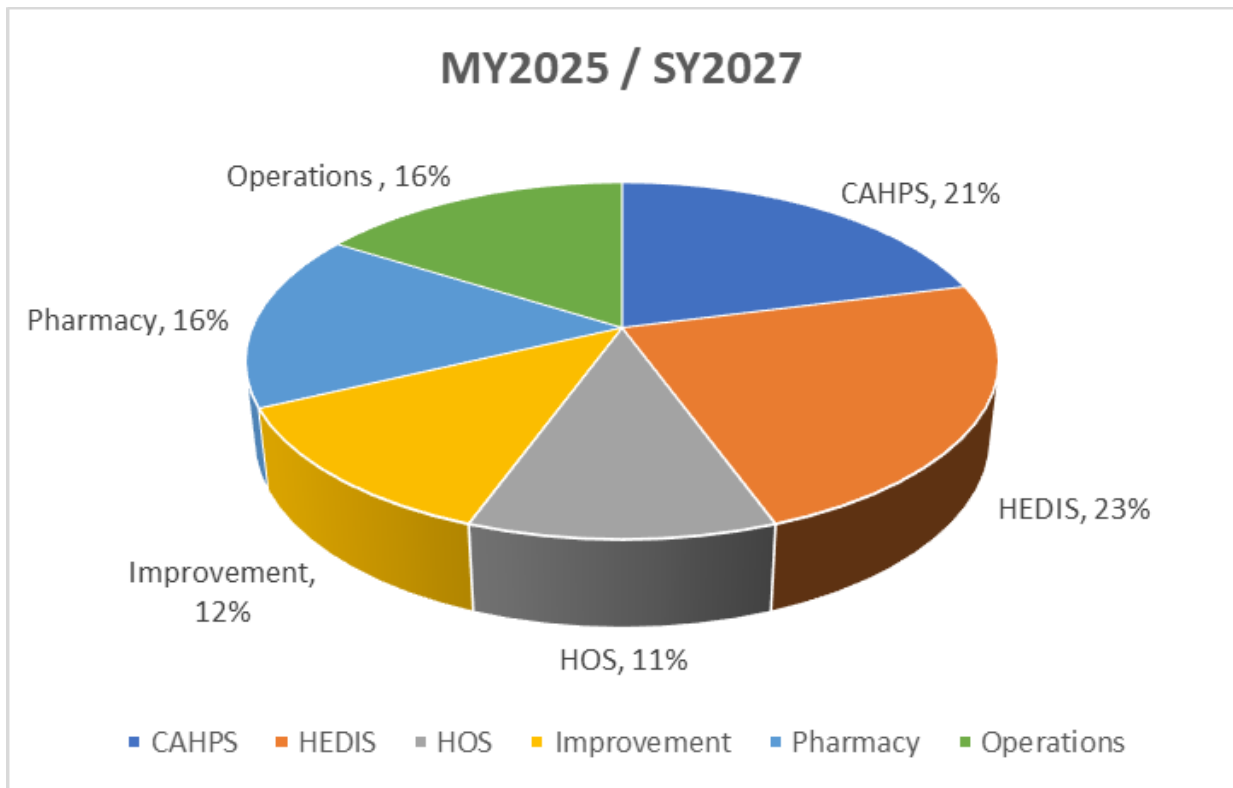
Kaizen Phase II development launched on January 27, 2025. The key development scopes focus on improving user experience and adding functionalities to support peer review reporting and internal/external audits.

PQR met with the IT team to align the new grievance system with Kaizen requirements. We discussed crucial data fields for a seamless transfer between systems and to ensure all necessary information is captured and transferred accurately. Continued collaborative discussions will be necessary to ensure a smooth transition.

## Stars Excellence

Stars performance is collectively determined by multiple functions and Departments within and outside Health Services. QI and Health Services have most control over HEDIS which currently is 23% of the score.

Success requires enterprise performance across HEDIS, Pharmacy, Operations, and the member experience journey.



- Overall, the DSNP contract is projected to continue to perform at the 3.0 Star Rating level in MY2024.



- HEDIS domain performance is projected to increase from a 2.3 Star rating in MY2023 to a 2.5 Star rating in MY2024. All HEDIS measures, except one, are performing significantly better YTD vs. last year
  - Measure improvements range from 2% to 17%, with average of 7%
  - Strong headwinds from expected very steep new CMS cut points: additional increase in performance needed to achieve overall 3.5 Star Rating
- Additional 2024 HEDIS outreach efforts are having positive impact on year-end projections:
  - VSP - Diabetic Eye exams (up 10%)
  - LAC Pharmacist - COA Med Review; MRP (up 12% and 7% respectively)
  - QPM data accuracy - Blood Pressure (up 9%)
- Pharmacy is projected to maintain a 3.46 Star rating in MY2024.
- Both domains have demonstrated substantial year-over-year measure improvements.
- Operations domain performance is projected to decline from 3.48 in MY2023 to 3.08 Stars rating in MY2024.
  - The Operations domain did improve by .15 of a Star based on November projections due to Timely Decisions about Appeals projected to improve from 97% to 98.25%, increasing the measure Star rating from a 3 to a 4.
  - Call Center TTY / Foreign Language (Part C) and SNP Care Management are maintaining performance but dropping a Star rating due to CMS cut-point changes.
- LACC MY2023 is projected to earn an overall summary indicator rating of 75, achieving a Star Rating of 3, just 5 points short of achieving a 4-Star rating. LACC MY2024 is pending additional projections; an update will be provided soon.
- LACC measures performing better YTD vs. last year
  - Child & Adolescent Well Child Visits
  - Breast cancer screening
  - Colorectal cancer screening
  - Cervical cancer screening
  - Diabetic Eye
  - Blood Pressure
- LACC measures that have declined YTD vs. last year
  - CIS-10 (vaccinations), A1C < 8% (diabetes), AMR (asthma medication)
    - Increasing vaccine hesitancy in many communities
    - Many parents believe vaccines are not safe. They are refusing vaccines despite aggressive high touch provider and health plan outreach, incentives, and other engagement
    - CIS-10 is a very low denominator measure for LAC: very high financial penalties for each child refusing vaccination
  - CR (hospital readmissions)
  - Timeliness of Prenatal Care
- Additional outreach efforts in 2024 are having positive impact on YE projections for the following LACC measures:
  - VSP - Diabetic Eye (up 8.5% YTD)
  - QPM data accuracy - Blood Pressure (up 10% YTD)

- COL Kits with new Cologuard partnership (up 10%-year end projection)

## Regulatory CAHPS Survey, 2025 Season

### **HP (Health Plan)-CAHPS (Consumer Assessment of Healthcare Providers and Systems Adult & Child) HPR (Health Plan Rating)**

Survey materials in Pre-Fielding mode. Materials being approved and sample generated from HEDIS. Fielding will begin by March 2025.

### **QHP (Quality Health Plan) EES (Enrollee Experience Survey) LACC (L.A. Care Covered CA) QRS (Quality Rating System)**

Survey materials in Pre-Fielding mode. Materials being approved and sample generated from HEDIS. Fielding will begin by March 2025.

### **MAPD (Medicare Advantage Prescription Drug) DSNP (Dual Special Needs Plan) STARs**

CMS provided a memo on 2/5/2025 that would allow us option to use our 2024 scores for this survey. This is due to 25% of our membership potentially being impacted by the January wildfires. We have until 2/10/2025 for final decision.

Prior to this memo we were in pre-fielding stage and ready to begin fielding the survey on time by March 2025.

### **PASC-SEIU Homecare Workers Health Care Plan**

- We learned near the end of January that this line of business would need to be included in DMHC/NCQA oversight and that our scores for both 12 HEDIS measures and 1 CAHPS measure would need to be reported.
- We had a handful of days to insert the information for this Commercial line of business to be reportable into the HOQ (Health Organization Questionnaire). We met the original deadline.
- We had those same handful of days to run the sample for CR (hospital readmissions)
- PASC-SEIU is currently not accredited but is scheduled to be in 2026.

## Population Health Management (PHM)

- The PHM team finalized the 2024 PHM Program Description, which included CalAIM requirements and intervention updates. We are also preparing updates for the 2025 PHM Program Description
- The PHM team alongside Health Services leadership, spearheads and coordinates strategic planning on PHM across the enterprise. Business units completed a survey of

current state and gaps and are collaborating to enhance PHM while maintaining our established strong PHM foundations. This includes strengthening the PHM Cross-functional leadership team to focus on the enterprise PHM strategic pillars across the continuum of care.

## Child Health and Disability Prevention (CHDP) Program Transition

- The 2024 CHDP Transition occurred smoothly without member or provider complaints. LA Care leads a collaboration with plan partners, Anthem and BSP, to share updates and address issues about the CHDP Transition process, timeline, and operational next steps. The most recent CHDP Transition Quarterly Meeting was on 2/4/25.
- CHDP Provider Trainings are available through provider external learning department. Providers and staff can register to attend the vision care, fluoride varnish application, and audiometric and anthropometric Webex presentations.
- Statewide MCP FSR collaborative workgroups have been developed and are meeting to compile a unified set of CHDP provider trainings on vision care, fluoride varnish application, audiometric, and anthropometric content.

## Population Health Informatics

### Health Information Management (HIM) Analytics

- Analytics for all VIIP programs are nearing completion. Scoring and payment calculations have been performed on all lines of business. All analytics have been QA'd internally and by the Incentives team; checks and reports will be distributed to all providers within the next few weeks.
- The HIM team is providing continued analytic support for the JOMs. Monthly reports are being prepared for all PPGs across all lines of business. Further, the team will start producing performance improvement scenario reports (What If Earnings Reports) using the new 2024 VIIP data.
- Analytics for IHA, SDOH, Blood Lead, and FUA/FUH continue, and reports are being distributed to various levels of providers to improve these rates organization-wide.

### Health Information Ecosystem (HIEc)

- **Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is being finalized to encourage participation in Health Information Exchanges (HIEs) for hospitals, ensuring compliance with CMS 9115-F standards for Admission, Discharge, and Transfer (ADT) notifications. This includes mandatory engagement with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF) and provisions for one-time HIE funding opportunities for hospitals. Similarly, Skilled Nursing Facility (SNF) contracts are being updated to enforce participation in the CalHHS DXF and HIEs, enhancing the efficiency of information exchange.

- **Incentive Programs:** The fourth round of the One-Time HIE Adoption Incentive for Hospitals and SNFs has been extended through December 2025. The goal is to onboard 21 hospitals and 60 SNFs.
- **Clinical Data Repository (CDR) Program:** FHIR ADT and CCD Projects: The real-time integration of ADT data into downstream applications (CCA) was successfully launched on January 16th, 2025, marking a significant achievement in L.A. Care's Clinical Data Integration (CDI) efforts. This initiative enhances response times for Transition of Care (TOC) activities, meets TCS regulatory requirements, optimizes nurse hours, and aims to reduce member hospitalizations.
- **HL7 CCD Ingestion for HEDIS Improvements:** CCDs are now available and being ingested into Cognizant ClaimSphere to improve HEDIS gap closures and performance metrics.

# Board of Governors Monthly Meeting

## Performance Monitoring March 2025



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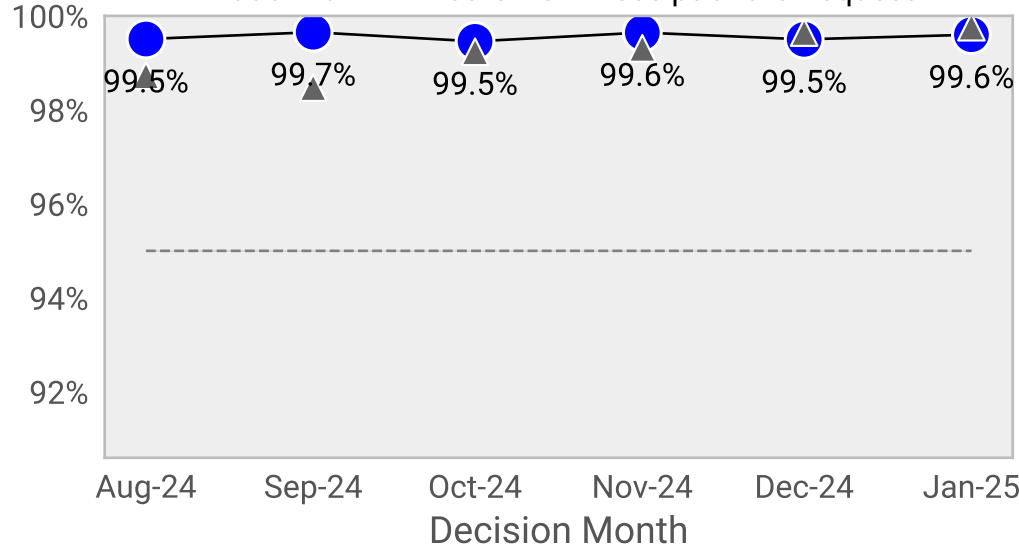


# Medical Management

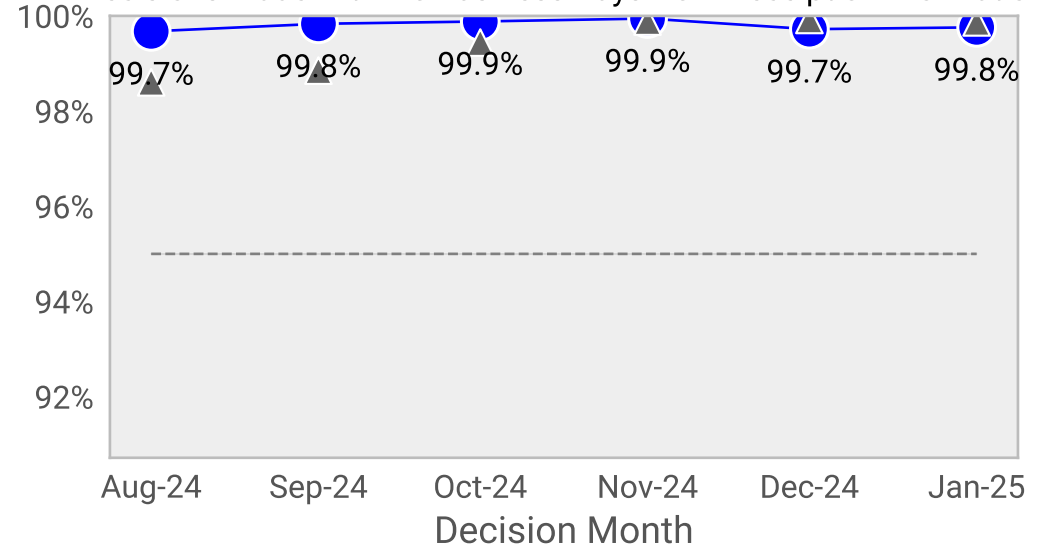


# MCLA Authorization Processing Timeliness

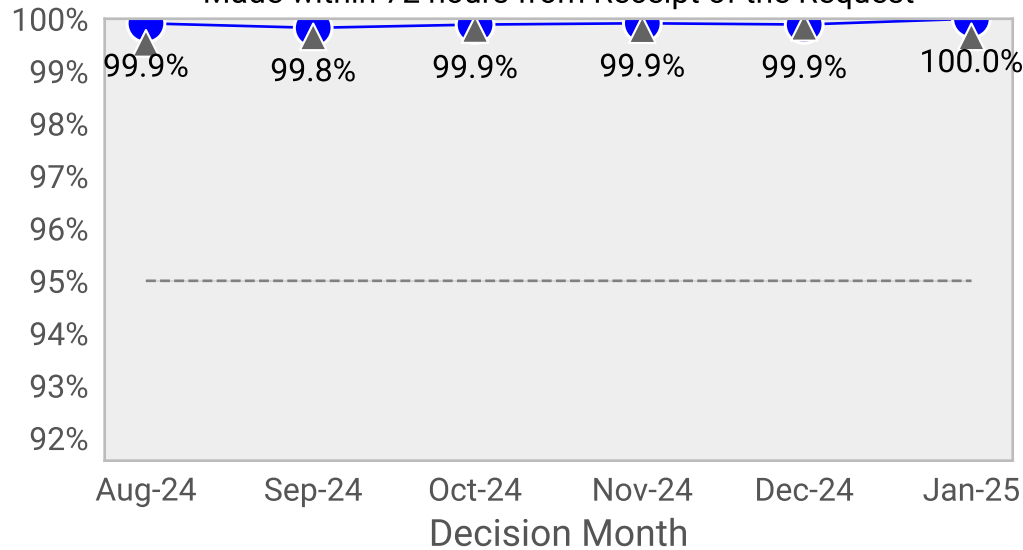
## Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



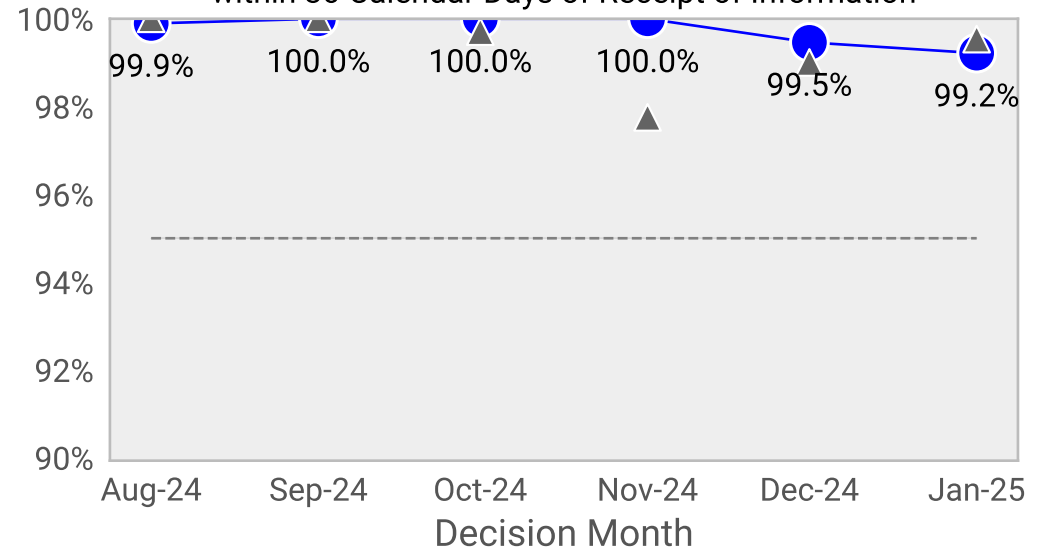
## Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



## 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

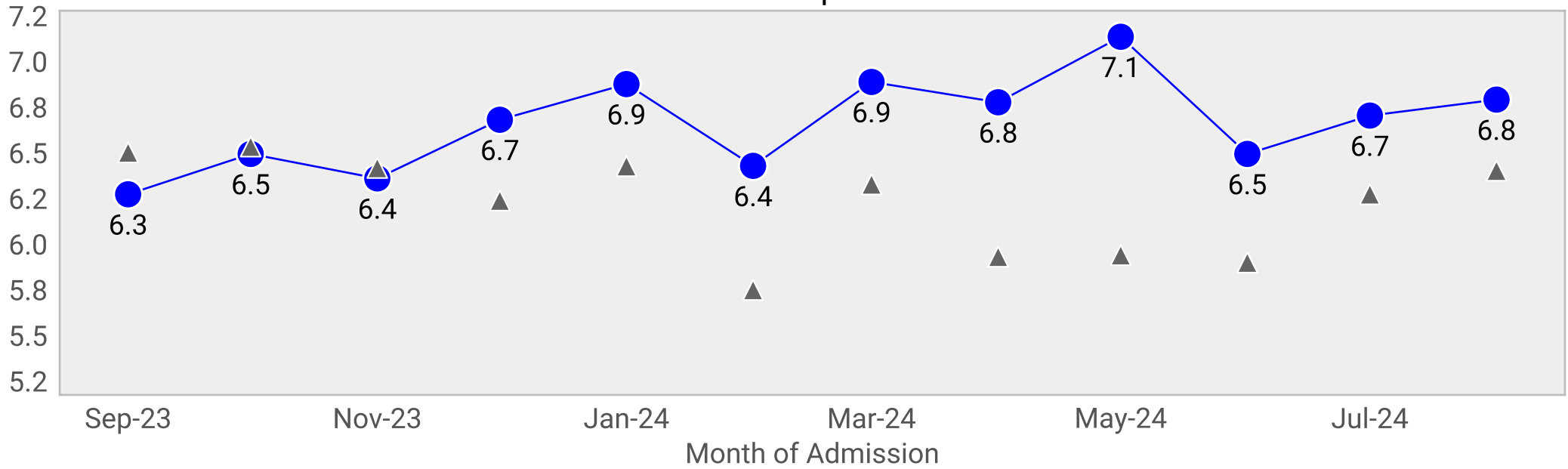


Triangles display the previous year's performance for the same month.

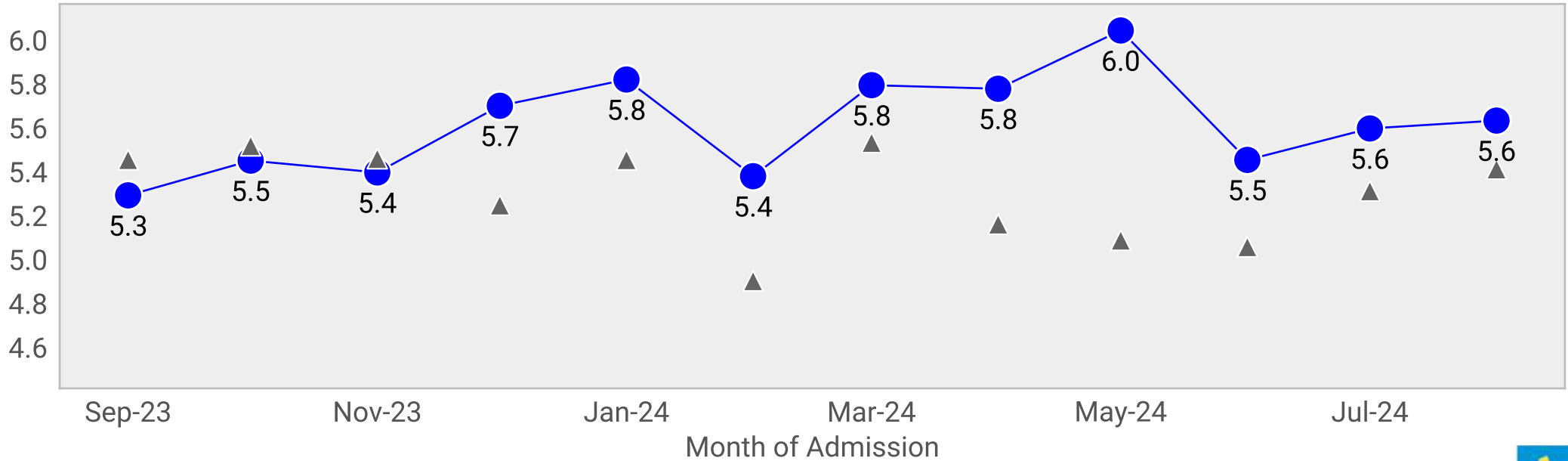
Only includes authorizations processed directly by L.A. Care.



### Total MCLA In-Patient Hospital Admissions PTMPM



### Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



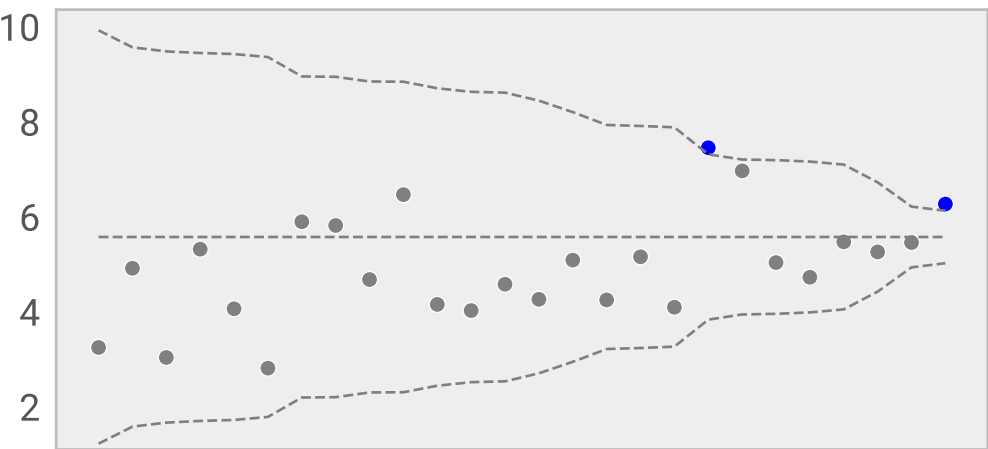
Triangles display the previous year's performance for the same month.

# MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG

## U' Charts

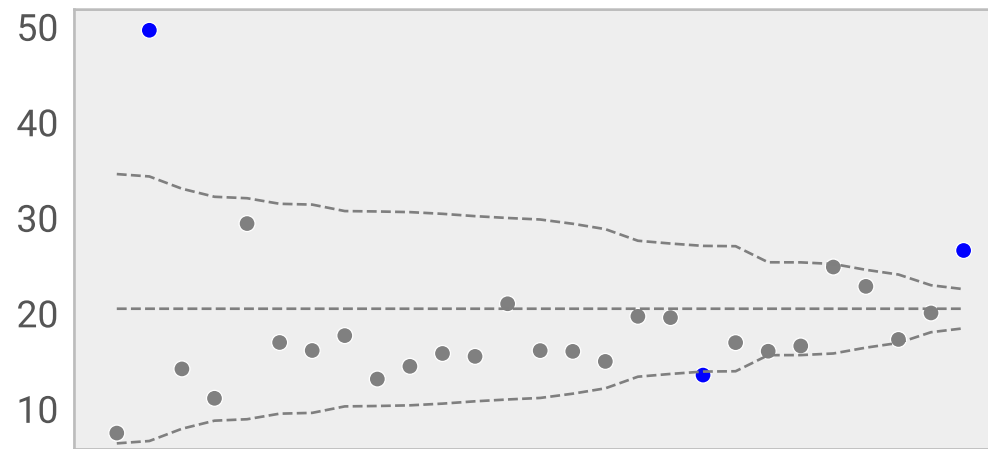
Assessment Period: Sep 2023 through Aug 2024

### MCE



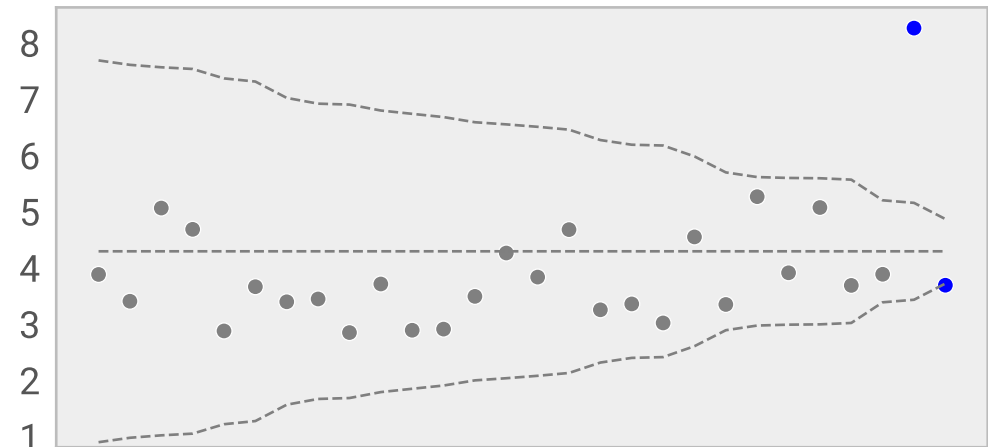
PPGs Sorted from Smallest to Largest Member Months

### SPD



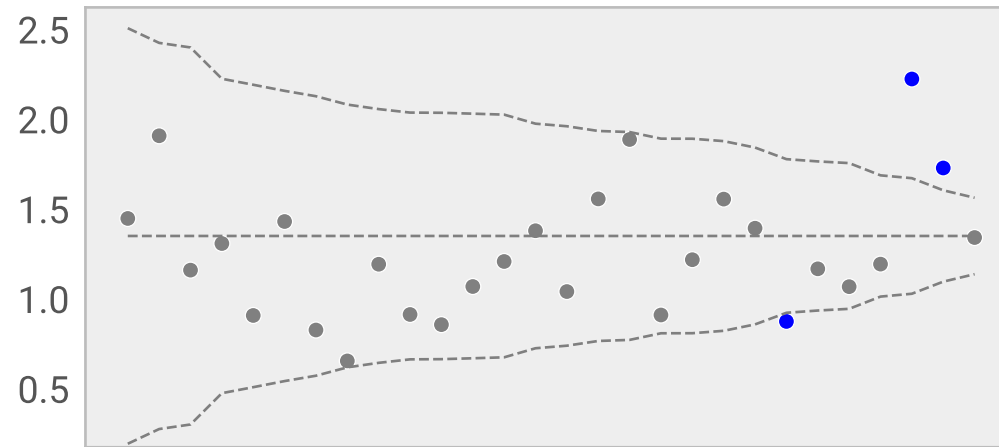
PPGs Sorted from Smallest to Largest Member Months

### TANF - Adult



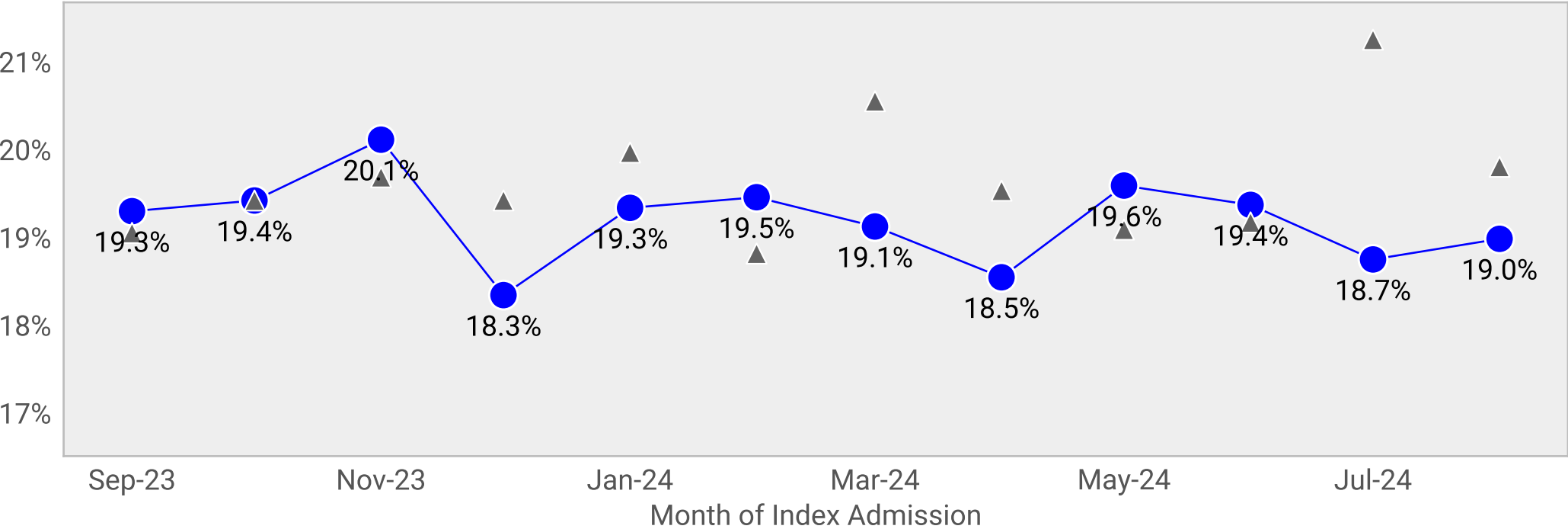
PPGs Sorted from Smallest to Largest Member Months

### TANF - Child



PPGs Sorted from Smallest to Largest Member Months

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



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

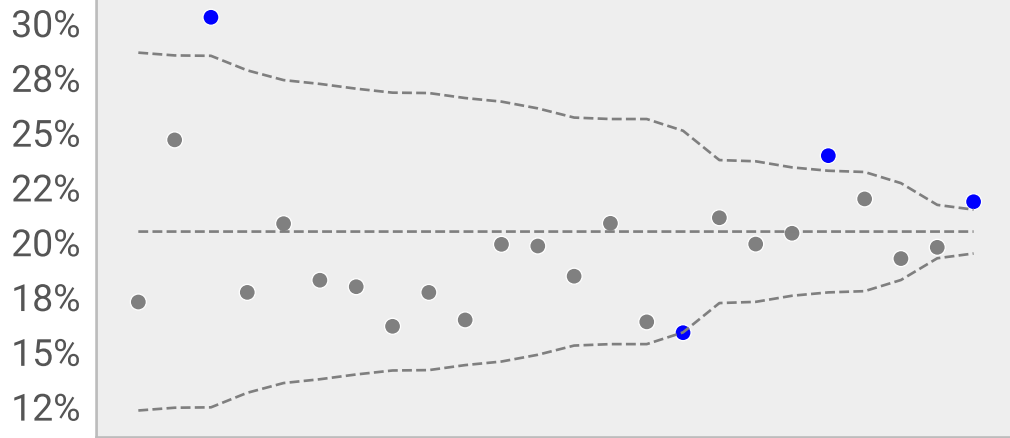


# MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

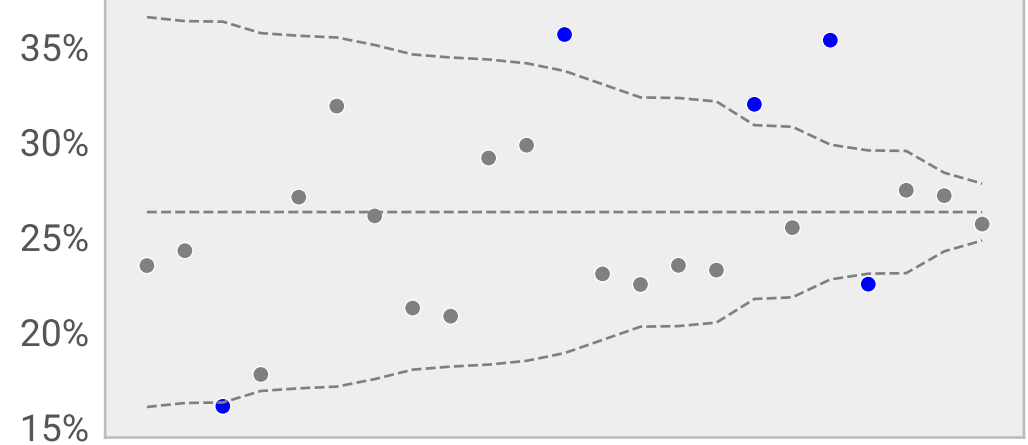
## P Charts

Assessment Period: Sep 2023 through Aug 2024

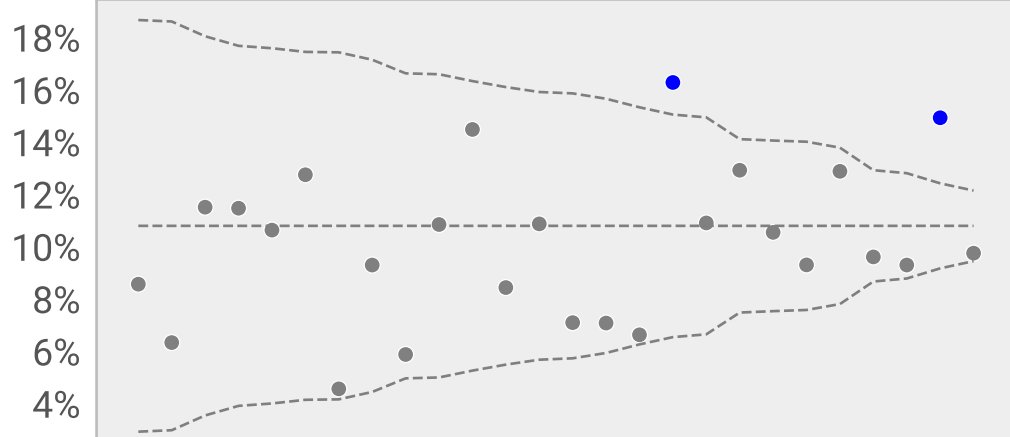
### MCE



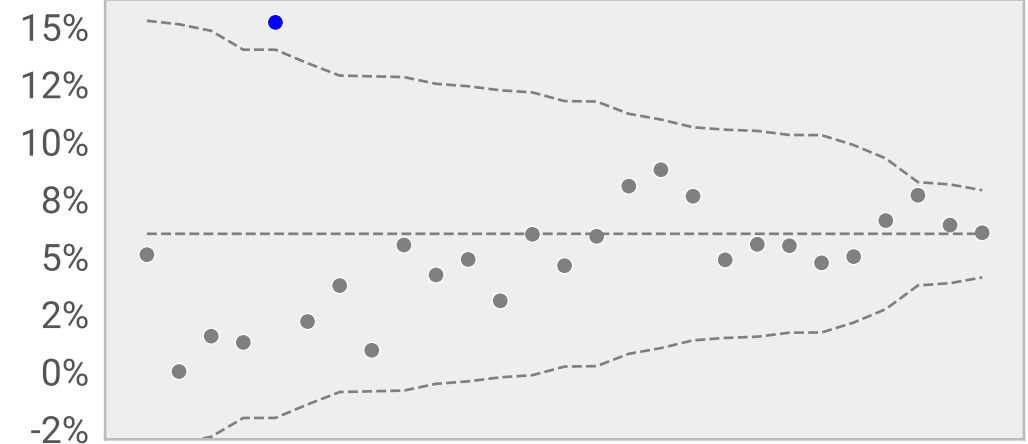
### SPD



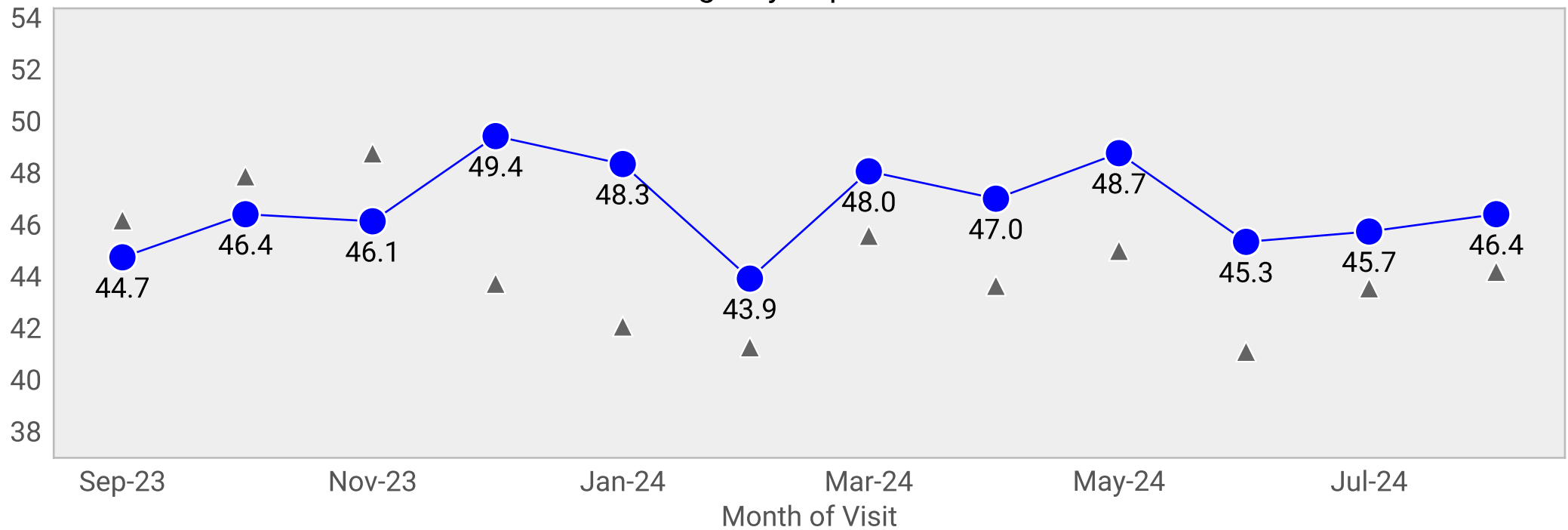
### TANF - Adult



### TANF - Child



### Total MCLA Emergency Department Visits PTMPM



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

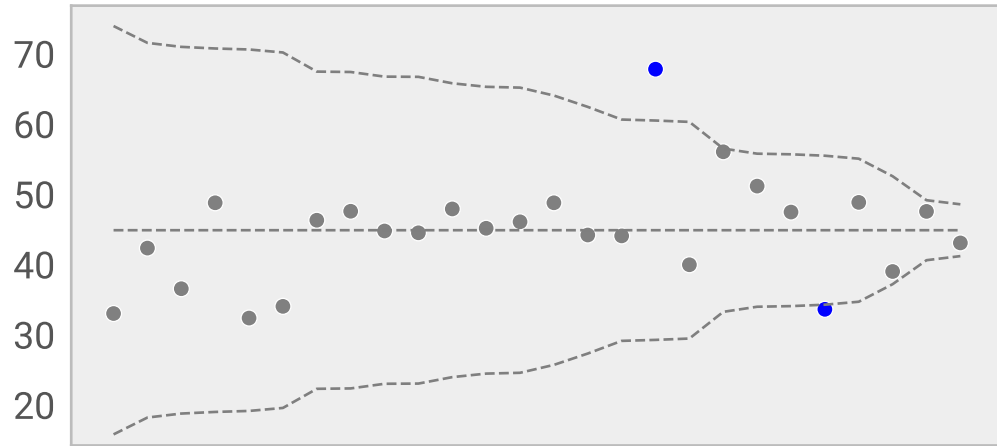
Triangles display the previous year's performance for the same month.

# Total MCLA Emergency Department Visits PTMPM by Segment and PPG

## U' Charts

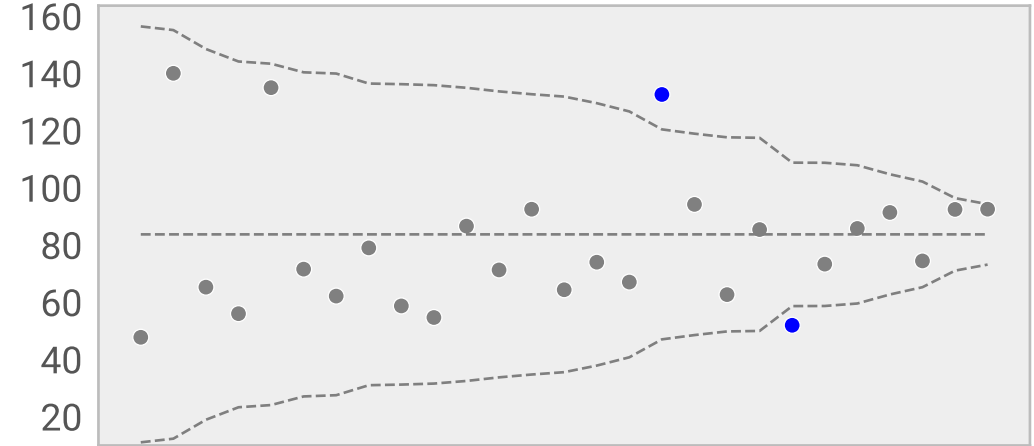
Assessment Period: Sep 2023 through Aug 2024

MCE



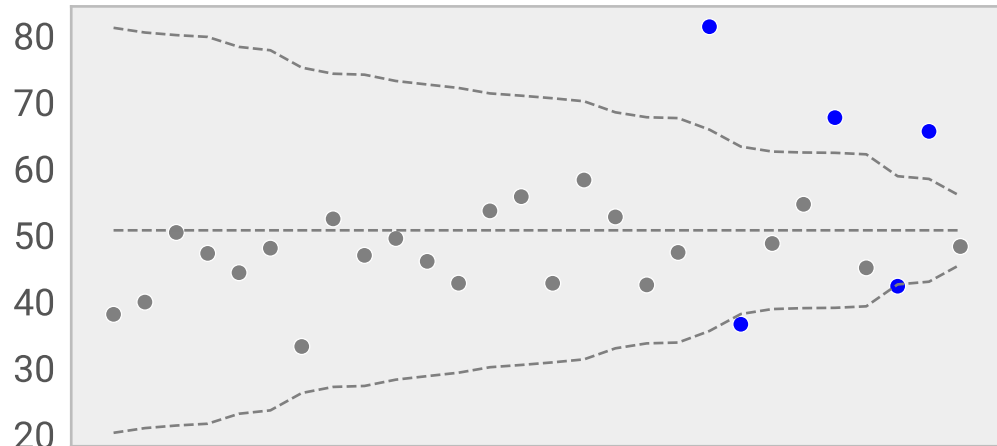
PPGs Sorted from Smallest to Largest Member Months

SPD



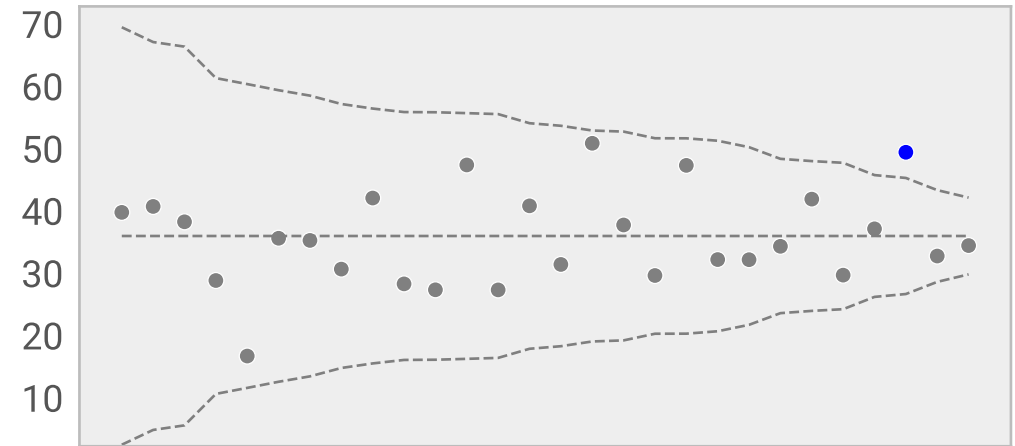
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

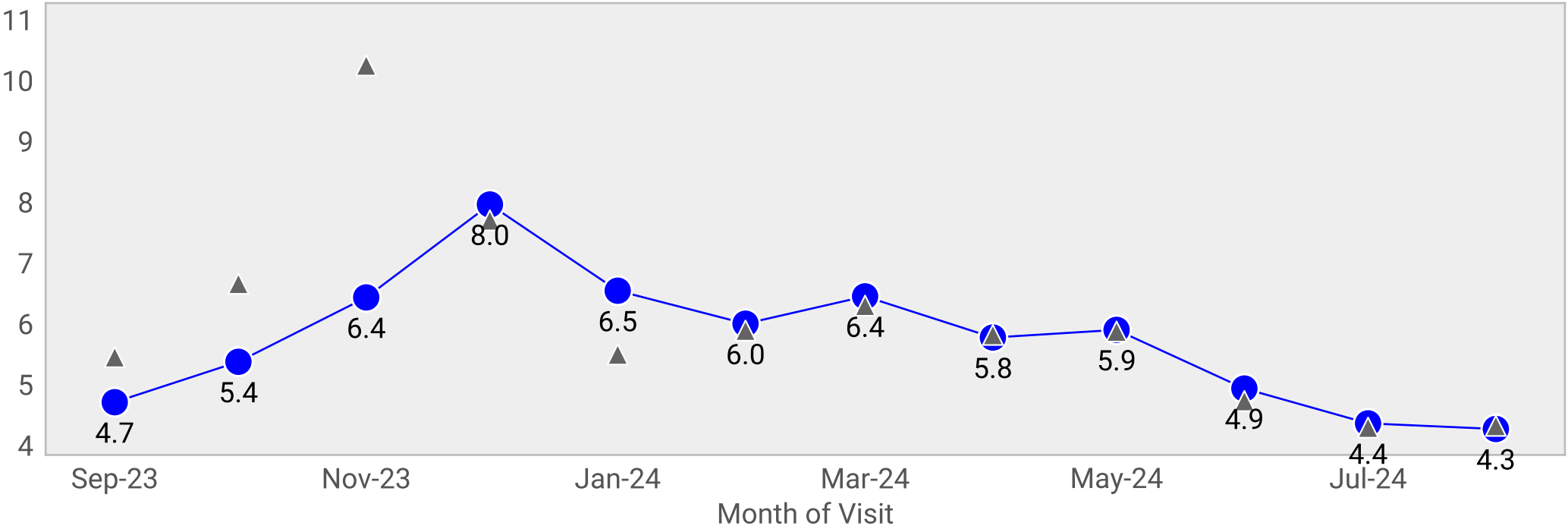
TANF - Child



PPGs Sorted from Smallest to Largest Member Months

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

### MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



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

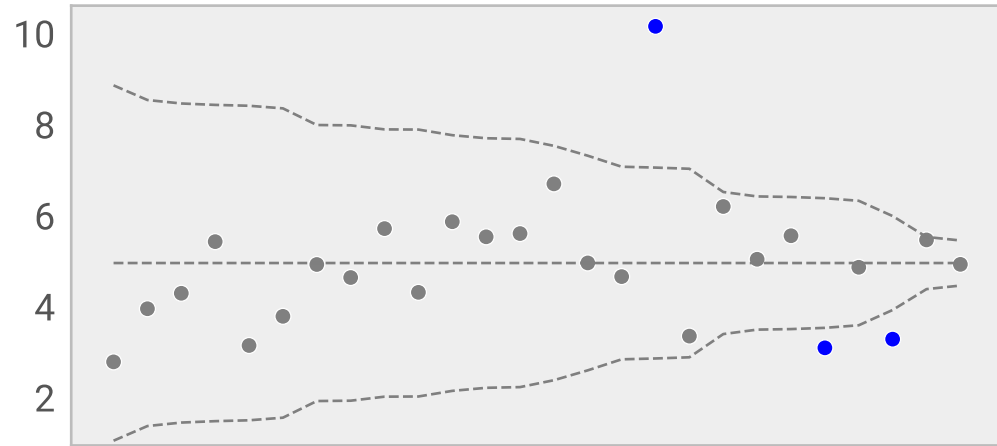
Triangles display the previous year's performance for the same month.

# MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

## U' Charts

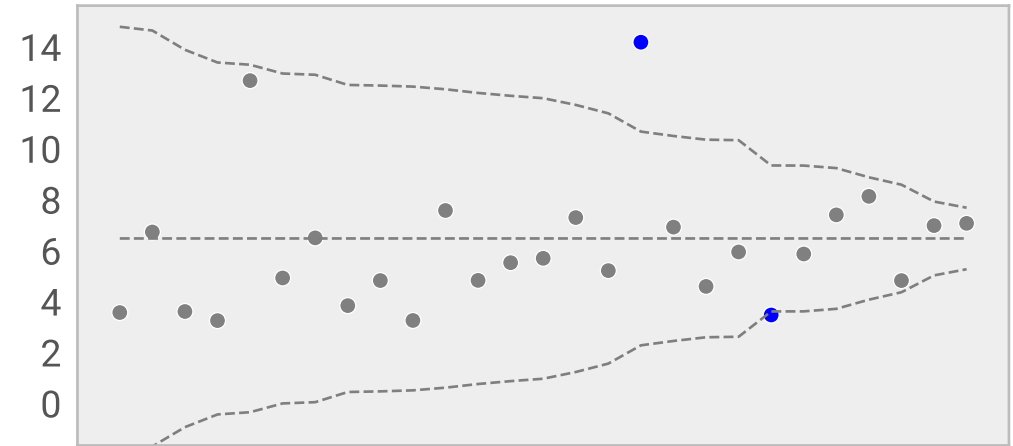
Assessment Period: Sep 2023 through Aug 2024

### MCE



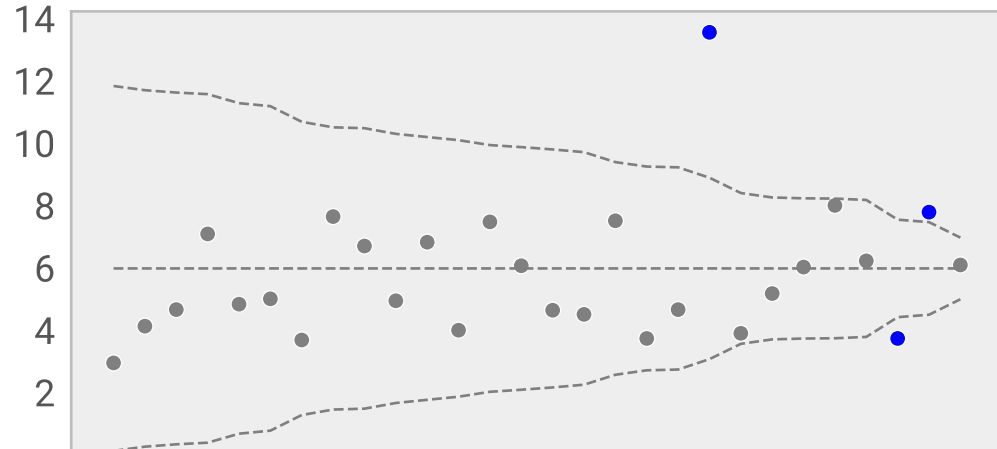
PPGs Sorted from Smallest to Largest Member Months

### SPD



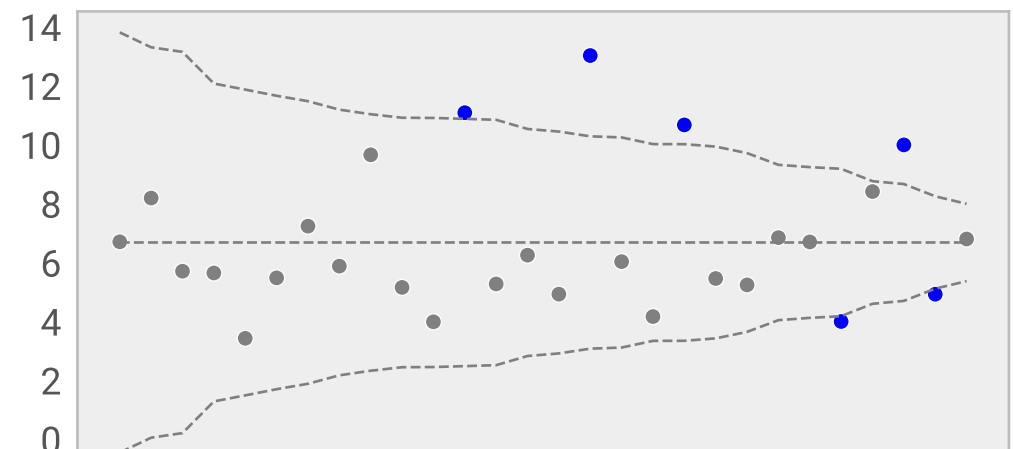
PPGs Sorted from Smallest to Largest Member Months

### TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

### TANF - Child



PPGs Sorted from Smallest to Largest Member Months

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





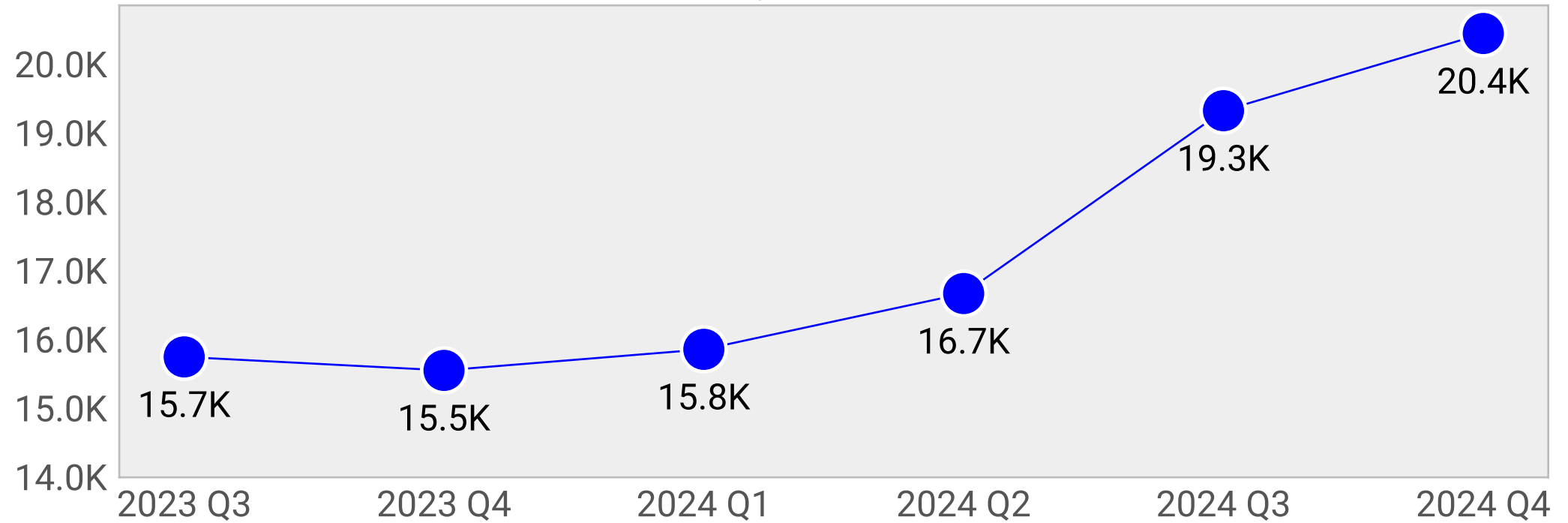
# Total Members Receiving CalAIM Community Support Services from October 2024 to December 2024: 20,383



# Total Members Enrolled in Enhanced Care Management in 2024: 28K

Total Contracted Providers: 86

### Quarterly Enrollment Trend

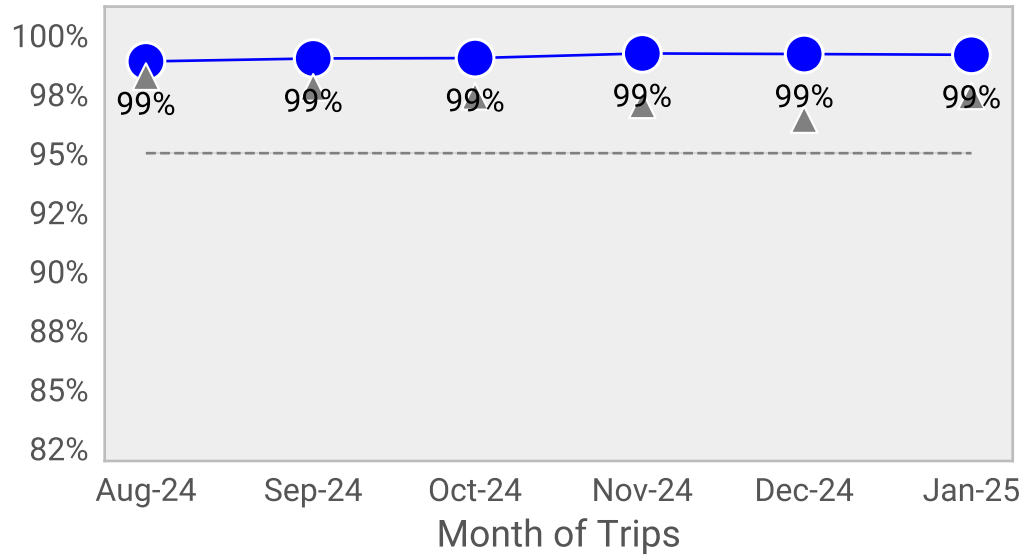


# Call the Car

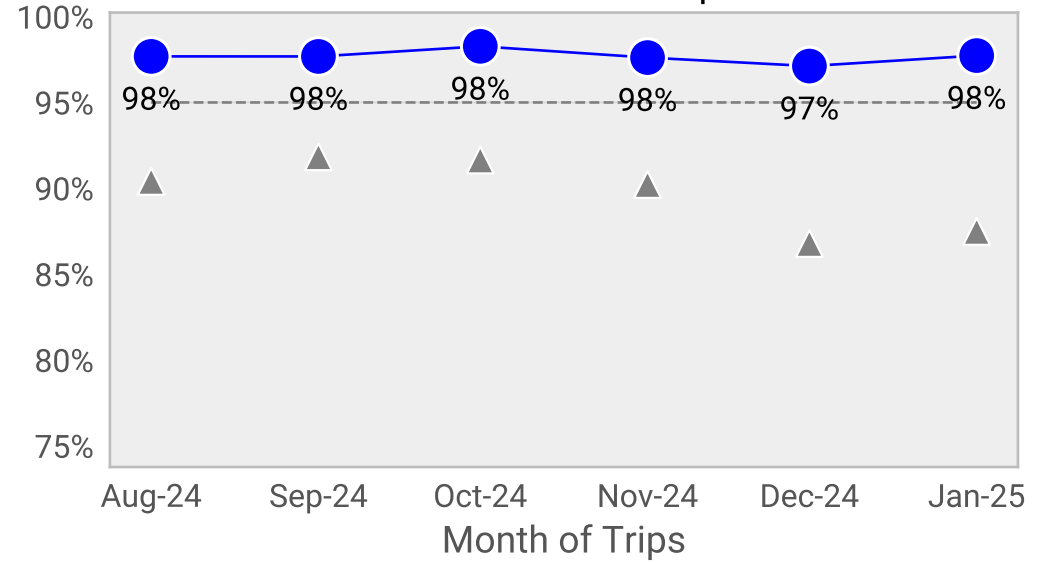


# Call the Car On-Time Pick-Up Performance

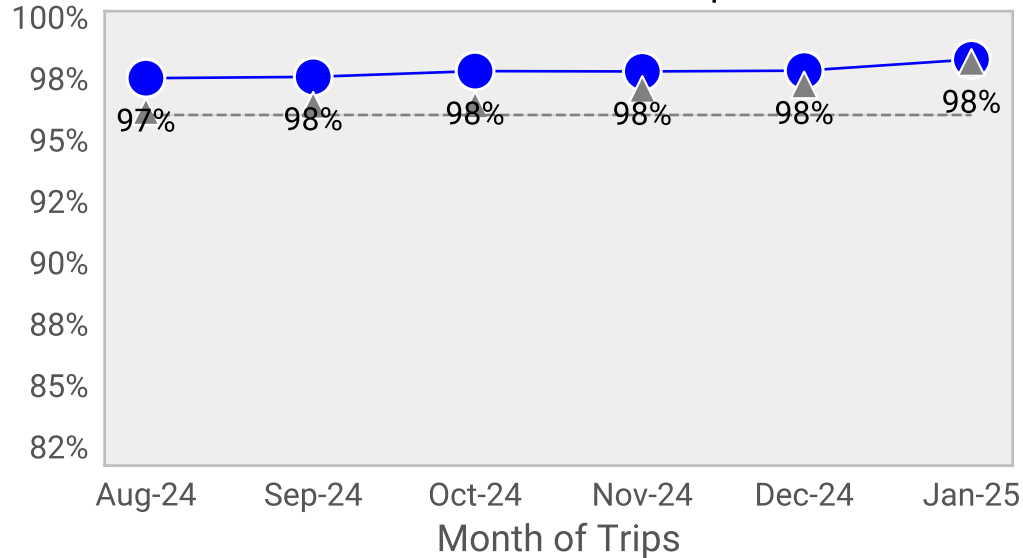
## Call the Car Discharge Trips Rate



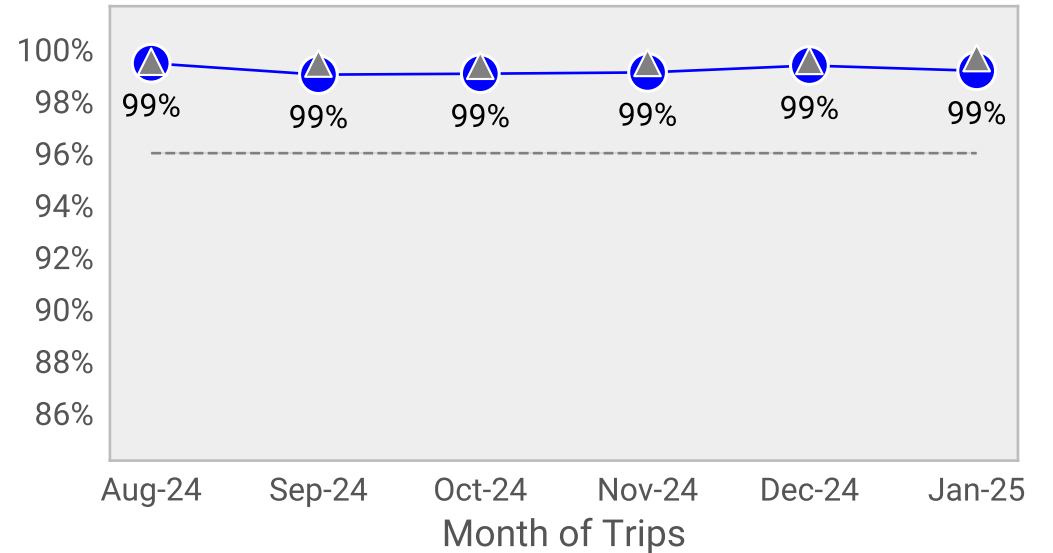
## Call the Car Transfer Trips Rate



## Call the Car Scheduled Trips Rate

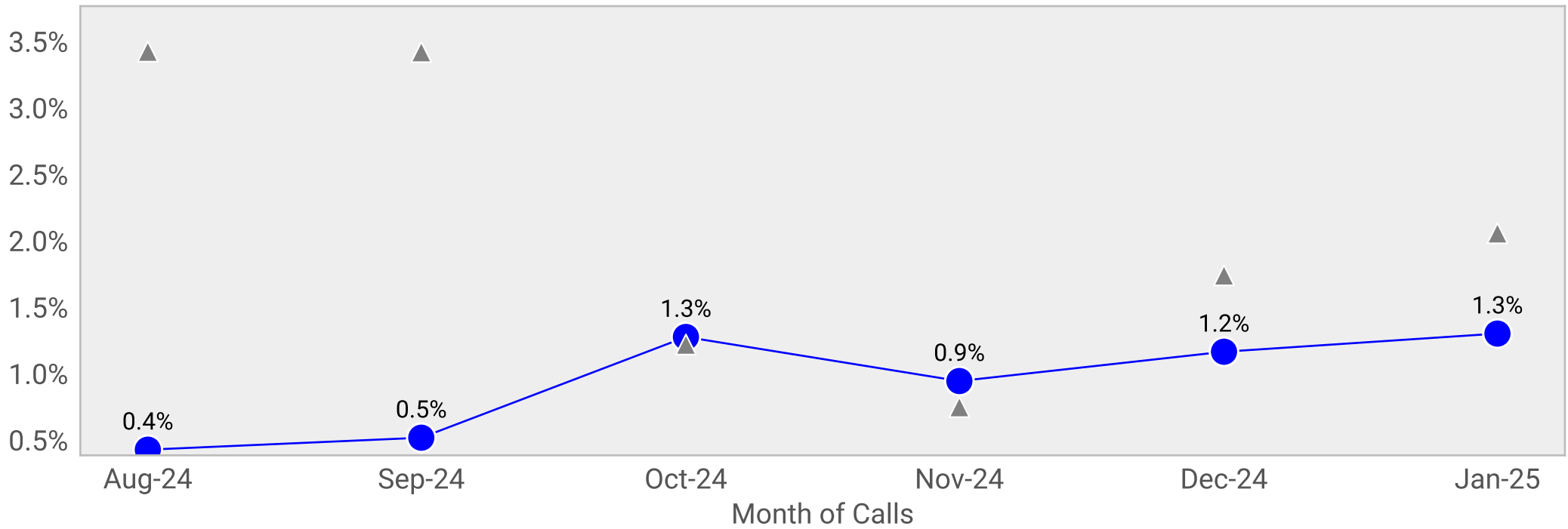


## Call the Car Will Call Trips Rate



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

### Call the Car Abandonment Rate



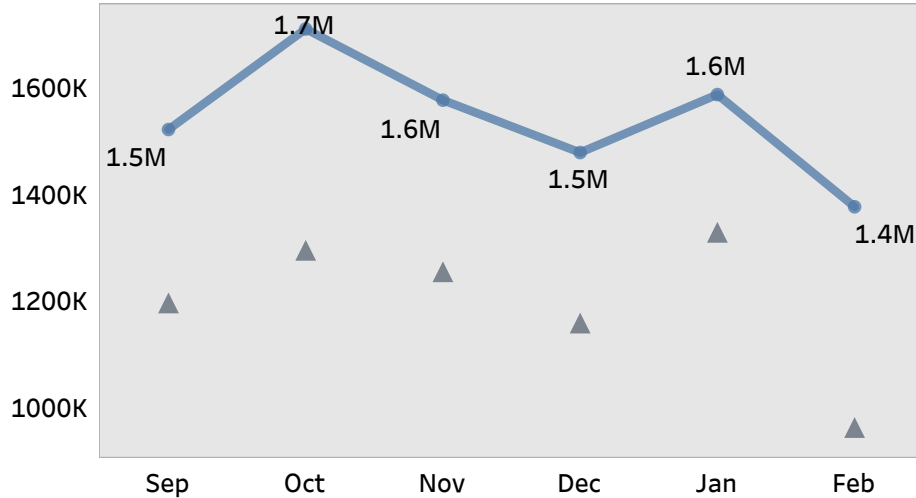
Triangles display the previous year's performance for the same month.

# Claims Operations

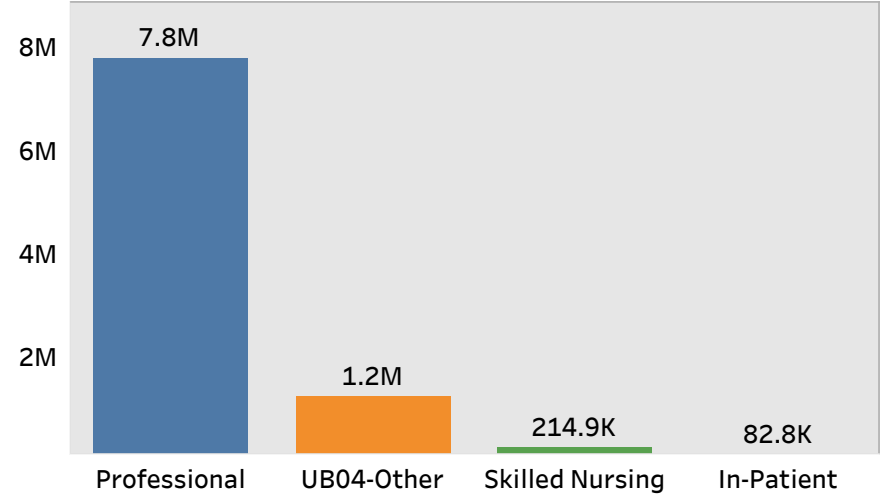


## MCLA Claims Received

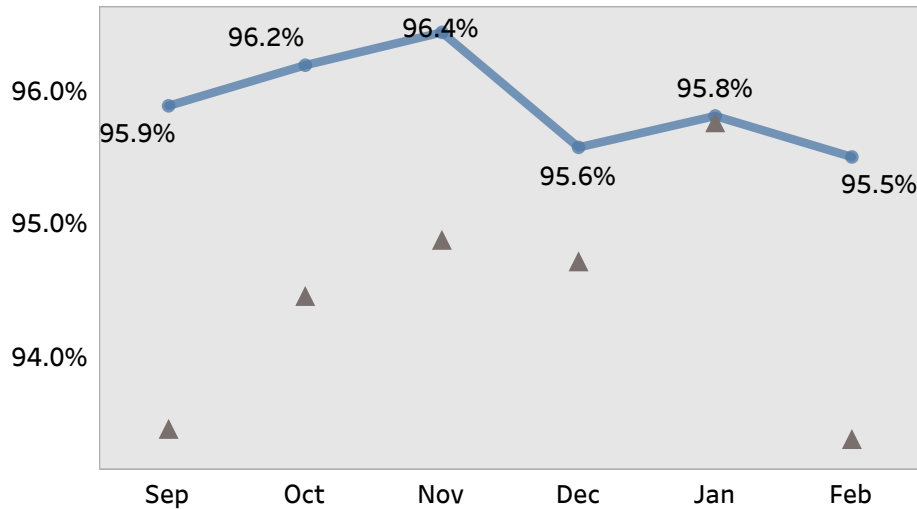
**Total Claims Volume Received Sep-2024 to Feb-2025**



**Most Recent 6 months' Volume by Service Type Sep-2024 to Feb-2025**



**% of Claims Submitted Electronically Sep-2024 to Feb-2025**



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

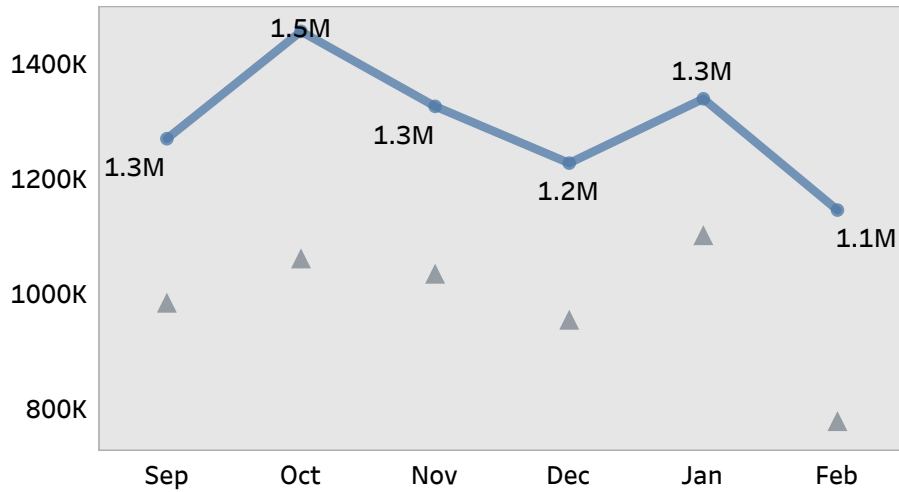
Claim Vol, Electronic Sub, Bill Charges charts based on Month of Receipt  
Paid chart based on Month of Process

Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

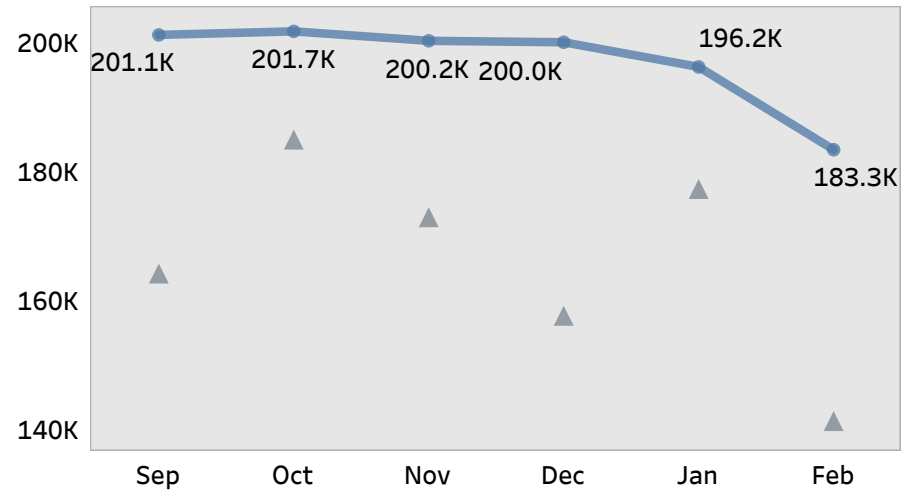


## MCLA Claims Volume Received by Service Type

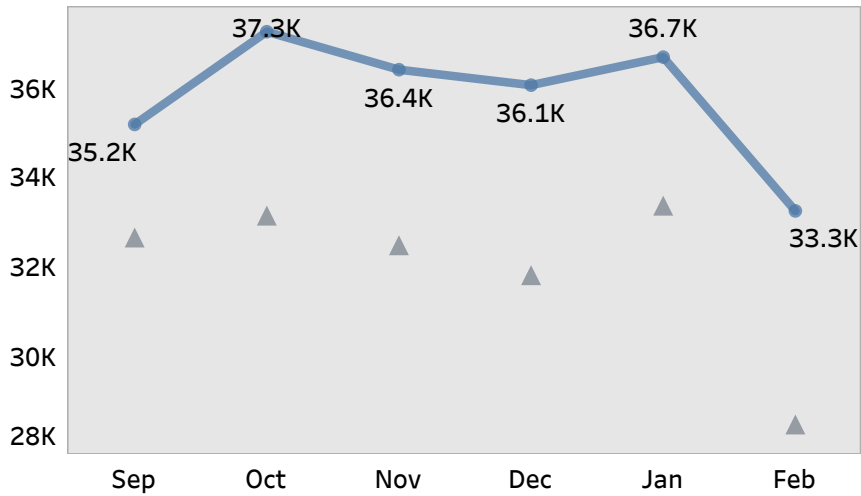
**Professional Sep-2024 to Feb-2025**



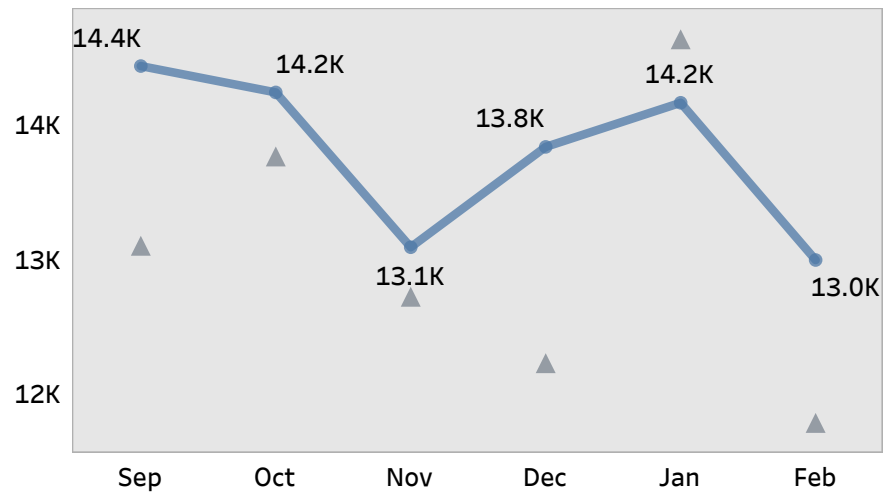
**UB04 Other Sep-2024 to Feb-2025**



**Skilled Nursing Sep-2024 to Feb-2025**



**In-Patient Sep-2024 to Feb-2025**



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

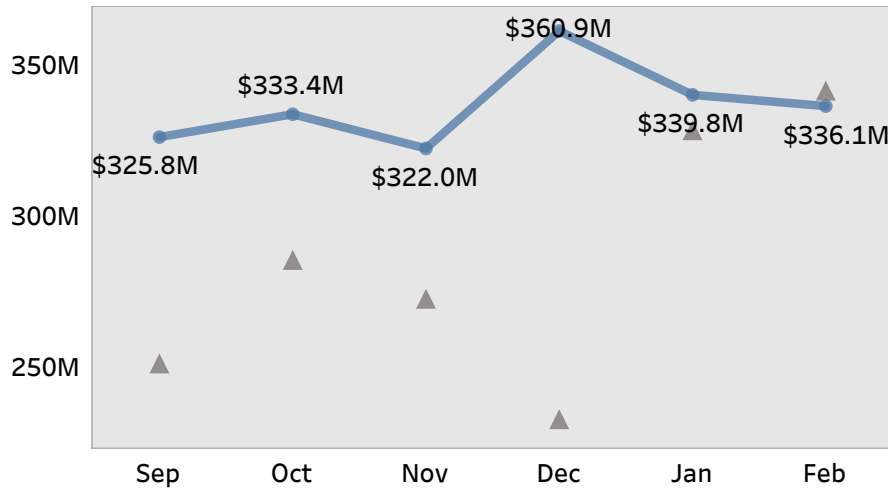
Charts are based on Month of Receipt.



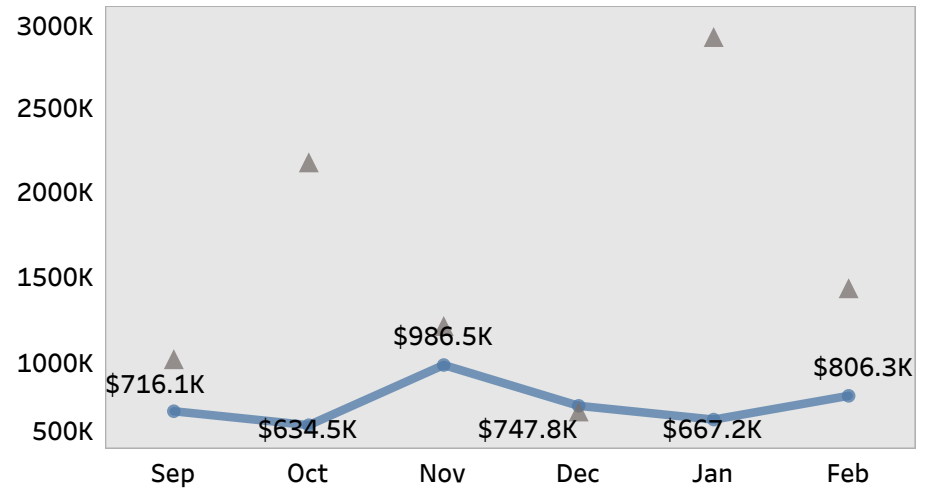


## MCLA Payment Processing

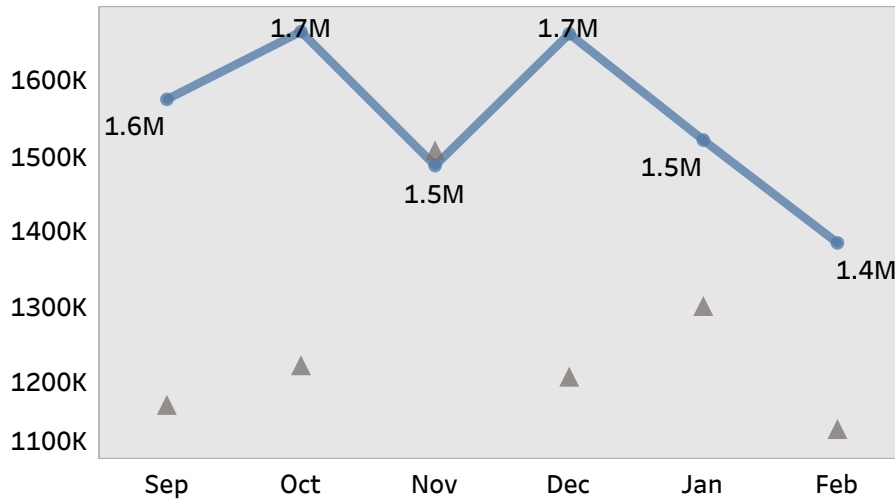
**Total Paid (including Interest) Sep-2024 to Feb-2025**



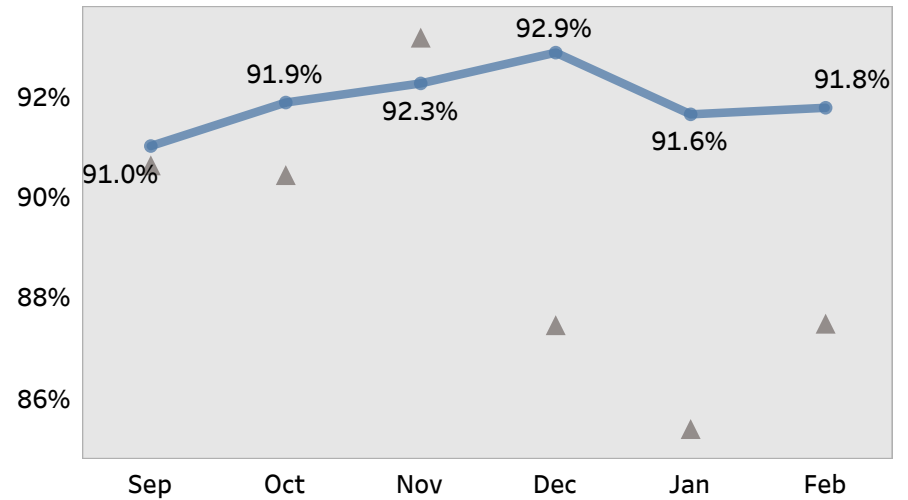
**Total Interest Paid Sep-2024 to Feb-2025**



**Total First-Pass Adjudicated Claims Volume Sep-2024 to Feb-2025**



**% of First-Pass Claims Auto-Adjudicated Sep-2024 to Feb-2025**



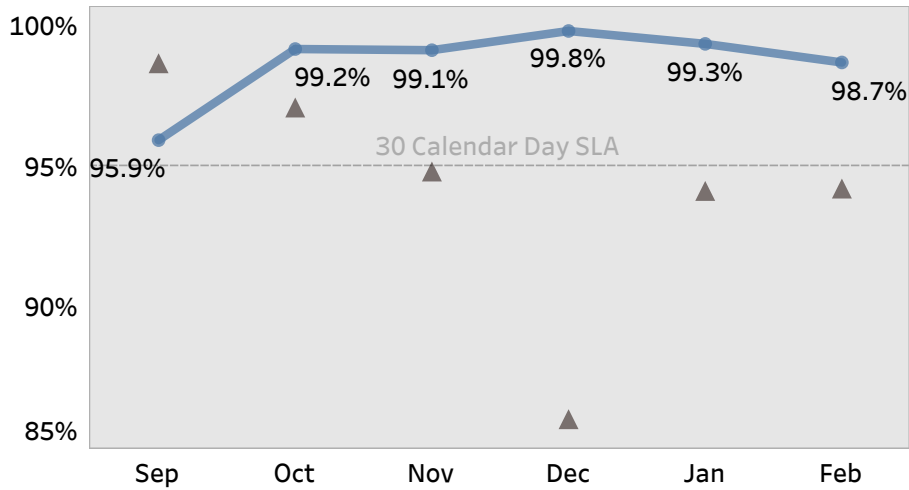
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

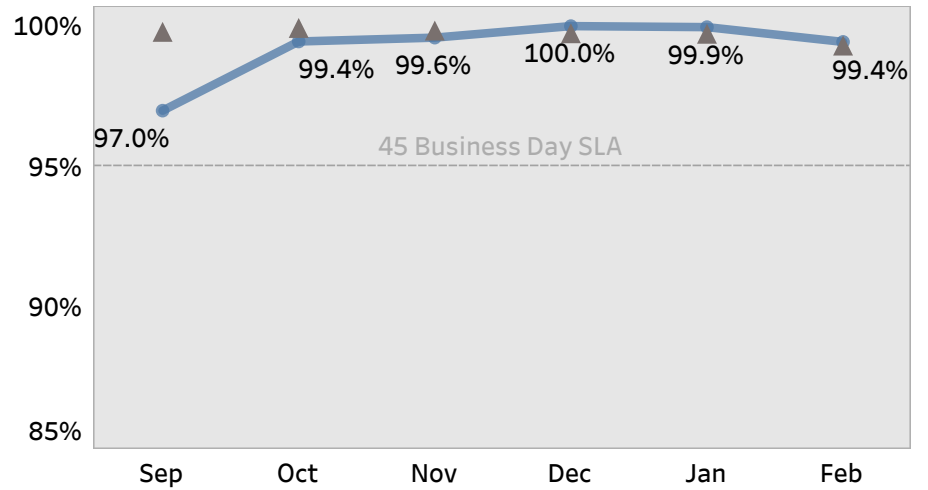


## MCLA Claims Processing Timeliness - by Process Date

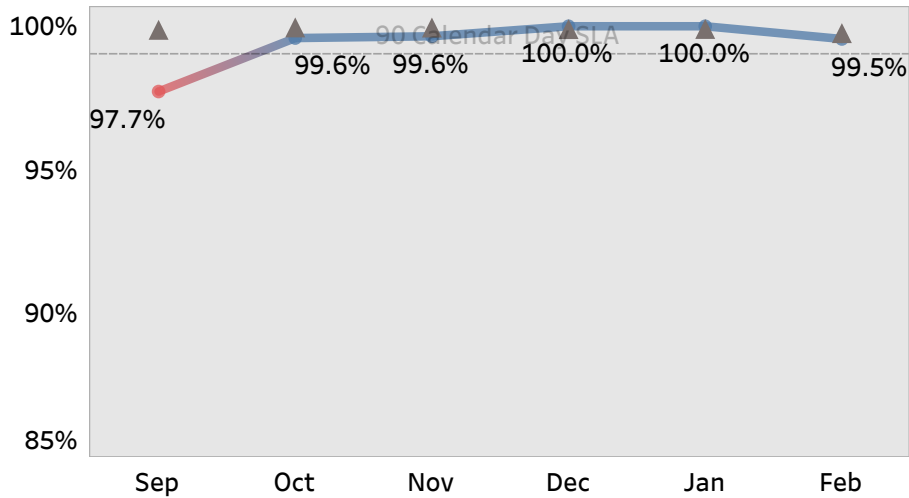
**% Processed within 30 Calendar Days Sep-2024 to Feb-2025**



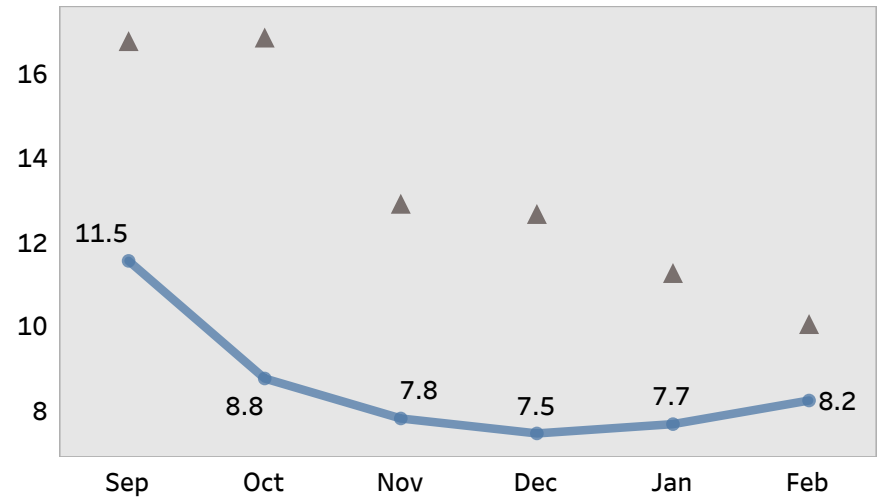
**% Processed within 45 Business Days Sep-2024 to Feb-2025**



**% Processed within 90 Calendar Days Sep-2024 to Feb-2025**



**Average Calendar Days to Process Sep-2024 to Feb-2025**



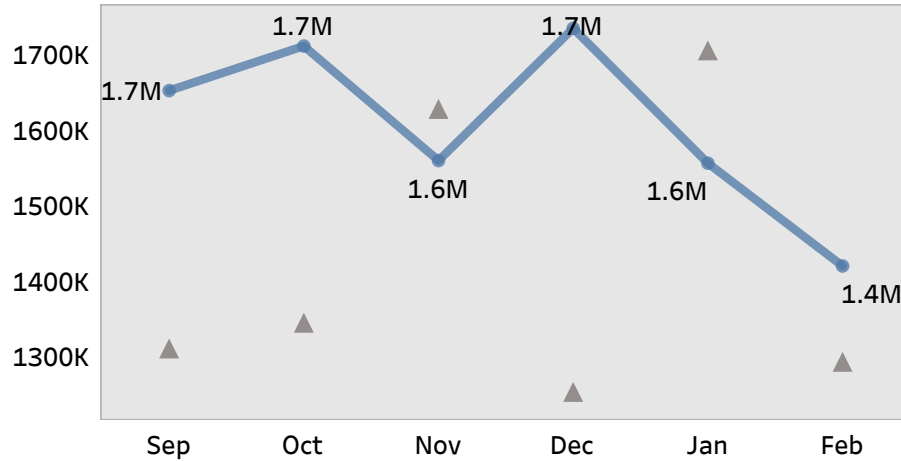
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

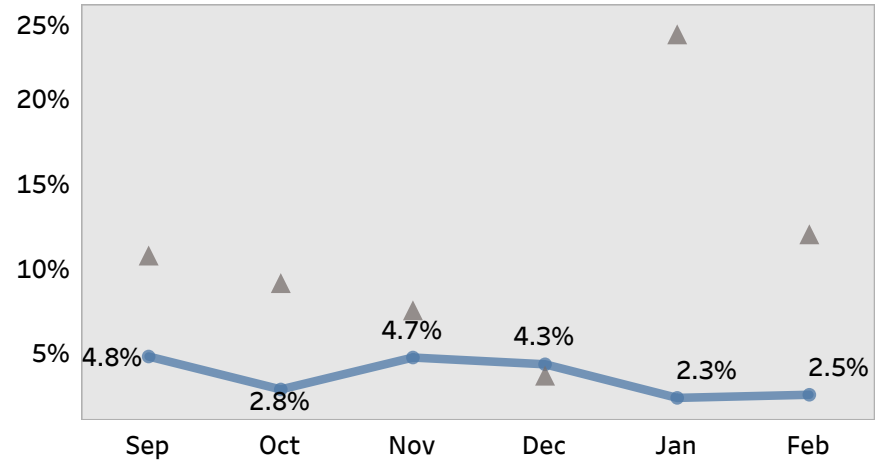


## MCLA Claims Denials and Adjustments

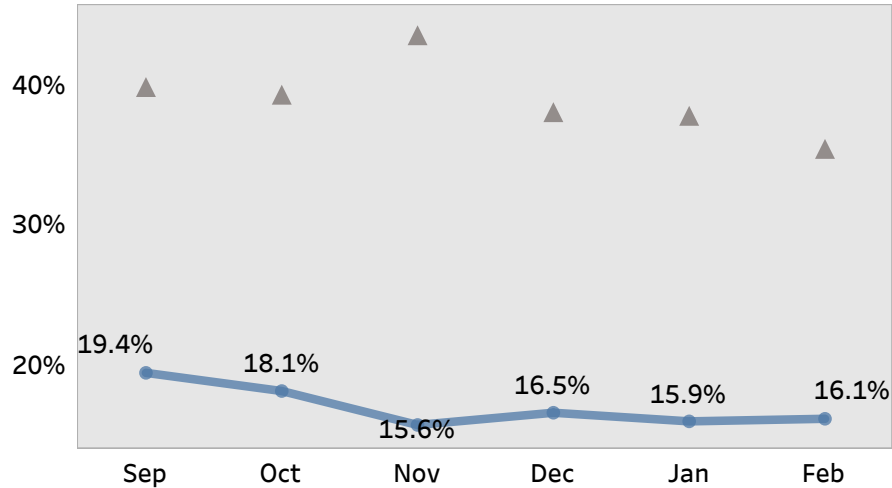
**Total Claims Processed (Originals + Adjustments) Sep-2024 to Feb-2025**



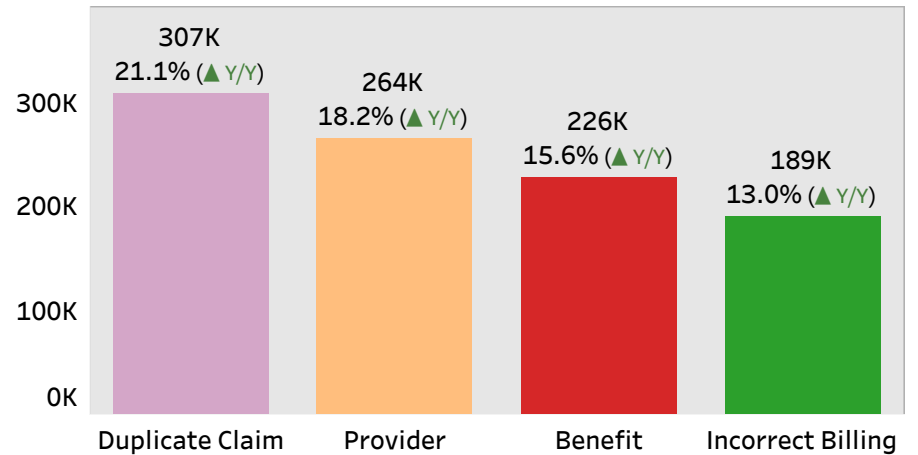
**% of Total Claims Processed that are Adjustments Sep-2024 to Feb-2025**



**First-Pass Claims Denial Rate Sep-2024 to Feb-2025**



**Most Recent 6 months' Denial Volume by Reason Sep-2024 to Feb-2025**



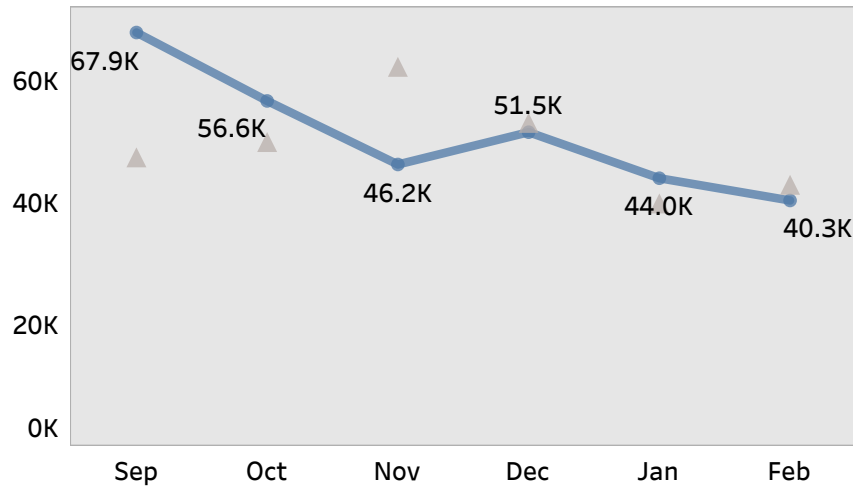
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

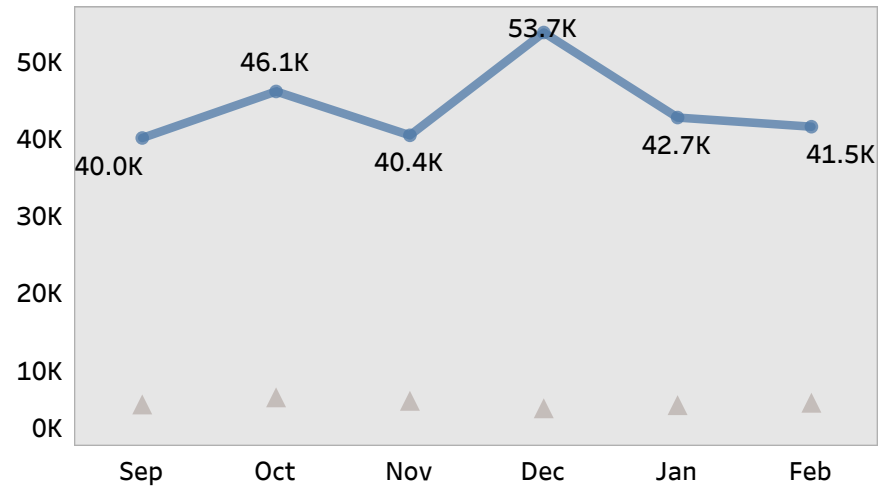


## MCLA Denial Volume by Reason

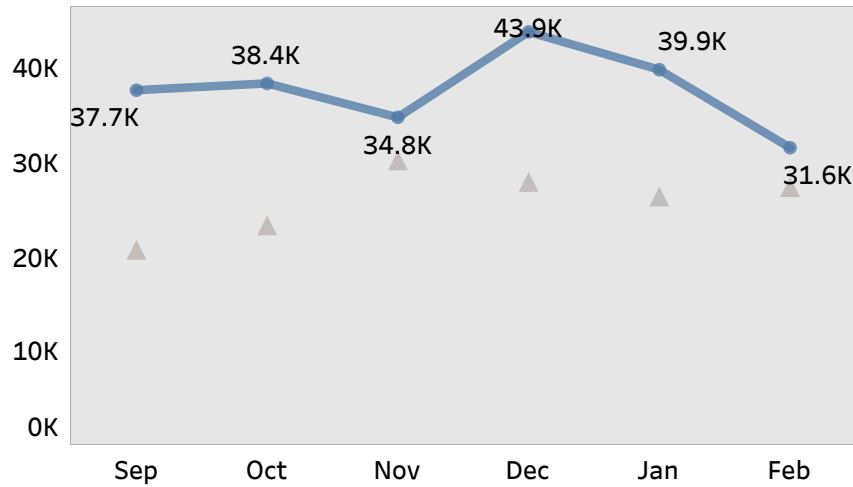
**Duplicate Claim Sep-2024 to Feb-2025**



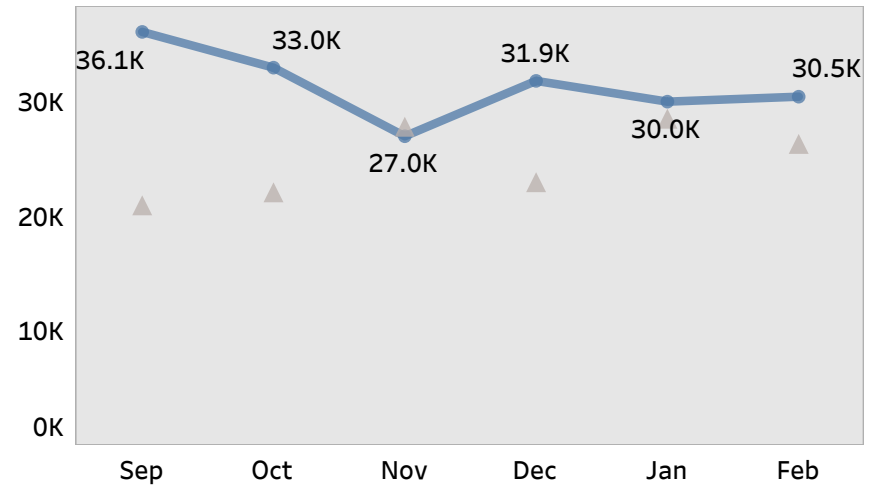
**Provider Sep-2024 to Feb-2025**



**Benefit Sep-2024 to Feb-2025**



**Incorrect Billing Sep-2024 to Feb-2025**



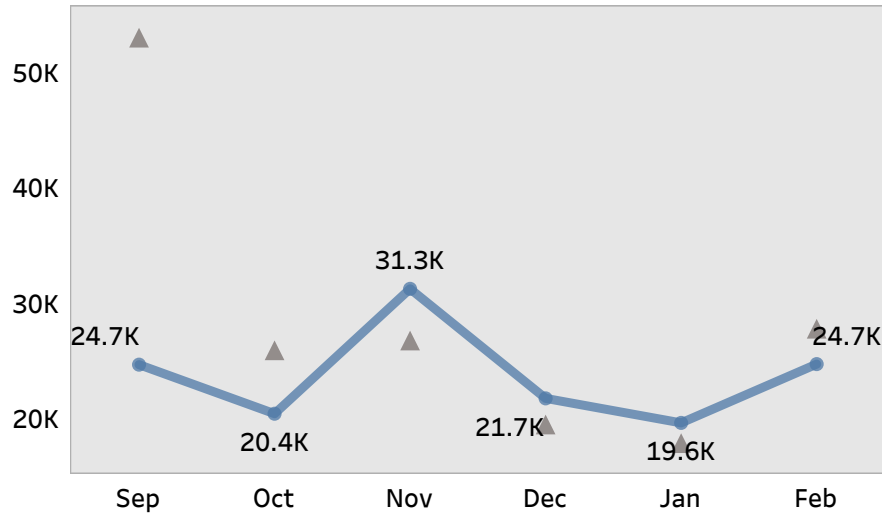
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

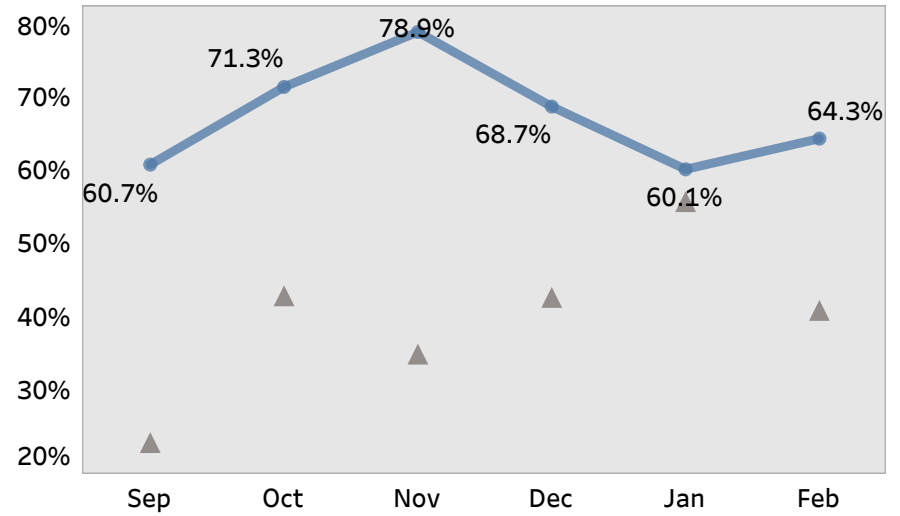


## MCLA Provider Dispute Resolution Processing

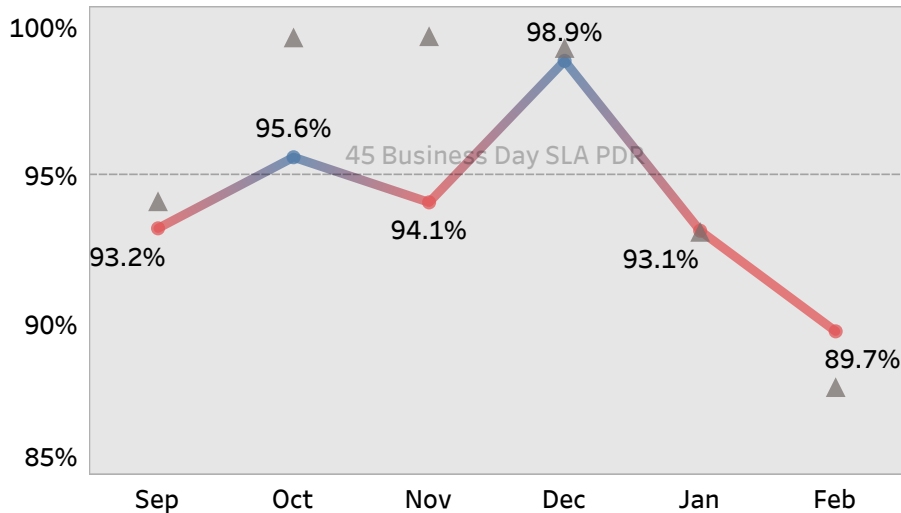
**PDR Volume Received Sep-2024 to Feb-2025**



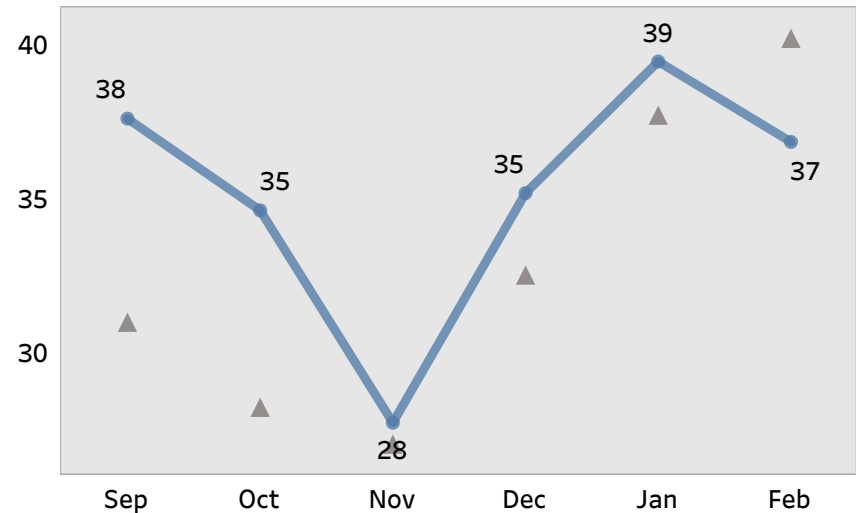
**% of Closed PDR Cases that are Upheld Sep-2024 to Feb-2025**



**% Closed within 45 Business Days Sep-2024 to Feb-2025**



**Average Business Days to Process PDRs Sep-2024 to Feb-2025**



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

Charts are based on Month of Process.



# **ADVISORY COMMITTEES**

- **Executive Consumer Advisory Committee**
- **Children's Health Consultant Advisory Committee**



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

**Date:** April 3, 2025

**Motion No.** ECA 101.0425

**Committee:** Executive Community Advisory Committee (ECAC)

**Chairperson:** Ana Rodriguez

**Issue:** Transportation Issues for Medical Services.

**Background:** Despite numerous complaints, consumer members have consistently reported experiencing below average customer service when using “Call the Car” services for medical transportation. This level of service often results in significant delays that impact their ability to arrive on time to medical appointments.

Additionally, members have expressed that “Call the Car” vehicles are not properly maintained which impacts safety.

Transportation issues have been ongoing and unresolved for an extended period. As result of this level of service, namely the health and well-being of members, the lack of reliable and timely service has undo stress for members particularly those with urgent medical needs.

Concerns were initially raised during the January 27, 2025, RCAC 2 meeting. Upon escalation to the March 12, 2025, ECAC meeting, members from all eight regions affirmed experiencing the same challenges, emphasizing the need for comprehensive, long-term and sustained solutions.

**Member Impact:** While L.A. Care is not a direct transportation service, the contracted vendor “Call the Car” services greatly impact the overall member experience resulting in late or missed appointments.

**Budget Impact:** Unknown.

**Motion:**

The ECAC committee request the Board of Governos to act on the following items which impacts member experience.

**1. Enhance Member Experience:**

Improve member experience with “Call the Car” by enhancing the overall customer services from beginning to end. This can be done through improvement of customer services responsiveness for scheduling rides and resolving issues, providing comprehensive training for staff and drivers, and ensuring regular vehicle maintenance for optimal services.

**2. Timeliness and Reliability:**

Ensure “Call the Car” is committed to meeting the promised timeframes for pick-up and drop-off for all medical and non-medical transportation requests to avoid delays and missed visits.

**Board of Governors**

**MOTION SUMMARY**

**3. Ongoing Monitoring and Feedback:**

Establish a system for members to provide ongoing feedback and track the progress of services improvements.

**4. Possible Alternatives:**

Review L.A. Care's transportation budget and explore alternative transportation options or partnerships to supplement "Call the Car" services where applicable.



# Board of Governors

## Temporary Transitional Executive Community Advisory Committee (TTECAC)

### Meeting Minutes – February 12, 2025

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



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair ** Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member  * Excused Absent ** Absent *** Via teleconference	Shelly Hash, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Izmir Coello, Interpreter Jeannette Martinez, Interpreter Missy Smith, Closed Captioner Andrew Yates, Interpreter  Maria Alvarez, Public Laura Gonzalez, Public Nereyda Ibarra, Public Estela Lara, Public Dorothy Lowery, Public Russel Mahler, Public Andrea McFerson, Public Mary Romero, Public Ricardo Sanchez, Public Demetria Saffore, Public	Layla Gonzalez, Advocate, Board of Governors Fatima Vazquez, Member, Board of Governors Todd Gower, Chief Compliance Officer, L.A. Care Health Plan Tyonna Baker, Community Outreach Field Specialist, CO&E Malou Balones, Board Specialist, Board Services *** Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Aaron Garcia, Member Advocate, Member Relations Services, Even MORE Outreach & Service Ramon Garcia, Community Outreach Field Specialist, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Alfredo Mora, Staff Augmentation, Facilities Services Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriguez, Board Specialist, Board Services Martin Vicente, Community Outreach Field Specialist, CO&E

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Ana Rodriguez, <i>TTECAC Chairperson</i> , read the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.  Chairperson Rodriguez called the meeting to order at 10:05 A.M.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVE MEETING AGENDA</b>	<p>The Agenda for today’s meeting was approved.</p>	<p>Approved Unanimously. 11 AYES ( Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</p>
<b>APPROVE MEETING MINUTES</b>	<p>The December 11, 2024 Meeting minutes were approved.</p>	<p>Approved Unanimously. 11 AYES</p>
<b>STANDING ITEM</b>		
<b>BOARD MEMBERS REPORT</b>	<p>Board Members Layla Gonzalez and Fatima Vazquez presented the December 2024 Board Member Report (<i>a copy of the report can be obtained from CO&amp;E</i>).</p> <p>The Board of Governors met on February 6. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care’s website.</p> <p>The list of motions approved at that meeting can be obtained from CO&amp;E.</p> <p>Thank you to the RCAC members that joined the meeting in person or virtually. We 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"> <li>1. Ana Rodriguez</li> <li>2. Silvia Poz</li> <li>3. Joyce Sales</li> <li>4. Maritza Lebron</li> <li>5. Ana Romo</li> <li>6. Deaka McClain</li> <li>7. Damares O Hernandez de Cordero</li> <li>8. Marlene Paz</li> <li>9. Carmen Delgado</li> <li>10. Estela Lara</li> <li>11. Ana Rubio Lopez</li> <li>12. Reginald Fagan</li> </ol>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>13. Silvia Quezada</p> <p>14. Norma Angelica Alvarez</p> <p>Martha Santana-Chin, <i>Chief Executive Officer</i>, gave her first CEO report. Ms. Santana-Chin focused on strengthening L.A. Care’s operations, advocating for healthcare protections and ensuring uninterrupted care, especially during the recent wildfires. L.A. Care mobilized resources to support members, providers, and employees and the Board approved an allocation of \$10 million to support wildfire relief. She emphasized ongoing advocacy against policy changes that could impact healthcare access, particularly for low-income communities and immigrants. Internally, she engaged employees and community leaders. L.A. Care has invested in 14 community resource centers (CRCs), in children’s health initiatives, and improved healthcare accessibility, demonstrating its commitment to long-term support of health care in Los Angeles County.</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, provided an update on the Presidents Executive Orders and on lawsuits relevant to L.A. Care’s strategic and operational interests. She highlighted two major directives: an Order attempting to end birthright citizenship, which has been temporarily blocked, and to freeze federal funds, which was blocked in court. A federal memo on the freeze of federal funds was rescinded but the executive order remains in effect. She noted that Executive Orders can be challenged successfully in court, and the administration continues to pursue policy changes through regulatory processes and legislative efforts. L.A. Care is actively monitoring and advocating against policies that negatively impact healthcare access, using real-time data and collaboration with trade associations.</p> <p>Terry Brown, <i>Chief Human Resource Officer</i>, provided an update on the installation of automatic doors at L.A. Care’s CRCs. Over the holidays, automatic doors were installed at the 8 CRCs. All new CRCs will have them as a standard feature. CRCs that have less than three years on the lease were excluded. He confirmed that automatic doors are in place at the 1200 building. This is the last update on the request.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, provided an update on L.A. Care’s health services strategy, emphasizing a proactive, goal-driven approach for each department under his leadership. Key focus areas include operational efficiency, network management, quality of care, member experience, health equity, and community integration. Medical management is improving IT infrastructure and streamlining utilization management to enhance care access. The community health department is working on better coordination with county programs and developing an innovation platform for new community health initiatives. The pharmacy and quality improvement departments are focusing on improving clinical</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>programs, provider engagement, analytics, and member experience to improve health outcomes for members.</p> <p>In the Chief Health Equity Officer’s report, Kathy Kwan, <i>Health Services Program Manager</i>, gave a presentation on L.A. Care’s Social Determinants of Health (SDOH) strategy, approach, and results. The initiative aligns with L.A. Care’s mission, health equity plan, and regulatory requirements by improving patient health through social service resources. Efforts include expanding the Community Link platform, adding 84 new community-based organizations, and launching two SDOH resource websites for members and providers. Key outreach efforts involved distributing materials at community resource centers, provider offices, and through digital channels to engage members and providers. The presentation highlighted data on user engagement with the Community Link app, showing increased exploration and connections to needed services.</p> <p><b><u>PUBLIC COMMENT</u></b></p> <p><i>Ms. McFerson commented on past and current budget concerns, highlighting that \$150,000 allocated to the Regional Community Advisory Committees (RCACs) remained unspent during the three years of COVID-19. She inquired about the current budget and emphasized the need for a yearly schedule aligned with the fiscal year. She also advocated for expanding the budget to allocate more funds for local events. Ms. McFerson urged the Board of Governors (BOG) Chairs to represent the RCACs’ interests, pointing out that while other organizations have flourished with resources, the RCACs have received limited financial support despite their long-standing presence. She called for a formal discussion with the BOG to establish a clear purpose and focus for the RCACs, citing a lack of communication. She also stressed the importance of supporting seniors, individuals with chronic illnesses, and those affected by crises. Additionally, she requested that RCAC members be encouraged to volunteer and receive a \$25 stipend for their efforts. Despite these challenges, she affirmed her commitment to continued advocacy.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>ECAC CHAIRPERSON'S REPORT</b></p>	<p>Chairperson Rodriguez presented Motion ECA A.0225 and Motion ECA B.0225 (<i>A copy of the motions can be obtained from CO&amp;E</i>).</p> <p><b><u>ECA A.0225</u></b> <i>Motion to recommend approval of new candidate (s) for RCAC membership.</i></p> <p><b><u>PUBLIC COMMENT</u></b> <i>Ms. McFerson spoke about the importance of diversity within the RCACs. She advocated for ensuring that each RCAC includes members who are disabled, seniors, individuals from various racial backgrounds, and those with low incomes to ensure true representation of the community. She noted that having diverse representatives would help identify and address health disparities, allowing the RCACs to take action or bring concerns to the Board of Governors for discussion. She stressed the need for open conversations about the healthcare services people receive, reinforcing the purpose of the RCACs in amplifying community voices.</i></p> <p>Member Tonya Byrd pointed out Ms. McFerson's comments on diversity to recent developments in Washington regarding Diversity, Equity, and Inclusion (DEI) policies. She asked whether these changes have had any impact on L.A. Care. While expressing reluctance to mention the current President by name, she referenced actions taken to eliminate DEI initiatives in various organizations and sought clarification on whether L.A. Care has been affected. Auleria Eakins Ed.D., MPA, Manager, Community Outreach &amp; Engagement, responded that it does not impact L.A. Care and will continue to fight for all of our members who represent, the diaspora of folks here in Los Angeles County.</p> <p>Member Lluvia Salazar said she would like to know if L.A. Care is currently working on recruiting diversity. Dr. Eakins responded that L.A. Care works towards recruiting diverse members and invited everyone to help with this goal.</p> <p>Vice Chair Deaka McClain shared her experience as part of the selection process for committee members. She described the process as both rewarding and challenging, emphasizing that L.A. Care ensures compliance with state diversity requirements. She acknowledged that some applicants could not be selected because they did not meet the established criteria. She reassured members that L.A. Care is committed to maintaining diversity and that the selection process is ongoing. She encouraged everyone to take an active role in recruiting applicants by spreading the word and urging qualified individuals to apply.</p>	<p><b>Approved. 10 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</b></p> <p><b>1 ABSTENTION Sales</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>ECA 100</u> <i>Motion to recommend approval of new candidate (s) for RCAC membership.</i></p> <p><u>ECA 101</u> <i>Motion to approve the newly elected RCAC Chairs and RCAC Vice Chairs.</i></p> <p><u>PUBLIC COMMENT</u> <i>Ms. McFerson raised concerns about the legitimacy of the recent RCAC 5 election, stating that there was no true democratic process. She noted that the Chair had to step back from running the meeting in order to run for the position, which she questioned as a formal election procedure. She explained that RCAC 5 initially lacked a Chair, and when she volunteered as a temporary Chair, no one else raised their hand. However, after an L.A. Care employee emphasized the need for a selection process multiple times, others began to express interest. A temporary Chair was then appointed and later elected as the permanent Chair, but Ms. McFerson argued that the process was not properly conducted. She requested clarification from the Board Chair on whether a formal election took place and sought legal guidance on whether the process followed proper legal procedures. She expressed concerns that the elected Chair had not attended a Board of Governors meeting in the past four years, questioning their ability to effectively represent RCAC 5.</i></p> <p>Vice Chair McClain expressed concern about the election process mentioned in the public comment and sought clarification. Drawing from past experience, she noted that during elections, the Chair is supposed to step back and allow staff to oversee the process. She requested that staff review the situation to determine what happened and whether proper procedures were followed. Ms. Gonzalez responded to Vice Chair McClain by affirming that the election was conducted in a democratic manner, following the usual process for all RCACs. She explained that while there was no formal Chair at the time, the committee still had to vote for a new one as outlined in the bylaws. She clarified that during the Chair and Vice Chair election process, staff takes over that section of the agenda to ensure fairness. The Chair announces the election, but staff facilitate the process, including overseeing nominations and vote counting with the help of a staff member, a non-running member, and a public representative. Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>, reassured the Committee that the appropriate process was followed during the election.</p> <p><u>ECA 101</u> <i>Motion to approve the newly elected RCAC Chairs and RCAC Vice Chairs.</i></p>	<p><b>Approved Unanimously. 11 AYES ( Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>COMMUNITY OUTREACH &amp; ENGAGEMENT DEPARTMENT UPDATE</b></p>	<p>Dr. Eakins gave a Community Outreach &amp; Engagement Department Update. She noted the importance of staying grounded and supporting one another during challenging times, particularly regarding access to care and community well-being. She discussed L.A. Care’s response to recent wildfires, including allowing out-of-network services, early prescription refills, and relocating affected members without prior authorization. Community support efforts included distributing essential supplies to over 3,000 families, opening resource centers with extended hours, and providing N95 masks for air quality concerns. Dr. Eakins provided an update on the ongoing restructure process and encouraged patience and engagement as it evolves, with a commitment to addressing concerns and incorporating member feedback. In recognition of volunteer efforts, L.A. Care will celebrate TTECAC members in April for their contributions throughout the pandemic. She highlighted Black History Month initiatives, including a fireside chat on Black health equity and a screening of “No Address,” followed by discussions on housing as a social determinant of health.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Ms. McFerson expressed appreciation for the return of public comments after agenda items, noting it shows empathy. She emphasized the importance of RCACs having a strong purpose and urged L.A. Care to support community events, food donations, and other initiatives. She asserted that RCACs should have autonomy in decision-making regarding their funds and encouraged Chairs to make motions for additional support. She pointed out that LA Care has \$28 million allocated for organizations and suggested RCACs should be included. She advocated for better communication with the public and collaboration with providers to support those affected by resource cuts, stressing the need for immediate action.</i></p> <p>Member asked if there will be transportation provided for the event on 27th. Dr. Eakins responded “Yes.” Member Byrd will there be donations collected for the people that lost a lot during the fires. Dr. Eakins pointed out that there has been a strong community response and efforts to distribute collected items, noting that a gymnasium was filled for this purpose. She clarified that while groups can organize such efforts independently, L.A. Care itself lacks storage capacity at CRCs or other facilities. They had to partner with a community organization to collect and distribute items and emphasized that the CRCs simply do not have the space for additional goods and, while not outright rejecting the idea, stated that L.A. Care is currently at capacity in terms of supporting further collection and distribution efforts.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Poz expressed her concern about undocumented individuals in the community being afraid to visit clinics due to fear of ICE. She suggested that the RAC members work with L.A. Care to launch a campaign, possibly sending letters to members reassuring them that they should not fear attending doctor’s appointments and that they are entitled to receive care. Dr. Eakins stated that while L.A. Care cannot dictate actions, it can provide information to help individuals make informed decisions. She assured that L.A. Care is attentive to the concerns of members. She suggested that Member Poz connect with field specialists after the meeting to learn more about available resources that could help address these concerns.</p> <p>Member Sales said she is concerned about the lack of community engagement opportunities for L.A. Care members, Chair and Vice Chairs. She asked when the program will be returned to them so they can participate in community events, recruit, and connect with resources. She requested solid answers from Francisco Oaxaca, <i>Chief, Communications and Community Relations</i>, or the relevant individual to begin involvement in L.A. Care's CO&amp;E program.</p> <p>Dr. Eakins responded by mentioning that L.A. Care is moving in the direction of addressing Member Sales' concerns, with changes set to take place next month. This includes starting a leadership coaching series, with negotiations underway with external vendors. Dr. Eakins noted that the process is evolving and that they are working to be intentional and innovative in their efforts to support leaders who represent members. Regarding the volunteer needs collection, Dr. Eakins clarified that it was primarily staff involved due to the quick turnaround, but the goal is to eventually engage the community more in the future.</p>	
<b>MEMBER ISSUES</b>	<p><u>PUBLIC COMMENT</u></p> <p><i>Ms. McFerson emphasized the importance of addressing member issues directly in the community, particularly for those facing hardships such as the recent fires. She suggested organizing an event to reach out to individuals affected by these disparities, including those who have lost everything or loved ones. Ms. McFerson stressed that the chairs should make decisions regarding funding and event organization, as they are the only ones able to motion for the use of allotted funds. She mentioned that her RCAC will discuss and present a motion to take action, focusing on giving back to the community and increasing accessibility to medical professionals for those afraid to seek help.</i></p> <p><i>Ms. Saffore shared that she had received her supplies and had met with a Board Member, Vice Chair McClain, and a doctor to discuss improving communication to ensure no future disruptions in receiving her supplies. She also expressed gratitude to</i></p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>Western Drug for their support, mentioning they donated a mask when she was not receiving her supplies.</i>	
<b>OLD BUSINESS</b>		
<b>L.A. Care Board of Governors Elections</b>	<p>Victor Rodriguez, <i>Board Specialist, Board Services</i>, presented Motion ECA A.0225 (<i>a copy of the motion can be obtained from CO&amp;E</i>).</p> <p><b><u>Motion ECA A.0225</u></b>  <i>Election timeline, application and rules have been reviewed at each RCAC meeting. ECAC approved the proposed timeline, application and rules for the election of nominees to the two consumer Board Seats.</i></p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Ms. McFerson raised several questions regarding the election process and the involvement of members and the public. She inquired if everyone had the opportunity to run as an RCAC or ECAC member, the relevance of the new bylaws, and how nominations would work. She asked for clarity on how members could nominate themselves and the time allocated for community representatives to speak. She also questioned whether the public would be invited to meetings, have a chance to ask questions, and be properly represented, ensuring the democratic process is followed.</i></p> <p>Mr. Rodriguez clarified that to apply for a seat, individuals must first be an RCAC member. He mentioned that the rules and requirements for nominations are listed in the application and that any RCAC member can nominate someone or they can self-nominate. Campaigning will follow the same process as other elections, with time allotted on the agenda for candidates to campaign. He also confirmed that the public can attend any RCAC meeting and submit public comments, just like at other meetings such as the Board or TTECAC meetings.</p> <p>Member Salazar thanked Mr. Rodriguez for attending TTECAC and providing an update. She asked if there is a difference in this application and the application presented in October. Mr. Rodriguez responded that the only difference is that there is going to be a conference this year and it is listed on the motion, it was not listed in the previous motion.</p> <p>Member Poz asked if people need to submit the application by a deadline or if people will be able to nominate themselves at the election. Mr. Rodriguez thanked her for her question and responded that applications must be submitted 60 days prior to the election date. That date will be confirmed this week.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Vice Chair McClain asked if the Application will be available at the March meeting. Mr. Rodriguez responded that the application can be made available once the motion is approved.</p> <p>Dr. Eakins asked the committee to amend the election rules to reflect that the election will take place in June to give staff more time to find a venue and the Committee more time to fill out and submit the application. This will move the deadline month from March to April.</p> <p><b><u>Motion ECA A.0225</u></b>  <b>Election timeline, application and rules have been reviewed at each RCAC meeting. ECAC approved the proposed timeline, application and rules for the election of nominees to the two consumer Board Seats.</b></p>	<p><b>Approved Unanimously.  11 AYES ( Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</b></p>
<b>MOTION FROM RCAC 5</b>	<p>Member Maria Sanchez, <i>RCAC 5 Chair</i>, presented Motion ECA 102 (<i>a copy of the motion can be obtained from CO&amp;E</i>).</p> <p><b><u>ECA 102</u></b>  <b>At the December 19, 2024, RCAC 5 meeting, the committee members voted to send this motion to the February TTECAC meeting. The motion asks L.A. Care to consider the following recommendations:</b></p> <ul style="list-style-type: none"> <li>• <b>Provide a Report with Solutions by May 2025: Conduct a review of contracted PCPs, specialists, and urgent care facilities in Region 5, along with an analysis of L.A. Care’s travel time and distance to care standards based on member zip codes.</b></li> <li>• <b>Create Solutions to Address Long Wait Times with Member Services: Provide solutions to reduce wait times for members seeking assistance with PCP and specialist changes.</b></li> <li>• <b>Develop a Resource Guide of Urgent Care Facilities: Compile a list of urgent care facilities in Region 5 that currently accept L.A. Care and create a resource guide to be distributed to members, providers, and clinics.</b></li> <li>• <b>Call the Car Medical Transportation Services: Review current grievances related to poor customer service and late arrivals to medical appointments experienced by members using Call the Car and implement improvements to enhance the member experience and decrease late arrivals.</b></li> </ul> <p><b><u>PUBLIC COMMENT</u></b></p>	<p><b>Approved Unanimously.  11 AYES ( Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Ms. McFerson spoke about the mistreatment of low-income individuals with L.A. Care in Service Area 5, particularly in hospitals and emergency rooms. She shared her personal experience of being treated unfairly when seeking care for kidney and bladder issues. Despite experiencing severe muscle spasms, a nurse dismissed her symptoms, accused her of faking a seizure, and threatened to send her to psych. She emphasized that L.A. Care members deserve better care and should not be treated poorly or dismissed when seeking medical attention.</i></p>	
<p><b>MOTION FROM RCAC 6</b></p>	<p>Joyce Sales, RCAC 6 Interim Chair, presented Motion ECA 103 (a copy of the motion can be obtained from CO&amp;E).</p> <p><b><u>ECA 103</u></b></p> <p>At the December 18, 2024, RCAC 6 meeting, the committee members voted to send this motion to the February TTECAC meeting. The motion asks L.A. Care to consider the following recommendations:</p> <ul style="list-style-type: none"> <li>• <b>Provide a Report with Solutions by May 2025:</b> Conduct a review of contracted PCPs, specialists, and urgent care facilities in Region 6, along with an analysis of L.A. Care’s travel time and distance to care standards based on member zip codes.</li> <li>• <b>Create Health Access Education Materials:</b> Develop materials explaining the difference between urgent care and emergency care, compile a list of urgent care facilities in Region 6 that currently accept L.A. Care and create a resource guide to be distributed to members, providers, and clinics.</li> <li>• <b>Provide Additional Training for Member Services Representatives:</b> Offer training to enhance support for members needing assistance with provider changes or locating covered urgent care facilities.</li> </ul> <p><b><u>PUBLIC COMMENT</u></b></p> <p><i>Ms. McFerson thanked the staff for their teamwork and acknowledged feeling limited by the 60-second comment time. She expressed her support for the motion, agreeing that better services are needed for L.A. Care members and that their voices need to be heard. She concluded by expressing her appreciation for the motion.</i></p> <p>Ms. Gonzalez asked for clarification regarding materials related to urgent care. She mentioned that only the person needing the service could determine if it is an urgent matter, and she requested more details on what specific materials were being referred to.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Sales emphasized the need for more information about urgent care facilities. They suggested creating a resource guide that specifies which facilities provide urgent care, along with contact details and the types of insurance they accept. Member Sales highlighted the importance of educating both patients and doctors to improve awareness and support for accessing appropriate care.</p> <p>Dr. Eakins stressed the importance of clarity in the process, noting that if there is confusion within the group, the board may also be unclear. He emphasized the need to resolve any uncertainties before drafting the motion to ensure it is clear and understandable. Dr. Eakins also mentioned that staff and field specialists should be involved in refining the clarity of the motion to ensure it is well understood.</p> <p>Ms. Gonzalez acknowledged that both RCAC 5 and RCAC 6 motions address similar issues, which could create confusion for the board. She suggested that instead of rescinding one motion, both should be incorporated together. She also inquired if the motions would be forwarded to the Board of Governors.</p> <p>Dr. Eakins suggested that the committee vote on RCAC 6 and allow staff to work on combining the motions from RCAC 5 and RCAC 6 into a single document for clarity. He emphasized that the committee should ensure both motions are aligned before moving forward. If both motions are approved, the final combined motion would be shared with the ECAC Chair and Vice-Chair, as they typically represent the motion at the Board of Governors meeting.</p>	<p><b>Approved Unanimously. 11 AYES ( Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)</b></p>
FUTURE AGENDA ITEM SUGGESTIONS		
	<p>Member Refugio requested a presentation from L.A. Care regarding the benefits available to members, particularly comparing those available to children, undocumented individuals, and those born in the U.S. They also suggested that the information be provided in multiple languages, as many members may not speak or read English, and asked how L.A. Care addresses this language barrier.</p> <p>Ms. De La Torre explained that due to time constraints, ECAC meetings often focus on motions, limiting the time for presentations. She suggested that if members are interested in specific topics, particularly those relevant to their RCAC, they should work with their field specialists to bring those topics to their RCAC meetings. She also noted that she had written down the request and would consider it for future discussions.</p>	
PUBLIC COMMENTS		
	<b><u>PUBLIC COMMENT</u></b>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>Ms. McFerson requested audio recordings of all RCAC meetings from the past four months and inquired about how to obtain them. She also called for a formal investigation into the elections to ensure fairness and equal opportunity for all candidates. She raised concerns about unclear bylaws and emphasized the importance of adhering to proper meeting procedures, including the Brown Act. Additionally, she advocated for a dedicated phone line to help members navigate dental coverage issues and understand their rights, a request she had previously made at the Board of Governors meeting.</i>	
<b>ADJOURNMENT</b>		
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:03 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 \_\_\_\_\_

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>Ms. McFerson requested audio recordings of all RCAC meetings from the past four months and inquired about how to obtain them. She also called for a formal investigation into the elections to ensure fairness and equal opportunity for all candidates. She raised concerns about unclear bylaws and emphasized the importance of adhering to proper meeting procedures, including the Brown Act. Additionally, she advocated for a dedicated phone line to help members navigate dental coverage issues and understand their rights, a request she had previously made at the Board of Governors meeting.</i>	
<b>ADJOURNMENT</b>		
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:03 P.M.	

**RESPECTFULLY SUBMITTED BY:**

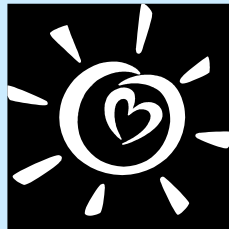
Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**

Ana Rodriguez, TTECAC Chair \_\_\_\_\_   
Date 3/12/2025

# **BOARD COMMITTEE REPORTS**

- **Executive**
- **Finance & Budget**
- **Compliance & Quality**



**L.A. Care**  
HEALTH PLAN

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

**Date:** April 3, 2025

**Motion No.** BOG 100.0425

**Committee:**

**Chairperson:**

**Issue:** To appoint the Chairperson of the Board of Governors to serve as the Agency Negotiator for L.A. Care concerning employment terms for the Chief Executive Officer.

**Background:** The Chairperson of the Board of Governors traditionally serves in the role of Agency Negotiator with respect to employment of the Chief Executive Officer (CEO). This motion appoints \_\_\_\_\_, in place of Alvaro Ballesteros upon \_\_\_\_\_ becoming the Chairperson, anticipated to occur as of April 3, 2025.

As the Agency Negotiator for L.A. Care, the Chairperson has delegated authority from the Board to conduct and complete performance evaluations and to negotiate and implement all employment terms and conditions of the CEO, including compensation. The Agency Negotiator routinely seeks guidance from the Board to carry out these duties. The Board retains the authority to modify, limit or rescind the appointment of the Agency Negotiator or the delegation of authority to conduct these duties, at its discretion.

**Member Impact:** None

**Budget Impact:** None.

**Motion:** To appoint \_\_\_\_\_ as the Agency Negotiator for L.A. Care Health Plan for all terms and conditions of employment for L.A. Care's Chief Executive Officer, effective April 3, 2025.



# BOARD OF GOVERNORS

## Executive Committee

### Meeting Minutes – January 22, 2025

1055 West 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

**Members**

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

**Management/Staff**

Martha Santana-Chin, *Chief Executive Officer*  
 Sameer Amin, MD, *Chief Medical Officer*  
 Augustavia J. Haydel, Esq., *General Counsel*  
 Todd Gower, *Interim Chief Compliance Officer*  
 Alex Li, MD, *Chief Health Equity Officer*  
 Noah Paley, *Chief of Staff*  
 Acacia Reed, *Chief Operating Officer*  
 Afzal Shah, *Chief Financial Officer*

*\*Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i>, called to order at 2:17 pm the regular and supplemental special meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee. The meetings were held simultaneously. He welcomed everyone to the meetings and wished everyone a Happy New Year. He hopes that everybody is safe given what has happened over the past few weeks because of the fires, affecting your families, friends, and neighborhoods. He invited everyone to keep in their thoughts those that are affected and hope for a speedy resolution to the difficult situations in which they find themselves.</p> <p>He welcomed Martha Santana-Chin, <i>Chief Executive Officer</i>, to her first meeting of the L.A. Care Board of Governor's Executive Committee. He thanked her for joining L.A. Care to take on the CEO role, especially at this time.</p> <p>Ms. Santana-Chin commented that it's a pleasure to be here and she thanked Board Members for offering support in a variety of different ways. Going into this role, she knew she would be working with an awesome team, and they are going into the year ready to tackle it.</p> <p>Chairperson Ballesteros thanked the executive team of L.A. Care for their hard work over the past year. The new year has already started out very tough and there is much to be done this year. There is an awesome leadership team at L.A. Care. If there is any team that is going to get L.A. Care through the year, it will be this team. The Board has</p>	

**APPROVED**

<b>AGENDA ITEM/PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
	<p>full confidence in and is happy to have this team, especially at times like this. He wanted to say up front in the meeting that he was thinking a lot about them the past few weeks and knows that they have given everything, and particularly during the fire emergency. He knows they worked long hours to be available because there was a lot going on in our communities with our members. People need L.A. Care. He noted that their work is seen and is appreciated. Some of the best people work in this organization, and he is so happy to be a board member with L.A. Care.</p> <p>He provided information on how to submit public comments.</p>	
<b>APPROVE MEETING AGENDA</b>	The agenda for today’s meeting was approved.	<b>Approved unanimously. 5 AYES (Ballesteros, Booth, Raffoul, Roybal, and Shapiro)</b>
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the November 20, 2024 meeting were approved.	<b>Approved unanimously. 5 AYES</b>
<b>CHAIRPERSON’S REPORT</b> <ul style="list-style-type: none"> <li>Discuss the ad hoc Nomination Committee to carry out the process for nominating a member to the L.A. Care Board.</li> </ul>	<p>Chairperson Ballesteros noted that one Board seat is appointed by the L.A. Care Board of Governors. The Board will look for individuals that fit the criteria the Board is looking for. He suggested forming an ad hoc committee to find interested individuals. Applicants will be sought, and the committee will decide which individual to recommend for nomination to the Board.</p> <p>In 2014, there was an ad hoc nominating committee of five individuals representing members, Los Angeles County Department of Health Services, health centers, clinics and other stakeholder groups. He recommended that the Board proceed in the same way. He will recommend to the Board on February 6 to establish an ad hoc nominating committee to carry out the process for nominating a member to the L.A. Care Board. No board vote would be needed. The ad hoc committee and nominating process would be reviewed regularly with the Board. He asked for input on the members to invite to the ad hoc nominating committee so he could inform the Board who the Committee members will be. Once the ad hoc committee members have been recruited, the ad hoc committee will meet to determine the 2025 process. Board Services will support the ad hoc nominating committee through the process.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In response to a question about the number of meetings, Chairperson Ballesteros responded it will meet to determine a process and when applicants have been gathered, a meeting would be held to review the applicants and determine a recommended nominee. The committee is going to identify a person based on the interests defined by the Board. He emphasized that it will be very important that Board Members are comfortable with the process.</p> <p>Board Member Shapiro noted that the committee process is a good way to proceed. Chairperson Ballesteros asked about existing criteria for the seat. Augustavia Haydel, <i>General Counsel</i>, responded that there is a description, and the committee could develop more detail. Board Member Shapiro suggested that a nominee have experience in legislative affairs and advocacy. L.A. Care will continue to need that type of experience. Ms. Santana-Chin suggested that the process include a set of criteria recommendations from staff for the Board to consider in determining the profile. Ms. Haydel indicated that there is no limitation on the CEO's participation in making recommendations to the Board about how they want to move forward to determine a nominee for the Board seat. The Board could establish an ad hoc committee to make a recommendation about how that process should go forward. Board Member Raffoul suggested it would be helpful to have information about Mr. De La Torre's background in developing the criteria for a nominee. Board Member Roybal suggested gathering input from prior Board Members who participated in the process in 2014.</p> <p>If the Board members have no objection, the Board could delegate to the Chairperson the authority to establish the ad hoc. The Board can then provide support, including receiving recommendations from staff and the CEO. It could be the discretion of the ad hoc committee to reach out for additional information.</p>	
<p><b>CHIEF EXECUTIVE OFFICER'S REPORT</b></p> <ul style="list-style-type: none"> <li>• Fire Disaster Response and Recovery Support Efforts</li> </ul>	<p>Ms. Santana-Chin thanked the Chairperson and Committee members. When she joined L.A. Care on January 6, the entire team had very big plans to strengthen the core operations, deliver meaningful value to L.A. Care members and the communities that it serves and prepare to advocate to protect the advances that were made in coverage and addressing whole person care considering the new federal administration and its new agenda. A couple of days later unfortunately all attention shifted to responding to the wildfires.</p> <p>The wildfires forced evacuation of more than 200,000 people from their homes, impacted close to 59,000 L.A. Care members and 237 of L.A. Care employees. 12,000</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>structures were destroyed and tragically more than 25 lives lost as of today. The significant magnitude of the emergency is felt very deeply in the community, and it will take a significant time to recover.</p> <p>She is grateful for the L.A. Care team and how they showed up in that moment. They took time to make the best of the crisis to strengthen the response and testing the business continuity plan, mobilizing the teams to support the members and providers in the community.</p> <ul style="list-style-type: none"> <li>The website was updated with emergency contact information, ensuring continuity of care by suspending prescription refill limitations across lines of business, enabling access to out-of-network providers, and replacing medical equipment. By engaging with the CalAIM network through Enhanced Care Management and Community Supports, L.A. Care served the highest risk members. Special efforts have been made to connect with the most vulnerable, including proactive outreach, transportation for evacuations and medical appointments, and behavioral health support. Additionally, L.A. Care is addressing the long-term public health concerns associated with wildfires, such as increased respiratory and mental health challenges. Studies have shown a 30% rise in respiratory illnesses with a heightened demand for mental health services following major wildfire events and L.A. Care is preparing to meet this challenge moving forward.</li> </ul> <p>Extensive work was done to conduct outreach to individuals that had mobility issues, were homebound or were classified as high risk for other reasons. L.A. Care made sure that they knew what to do with the evacuation orders, that they had access to medical appointments as several provider sites were impacted and provided access to behavioral health and other support.</p> <p>L.A. Care will continue to support members with resources to address respiratory issues, mental health and other needs that arise up because of the trauma that communities are facing.</p> <p>She is proud to share that members were cared for, including members that had to be transitioned from a facility. People continued to get prescriptions and durable medical equipment. L.A. Care maintained compliance through the process. L.A. Care is continuing to be vigilant and diligent about support.</p> <ul style="list-style-type: none"> <li>L.A. Care employees were also impacted. Emergency communication channels were activated with employees through text messaging and email to make sure L.A. Care's</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>leadership knew where employees were, that they were safe, and the extent that they needed support of any kind. The team very quickly mobilized to allow for flexible work arrangements for impacted individuals, ensuring that they were connected with employee assistance programs and providing direct support for employees who lost their home.</p> <ul style="list-style-type: none"> <li>• The provider network team did a phenomenal job in partnership with Health Services in working with Los Angeles County and others, connecting with all the providers that are actively caring for members to understand any disruption in services and access to care, offering logistical and other support, and making sure that resources were available to continue to serve members. One thing that the hospitals had specifically reached out to L.A. Care very quickly was about suspending authorization requirements for individuals that were in the process of discharge. Those flexibilities remain in place and will continue. L.A. Care is continuing to partner with physicians and other providers including nursing facilities, trying to understand what it will take to fully recover.</li> <li>• L.A. Care assessed service availability, offered logistical and financial support, and allocated critical resources to address staffing shortages and supply needs. Authorization requirements for hospital discharge services were suspended to streamline care delivery.</li> <li>• In collaboration with Blue Shield Promise, Community Resource Centers were opened to provide protective masks and other resources for the entire community, not just L.A. Care members. In partnership with the Center of Hope Church, L.A. Care is accepting essential item donations at the Community Resource Centers, with donations routed to fire relief organizations. Field medicine teams were enlisted to support unhoused individuals.</li> <li>• L.A. Care ensured operations were strong and would continue to operate should the business continuity plan be activated. Emergency communication channels were activated to provide timely updates and resources. Flexible work arrangements, financial support, and counseling services were offered through the Employee Assistance Program (EAP). Direct support was provided to employees who lost homes. With these actions, the L.A. Care team was able to maintain timely processing of prior authorizations and thorough care coordination with the provider network.</li> </ul> <p>She is very proud of the way the team came together. She noted that for her personally coming into a new organization, there is nothing like a crisis to appreciate how the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>leadership team comes together and how the entire organization rallies to make sure that it continues to be of service. She is grateful for the opportunity to witness that firsthand.</p> <p>L.A. Care maintains open lines of communication with the state regulators, with Los Angeles County agencies, community-based organizations, and disaster relief partners to make sure to address needs that arise, as opposed to duplicating efforts.</p> <p>It will take a long time to recover. Advocacy and policy will be a critical focus. L.A. Care has a strategic planning session with the Local Health Plans of California, an association of similar health plans. California Health &amp; Human Services Secretary Kim Johnson will join to allow health plans to speak about the experience in Los Angeles County and appeal for ongoing and sustained support. Some requests will include asking her to be alert for requests for additional flexibility and recognize when setting rates, the events happening now will have consequences in the near and distant future. The policy for rate setting must be sound and take this disaster into account. Ms. Santana-Chin will continue to update Board members. She invited chief officers to add their comments.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, commented that was a great list of activities. He noted there has been talk about the physical health concerns with the members in the areas that have been evacuated. There was also a significant mental health toll. L.A. Care has begun activating behavioral health outreach, including disaster management protocols, such as no additional cost sharing for out of network services and behavioral health facilities. L.A. Care has waived prior authorization requirements for behavioral health and extended claims filing deadlines. A countywide crisis support line was opened, shared with Pasadena Public Health. School based telehealth offerings have expanded for counseling and urgent care needs across impacted school districts including Los Angeles Unified School District (LAUSD) and Pasadena USD. A call center <i>frequently asked questions</i> was developed along with protocol to help ensure continuity of home-based autism treatment for displaced families. Health Services worked with communications staff to disseminate wildfire information on lacare.org. The emergency affected not just physical health, also mental health. With the pandemic and the housing crisis in Los Angeles County, the County and City agencies have been through a lot. L.A. Care needs to serve mental health needs.</p> <p>Board Member Shapiro commented that he has heard amazing things from L.A. Care’s CEO and CMO. He thinks that the communications department should take note of it</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and should disseminate information about the efforts. L.A. Care is a silent witness of all these things and is doing the good life changing work. From providing autism treatment directly at home for the displaced to supporting providers. It should be highlighted. Few health plans are doing that work, along with outreach and everything else. This is the moment to make sure this important work is communicated, a reflection of the things that L.A. Care is already doing.</p> <p>Noah Paley, <i>Chief of Staff</i>, responded that just before he walked in today, he reviewed a list of items to be communicated on the website and through direct communications. The communications team is also aware of the motions to be discussed with this committee later in this meeting. He thanked Ms. Santana-Chin and Dr. Amin for doing a great job surveying the efforts that L.A. Care is undertaking. He added, as Ms. Santana-Chin said, this will be a sustained effort, and that is why the motions will be presented later. It will include an evaluation of L.A. Care’s readiness to contribute to the total effort to rebuild and restore what has been devastated by the wildfires.</p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported President Trump issued a host of executive orders, proclamations, and other documents on his first day in office. Staff is currently reviewing the details and will coordinate with state and national trade associations and reach out to congressional offices. There will be more clarity in the coming days and a more detailed discussion will be prepared for the February 6 Board meeting.</p> <p>Ms. Compartore provided high level information about the potential impact on L.A. Care’s members in the Los Angeles community. She will not cover the effect of every executive order, just some of the key ones.</p> <p>About Covered California (also referred to as the marketplace), the President reversed President Biden's executive order that encouraged states to extend open enrollment periods and protect people with pre-existing conditions. President Trump did not mention elimination of subsidies. Going back in time, L.A. Care worked at the state level where protections were included in state law, such as no pre-existing conditions and the individual mandate. California does have some subsidies, whether those will be included in the State budget remains to be seen. Some of those protections will protect the marketplace to some degree, according to legal analysis. There was not a significant mention of Medicaid in the executive orders, but that's because the Trump administration has ideas in place already. They will be going through existing regulations as well as the final rule on enrollment and eligibility. There will likely be proposals</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>around for block grants or per capita grants. There may be a reduction in the federal match, which is 50% in California, to no more than 40%, adding work requirements, increasing enrollment hurdles such as eliminating continuous eligibility or scaling back for those states that did not go forward with Medicaid expansion. It is not known what could be done regarding Medicaid. The magnitude of the Medicaid proposals could be significant. It should be remembered that in the US Congress, the House of Representatives clearly could have the votes to do some of the more restrictive cuts while it remains to be seen whether the Senate could pass something. It is hoped that the Republicans that depend on Medicaid expansion will not enact cuts. Some states depend on the marketplace and would not want to repeal the Affordable Care Act (ACA). It is hoped that will influence proposed legislation. L.A. Care Government Affairs staff is engaging with members of the US Congress and will travel to Washington, DC soon. There will be meetings with a member in Energy and Commerce, as well as Immigration areas. Staff can also reach out to high level committee members as well as the Los Angeles Congressional delegation.</p> <p>As expected, the President is making major changes to US immigration policy. A plan was announced yesterday to revoke birthright citizenship for children born to unauthorized immigrants. He declared a national emergency and ordered military deployments to the southern border and is restating previous policies like requiring the asylum seekers to remain in Mexico while the cases are being processed. As is understandable, the immigrant community is incredibly alarmed. In California, the fear of deportation roundups is growing, adding to anxiety that many already feel. California joined a coalition with 18 other states and filed a lawsuit yesterday against the Trump administration arguing that ending birthright citizenship is a violation of the 14th amendment of the US Constitution. During the previous Trump administration, California filed or joined over 100 lawsuits, with 25 of those lawsuits in healthcare, immigration and LGBTQ areas. Of those 25 lawsuits, 15 are still pending, seven were won and three were lost. More information will be provided in the February 6 Board meeting packet. California has approved, as part of a special state legislative session, a \$50 million fund to support state and local efforts addressing immigration issues. Of the \$50 million, and \$25 million will go to state and local defense funds. The other \$25 million will be used to defend immigrants and provide information against deportation and detention.</p> <p>There were not many new proposals related to the California State Budget, because of the money needed to fight the Trump administration. A state budget summary will be</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>provided in the Board meeting packet detailing the proposals potentially impacting L.A. Care. It is too soon to know which proposals will pass.</p> <p>Ms. Santana-Chin thanked Ms. Compartore for the comprehensive overview. She added that the proposed items affect things that Californians have fought for and had believed that progress was being made. L.A. Care employees, members, and communities are experiencing anxiety. One thing about the US democracy is that there are checks and balances. The execution of many proposals will take time, and the lawsuits have already started. There is a process for approving Medi-Cal changes and there will be a lot of negotiation. She would like to believe that the agenda that was put forth is a negotiation strategy, the extreme position is an anchor to negotiate to a reasonable position. For L.A. Care that means a few things. Ms. Compartore and the Government Affairs team will work in partnership with coalitions and lobbyists, and the work continues to be important and will be a priority. Communications, bringing facts to the table and make sure that the provider network, employees, and members are well informed is important. There could be chaos and people working at cross purposes. L.A. Care will work on making sure that people understand the situation and how to proceed. Leveraging coalitions will be important, because legal aid entities, along with the state and the county agencies, are already organized. L.A. Care will collaborate and add to the message with a smart workforce that knows how to support members and providers. From a communications perspective, going back to Board Member Shapiro’s earlier comment, if one stays silent, others will make up the narrative. L.A. Care will focus on advocating and will have a very logical plan. She invited Board Members to provide their perspectives. Many organizations are working through similar issues and organizing, so if there is anything that L.A. Care should consider, please share it with Ms. Compartore, Mr. Paley, and her.</p> <p>Board Member Shapiro noted that coalition building will be interesting, and he suggested organizations that could be non-traditional partners, the American Academy of Pediatrics and the National Association for Community Health Centers (NACHC). Those are top of mind because they align with the idea of Medicaid and Medi-Cal as an important part of L.A. Care activities. In two weeks NACHC will hold the Policy &amp; Issues Forum 2025 in Washington DC.</p> <p>Board Member Roybal noted that when they tried to get rid of the ACA before, Senator John McCain of Arizona was a key no vote. The attempt was made through simple majority in a reconciliation bill. Later, it was revealed that Senator McCain talked to his</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>governor and was told the state would lose a lot of funding for rural hospitals, and those facilities would suffer. A main reason Senator McCain voted like he did, along with other reasons, was that he knew that his state would lose a lot of resources for rural areas in Arizona. In California and with the new Congress, the majority is razor thin. He suggested working on a statewide level to help educate people, and especially people who live and are represented by Republican House members, to understand the effects if those programs were diminished, taken apart or demolished. It will take a couple people in California, a couple of people nationally to vote one way or the other in the House to make a difference. He encouraged making sure to work on coalitions like that. In other counties of California, particularly rural counties with district hospitals where they are dependent on Medi-Cal and other funding streams that will be affected by any cuts that occur, the coalitions really need to help educate folks about what is going on and help them inform their representatives understand how it would affect their communities.</p> <p>Mr. Paley responded that it is a tremendous idea to show the state impact and to also point out not just the issues relative to revenue, but the impact on public services that will arise from certain requirements like work requirements, that will have to be administered by the states.</p>	
<b>COMMITTEE ISSUES</b>		
<p>Approve changes to regular meeting schedule of Technical Advisory Committee and Compliance &amp; Quality Committee meetings</p>	<p>Ms. Haydel noted that a couple of meeting dates are rescheduled for various reasons and approval of the Board is needed to assure that these are considered regular meetings.</p> <p><b><u>Motion EXE 100.0225</u></b>  <b>Approval of the following changes to 2025 Board and Committee regular meeting schedules:</b></p> <ol style="list-style-type: none"> <li><b>1. Technical Advisory Committee January 9, 2025 meeting moved to January 30, 2025 at 2:00 PM, and</b></li> <li><b>2. Compliance &amp; Quality Committee June 19, 2025 moved to Monday, June 16 due to Juneteenth Holiday.</b></li> </ol>	<p><b>Approved unanimously. 5 AYES</b></p> <p><b>The Committee approved to add EXE 100.0225 to the Consent Agenda for February 6, 2025 Board of Governors meeting.</b></p>
<p>Human Resources Policy HR 214 (Employee Conduct and Discipline)</p>	<p>Terry Brown, <i>Chief of Human Resources</i>, summarized a motion to approve revisions to HR 214 (Employee Conduct and Discipline). The word aggressive was removed on the advice of counsel to provide flexibility depending on the severity of a violation. The revisions to the document include updated code violations that are most likely to create an issue, as those change over time. The disciplinary process is updated so managers</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>must include the HR business partner before disciplinary action can take effect. The structure of the document was changed a little bit.</p> <p>Prior to this meeting he had a conversation with Board Member Booth, and he will include clarifications that will not change the intent or meaning of the document.</p> <p><b><u>Motion EXE A.0125</u></b>  <b>To approve the Human Resources Policy HR-214 (Employee Conduct &amp; Discipline), as presented.</b></p>	<p><b>Approved unanimously. 5 AYES</b></p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for February 6, 2025 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• December 5, 2024 Board of Governors Meeting Minutes</li> <li>• Changes to regular schedule of Technical Advisory Committee and Compliance &amp; Quality Committee meetings</li> <li>• OptumInsight, Inc. Contract Amendment to continue to support L.A. Care with post-payment Data Mining services</li> <li>• Delegate to Martha Santana-Chin, Chief Executive Officer, discretionary authority to approve vendors to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7<sup>th</sup> Street Building</li> <li>• 2025 Compliance Work Plan</li> <li>• 2025 Compliance Program Plan</li> </ul>	<p><b>Approved unanimously. 5 AYES</b></p>
<b>PUBLIC COMMENTS ON CLOSED SESSION ITEMS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Executive Committee meeting adjourned at 3:11 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 3:11 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>January 2027</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LIT Significant Exposure (3 cases) Pursuant to paragraph 2 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION 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>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, Terry Brown, <i>Chief Human Resources Officer</i> <i>From the Supplemental Special Meeting Agenda</i></p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, Terry Brown, <i>Chief Human Resources Officer</i>, <i>and Augustavia Haydel, General Counsel</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: Martha Santana-Chin</p>	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 4:45 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 4:45 pm	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

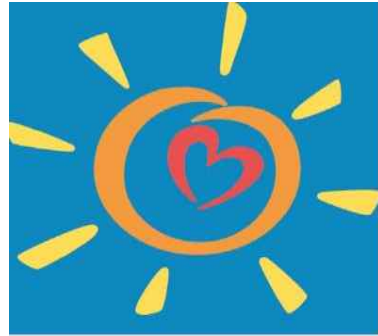
APPROVED BY:

Designated by:  


AA170E43R13B4A1...  
 Rivaldo Baucsteros, MBA, *Board Chairperson*

Date: 3/27/2025 | 12:41 PM PDT

**APPROVED**



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
January 2025  
(Unaudited)



## Financial Performance Results Highlights - Year-to-Date

January 2025

### **Overall**

L.A. Care total Year-to-Date (YTD) combined member months are 10.5M, flat versus 3+9 Forecast. YTD financial performance resulted in a surplus of +\$115.7M or +2.9% margin and is +\$33.8M/+86bps favorable versus 3+9 Forecast. The YTD favorability is driven by higher net other income +\$16.4M, lower capitation expense +\$13.7M, timing of provider incentives and shared risk +\$12.2M, higher revenue +\$2.8M, and lower skilled nurse facility claims +\$2.2M; partially offset by higher operating expenses (\$7.7M), higher outpatient (\$2.4M), inpatient (\$1.5M), and pharmacy (\$1.4M) claims.

### **Medi-Cal**

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). YTD member months are 9.5M, flat versus 3+9 Forecast. YTD financial performance resulted in a surplus of +\$93.8M or +2.7% margin, +\$30.5M/+89bps favorable versus 3+9 Forecast. The YTD favorability is driven by higher net other income +\$16.4M, lower capitation expense +\$15.0M, timing of provider incentives and shared risk +\$7.1M, and lower skilled nurse facility claims +\$2.9M; partially offset by higher outpatient (\$5.6M) and inpatient (\$4.3M) claims.

### **D-SNP**

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. YTD member months are 85K, flat versus 3+9 Forecast. YTD financial performance resulted in a deficit of (\$2.6M) or (2.0%) margin, +\$1.2M/+95bps favorable versus 3+9 Forecast. The YTD favorability is driven by higher revenue +\$2.4M, lower outpatient +\$1.2M and inpatient +\$1.1M claims; partially offset by higher operating expenses (\$2.8M).

### **Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. YTD member months are 1M, flat versus 3+9 Forecast. YTD financial performance resulted in a deficit of (\$36.4M) or (12.2%) margin, (\$1.5M)/(48bps) unfavorable versus 3+9 Forecast. The YTD unfavorability is driven by higher operating expenses (\$4.8M) and higher capitation expenses (\$1.2M); partially offset by lower outpatient +\$2.0M and inpatient +\$2.0M claims, and higher revenue +\$1.0M.

### **Incentive Programs**

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). YTD financial performance resulted in a surplus of \$78.7M, \$4.0M favorable versus 3+9 Forecast, primarily driven by timing of healthcare expenses +3.9M.



Consolidated Operations Income Statement (\$ in thousands)

January 2025

Current Actual		Current 3+9 Forecast		Current Fav/(Unfav)		YTD Actual		YTD 3+9 Forecast		YTD Fav/(Unfav)	
	PMPM		PMPM		PMPM		PMPM		PMPM		PMPM
<b>Membership</b>						<b>Member Months</b>					
2,631,349		2,631,569		(220)		10,483,662		10,483,882		(220)	
<b>Revenue</b>						<b>Capitation Revenue</b>					
\$ 992,323	\$ 377.12	\$ 989,556	\$ 376.03	\$ 2,768	\$ 1.08	\$ 3,946,978	\$ 376.49	\$ 3,944,211	\$ 376.22	\$ 2,768	\$ 0.27
<b>\$ 992,323</b>	<b>\$ 377.12</b>	<b>\$ 989,556</b>	<b>\$ 376.03</b>	<b>\$ 2,768</b>	<b>\$ 1.08</b>	<b>\$ 3,946,978</b>	<b>\$ 376.49</b>	<b>\$ 3,944,211</b>	<b>\$ 376.22</b>	<b>\$ 2,768</b>	<b>\$ 0.27</b>
<b>Healthcare Expenses</b>						<b>Capitation</b>					
\$ 450,012	\$ 171.02	\$ 463,757	\$ 176.23	\$ 13,746	\$ 5.21	\$ 1,855,446	\$ 176.98	\$ 1,869,192	\$ 178.29	\$ 13,746	\$ 1.31
\$ 143,556	\$ 54.56	\$ 142,093	\$ 54.00	\$ (1,463)	\$ (0.56)	\$ 544,197	\$ 51.91	\$ 542,735	\$ 51.77	\$ (1,463)	\$ (0.14)
\$ 146,413	\$ 55.64	\$ 144,061	\$ 54.74	\$ (2,353)	\$ (0.90)	\$ 566,910	\$ 54.08	\$ 564,558	\$ 53.85	\$ (2,353)	\$ (0.23)
\$ 122,011	\$ 46.37	\$ 124,234	\$ 47.21	\$ 2,223	\$ 0.84	\$ 477,139	\$ 45.51	\$ 479,361	\$ 45.72	\$ 2,223	\$ 0.21
\$ 23,874	\$ 9.07	\$ 22,522	\$ 8.56	\$ (1,351)	\$ (0.51)	\$ 86,386	\$ 8.24	\$ 85,034	\$ 8.11	\$ (1,351)	\$ (0.13)
\$ 6,228	\$ 2.37	\$ 18,379	\$ 6.98	\$ 12,151	\$ 4.62	\$ 56,987	\$ 5.44	\$ 69,138	\$ 6.59	\$ 12,151	\$ 1.16
\$ 13,136	\$ 4.99	\$ 13,334	\$ 5.07	\$ 198	\$ 0.07	\$ 49,333	\$ 4.71	\$ 49,531	\$ 4.72	\$ 198	\$ 0.02
<b>\$ 905,229</b>	<b>\$ 344.02</b>	<b>\$ 928,380</b>	<b>\$ 352.79</b>	<b>\$ 23,151</b>	<b>\$ 8.77</b>	<b>\$ 3,636,398</b>	<b>\$ 346.86</b>	<b>\$ 3,659,549</b>	<b>\$ 349.06</b>	<b>\$ 23,151</b>	<b>\$ 2.20</b>
91.2%		93.8%		2.6%		92.1%		92.8%		0.7%	
<b>\$ 87,095</b>	<b>\$ 33.10</b>	<b>\$ 61,176</b>	<b>\$ 23.25</b>	<b>\$ 25,919</b>	<b>\$ 9.85</b>	<b>\$ 310,580</b>	<b>\$ 29.63</b>	<b>\$ 284,661</b>	<b>\$ 27.15</b>	<b>\$ 25,919</b>	<b>\$ 2.47</b>
<b>\$ 71,599</b>	<b>\$ 27.21</b>	<b>\$ 63,888</b>	<b>\$ 24.28</b>	<b>\$ (7,711)</b>	<b>\$ (2.93)</b>	<b>\$ 237,556</b>	<b>\$ 22.66</b>	<b>\$ 229,844</b>	<b>\$ 21.92</b>	<b>\$ (7,711)</b>	<b>\$ (0.74)</b>
7.2%		6.5%		(0.8%)		6.0%		5.8%		(0.2%)	
<b>\$ 15,496</b>	<b>\$ 5.89</b>	<b>\$ (2,712)</b>	<b>\$ (1.03)</b>	<b>\$ 18,207</b>	<b>\$ 6.92</b>	<b>\$ 73,024</b>	<b>\$ 6.97</b>	<b>\$ 54,817</b>	<b>\$ 5.23</b>	<b>\$ 18,207</b>	<b>\$ 1.74</b>
1.6%		(0.3%)		1.8%		1.9%		1.4%		0.5%	
\$ 12,751	\$ 4.85	\$ 13,394	\$ 5.09	\$ (643)	\$ (0.24)	\$ 54,044	\$ 5.16	\$ 54,687	\$ 5.22	\$ (643)	\$ (0.06)
\$ 13,970	\$ 5.31	\$ (2,425)	\$ (0.92)	\$ 16,395	\$ 6.23	\$ (2,385)	\$ (0.23)	\$ (18,781)	\$ (1.79)	\$ 16,395	\$ 1.56
\$ 76	\$ 0.03	\$ -	\$ -	\$ (76)	\$ (0.03)	\$ 40	\$ 0.00	\$ (35)	\$ (0.00)	\$ (76)	\$ (0.01)
\$ (74)	\$ (0.03)	\$ -	\$ -	\$ (74)	\$ (0.03)	\$ (8,978)	\$ (0.86)	\$ (8,903)	\$ (0.85)	\$ (74)	\$ (0.01)
<b>\$ 26,571</b>	<b>\$ 10.10</b>	<b>\$ 10,969</b>	<b>\$ 4.17</b>	<b>\$ 15,601</b>	<b>\$ 5.93</b>	<b>\$ 42,640</b>	<b>\$ 4.07</b>	<b>\$ 27,039</b>	<b>\$ 2.58</b>	<b>\$ 15,601</b>	<b>\$ 1.49</b>
<b>\$ 42,066</b>	<b>\$ 15.99</b>	<b>\$ 8,257</b>	<b>\$ 3.14</b>	<b>\$ 33,809</b>	<b>\$ 12.85</b>	<b>\$ 115,665</b>	<b>\$ 11.03</b>	<b>\$ 81,856</b>	<b>\$ 7.81</b>	<b>\$ 33,809</b>	<b>\$ 3.23</b>
4.2%		0.8%		3.4%		2.9%		2.1%		0.9%	
<b>Operating Margin</b>						<b>Admin Ratio (%)</b>					
<b>Income (Loss) from Operations</b>						<b>Margin before Non-Operating Inc/(Exp) Ratio (%)</b>					
<b>Net Surplus/(Deficit)</b>						<b>Margin (%)</b>					





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

**January 2025**

Current		Current 3+9		Current		YTD		YTD 3+9		YTD	
Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
2,367,813		2,367,777		36							
\$ 868,097	\$ 366.62	\$ 868,586	\$ 366.84	\$ (489)	\$ (0.21)						
<b>\$ 868,097</b>	<b>\$ 366.62</b>	<b>\$ 868,586</b>	<b>\$ 366.84</b>	<b>\$ (489)</b>	<b>\$ (0.21)</b>						
\$ 414,649	\$ 175.12	\$ 429,683	\$ 181.47	\$ 15,034	\$ 6.35						
\$ 121,150	\$ 51.17	\$ 116,842	\$ 49.35	\$ (4,307)	\$ (1.82)						
\$ 130,251	\$ 55.01	\$ 124,652	\$ 52.65	\$ (5,599)	\$ (2.36)						
\$ 121,354	\$ 51.25	\$ 124,234	\$ 52.47	\$ 2,880	\$ 1.22						
\$ 73	\$ 0.03	\$ -	\$ -	\$ (73)	\$ (0.03)						
\$ 1,733	\$ 0.73	\$ 8,868	\$ 3.75	\$ 7,135	\$ 3.01						
\$ 10,904	\$ 4.61	\$ 11,341	\$ 4.79	\$ 437	\$ 0.18						
<b>\$ 800,114</b>	<b>\$ 337.91</b>	<b>\$ 815,620</b>	<b>\$ 344.47</b>	<b>\$ 15,506</b>	<b>\$ 6.55</b>						
92.2%		93.9%		1.7%							
<b>\$ 67,983</b>	<b>\$ 28.71</b>	<b>\$ 52,965</b>	<b>\$ 22.37</b>	<b>\$ 15,018</b>	<b>\$ 6.34</b>						
<b>\$ 45,650</b>	<b>\$ 19.28</b>	<b>\$ 45,400</b>	<b>\$ 19.17</b>	<b>\$ (249)</b>	<b>\$ (0.11)</b>						
5.3%		5.2%		(0.0%)							
<b>\$ 22,333</b>	<b>\$ 9.43</b>	<b>\$ 7,565</b>	<b>\$ 3.19</b>	<b>\$ 14,768</b>	<b>\$ 6.24</b>						
2.6%		0.9%		1.7%							
\$ 11,034	\$ 4.66	\$ 11,589	\$ 4.89	\$ (555)	\$ (0.23)						
\$ 16,671	\$ 7.04	\$ 242	\$ 0.10	\$ 16,429	\$ 6.94						
\$ 66	\$ 0.03	\$ -	\$ -	\$ (66)	\$ (0.03)						
\$ (64)	\$ (0.03)	\$ -	\$ -	\$ (64)	\$ (0.03)						
<b>\$ 27,575</b>	<b>\$ 11.65</b>	<b>\$ 11,831</b>	<b>\$ 5.00</b>	<b>\$ 15,744</b>	<b>\$ 6.65</b>						
<b>\$ 49,908</b>	<b>\$ 21.08</b>	<b>\$ 19,396</b>	<b>\$ 8.19</b>	<b>\$ 30,512</b>	<b>\$ 12.89</b>						
5.7%		2.2%		3.5%							
<b>Membership</b>											
Member Months						9,482,465		9,482,429		36	
<b>Revenue</b>											
Capitation Revenue						\$ 3,429,660	\$ 361.68	\$ 3,430,148	\$ 361.74	\$ (489)	\$ (0.05)
<b>Total Revenues</b>						<b>\$ 3,429,660</b>	<b>\$ 361.68</b>	<b>\$ 3,430,148</b>	<b>\$ 361.74</b>	<b>\$ (489)</b>	<b>\$ (0.05)</b>
<b>Healthcare Expenses</b>											
Capitation						\$ 1,728,811	\$ 182.32	\$ 1,743,845	\$ 183.90	\$ 15,034	\$ 1.59
Inpatient Claims						\$ 449,770	\$ 47.43	\$ 445,462	\$ 46.98	\$ (4,307)	\$ (0.45)
Outpatient Claims						\$ 498,110	\$ 52.53	\$ 492,511	\$ 51.94	\$ (5,599)	\$ (0.59)
Skilled Nurse Facility						\$ 473,443	\$ 49.93	\$ 476,323	\$ 50.23	\$ 2,880	\$ 0.30
Pharmacy						\$ 1,313	\$ 0.14	\$ 1,240	\$ 0.13	\$ (73)	\$ (0.01)
Provider Incentive and Shared Risk						\$ 33,590	\$ 3.54	\$ 40,725	\$ 4.29	\$ 7,135	\$ 0.75
Medical Administrative Expenses						\$ 41,860	\$ 4.41	\$ 42,297	\$ 4.46	\$ 437	\$ 0.05
<b>Total Healthcare Expenses</b>						<b>\$ 3,226,897</b>	<b>\$ 340.30</b>	<b>\$ 3,242,403</b>	<b>\$ 341.94</b>	<b>\$ 15,506</b>	<b>\$ 1.64</b>
MCR (%)						94.1%		94.5%		0.4%	
<b>Operating Margin</b>						<b>\$ 202,762</b>	<b>\$ 21.38</b>	<b>\$ 187,745</b>	<b>\$ 19.80</b>	<b>\$ 15,018</b>	<b>\$ 1.58</b>
<b>Total Operating Expenses</b>						<b>\$ 164,613</b>	<b>\$ 17.36</b>	<b>\$ 164,364</b>	<b>\$ 17.33</b>	<b>\$ (249)</b>	<b>\$ (0.03)</b>
Admin Ratio (%)						4.8%		4.8%		(0.0%)	
<b>Income (Loss) from Operations</b>						<b>\$ 38,149</b>	<b>\$ 4.02</b>	<b>\$ 23,381</b>	<b>\$ 2.47</b>	<b>\$ 14,768</b>	<b>\$ 1.56</b>
Margin before Non-Operating Inc/(Exp) Ratio (%)						1.1%		0.7%		0.4%	
Interest Income,Net						\$ 46,768	\$ 4.93	\$ 47,323	\$ 4.99	\$ (555)	\$ (0.06)
Other Income (Expense),Net						\$ 16,671	\$ 1.76	\$ 242	\$ 0.03	\$ 16,429	\$ 1.73
Realized Gain/Loss						\$ 35	\$ 0.00	\$ (31)	\$ (0.00)	\$ (66)	\$ (0.01)
Unrealized Gain/Loss						\$ (7,769)	\$ (0.82)	\$ (7,705)	\$ (0.81)	\$ (64)	\$ (0.01)
<b>Total Non-Operating Income/(Expense)</b>						<b>\$ 55,634</b>	<b>\$ 5.87</b>	<b>\$ 39,891</b>	<b>\$ 4.21</b>	<b>\$ 15,744</b>	<b>\$ 1.66</b>
<b>Net Surplus/(Deficit)</b>						<b>\$ 93,783</b>	<b>\$ 9.89</b>	<b>\$ 63,272</b>	<b>\$ 6.67</b>	<b>\$ 30,512</b>	<b>\$ 3.22</b>
Margin (%)						2.7%		1.8%		0.9%	



**DSNP Income Statement (\$ in thousands)**

**January 2025**

Current Actual		Current 3+9 Forecast		Current Fav/(Unfav)	
PMPM		PMPM		PMPM	
23,796		23,932		(136)	
\$ 42,717	\$ 1,795.14	\$ 40,358	\$ 1,686.38	\$ 2,359	\$ 108.76
<b>\$ 42,717</b>	<b>\$ 1,795.14</b>	<b>\$ 40,358</b>	<b>\$ 1,686.38</b>	<b>\$ 2,359</b>	<b>\$ 108.76</b>
\$ 13,393	\$ 562.82	\$ 13,326	\$ 556.83	\$ (67)	\$ (5.99)
\$ 7,859	\$ 330.27	\$ 8,932	\$ 373.23	\$ 1,073	\$ 42.96
\$ 4,590	\$ 192.91	\$ 5,795	\$ 242.13	\$ 1,204	\$ 49.22
\$ 630	\$ 26.48	\$ -	\$ -	\$ (630)	\$ (26.48)
\$ 6,007	\$ 252.44	\$ 5,589	\$ 233.52	\$ (419)	\$ (18.92)
\$ 2,400	\$ 100.86	\$ 2,891	\$ 120.80	\$ 491	\$ 19.94
\$ 735	\$ 30.90	\$ 711	\$ 29.70	\$ (24)	\$ (1.20)
<b>\$ 35,615</b>	<b>\$ 1,496.67</b>	<b>\$ 37,243</b>	<b>\$ 1,556.20</b>	<b>\$ 1,628</b>	<b>\$ 59.53</b>
83.4%		92.3%		8.9%	
<b>\$ 7,102</b>	<b>\$ 298.47</b>	<b>\$ 3,115</b>	<b>\$ 130.18</b>	<b>\$ 3,987</b>	<b>\$ 168.30</b>
<b>\$ 9,158</b>	<b>\$ 384.85</b>	<b>\$ 6,350</b>	<b>\$ 265.33</b>	<b>\$ (2,808)</b>	<b>\$ (119.53)</b>
21.4%		15.7%		(5.7%)	
<b>\$ (2,056)</b>	<b>\$ (86.38)</b>	<b>\$ (3,234)</b>	<b>\$ (135.15)</b>	<b>\$ 1,179</b>	<b>\$ 48.77</b>
(4.8%)		(8.0%)		3.2%	
\$ 539	\$ 22.66	\$ 567	\$ 23.69	\$ (28)	\$ (1.03)
\$ 35	\$ 1.47	\$ -	\$ -	\$ 35	\$ 1.47
\$ 3	\$ 0.14	\$ -	\$ -	\$ (3)	\$ (0.14)
\$ (3)	\$ (0.13)	\$ -	\$ -	\$ (3)	\$ (0.13)
<b>\$ 568</b>	<b>\$ 23.86</b>	<b>\$ 567</b>	<b>\$ 23.69</b>	<b>\$ 1</b>	<b>\$ 0.17</b>
<b>\$ (1,488)</b>	<b>\$ (62.52)</b>	<b>\$ (2,667)</b>	<b>\$ (111.46)</b>	<b>\$ 1,180</b>	<b>\$ 48.94</b>
(3.5%)		(6.6%)		3.1%	

	YTD Actual		YTD 3+9 Forecast		YTD Fav/(Unfav)	
	PMPM		PMPM		PMPM	
<b>Membership</b>						
Member Months	84,674		84,810		(136)	
<b>Revenue</b>						
Capitation Revenue	\$ 130,973	\$ 1,546.79	\$ 128,614	\$ 1,516.50	\$ 2,359	\$ 30.29
<b>Total Revenues</b>	<b>\$ 130,973</b>	<b>\$ 1,546.79</b>	<b>\$ 128,614</b>	<b>\$ 1,516.50</b>	<b>\$ 2,359</b>	<b>\$ 30.29</b>
<b>Healthcare Expenses</b>						
Capitation	\$ 46,412	\$ 548.13	\$ 46,345	\$ 546.46	\$ (67)	\$ (1.67)
Inpatient Claims	\$ 27,487	\$ 324.62	\$ 28,560	\$ 336.75	\$ 1,073	\$ 12.13
Outpatient Claims	\$ 16,658	\$ 196.74	\$ 17,863	\$ 210.62	\$ 1,204	\$ 13.88
Skilled Nurse Facility	\$ 3,320	\$ 39.20	\$ 2,689	\$ 31.71	\$ (630)	\$ (7.49)
Pharmacy	\$ 9,107	\$ 107.56	\$ 8,689	\$ 102.45	\$ (419)	\$ (5.11)
Provider Incentive and Shared Risk	\$ 10,684	\$ 126.18	\$ 11,175	\$ 131.77	\$ 491	\$ 5.59
Medical Administrative Expenses	\$ 2,746	\$ 32.43	\$ 2,721	\$ 32.08	\$ (24)	\$ (0.34)
<b>Total Healthcare Expenses</b>	<b>\$ 116,414</b>	<b>\$ 1,374.85</b>	<b>\$ 118,043</b>	<b>\$ 1,391.85</b>	<b>\$ 1,628</b>	<b>\$ 16.99</b>
MCR (%)	88.9%		91.8%		2.9%	
<b>Operating Margin</b>	<b>\$ 14,559</b>	<b>\$ 171.94</b>	<b>\$ 10,572</b>	<b>\$ 124.65</b>	<b>\$ 3,987</b>	<b>\$ 47.29</b>
<b>Total Operating Expenses</b>	<b>\$ 19,075</b>	<b>\$ 225.27</b>	<b>\$ 16,267</b>	<b>\$ 191.80</b>	<b>\$ (2,808)</b>	<b>\$ (33.47)</b>
Admin Ratio (%)	14.6%		12.6%		(1.9%)	
<b>Income (Loss) from Operations</b>	<b>\$ (4,516)</b>	<b>\$ (53.33)</b>	<b>\$ (5,695)</b>	<b>\$ (67.15)</b>	<b>\$ 1,179</b>	<b>\$ 13.82</b>
Margin before Non-Operating Inc/(Exp) Ratio (%)	(3.4%)		(4.4%)		1.0%	
Interest Income, Net	\$ 2,286	\$ 27.00	\$ 2,314	\$ 27.28	\$ (28)	\$ (0.28)
Other Income (Expense), Net	\$ 35	\$ 0.41	\$ 0	\$ 0.00	\$ 35	\$ 0.41
Realized Gain/Loss	\$ 2	\$ 0.02	\$ (2)	\$ (0.02)	\$ (3)	\$ (0.04)
Unrealized Gain/Loss	\$ (380)	\$ (4.48)	\$ (377)	\$ (4.44)	\$ (3)	\$ (0.04)
<b>Total Non-Operating Income/(Expense)</b>	<b>\$ 1,939</b>	<b>\$ 22.90</b>	<b>\$ 1,939</b>	<b>\$ 22.86</b>	<b>\$ 1</b>	<b>\$ 0.05</b>
<b>Net Surplus/(Deficit)</b>	<b>\$ (2,577)</b>	<b>\$ (30.43)</b>	<b>\$ (3,756)</b>	<b>\$ (44.29)</b>	<b>\$ 1,180</b>	<b>\$ 13.86</b>
Margin (%)	(2.0%)		(2.9%)		1.0%	



Commercial Income Statement (\$ in thousands)

January 2025

Current		Current 3+9		Current		YTD		YTD 3+9		YTD	
Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
<b>Membership</b>											
Member Months						1,001,197		1,001,453		(256)	
<b>Revenue</b>											
Capitation Revenue						\$ 297,425	\$ 297.07	\$ 296,527	\$ 296.10	\$ 897	\$ 0.97
<b>Total Revenues</b>						<b>\$ 297,425</b>	<b>\$ 297.07</b>	<b>\$ 296,527</b>	<b>\$ 296.10</b>	<b>\$ 897</b>	<b>\$ 0.97</b>
<b>Healthcare Expenses</b>											
Capitation						\$ 80,223	\$ 80.13	\$ 79,002	\$ 78.89	\$ (1,221)	\$ (1.24)
Inpatient Claims						\$ 66,669	\$ 66.59	\$ 68,708	\$ 68.61	\$ 2,039	\$ 2.02
Outpatient Claims						\$ 52,453	\$ 52.39	\$ 54,500	\$ 54.42	\$ 2,047	\$ 2.03
Skilled Nurse Facility						\$ 389	\$ 0.39	\$ 351	\$ 0.35	\$ (37)	\$ (0.04)
Pharmacy						\$ 75,943	\$ 75.85	\$ 75,083	\$ 74.97	\$ (860)	\$ (0.88)
Provider Incentive and Shared Risk						\$ 5,199	\$ 5.19	\$ 5,852	\$ 5.84	\$ 653	\$ 0.65
Medical Administrative Expenses						\$ 4,668	\$ 4.66	\$ 4,470	\$ 4.46	\$ (198)	\$ (0.20)
<b>Total Healthcare Expenses</b>						<b>\$ 285,544</b>	<b>\$ 285.20</b>	<b>\$ 287,967</b>	<b>\$ 287.55</b>	<b>\$ 2,423</b>	<b>\$ 2.35</b>
<b>MCR (%)</b>						<b>96.0%</b>		<b>97.1%</b>		<b>1.1%</b>	
<b>Operating Margin</b>						<b>\$ 11,881</b>	<b>\$ 11.87</b>	<b>\$ 8,560</b>	<b>\$ 8.55</b>	<b>\$ 3,321</b>	<b>\$ 3.32</b>
<b>Total Operating Expenses</b>						<b>\$ 52,428</b>	<b>\$ 52.37</b>	<b>\$ 47,597</b>	<b>\$ 47.53</b>	<b>\$ (4,831)</b>	<b>\$ (4.84)</b>
<b>Admin Ratio (%)</b>						<b>17.6%</b>		<b>16.1%</b>		<b>(1.6%)</b>	
<b>Income (Loss) from Operations</b>						<b>\$ (40,547)</b>	<b>\$ (40.50)</b>	<b>\$ (39,036)</b>	<b>\$ (38.98)</b>	<b>\$ (1,511)</b>	<b>\$ (1.52)</b>
<b>Margin before Non-Operating Inc/(Exp) Ratio (%)</b>						<b>(13.6%)</b>		<b>(13.2%)</b>		<b>(0.5%)</b>	
Interest Income,Net						\$ 4,990	\$ 4.98	\$ 5,051	\$ 5.04	\$ (61)	\$ (0.06)
Other Income (Expense),Net						\$ 4	\$ 0.00	\$ (52)	\$ (0.05)	\$ 56	\$ 0.06
Realized Gain/Loss						\$ 4	\$ 0.00	\$ (3)	\$ (0.00)	\$ (7)	\$ (0.01)
Unrealized Gain/Loss						\$ (829)	\$ (0.83)	\$ (822)	\$ (0.82)	\$ (7)	\$ (0.01)
<b>Total Non-Operating Income/(Expense)</b>						<b>\$ 4,162</b>	<b>\$ 4.16</b>	<b>\$ 4,180</b>	<b>\$ 4.17</b>	<b>\$ (19)</b>	<b>\$ (0.01)</b>
<b>Net Surplus/(Deficit)</b>						<b>\$ (36,385)</b>	<b>\$ (36.34)</b>	<b>\$ (34,856)</b>	<b>\$ (34.81)</b>	<b>\$ (1,529)</b>	<b>\$ (1.54)</b>
<b>Margin (%)</b>						<b>(12.2%)</b>		<b>(11.8%)</b>		<b>(0.5%)</b>	





**Balance Sheet (\$ in thousands)**

	<b>Oct-24</b>	<b>Nov-24</b>	<b>Dec-24</b>	<b>Jan-25</b>
<b>Assets</b>				
Cash and Cash Equivalents	\$ 1,314,646	\$ 1,170,544	\$ 1,482,560	\$ 983,531
Short Term Investments, at fair value	\$ 2,024,401	\$ 2,005,819	\$ 2,294,747	\$ 2,188,477
Capitation Receivable	\$ 3,054,918	\$ 3,347,376	\$ 3,060,015	\$ 3,099,317
Interest and Non-Operating Receivables	\$ 265,002	\$ 139,762	\$ 307,404	\$ 326,713
Prepays and Other Current Assets	\$ 62,382	\$ 71,894	\$ 89,012	\$ 103,216
<b>Current Assets</b>	<b>\$ 6,721,349</b>	<b>\$ 6,735,396</b>	<b>\$ 7,233,738</b>	<b>\$ 6,701,254</b>
Capitalized Assets - net	\$ 268,022	\$ 267,908	\$ 268,774	\$ 277,311
Non-Current Assets	\$ 2,813	\$ 3,476	\$ 3,014	\$ 2,864
<b>Total Assets</b>	<b>\$ 6,992,184</b>	<b>\$ 7,006,780</b>	<b>\$ 7,505,526</b>	<b>\$ 6,981,429</b>
<b>Liabilities &amp; Equity</b>				
<b>Liabilities</b>				
Reserve for Claims	\$ 711,683	\$ 729,756	\$ 708,158	\$ 736,499
Accrued Medical Expenses	\$ 167,349	\$ 167,317	\$ 177,140	\$ 160,003
Reserve for Provider Incentives	\$ 144,946	\$ 153,104	\$ 161,180	\$ 144,970
Non-Operating Payables	\$ 46,530	\$ 29,303	\$ 532,106	\$ 28,783
Grants Payable	\$ 15,825	\$ 17,841	\$ 18,855	\$ 16,463
Accounts Payable and Accrued Liabilities	\$ 412,259	\$ 539,455	\$ 512,756	\$ 436,019
Subcapitation Payable	\$ 3,059,188	\$ 2,859,020	\$ 2,840,249	\$ 2,809,780
Deferred Revenue	\$ 67,414	\$ 122,454	\$ 78,915	\$ 129,073
Deferred Rent	\$ 126,177	\$ 142,161	\$ 142,551	\$ 144,156
Accts Receivable - PP	\$ 1	\$ 1	\$ 1	\$ 1
<b>Total Current Liabilities</b>	<b>\$ 4,751,372</b>	<b>\$ 4,760,412</b>	<b>\$ 5,171,912</b>	<b>\$ 4,605,749</b>
<b>Equity</b>				
Invested in Capital Assets, Net of related dep	\$ 118,174	\$ 115,516	\$ 121,242	\$ 128,049
Restricted Equity	\$ 23,327	\$ 23,327	\$ 23,327	\$ 23,327
Minimum Tangible Net Equity	\$ 251,076	\$ 257,310	\$ 272,468	\$ 279,412
Board Designated Funds	\$ 110,027	\$ 103,481	\$ 108,595	\$ 129,643
Unrestricted Net Assets	\$ 1,738,208	\$ 1,746,734	\$ 1,807,982	\$ 1,815,249
<b>Total Equity</b>	<b>\$ 2,240,812</b>	<b>\$ 2,246,368</b>	<b>\$ 2,333,614</b>	<b>\$ 2,375,680</b>
<b>Total Liabilities &amp; Equity</b>	<b>\$ 6,992,184</b>	<b>\$ 7,006,780</b>	<b>\$ 7,505,526</b>	<b>\$ 6,981,429</b>
<b>Solvency Ratios</b>				
Working Capital Ratio	1.45	1.46	1.44	1.50
Cash to Claims Ratio	0.89	0.89	1.06	0.89
Tangible Net Equity Ratio	8.92	8.73	8.56	8.50



**Cash Flows Statement (\$ in thousands)**

**January 2025**

	Oct-24	Nov-24	Dec-24	Jan-25	YTD
<b>Cash Flows from Operating Activities:</b>					
Capitation Revenue	\$ 783,126	\$ 943,020	\$ 985,666	\$ 984,372	\$ 3,696,184
Other Income (Expense), net	\$ 11,095	\$ 8,548	\$ 8,852	\$ 10,269	\$ 38,764
Healthcare Expenses	\$ (724,243)	\$ (1,076,858)	\$ (848,802)	\$ (921,897)	\$ (3,571,800)
Operating Expenses	\$ (83,498)	\$ (56,475)	\$ (81,302)	\$ (80,372)	\$ (301,647)
<b>Net Cash Provided By Operating Activities</b>	<b>\$ (13,520)</b>	<b>\$ (181,765)</b>	<b>\$ 64,414</b>	<b>\$ (7,628)</b>	<b>\$ (138,499)</b>
<b>Cash Flows from Investing Activities</b>					
Purchase of investments - Net	\$ 317,054	\$ 20,054	\$ (292,509)	\$ 106,120	\$ 150,719
Purchase of Capital Assets	\$ (3,403)	\$ (5,752)	\$ (6,662)	\$ (14,982)	\$ (30,799)
<b>Net Cash Provided By Investing Activities</b>	<b>\$ 313,651</b>	<b>\$ 14,302</b>	<b>\$ (299,171)</b>	<b>\$ 91,138</b>	<b>\$ 119,920</b>
<b>Cash Flows from Financing Activities:</b>					
Lease Payment - Capital & ROU	\$ (309)	\$ (309)	\$ (255)	\$ (184)	\$ (1,057)
SBITA Liability Increase / (Decrease)	\$ (249)	\$ (2,462)	\$ 710	\$ 1,914	\$ (87)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (82,027)	\$ 43,359	\$ 43,515	\$ (80,947)	\$ (76,100)
Pass through transactions (AB 85, IGT, etc.)	\$ 77	\$ (17,227)	\$ 502,802	\$ (503,322)	\$ (17,670)
<b>Net Cash Provided By Financing Activities</b>	<b>\$ (82,508)</b>	<b>\$ 23,361</b>	<b>\$ 546,772</b>	<b>\$ (582,539)</b>	<b>\$ (94,914)</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>\$ 217,623</b>	<b>\$ (144,102)</b>	<b>\$ 312,015</b>	<b>\$ (499,029)</b>	<b>\$ (113,493)</b>
Cash and Cash Equivalents, Beginning	\$ 1,073,696	\$ 1,291,319	\$ 1,147,217	\$ 1,459,232	\$ 1,073,696
<b>Cash and Cash Equivalents, Ending</b>	<b>\$ 1,291,319</b>	<b>\$ 1,147,217</b>	<b>\$ 1,459,232</b>	<b>\$ 960,203</b>	<b>\$ 960,203</b>
<b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b>					
<b>Excess of Revenues over Expenses</b>	<b>\$ (19,489)</b>	<b>\$ 5,841</b>	<b>\$ 87,246</b>	<b>\$ 42,066</b>	<b>\$ 115,664</b>
<b>Adjustments to Excess of Revenues Over Expenses:</b>					
Depreciation	\$ 5,522	\$ 5,580	\$ 5,796	\$ 6,445	\$ 23,343
Realized and Unrealized (Gain)/Loss on Investments	\$ 6,758	\$ (1,472)	\$ 3,582	\$ 150	\$ 9,018
Gross Premium Tax provision	\$ 18	\$ 17	\$ 17	\$ (16,762)	\$ (16,710)
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Adjustments to Excess of Revenues over Expenses</b>	<b>\$ 12,298</b>	<b>\$ 4,125</b>	<b>\$ 9,395</b>	<b>\$ (10,167)</b>	<b>\$ 15,651</b>
<b>Changes in Operating Assets and Liabilities:</b>					
Capitation Receivable	\$ (145,768)	\$ (55,413)	\$ (50,638)	\$ (54,806)	\$ (306,625)
Interest and Non-Operating Receivables	\$ 7,183	\$ 136	\$ (1,296)	\$ 2,450	\$ 8,473
Prepaid and Other Current Assets	\$ (94,270)	\$ (24,085)	\$ 98,546	\$ 1,450	\$ (18,359)
Accounts Payable and Accrued Liabilities	\$ (26,727)	\$ 4,910	\$ (13,845)	\$ (912)	\$ (36,574)
Subcapitation Payable	\$ 271,375	\$ (200,535)	\$ (18,771)	\$ (30,470)	\$ 21,599
MediCal Adult Expansion Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Deferred Capitation Revenue	\$ (2,345)	\$ 54,991	\$ (43,671)	\$ 46,856	\$ 55,831
Accrued Medical Expenses	\$ (20,303)	\$ 18	\$ 9,955	\$ (13,834)	\$ (24,164)
Reserve for Claims	\$ 3,652	\$ 18,073	\$ (21,598)	\$ 28,341	\$ 28,468
Reserve for Provider Incentives	\$ 7,216	\$ 8,158	\$ 8,077	\$ (16,210)	\$ 7,241
Grants Payable	\$ (6,342)	\$ 2,016	\$ 1,014	\$ (2,392)	\$ (5,704)
<b>Net Changes in Operating Assets and Liabilities</b>	<b>\$ (6,329)</b>	<b>\$ (191,731)</b>	<b>\$ (32,227)</b>	<b>\$ (39,527)</b>	<b>\$ (269,814)</b>
<b>Net Cash Provided By Operating Activities</b>	<b>\$ (13,520)</b>	<b>\$ (181,765)</b>	<b>\$ 64,414</b>	<b>\$ (7,628)</b>	<b>\$ (138,499)</b>



DATE: March 26, 2025  
TO: Finance & Budget Committee  
FROM: Afzal Shah, *Chief Financial Officer*

**SUBJECT: Monthly Investment Portfolio Securities Transaction Report for January 2025**

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 January 1 to January 31, 2025.

L.A. Care's investment market value as of January 31, 2025, was \$3.3 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$125 million invested with the BlackRock Liquidity T-Fund.

The remainder as of January 31, 2025, of \$3.2 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

01/01/2025  
through 01/31/2025

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
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/02/25	01/02/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn 313385AC0	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/03/25	01/03/25	Buy	8,250,000.000	CENTURY HOUSING TXB CP MAT 01/31/25 Cpn 4.75 15654WAU0	(8,250,000.00)		0.00	0.00	(8,250,000.00)
01/03/25	01/03/25	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(39,985,866.67)		0.00	0.00	(39,985,866.67)
01/03/25	01/03/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(49,982,333.33)		0.00	0.00	(49,982,333.33)
01/03/25	01/03/25	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(9,996,466.67)		0.00	0.00	(9,996,466.67)
01/03/25	01/03/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(49,982,333.33)		0.00	0.00	(49,982,333.33)
01/03/25	01/03/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(49,982,333.33)		0.00	0.00	(49,982,333.33)
01/03/25	01/03/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn 313385AF3	(49,982,333.33)		0.00	0.00	(49,982,333.33)



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

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
01/06/25	01/06/25	Buy	3,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(2,999,646.67)		0.00	0.00	(2,999,646.67)
01/06/25	01/06/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/06/25	01/06/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/06/25	01/06/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/06/25	01/06/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/06/25	01/06/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/07/25	01/07/25	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 01/14/25 Cpn 22533TNE2	(29,974,800.00)		0.00	0.00	(29,974,800.00)
01/07/25	01/07/25	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(4,999,411.11)		0.00	0.00	(4,999,411.11)
01/07/25	01/07/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/07/25	01/07/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/07/25	01/07/25	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(29,996,466.67)		0.00	0.00	(29,996,466.67)
01/07/25	01/07/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/07/25	01/07/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(49,994,111.11)		0.00	0.00	(49,994,111.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

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
01/07/25	01/07/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/07/25	01/07/25	Buy	30,000,000.000	NATL SEC CLEARING CP 144A MAT 02/18/25 Cpn 63763PPJ2	(29,848,800.00)		0.00	0.00	(29,848,800.00)
01/07/25	01/07/25	Buy	30,000,000.000	TRAVELERS COMPANIES CP 144A MAT 02/19/25 Cpn 8941P2PK5	(29,846,633.33)		0.00	0.00	(29,846,633.33)
01/08/25	01/08/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn 313385AJ5	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/08/25	01/08/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn 313385AJ5	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/08/25	01/08/25	Buy	6,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn 313385AJ5	(5,999,293.33)		0.00	0.00	(5,999,293.33)
01/08/25	01/08/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn 313385AJ5	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/08/25	01/08/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn 313385AJ5	(49,994,111.11)		0.00	0.00	(49,994,111.11)
01/08/25	01/08/25	Buy	20,000,000.000	CA LOS ANGELES WASTEWATER MAT 02/11/25 Cpn 4.40 54466DBS3	(20,000,000.00)		0.00	0.00	(20,000,000.00)
01/09/25	01/09/25	Buy	50,000,000.000	FAMC DISCOUNT NOTE MAT 01/10/25 Cpn 31315LAK4	(49,994,125.00)		0.00	0.00	(49,994,125.00)
01/09/25	01/09/25	Buy	42,300,000.000	FHLB DISCOUNT NOTE MAT 01/10/25 Cpn 313385AK2	(42,295,029.75)		0.00	0.00	(42,295,029.75)
01/09/25	01/09/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/25 Cpn 313385AK2	(49,994,125.00)		0.00	0.00	(49,994,125.00)
01/09/25	01/09/25	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(39,972,000.00)		0.00	0.00	(39,972,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

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
01/09/25	01/09/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,965,000.00)		0.00	0.00	(49,965,000.00)
01/09/25	01/09/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,965,000.00)		0.00	0.00	(49,965,000.00)
01/09/25	01/09/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/09/25	01/09/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/09/25	01/09/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/09/25	01/09/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/09/25	01/09/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/13/25	01/13/25	Buy	41,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 02/19/25 Cpn 00915SPK2	(40,817,538.61)		0.00	0.00	(40,817,538.61)
01/13/25	01/13/25	Buy	45,000,000.000	U.S. TREASURY BILL MAT 02/11/25 Cpn 912797NG8	(44,847,025.00)		0.00	0.00	(44,847,025.00)
01/13/25	01/13/25	Buy	45,000,000.000	U.S. TREASURY BILL MAT 07/10/25 Cpn 912797LW5	(44,071,062.50)		0.00	0.00	(44,071,062.50)
01/13/25	01/13/25	Buy	45,000,000.000	U.S. TREASURY BILL MAT 04/10/25 Cpn 912797NB9	(44,541,020.63)		0.00	0.00	(44,541,020.63)
01/13/25	01/13/25	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(29,993,083.33)		0.00	0.00	(29,993,083.33)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

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
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)
01/13/25	01/13/25	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(14,996,541.67)		0.00	0.00	(14,996,541.67)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)
01/13/25	01/13/25	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(39,990,777.78)		0.00	0.00	(39,990,777.78)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	(49,988,472.22)		0.00	0.00	(49,988,472.22)
01/13/25	01/13/25	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn 313385AS5	(24,988,472.22)		0.00	0.00	(24,988,472.22)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn 313385AS5	(49,976,944.44)		0.00	0.00	(49,976,944.44)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn 313385AS5	(49,976,944.44)		0.00	0.00	(49,976,944.44)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn 313385AS5	(49,976,944.44)		0.00	0.00	(49,976,944.44)
01/13/25	01/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn 313385AS5	(49,976,944.44)		0.00	0.00	(49,976,944.44)
01/13/25	01/13/25	Buy	40,000,000.000	SUMITOMO MITSUI CP 144A MAT 01/21/25 Cpn 86563GNM0	(39,961,955.56)		0.00	0.00	(39,961,955.56)

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
01/14/25	01/14/25	Buy	16,500,000.000	CA STATE GO/ULT CP TXB MAT 03/11/25 Cpn 4.41 13068CJL0	(16,500,000.00)		0.00	0.00	(16,500,000.00)
01/14/25	01/14/25	Buy	20,000,000.000	CUMMINS INC CP 144A MAT 02/26/25 Cpn 23102UPS5	(19,896,083.33)		0.00	0.00	(19,896,083.33)
01/14/25	01/14/25	Buy	25,000,000.000	FLORIDA POWER & LIGHT CP MAT 02/12/25 Cpn 34108APC5	(24,912,597.22)		0.00	0.00	(24,912,597.22)
01/14/25	01/14/25	Buy	22,500,000.000	NOVARTIS FINANCE CP 144A MAT 02/11/25 Cpn 6698M4PB2	(22,424,575.00)		0.00	0.00	(22,424,575.00)
01/14/25	01/14/25	Buy	10,000,000.000	NOVARTIS FINANCE CP 144A MAT 02/18/25 Cpn 6698M4PJ5	(9,958,194.44)		0.00	0.00	(9,958,194.44)
01/14/25	01/14/25	Buy	25,000,000.000	ROCHE HOLDINGS CP 144A MAT 02/11/25 Cpn 77119LPB9	(24,916,777.78)		0.00	0.00	(24,916,777.78)
01/14/25	01/14/25	Buy	11,256,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 03/11/25 Cpn 4.44 83708BDV5	(11,256,000.00)		0.00	0.00	(11,256,000.00)
01/14/25	01/14/25	Buy	45,000,000.000	TVA DISCOUNT NOTE MAT 02/05/25 Cpn 880590BM5	(44,883,125.00)		0.00	0.00	(44,883,125.00)
01/15/25	01/15/25	Buy	20,000,000.000	U.S. TREASURY BILL MAT 01/23/25 Cpn 912797JR9	(19,981,232.67)		0.00	0.00	(19,981,232.67)
01/15/25	01/15/25	Buy	15,000,000.000	U.S. TREASURY BILL MAT 02/11/25 Cpn 912797NG8	(14,952,528.94)		0.00	0.00	(14,952,528.94)
01/15/25	01/15/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/11/25 Cpn 912797NG8	(49,841,763.13)		0.00	0.00	(49,841,763.13)
01/15/25	01/15/25	Buy	15,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	(14,903,291.67)		0.00	0.00	(14,903,291.67)
01/15/25	01/15/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	(49,677,638.89)		0.00	0.00	(49,677,638.89)

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
01/15/25	01/15/25	Buy	15,000,000.000	U.S. TREASURY BILL MAT 04/10/25 Cpn 912797NB9		(14,851,069.38)		0.00	0.00	(14,851,069.38)
01/15/25	01/15/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/10/25 Cpn 912797NB9		(49,503,564.58)		0.00	0.00	(49,503,564.58)
01/15/25	01/15/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn 313589AW3		(49,965,250.00)		0.00	0.00	(49,965,250.00)
01/15/25	01/15/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn 313589AW3		(49,965,250.00)		0.00	0.00	(49,965,250.00)
01/15/25	01/15/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn 313589AW3		(49,965,250.00)		0.00	0.00	(49,965,250.00)
01/15/25	01/15/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn 313589AW3		(49,965,250.00)		0.00	0.00	(49,965,250.00)
01/15/25	01/15/25	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn 313589AW3		(49,965,250.00)		0.00	0.00	(49,965,250.00)
01/09/25	01/15/25	Buy	2,500,000.000	GMCAR 2025-1 A2A CAR MAT 01/18/28 Cpn 4.44 362955AB2		(2,499,761.75)		0.00	0.00	(2,499,761.75)
01/14/25	01/15/25	Buy	25,000,000.000	METLIFE SHORT TERM FUND CP 1 MAT 02/18/25 Cpn 59157TPJ6		(24,897,527.78)		0.00	0.00	(24,897,527.78)
01/15/25	01/16/25	Buy	5,750,000.000	BAAT 2023-1A A3 CAR 144A MAT 02/15/28 Cpn 5.53 06428AAC2		(5,804,804.69)	(883.26)	0.00	0.00	(5,805,687.95)
01/14/25	01/16/25	Buy	25,000,000.000	U.S. TREASURY NOTE MAT 12/31/26 Cpn 4.25 91282CME8		(24,946,289.06)	(46,961.33)	0.00	0.00	(24,993,250.39)
01/17/25	01/17/25	Buy	27,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn 313385AW6		(26,987,460.00)		0.00	0.00	(26,987,460.00)
01/17/25	01/17/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn 313385AW6		(49,976,777.78)		0.00	0.00	(49,976,777.78)

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
01/17/25	01/17/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	(49,976,777.78)		0.00	0.00	(49,976,777.78)
01/17/25	01/17/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	(49,976,777.78)		0.00	0.00	(49,976,777.78)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/21/25	01/21/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/22/25	01/22/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/22/25	01/22/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/22/25	01/22/25	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	(14,998,250.00)		0.00	0.00	(14,998,250.00)

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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
01/22/25	01/22/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn 313385AY2	(49,994,166.67)		0.00	0.00	(49,994,166.67)
01/14/25	01/22/25	Buy	5,700,000.000	HALST 2025-A A2A LEASE 144A MAT 06/15/27 Cpn 4.60 44935WAB3	(5,699,771.43)		0.00	0.00	(5,699,771.43)
01/22/25	01/23/25	Buy	5,000,000.000	BANK OF AMERICA CD FRN SOFRR MAT 08/22/25 Cpn 4.56 06053RAA1	(5,000,000.00)		0.00	0.00	(5,000,000.00)
01/22/25	01/23/25	Buy	15,000,000.000	CATERPILLAR FIN CP MAT 02/19/25 Cpn 14912DPK9	(14,951,287.50)		0.00	0.00	(14,951,287.50)
01/23/25	01/23/25	Buy	3,850,000.000	CITY OF HOPE CP TXB MAT 03/19/25 Cpn 17859PQK9	(3,823,119.51)		0.00	0.00	(3,823,119.51)
01/23/25	01/23/25	Buy	39,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn 313385AZ9	(38,995,428.33)		0.00	0.00	(38,995,428.33)
01/23/25	01/23/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn 313385AZ9	(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/23/25	01/23/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn 313385AZ9	(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/23/25	01/23/25	Buy	21,030,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn 313385AZ9	(21,027,534.82)		0.00	0.00	(21,027,534.82)
01/23/25	01/23/25	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9	(39,981,422.22)		0.00	0.00	(39,981,422.22)
01/23/25	01/23/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9	(49,976,777.78)		0.00	0.00	(49,976,777.78)
01/22/25	01/23/25	Buy	4,200,000.000	GALC 2023-1 A3 EQP 144A MAT 07/15/27 Cpn 5.15 39154TCC0	(4,225,101.56)	(4,806.67)	0.00	0.00	(4,229,908.23)
01/24/25	01/24/25	Buy	24,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9	(23,991,580.00)		0.00	0.00	(23,991,580.00)



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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
01/24/25	01/24/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9		(49,982,458.33)		0.00	0.00	(49,982,458.33)
01/24/25	01/24/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9		(49,982,458.33)		0.00	0.00	(49,982,458.33)
01/24/25	01/24/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn 313385BC9		(49,982,458.33)		0.00	0.00	(49,982,458.33)
01/27/25	01/27/25	Buy	27,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn 313385BD7		(26,996,835.00)		0.00	0.00	(26,996,835.00)
01/27/25	01/27/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn 313385BD7		(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/27/25	01/27/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn 313385BD7		(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/27/25	01/27/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn 313385BD7		(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/27/25	01/27/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn 313385BD7		(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/22/25	01/27/25	Buy	7,500,000.000	FORDL 2025-A A2A LEASE MAT 08/15/27 Cpn 4.57 345282AB3		(7,499,991.75)		0.00	0.00	(7,499,991.75)
01/27/25	01/28/25	Buy	10,000,000.000	CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		(10,084,765.63)	(19,066.67)	0.00	0.00	(10,103,832.30)
01/28/25	01/28/25	Buy	31,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5		(30,996,366.11)		0.00	0.00	(30,996,366.11)
01/28/25	01/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5		(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/28/25	01/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5		(49,994,138.89)		0.00	0.00	(49,994,138.89)

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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
01/28/25	01/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5	(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/28/25	01/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5	(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/28/25	01/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn 313385BE5	(49,994,138.89)		0.00	0.00	(49,994,138.89)
01/29/25	01/29/25	Buy	46,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/25 Cpn 313385BF2	(45,994,607.78)		0.00	0.00	(45,994,607.78)
01/28/25	01/29/25	Buy	1,357,159.640	TAOT 2022-D A3 CAR MAT 09/15/27 Cpn 5.30 89239HAD0	(1,364,581.61)	(2,797.26)	0.00	0.00	(1,367,378.87)
01/30/25	01/30/25	Buy	15,000,000.000	APPLE CP 144A MAT 03/05/25 Cpn 03785DQ58	(14,938,941.67)		0.00	0.00	(14,938,941.67)
01/30/25	01/30/25	Buy	12,500,000.000	U.S. TREASURY BILL MAT 02/25/25 Cpn 912797NJ2	(12,461,609.38)		0.00	0.00	(12,461,609.38)
01/30/25	01/30/25	Buy	8,000,000.000	NATL SEC CLEARING CP 144A MAT 03/05/25 Cpn 63763PQ51	(7,967,360.00)		0.00	0.00	(7,967,360.00)
01/30/25	01/30/25	Buy	10,000,000.000	PACCAR FINANCIAL CP MAT 03/04/25 Cpn 69372AQ47	(9,960,400.00)		0.00	0.00	(9,960,400.00)
01/31/25	01/31/25	Buy	8,250,000.000	CENTURY HSG TXB CP MAT 02/28/25 Cpn 4.75 15654WAX4	(8,250,000.00)		0.00	0.00	(8,250,000.00)
01/30/25	01/31/25	Buy	8,179,000.000	NALT 2024-B A3 LEASE MAT 11/15/27 Cpn 4.92 65481DAD4	(8,228,521.29)	(17,884.75)	0.00	0.00	(8,246,406.04)
			5,303,622,159.640		(5,298,494,999.62)	(92,399.94)	0.00	0.00	(5,298,587,399.56)

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01/06/25	01/06/25	Coupon		INTER-AMERICAN DEV BANK FRN MAT 10/05/28 Cpn 4.71 45828RAA3		102,727.38	0.00	0.00	102,727.38
01/07/25	01/07/25	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 4.94 17305EGX7		20,751.59	0.00	0.00	20,751.59
01/08/25	01/08/25	Coupon		CA LOS ANGELES WASTEWATER MAT 01/08/25 Cpn 4.78 54466DBR5		204,477.78	0.00	0.00	204,477.78
01/10/25	01/10/25	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,230.81	0.00	0.00	1,230.81
01/10/25	01/10/25	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		3,664.70	0.00	0.00	3,664.70
01/10/25	01/10/25	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		10,909.01	0.00	0.00	10,909.01
01/10/25	01/10/25	Coupon		CRVNA 2024-P4 A2 CAR MAT 02/10/28 Cpn 4.62 14076LAB9		7,379.17	0.00	0.00	7,379.17
01/13/25	01/13/25	Coupon		JPMORGAN SEC FRN SOFRRATE C MAT 06/13/25 Cpn 4.60 46650WBP9		40,277.78	0.00	0.00	40,277.78
01/13/25	01/13/25	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		8,639.97	0.00	0.00	8,639.97
01/14/25	01/14/25	Coupon		CA STATE GO/ULT CP TXB MAT 01/14/25 Cpn 4.65 13068CJK2		67,138.36	0.00	0.00	67,138.36
01/14/25	01/14/25	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		6,911.09	0.00	0.00	6,911.09
01/14/25	01/14/25	Coupon		SC SOUTH CAROLINA PUB SVC CP MAT 01/14/25 Cpn 4.68 83708BDQ6		75,409.36	0.00	0.00	75,409.36
01/15/25	01/15/25	Coupon		ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4		13,751.67	0.00	0.00	13,751.67

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01/15/25	01/15/25	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		3,634.35	0.00	0.00	3,634.35
01/15/25	01/15/25	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		496.79	0.00	0.00	496.79
01/15/25	01/15/25	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		8,064.46	0.00	0.00	8,064.46
01/15/25	01/15/25	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		19,062.37	0.00	0.00	19,062.37
01/15/25	01/15/25	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		22,628.61	0.00	0.00	22,628.61
01/15/25	01/15/25	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		3,330.04	0.00	0.00	3,330.04
01/15/25	01/15/25	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		2,775.03	0.00	0.00	2,775.03
01/15/25	01/15/25	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		17,080.23	0.00	0.00	17,080.23
01/15/25	01/15/25	Coupon		CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5		9,474.23	0.00	0.00	9,474.23
01/15/25	01/15/25	Coupon		CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5		766.44	0.00	0.00	766.44
01/15/25	01/15/25	Coupon		COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		2,105.23	0.00	0.00	2,105.23
01/15/25	01/15/25	Coupon		COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		25,554.77	0.00	0.00	25,554.77
01/15/25	01/15/25	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		12,423.52	0.00	0.00	12,423.52

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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
01/15/25	01/15/25	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 5.16 34528QJB1		44,563.08	0.00	0.00	44,563.08
01/15/25	01/15/25	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
01/15/25	01/15/25	Coupon		FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8		28,531.63	0.00	0.00	28,531.63
01/15/25	01/15/25	Coupon		FORDO 2024-D A2A C MAT 10/15/27 Cpn 4.59 34535VAB0		19,890.00	0.00	0.00	19,890.00
01/15/25	01/15/25	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		18,368.03	0.00	0.00	18,368.03
01/15/25	01/15/25	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		10,216.37	0.00	0.00	10,216.37
01/15/25	01/15/25	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		8,800.00	0.00	0.00	8,800.00
01/15/25	01/15/25	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 5.16 361886DB7		6,454.88	0.00	0.00	6,454.88
01/15/25	01/15/25	Coupon		GFORT 2024-3A A2 FLOOR 144A MAT 11/15/28 Cpn 4.86 361886DL5		35,375.05	0.00	0.00	35,375.05
01/15/25	01/15/25	Coupon		HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4		32,342.66	0.00	0.00	32,342.66
01/15/25	01/15/25	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		6,067.78	0.00	0.00	6,067.78
01/15/25	01/15/25	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 4.86 44934FAC9		28,771.46	0.00	0.00	28,771.46
01/15/25	01/15/25	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		6,978.48	0.00	0.00	6,978.48

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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
01/15/25	01/15/25	Coupon		HAROT 2024-4 A2 CAR MAT 03/15/27 Cpn 4.56 43816DAB1		5,700.00	0.00	0.00	5,700.00
01/15/25	01/15/25	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		309.30	0.00	0.00	309.30
01/15/25	01/15/25	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		4,107.52	0.00	0.00	4,107.52
01/15/25	01/15/25	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		4,972.43	0.00	0.00	4,972.43
01/15/25	01/15/25	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		12,767.92	0.00	0.00	12,767.92
01/15/25	01/15/25	Coupon		HUNT 2024-1A A2 CAR 144A MAT 03/15/27 Cpn 5.50 446144AC1		7,023.42	0.00	0.00	7,023.42
01/15/25	01/15/25	Coupon		NATIXIS NY YCD FRN SOFRRATE MAT 08/15/25 Cpn 4.63 63873Q6U3		40,409.78	0.00	0.00	40,409.78
01/15/25	01/15/25	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		26,709.50	0.00	0.00	26,709.50
01/15/25	01/15/25	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		5,534.08	0.00	0.00	5,534.08
01/15/25	01/15/25	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 4.82 58770JAC8		12,492.84	0.00	0.00	12,492.84
01/15/25	01/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		15,924.77	0.00	0.00	15,924.77
01/15/25	01/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		13,559.78	0.00	0.00	13,559.78
01/15/25	01/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		5,327.35	0.00	0.00	5,327.35

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/15/25	01/15/25	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 5.26 69335PFL4		59,532.86	0.00	0.00	59,532.86
01/15/25	01/15/25	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		9,788.13	0.00	0.00	9,788.13
01/15/25	01/15/25	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		12,874.54	0.00	0.00	12,874.54
01/15/25	01/15/25	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		22,988.99	0.00	0.00	22,988.99
01/15/25	01/15/25	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		11,758.73	0.00	0.00	11,758.73
01/15/25	01/15/25	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		2,026.13	0.00	0.00	2,026.13
01/16/25	01/16/25	Coupon		FHLB C 7/16/2025 Q SOFRRATE MAT 07/16/26 Cpn 4.50 3130B1ZC4		169,446.67	0.00	0.00	169,446.67
01/16/25	01/16/25	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		594.55	0.00	0.00	594.55
01/16/25	01/16/25	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		288.30	0.00	0.00	288.30
01/16/25	01/16/25	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		90.81	0.00	0.00	90.81
01/16/25	01/16/25	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		3,397.11	0.00	0.00	3,397.11
01/16/25	01/16/25	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 4.80 36268GAC9		3,289.78	0.00	0.00	3,289.78
01/16/25	01/16/25	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		28,987.15	0.00	0.00	28,987.15

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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
01/20/25	01/20/25	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		26,960.74	0.00	0.00	26,960.74
01/20/25	01/20/25	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		2,581.44	0.00	0.00	2,581.44
01/20/25	01/20/25	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		29,375.62	0.00	0.00	29,375.62
01/20/25	01/20/25	Coupon		EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2		4,783.33	0.00	0.00	4,783.33
01/20/25	01/20/25	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		26,107.50	0.00	0.00	26,107.50
01/20/25	01/20/25	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		39,004.51	0.00	0.00	39,004.51
01/20/25	01/20/25	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		7,159.01	0.00	0.00	7,159.01
01/20/25	01/20/25	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		15,162.83	0.00	0.00	15,162.83
01/20/25	01/20/25	Coupon		SBALT 2023-A A3 LEASE 144A MAT 04/20/27 Cpn 6.51 78436TAC0		56,344.05	0.00	0.00	56,344.05
01/20/25	01/20/25	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		9,942.63	0.00	0.00	9,942.63
01/20/25	01/20/25	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		19,007.19	0.00	0.00	19,007.19
01/20/25	01/20/25	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		6,317.50	0.00	0.00	6,317.50
01/20/25	01/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		1,382.58	0.00	0.00	1,382.58



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01/20/25	01/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		6,138.64	0.00	0.00	6,138.64
01/20/25	01/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		3,594.70	0.00	0.00	3,594.70
01/20/25	01/20/25	Coupon		TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9		15,567.50	0.00	0.00	15,567.50
01/20/25	01/20/25	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		2,026.54	0.00	0.00	2,026.54
01/20/25	01/20/25	Coupon		VALET 2024-1 A2A CAR MAT 11/22/27 Cpn 4.65 92868RAB4		26,737.50	0.00	0.00	26,737.50
01/20/25	01/20/25	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		11,335.55	0.00	0.00	11,335.55
01/20/25	01/20/25	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
01/21/25	01/21/25	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		8,326.59	0.00	0.00	8,326.59
01/21/25	01/21/25	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		4,941.72	0.00	0.00	4,941.72
01/21/25	01/21/25	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		5,182.25	0.00	0.00	5,182.25
01/21/25	01/21/25	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
01/21/25	01/21/25	Coupon		PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 4.80 73328NAC5		13,003.86	0.00	0.00	13,003.86
01/21/25	01/21/25	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 4.60 86959TEL6		52,993.42	0.00	0.00	52,993.42

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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
01/21/25	01/21/25	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 4.89 881943AC8		14,749.30	0.00	0.00	14,749.30
01/21/25	01/21/25	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.06 92348KCM3		8,863.69	0.00	0.00	8,863.69
01/22/25	01/22/25	Coupon		DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8		10,452.50	0.00	0.00	10,452.50
01/22/25	01/22/25	Coupon		DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8		24,012.50	0.00	0.00	24,012.50
01/25/25	01/25/25	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		8,068.99	0.00	0.00	8,068.99
01/25/25	01/25/25	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		3,629.40	0.00	0.00	3,629.40
01/25/25	01/25/25	Coupon		CHAOT 2022-AA A3 CAR 144A MAT 06/25/27 Cpn 3.98 16144JAC5		2,954.07	0.00	0.00	2,954.07
01/25/25	01/25/25	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		7,007.79	0.00	0.00	7,007.79
01/25/25	01/25/25	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		13,969.89	0.00	0.00	13,969.89
01/25/25	01/25/25	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		34,387.42	0.00	0.00	34,387.42
01/25/25	01/25/25	Coupon		FHMS KF68 A ACMBBS FRN MAT 07/25/26 Cpn 5.13 3137FPHF5		15,930.23	0.00	0.00	15,930.23
01/25/25	01/25/25	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 4.70 3137H3KA9		23,647.95	0.00	0.00	23,647.95
01/25/25	01/25/25	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 4.73 3137H4RC6		7,612.08	0.00	0.00	7,612.08

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/25/25	01/25/25	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 4.83 3137FCK52		53,236.54	0.00	0.00	53,236.54
01/27/25	01/27/25	Coupon		BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 4.77 05613MAC3		16,407.58	0.00	0.00	16,407.58
01/27/25	01/27/25	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.18 3136ANLN5		6,599.67	0.00	0.00	6,599.67
01/30/25	01/30/25	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 4.62 13606K7D2		59,275.00	0.00	0.00	59,275.00
01/30/25	01/30/25	Coupon		U.S. TREASURY FRN MAT 04/30/26 Cpn 4.39 91282CKM2		115,562.55	0.00	0.00	115,562.55
01/31/25	01/31/25	Coupon		CENTURY HOUSING TXB CP MAT 01/31/25 Cpn 4.75 15654WAU0		30,479.17	0.00	0.00	30,479.17
01/31/25	01/31/25	Coupon		U.S. TREASURY FRN MAT 10/31/25 Cpn 4.41 91282CJD4		579,864.26	0.00	0.00	579,864.26
						<u>2,937,085.79</u>	<u>0.00</u>	<u>0.00</u>	<u>2,937,085.79</u>
01/01/25	01/01/25	Income	(25,032.500)	ADJ NET INT MAT Cpn USD		(25,032.50)	0.00	0.00	(25,032.50)
01/01/25	01/01/25	Income	473,903.440	STIF INT MAT Cpn USD		473,903.44	0.00	0.00	473,903.44
			<u>448,870.940</u>			<u>448,870.94</u>	<u>0.00</u>	<u>0.00</u>	<u>448,870.94</u>

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
01/13/25	01/13/25	Contributn	840,000,000.000	NM MAT Cpn USD	840,000,000.00		0.00	0.00	840,000,000.00
01/14/25	01/14/25	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn 912797MY0	7,947,920.20	45,523.13	370.76	0.00	7,993,443.33
01/14/25	01/15/25	Sell Long	30,000,000.000	TRAVELERS COMPANIES CP 144A MAT 02/19/25 Cpn 8941P2PK5	29,843,133.34	28,533.33	(3,499.99)	0.00	29,871,666.67
01/16/25	01/16/25	Sell Long	17,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn 912797MY0	16,889,093.51	100,942.60	550.97	0.00	16,990,036.11
01/31/25	01/31/25	Sell Long	7,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn 912797NF0	6,897,808.94	98,885.50	164.11	0.00	6,996,694.44
			<u>62,000,000.000</u>		<u>61,577,955.98</u>	<u>273,884.57</u>	<u>(2,414.16)</u>	<u>0.00</u>	<u>61,851,840.55</u>
01/10/25	01/10/25	Pay Princpl	187,171.532	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9	187,171.53		4,628.69	0.00	187,171.53
01/10/25	01/10/25	Pay Princpl	536,915.249	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0	536,915.25		6,720.44	0.00	536,915.25
01/10/25	01/10/25	Pay Princpl	271,176.503	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	271,176.50		8.59	0.00	271,176.50
01/13/25	01/13/25	Pay Princpl	133,567.079	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0	133,567.08		0.23	0.00	133,567.08
01/14/25	01/14/25	Pay Princpl	685,876.964	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	685,876.96		(0.00)	0.00	685,876.96
01/15/25	01/15/25	Pay Princpl	327,707.905	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	327,707.90		0.00	2.39	327,707.90
01/15/25	01/15/25	Pay Princpl	222,707.803	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	222,707.80		0.00	1,816.54	222,707.80

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01/15/25	01/15/25	Pay Princpl	183,926.936	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	183,926.94		1,567.11	0.00	183,926.94
01/15/25	01/15/25	Pay Princpl	434,757.295	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	434,757.29		3,453.40	0.00	434,757.29
01/15/25	01/15/25	Pay Princpl	342,499.044	CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3	342,499.04		2,238.50	0.00	342,499.04
01/15/25	01/15/25	Pay Princpl	80,259.466	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	80,259.47		1.77	0.00	80,259.47
01/15/25	01/15/25	Pay Princpl	66,882.888	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	66,882.89		161.61	0.00	66,882.89
01/15/25	01/15/25	Pay Princpl	324,848.723	CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0	324,848.72		8.60	0.00	324,848.72
01/15/25	01/15/25	Pay Princpl	124,921.487	CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5	124,921.49		711.50	0.00	124,921.49
01/15/25	01/15/25	Pay Princpl	10,105.861	CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5	10,105.86		60.36	0.00	10,105.86
01/15/25	01/15/25	Pay Princpl	295,040.722	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	295,040.72		3.74	0.00	295,040.72
01/15/25	01/15/25	Pay Princpl	115,095.568	FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2	115,095.57		(241.56)	0.00	115,095.57
01/15/25	01/15/25	Pay Princpl	216,545.285	FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8	216,545.29		(53.67)	0.00	216,545.29
01/15/25	01/15/25	Pay Princpl	325,130.819	GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7	325,130.82		829.94	0.00	325,130.82
01/15/25	01/15/25	Pay Princpl	180,999.812	GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9	180,999.81		9.11	0.00	180,999.81

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01/15/25	01/15/25	Pay Princpl	954,099.673	HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4	954,099.67		(1,211.76)	0.00	954,099.67
01/15/25	01/15/25	Pay Princpl	115,068.042	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	115,068.04		0.15	0.00	115,068.04
01/15/25	01/15/25	Pay Princpl	365,525.127	HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 4.86 44934FAC9	365,525.13		0.00	0.00	365,525.13
01/15/25	01/15/25	Pay Princpl	374,366.531	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	374,366.53		0.00	4.53	374,366.53
01/15/25	01/15/25	Pay Princpl	199,969.553	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	199,969.55		0.00	1,113.02	199,969.55
01/15/25	01/15/25	Pay Princpl	217,221.594	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	217,221.59		0.00	0.92	217,221.59
01/15/25	01/15/25	Pay Princpl	127,001.882	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	127,001.88		0.00	2.46	127,001.88
01/15/25	01/15/25	Pay Princpl	254,438.565	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	254,438.56		1.73	0.00	254,438.56
01/15/25	01/15/25	Pay Princpl	175,627.251	HUNT 2024-1A A2 CAR 144A MAT 03/15/27 Cpn 5.50 446144AC1	175,627.25		(465.04)	0.00	175,627.25
01/15/25	01/15/25	Pay Princpl	771,702.341	LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4	771,702.34		26.65	0.00	771,702.34
01/15/25	01/15/25	Pay Princpl	270,351.564	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	270,351.56		5.03	0.00	270,351.56
01/15/25	01/15/25	Pay Princpl	218,067.342	MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 4.82 58770JAC8	218,067.34		(0.00)	0.00	218,067.34
01/15/25	01/15/25	Pay Princpl	243,814.341	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	243,814.34		0.00	1.53	243,814.34

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01/15/25	01/15/25	Pay Princpl	265,604.119	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	265,604.12		(226.00)	0.00	265,604.12
01/15/25	01/15/25	Pay Princpl	597,049.542	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	597,049.54		6,447.29	0.00	597,049.54
01/15/25	01/15/25	Pay Princpl	173,633.936	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	173,633.94		(146.96)	0.00	173,633.94
01/15/25	01/15/25	Pay Princpl	29,918.644	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	29,918.64		(25.33)	0.00	29,918.64
01/16/25	01/16/25	Pay Princpl	178,092.421	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	178,092.42		0.00	2,428.17	178,092.42
01/16/25	01/16/25	Pay Princpl	57,188.446	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	57,188.45		0.00	32.31	57,188.45
01/16/25	01/16/25	Pay Princpl	18,014.360	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	18,014.36		0.00	10.03	18,014.36
01/16/25	01/16/25	Pay Princpl	170,878.971	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	170,878.97		0.00	0.77	170,878.97
01/16/25	01/16/25	Pay Princpl	90,239.774	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 4.80 36268GAC9	90,239.77		0.00	(0.00)	90,239.77
01/16/25	01/16/25	Pay Princpl	682,163.191	GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4	682,163.19		27.12	0.00	682,163.19
01/20/25	01/20/25	Pay Princpl	304,001.536	DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2	304,001.54		22.95	0.00	304,001.54
01/20/25	01/20/25	Pay Princpl	79,954.727	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	79,954.73		0.12	0.00	79,954.73
01/20/25	01/20/25	Pay Princpl	485,187.266	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	485,187.27		648.99	0.00	485,187.27

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01/20/25	01/20/25	Pay Princpl	1,034,514.296	GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1	1,034,514.30		1,362.58	0.00	1,034,514.30
01/20/25	01/20/25	Pay Princpl	174,259.913	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	174,259.91		9.03	0.00	174,259.91
01/20/25	01/20/25	Pay Princpl	218,611.711	GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5	218,611.71		6.68	0.00	218,611.71
01/20/25	01/20/25	Pay Princpl	385,394.262	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	385,394.26		8.56	0.00	385,394.26
01/20/25	01/20/25	Pay Princpl	326,598.444	SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4	326,598.44		0.96	0.00	326,598.44
01/20/25	01/20/25	Pay Princpl	212,079.298	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	212,079.30		0.00	6.43	212,079.30
01/20/25	01/20/25	Pay Princpl	45,339.643	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	45,339.64		2.17	0.00	45,339.64
01/20/25	01/20/25	Pay Princpl	201,308.015	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	201,308.02		(313.30)	0.00	201,308.02
01/20/25	01/20/25	Pay Princpl	117,883.072	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	117,883.07		(183.47)	0.00	117,883.07
01/20/25	01/20/25	Pay Princpl	92,018.358	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	92,018.36		0.00	1.17	92,018.36
01/20/25	01/20/25	Pay Princpl	174,752.644	VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5	174,752.64		3.32	0.00	174,752.64
01/21/25	01/21/25	Pay Princpl	469,050.419	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	469,050.42		0.00	0.00	469,050.42
01/21/25	01/21/25	Pay Princpl	592,641.413	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	592,641.41		(0.00)	0.00	592,641.41



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01/21/25	01/21/25	Pay Princpl	286,149.956	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	286,149.96		0.00	0.00	286,149.96
01/21/25	01/21/25	Pay Princpl	295,455.062	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 4.89 881943AC8	295,455.06		0.00	(0.00)	295,455.06
01/25/25	01/25/25	Pay Princpl	253,228.052	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	253,228.05		2.63	0.00	253,228.05
01/25/25	01/25/25	Pay Princpl	371,458.961	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	371,458.96		0.00	(0.00)	371,458.96
01/25/25	01/25/25	Pay Princpl	89,905.759	CHAOT 2022-AA A3 CAR 144A MAT 06/25/27 Cpn 3.98 16144JAC5	89,905.76		326.51	0.00	89,905.76
01/25/25	01/25/25	Pay Princpl	185,715.677	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	185,715.68		8.83	0.00	185,715.68
01/25/25	01/25/25	Pay Princpl	271,488.552	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	271,488.55		(871.01)	0.00	271,488.55
01/25/25	01/25/25	Pay Princpl	668,279.512	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	668,279.51		(2,144.03)	0.00	668,279.51
01/25/25	01/25/25	Pay Princpl	3,031.705	FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.13 3137FPHF5	3,031.71		(2.35)	0.00	3,031.71
01/25/25	01/25/25	Pay Princpl	24,764.747	FHMS KS09 A MAT 10/25/27 Cpn 4.83 3137FCK52	24,764.75		6.13	0.00	24,764.75
01/27/25	01/27/25	Pay Princpl	431,511.195	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.18 3136ANLN5	431,511.19		83.81	0.00	431,511.19
			<u>19,410,758.342</u>		<u>19,410,758.31</u>		<u>23,520.35</u>	<u>5,420.27</u>	<u>19,410,758.31</u>

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01/02/25	01/02/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn	912797LR6	49,465,680.56	534,319.44	0.00	0.00	50,000,000.00
01/02/25	01/02/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn	912797LR6	49,465,680.56	534,319.44	0.00	0.00	50,000,000.00
01/02/25	01/02/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn	912797LR6	49,465,680.56	534,319.44	0.00	0.00	50,000,000.00
01/02/25	01/02/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn	912797LR6	49,465,680.56	534,319.44	0.00	0.00	50,000,000.00
01/02/25	01/02/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn	912797LR6	49,465,680.56	534,319.44	0.00	0.00	50,000,000.00
01/02/25	01/02/25	Mature Long	48,515,000.000	FHLB DISCOUNT NOTE MAT 01/02/25 Cpn	313385AB2	48,308,811.25	206,188.75	0.00	0.00	48,515,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/03/25	01/03/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/03/25 Cpn	313385AC0	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/06/25	01/06/25	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	39,985,866.67	14,133.33	0.00	0.00	40,000,000.00

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01/06/25	01/06/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	49,982,333.33	17,666.67	0.00	0.00	50,000,000.00
01/06/25	01/06/25	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	9,996,466.67	3,533.33	0.00	0.00	10,000,000.00
01/06/25	01/06/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	49,982,333.33	17,666.67	0.00	0.00	50,000,000.00
01/06/25	01/06/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	49,982,333.33	17,666.67	0.00	0.00	50,000,000.00
01/06/25	01/06/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/06/25 Cpn	313385AF3	49,982,333.33	17,666.67	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	48,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn	912797MW4	47,249,506.67	750,493.33	0.00	0.00	48,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn	912797MW4	49,218,236.11	781,763.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn	912797MW4	49,218,236.11	781,763.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	3,300,000.000	CUMMINS INC CP 144A MAT 01/07/25 Cpn	23102UN73	3,281,868.33	18,131.67	0.00	0.00	3,300,000.00
01/07/25	01/07/25	Mature Long	3,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn	313385AG1	2,999,646.67	353.33	0.00	0.00	3,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn	313385AG1	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn	313385AG1	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn	313385AG1	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00

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01/07/25	01/07/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/07/25 Cpn 313385AG1	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/07/25	01/07/25	Mature Long	10,000,000.000	KAISER FOUNDATION CP TXB MAT 01/07/25 Cpn 48306AN78	9,930,925.00	69,075.00	0.00	0.00	10,000,000.00
01/07/25	01/07/25	Mature Long	30,000,000.000	NATL SEC CLEARING CP 144A MAT 01/07/25 Cpn 63763PN70	29,872,216.67	127,783.33	0.00	0.00	30,000,000.00
01/08/25	01/08/25	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	4,999,411.11	588.89	0.00	0.00	5,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	29,996,466.67	3,533.33	0.00	0.00	30,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/25 Cpn 313385AH9	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	20,000,000.000	CA LOS ANGELES WASTEWATER MAT 01/08/25 Cpn 4.78 54466DBR5	20,000,000.00		0.00	0.00	20,000,000.00
01/08/25	01/08/25	Mature Long	1,000,000.000	TVA DISCOUNT NOTE MAT 01/08/25 Cpn 880590AH7	999,051.11	948.89	0.00	0.00	1,000,000.00

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01/08/25	01/08/25	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 01/08/25 Cpn	880590AH7	49,952,555.56	47,444.44	0.00	0.00	50,000,000.00
01/08/25	01/08/25	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 01/08/25 Cpn	880590AH7	49,952,555.56	47,444.44	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	49,428,507.36	571,492.64	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	49,428,507.36	571,492.64	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	49,744,661.11	255,338.89	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn	313385AJ5	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn	313385AJ5	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	6,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn	313385AJ5	5,999,293.33	706.67	0.00	0.00	6,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn	313385AJ5	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/09/25	01/09/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/09/25 Cpn	313385AJ5	49,994,111.11	5,888.89	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FAMC DISCOUNT NOTE MAT 01/10/25 Cpn	31315LAK4	49,994,125.00	5,875.00	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	42,300,000.000	FHLB DISCOUNT NOTE MAT 01/10/25 Cpn	313385AK2	42,295,029.75	4,970.25	0.00	0.00	42,300,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/10/25 Cpn	313385AK2	49,994,125.00	5,875.00	0.00	0.00	50,000,000.00

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01/10/25	01/10/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/10/25	01/10/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/10/25 Cpn 313589AK9	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/14/25	01/14/25	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 01/14/25 Cpn 22533TNE2	29,974,800.00	25,200.00	0.00	0.00	30,000,000.00
01/14/25	01/14/25	Mature Long	8,500,000.000	CA STATE GO/ULT CP TXB MAT 01/14/25 Cpn 4.65 13068CJK2	8,500,000.00		0.00	0.00	8,500,000.00
01/14/25	01/14/25	Mature Long	25,500,000.000	CUMMINS INC CP 144A MAT 01/14/25 Cpn 23102UNE8	25,367,279.58	132,720.42	0.00	0.00	25,500,000.00
01/14/25	01/14/25	Mature Long	9,356,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 01/14/25 Cpn 4.68 83708BDQ6	9,356,000.00		0.00	0.00	9,356,000.00
01/15/25	01/15/25	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	39,972,000.00	28,000.00	0.00	0.00	40,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	49,965,000.00	35,000.00	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	49,965,000.00	35,000.00	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn 313385AQ9	29,993,083.33	6,916.67	0.00	0.00	30,000,000.00

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01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	14,996,541.67	3,458.33	0.00	0.00	15,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	39,990,777.78	9,222.22	0.00	0.00	40,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/15/25	01/15/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/15/25 Cpn	313385AQ9	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
01/17/25	01/17/25	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn	313385AS5	24,988,472.22	11,527.78	0.00	0.00	25,000,000.00
01/17/25	01/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn	313385AS5	49,976,944.44	23,055.56	0.00	0.00	50,000,000.00
01/17/25	01/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn	313385AS5	49,976,944.44	23,055.56	0.00	0.00	50,000,000.00
01/17/25	01/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn	313385AS5	49,976,944.44	23,055.56	0.00	0.00	50,000,000.00
01/17/25	01/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/17/25 Cpn	313385AS5	49,976,944.44	23,055.56	0.00	0.00	50,000,000.00

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01/21/25	01/21/25	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn	912797MY0	19,868,873.58	131,126.42	(0.00)	0.00	20,000,000.00
01/21/25	01/21/25	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn	912797MY0	29,926,307.50	73,692.50	0.00	0.00	30,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn	912797MY0	49,877,179.17	122,820.83	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	27,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	26,987,460.00	12,540.00	0.00	0.00	27,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	49,976,777.78	23,222.22	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	49,976,777.78	23,222.22	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/21/25 Cpn	313385AW6	49,976,777.78	23,222.22	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn	313589AW3	49,965,250.00	34,750.00	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn	313589AW3	49,965,250.00	34,750.00	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn	313589AW3	49,965,250.00	34,750.00	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn	313589AW3	49,965,250.00	34,750.00	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 01/21/25 Cpn	313589AW3	49,965,250.00	34,750.00	0.00	0.00	50,000,000.00
01/21/25	01/21/25	Mature Long	40,000,000.000	SUMITOMO MITSUI CP 144A MAT 01/21/25 Cpn	86563GNM0	39,961,955.56	38,044.44	0.00	0.00	40,000,000.00



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01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/22/25	01/22/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/22/25 Cpn	313385AX4	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/23/25	01/23/25	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 01/23/25 Cpn	912797JR9	19,981,232.67	18,767.33	0.00	0.00	20,000,000.00
01/23/25	01/23/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/23/25	01/23/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
01/23/25	01/23/25	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	14,998,250.00	1,750.00	0.00	0.00	15,000,000.00
01/23/25	01/23/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/23/25 Cpn	313385AY2	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00

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01/24/25	01/24/25	Mature Long	10,300,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn	313385AZ9	9,837,263.92	462,736.08	0.00	0.00	10,300,000.00
01/24/25	01/24/25	Mature Long	39,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn	313385AZ9	38,995,428.33	4,571.67	0.00	0.00	39,000,000.00
01/24/25	01/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn	313385AZ9	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/24/25	01/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn	313385AZ9	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/24/25	01/24/25	Mature Long	21,030,000.000	FHLB DISCOUNT NOTE MAT 01/24/25 Cpn	313385AZ9	21,027,534.82	2,465.18	0.00	0.00	21,030,000.00
01/27/25	01/27/25	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	39,981,422.22	18,577.78	0.00	0.00	40,000,000.00
01/27/25	01/27/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	49,976,777.78	23,222.22	0.00	0.00	50,000,000.00
01/27/25	01/27/25	Mature Long	24,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	23,991,580.00	8,420.00	0.00	0.00	24,000,000.00
01/27/25	01/27/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	49,982,458.33	17,541.67	0.00	0.00	50,000,000.00
01/27/25	01/27/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	49,982,458.33	17,541.67	0.00	0.00	50,000,000.00
01/27/25	01/27/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/27/25 Cpn	313385BC9	49,982,458.33	17,541.67	0.00	0.00	50,000,000.00
01/28/25	01/28/25	Mature Long	12,500,000.000	U.S. TREASURY BILL MAT 01/28/25 Cpn	912797MZ7	12,458,811.81	41,188.19	0.00	0.00	12,500,000.00
01/28/25	01/28/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/28/25 Cpn	912797MZ7	49,835,247.22	164,752.78	0.00	0.00	50,000,000.00

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01/28/25	01/28/25	Mature Long	27,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn	313385BD7	26,996,835.00	3,165.00	0.00	0.00	27,000,000.00
01/28/25	01/28/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn	313385BD7	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/28/25	01/28/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn	313385BD7	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/28/25	01/28/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn	313385BD7	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/28/25	01/28/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/25 Cpn	313385BD7	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	31,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	30,996,366.11	3,633.89	0.00	0.00	31,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/29/25	01/29/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/29/25 Cpn	313385BE5	49,994,138.89	5,861.11	0.00	0.00	50,000,000.00
01/30/25	01/30/25	Mature Long	46,000,000.000	FHLB DISCOUNT NOTE MAT 01/30/25 Cpn	313385BF2	45,994,607.78	5,392.22	0.00	0.00	46,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
01/31/25	01/31/25	Mature Long	8,250,000.000	CENTURY HOUSING TXB CP MAT 01/31/25 Cpn 4.75 15654WAU0	8,250,000.00		0.00	0.00	8,250,000.00
			<u>5,481,551,000.000</u>		<u>5,472,382,879.36</u>	<u>9,168,120.66</u>	<u>0.00</u>	<u>0.00</u>	<u>5,481,551,000.00</u>
01/01/25	01/01/25	Withdrawal	(17,381.880)	CUSTODY FEE MAT Cpn USD	(17,381.88)		(17,381.88)	0.00	(17,381.88)
01/03/25	01/03/25	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
01/07/25	01/07/25	Withdrawal	(70,000,000.000)	WD MAT Cpn USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)
01/10/25	01/10/25	Withdrawal	(490,000,000.000)	WD MAT Cpn USD	(490,000,000.00)		(490,000,000.00)	0.00	(490,000,000.00)
01/15/25	01/15/25	Withdrawal	(60,000,000.000)	WD MAT Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
01/16/25	01/16/25	Withdrawal	(110,000,000.000)	WD MAT Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
01/17/25	01/17/25	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
01/21/25	01/21/25	Withdrawal	(30,000,000.000)	WD MAT Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
01/22/25	01/22/25	Withdrawal	(175,000,000.000)	WD MAT Cpn USD	(175,000,000.00)		(175,000,000.00)	0.00	(175,000,000.00)
01/22/25	01/22/25	Withdrawal	(140,000,000.000)	WD MAT Cpn USD	(140,000,000.00)		(140,000,000.00)	0.00	(140,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

01/01/2025  
through 01/31/2025

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
01/24/25	01/24/25	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)	(30,000,000.00)	0.00	(30,000,000.00)
01/27/25	01/27/25	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)	(30,000,000.00)	0.00	(30,000,000.00)
01/28/25	01/28/25	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)	(60,000,000.00)	0.00	(60,000,000.00)
01/29/25	01/29/25	Withdrawal	(135,000,000.000)	WD MAT	Cpn	USD	(135,000,000.00)	(135,000,000.00)	0.00	(135,000,000.00)
			<u>(1,420,017,381.880)</u>				<u>(1,420,017,381.88)</u>	<u>(1,420,017,381.88)</u>	<u>0.00</u>	<u>(1,420,017,381.88)</u>

TRANSACTIONS BY TYPE

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

01/01/2025  
through 01/31/2025

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
01/30/25	01/31/25	Buy	1,455,000.000	U.S. TREASURY NOTE MAT 12/31/26 Cpn 4.25 91282CME8	(1,456,023.05)	(5,295.48)	0.00	0.00	(1,461,318.53)
01/30/25	01/31/25	Buy	970,000.000	U.S. TREASURY NOTE MAT 12/31/29 Cpn 4.38 91282CMD0	(972,614.45)	(3,634.15)	0.00	0.00	(976,248.60)
			<u>2,425,000.000</u>		<u>(2,428,637.50)</u>	<u>(8,929.63)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,437,567.13)</u>
01/01/25	01/01/25	Coupon		CA INFRA & ECON BANK-SCRIPPS MAT 07/01/25 Cpn 1.28 13034AN55		3,187.50	0.00	0.00	3,187.50
01/15/25	01/15/25	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
01/15/25	01/15/25	Coupon		BAAT 2024-1A A3 CAR 144A MAT 11/15/28 Cpn 5.35 09709AAC6		4,458.33	0.00	0.00	4,458.33
01/15/25	01/15/25	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
01/15/25	01/15/25	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		62.93	0.00	0.00	62.93
01/15/25	01/15/25	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
01/15/25	01/15/25	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
01/15/25	01/15/25	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00
01/15/25	01/15/25	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
01/15/25	01/15/25	Coupon		CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3		2,852.50	0.00	0.00	2,852.50

TRANSACTIONS BY TYPE

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

01/01/2025  
through 01/31/2025

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
01/15/25	01/15/25	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
01/15/25	01/15/25	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
01/15/25	01/15/25	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
01/15/25	01/15/25	Coupon		FORDF 2024-3 A1 FLOOR 144A MAT 09/15/29 Cpn 4.30 34528QJK1		3,583.33	0.00	0.00	3,583.33
01/15/25	01/15/25	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
01/15/25	01/15/25	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
01/15/25	01/15/25	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
01/15/25	01/15/25	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
01/15/25	01/15/25	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
01/15/25	01/15/25	Coupon		JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5		2,893.33	0.00	0.00	2,893.33
01/15/25	01/15/25	Coupon		JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2		3,033.33	0.00	0.00	3,033.33
01/15/25	01/15/25	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		17.69	0.00	0.00	17.69
01/15/25	01/15/25	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

TRANSACTIONS BY TYPE

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

01/01/2025  
through 01/31/2025

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
01/15/25	01/15/25	Coupon		MA ST SPL OBLG REV-SOCIAL TXB MAT 07/15/27 Cpn 3.68 576004HDO		8,096.00	0.00	0.00	8,096.00
01/15/25	01/15/25	Coupon		MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6		3,103.33	0.00	0.00	3,103.33
01/15/25	01/15/25	Coupon		NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2		2,525.00	0.00	0.00	2,525.00
01/15/25	01/15/25	Coupon		U.S. TREASURY NOTE MAT 07/15/27 Cpn 4.38 91282CKZ3		52,062.50	0.00	0.00	52,062.50
01/15/25	01/15/25	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
01/15/25	01/15/25	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
01/17/25	01/17/25	Coupon		FORDF 2024-1 A1 FLOORPLAN 144 MAT 04/15/29 Cpn 5.29 34528QJA3		3,967.50	0.00	0.00	3,967.50
01/18/25	01/18/25	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
01/20/25	01/20/25	Coupon		EFF 2024-3 A3 FLEET 144A MAT 08/21/28 Cpn 4.98 29375QAC2		2,075.00	0.00	0.00	2,075.00
01/20/25	01/20/25	Coupon		TMUST 2024-2 A PHONE 144A MAT 05/21/29 Cpn 4.25 87268CAA5		1,416.67	0.00	0.00	1,416.67
01/21/25	01/21/25	Coupon		FHLMC MAT 07/21/25 Cpn 0.38 3137EAEU9		1,068.75	0.00	0.00	1,068.75
01/25/25	01/25/25	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		2,905.00	0.00	0.00	2,905.00
01/25/25	01/25/25	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



TRANSACTIONS BY TYPE

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

01/01/2025  
through 01/31/2025

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
01/25/25	01/25/25	Coupon		NAVMT 2024-1 A FLOOR 144A MAT 04/25/29 Cpn 5.59 63938PBW8		1,863.33	0.00	0.00	1,863.33
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 07/31/27 Cpn 2.75 91282CFB2		27,156.25	0.00	0.00	27,156.25
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 01/31/28 Cpn 3.50 91282CGH8		34,125.00	0.00	0.00	34,125.00
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 01/31/29 Cpn 4.00 91282CJW2		42,000.00	0.00	0.00	42,000.00
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 01/31/29 Cpn 4.00 91282CJW2		46,400.00	0.00	0.00	46,400.00
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 07/31/29 Cpn 4.00 91282CLC3		19,300.00	0.00	0.00	19,300.00
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 07/31/28 Cpn 4.13 91282CHQ7		27,946.88	0.00	0.00	27,946.88
01/31/25	01/31/25	Coupon		U.S. TREASURY NOTE MAT 07/31/28 Cpn 4.13 91282CHQ7		49,500.00	0.00	0.00	49,500.00
						<u>389,272.23</u>	<u>0.00</u>	<u>0.00</u>	<u>389,272.23</u>
01/01/25	01/01/25	Income	2,697.460	STIF INT MAT Cpn USD		2,697.46	0.00	0.00	2,697.46
01/30/25	01/31/25	Sell Long	940,000.000	FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4	905,050.80	2,647.67	0.00	(34,813.05)	907,698.47
01/30/25	01/31/25	Sell Long	570,000.000	FHLMC MAT 07/21/25 Cpn 0.38 3137EAEU9	559,688.70	59.38	0.00	(10,045.18)	559,748.08

TRANSACTIONS BY TYPE

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

01/01/2025  
through 01/31/2025

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
01/30/25	01/31/25	Sell Long	410,000.000	FNMA MAT 11/07/25 Cpn 0.50 3135G06G3	398,417.50	478.33	0.00	(11,356.81)	398,895.83
01/30/25	01/31/25	Sell Long	465,000.000	U.S. TREASURY NOTE MAT 12/31/26 Cpn 1.25 91282CDQ1	440,060.74	497.76	0.00	(24,821.05)	440,558.50
01/30/25	01/31/25	Sell Long	465,000.000	U.S. TREASURY NOTE MAT 12/31/26 Cpn 1.25 91282CDQ1	440,060.74	497.75	0.00	(21,447.15)	440,558.49
			<u>2,850,000.000</u>		<u>2,743,278.48</u>	<u>4,180.89</u>	<u>0.00</u>	<u>(102,483.24)</u>	<u>2,747,459.37</u>
01/15/25	01/15/25	Pay Princpl	28,209.655	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	28,209.66		0.00	0.50	28,209.66
01/15/25	01/15/25	Pay Princpl	37,913.788	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	37,913.79		0.00	0.15	37,913.79
			<u>66,123.443</u>		<u>66,123.45</u>		<u>0.00</u>	<u>0.65</u>	<u>66,123.45</u>

**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 01/01/2025 To 01/31/2025

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
01/08/25	01/06/25	01/08/25	TNT77	14913UAX8	CATERPILLAR FINL SERVICE	5,800,000.00	0.00	(5,788,806.00)	0.00	(5,788,806.00)
01/09/25	01/02/25	01/09/25	TNT77	59217GFT1	MET LIFE GLOB FUNDING I	8,500,000.00	0.00	(8,482,490.00)	0.00	(8,482,490.00)
01/09/25	01/06/25	01/09/25	TNT77	89236TNA9	TOYOTA MOTOR CREDIT CORP	8,250,000.00	0.00	(8,232,345.00)	0.00	(8,232,345.00)
01/10/25	01/03/25	01/10/25	TNT77	57629TBV8	MASSMUTUAL GLOBAL FUNDIN	3,750,000.00	0.00	(3,748,200.00)	0.00	(3,748,200.00)
01/15/25	01/14/25	01/15/25	TNT77	025816DP1	AMERICAN EXPRESS CO	10,000,000.00	(211,000.56)	(10,037,900.00)	0.00	(10,248,900.56)
01/16/25	01/16/25	01/16/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,836,108.21	0.00	(8,836,108.21)	0.00	(8,836,108.21)
01/24/25	01/16/25	01/24/25	TNT77	46647PEU6	JPMORGAN CHASE & CO	5,000,000.00	0.00	(5,000,000.00)	0.00	(5,000,000.00)
01/24/25	01/17/25	01/24/25	TNT77	06051GMK2	BANK OF AMERICA CORP	9,250,000.00	0.00	(9,250,000.00)	0.00	(9,250,000.00)
01/28/25	01/23/25	01/28/25	TNT77	31677QBU2	FIFTH THIRD BANK NA	4,750,000.00	0.00	(4,750,000.00)	0.00	(4,750,000.00)
TOTAL BUY						64,136,108.21	(211,000.56)	(64,125,849.21)	0.00	(64,336,849.77)
DIVIDEND										
01/02/25	01/02/25	01/02/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	62,132,417.18	319,117.59	0.00	0.00	319,117.59
TOTAL DIVIDEND						62,132,417.18	319,117.59	0.00	0.00	319,117.59
INTEREST										
01/07/25	01/07/25	01/07/25	TNT77	02665WEM9	AMERICAN HONDA FINANCE	4,000,000.00	102,500.00	0.00	0.00	102,500.00
01/08/25	01/08/25	01/08/25	TNT77	59217GFR5	MET LIFE GLOB FUNDING I	7,500,000.00	181,875.00	0.00	0.00	181,875.00
01/11/25	01/11/25	01/11/25	TNT77	58769JAR8	MERCEDES-BENZ FIN NA	5,000,000.00	121,250.00	0.00	0.00	121,250.00
01/14/25	01/14/25	01/14/25	TNT77	24422EXB0	JOHN DEERE CAPITAL CORP	5,000,000.00	123,750.00	0.00	0.00	123,750.00
01/14/25	01/14/25	01/14/25	TNT77	641062AV6	NESTLE HOLDINGS INC	5,000,000.00	28,750.00	0.00	0.00	28,750.00
01/15/25	01/15/25	01/15/25	TNT77	278865BP4	ECOLAB INC	5,000,000.00	131,250.00	0.00	0.00	131,250.00
01/15/25	01/15/25	01/15/25	TNT77	64952WDW0	NEW YORK LIFE GLOBAL FDG	10,000,000.00	42,500.00	0.00	0.00	42,500.00
01/15/25	01/15/25	01/15/25	TNT77	756109AS3	REALTY INCOME CORP	3,750,000.00	56,250.00	0.00	0.00	56,250.00
01/15/25	01/15/25	01/15/25	TNT77	756109BH6	REALTY INCOME CORP	2,500,000.00	42,500.00	0.00	0.00	42,500.00
01/15/25	01/15/25	01/15/25	TNT77	927804FU3	VIRGINIA ELEC & POWER CO	5,000,000.00	78,750.00	0.00	0.00	78,750.00
01/16/25	01/16/25	01/16/25	TNT77	24422EXH7	JOHN DEERE CAPITAL CORP	2,500,000.00	56,250.00	0.00	0.00	56,250.00
01/16/25	01/16/25	01/16/25	TNT77	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	5,000,000.00	30,000.00	0.00	0.00	30,000.00
01/20/25	01/20/25	01/20/25	TNT77	61747YEC5	MORGAN STANLEY	2,000,000.00	15,120.00	0.00	0.00	15,120.00
01/20/25	01/20/25	01/20/25	TNT77	61747YFF7	MORGAN STANLEY	10,000,000.00	272,450.00	0.00	0.00	272,450.00
01/22/25	01/22/25	01/22/25	TNT77	06051GJS9	BANK OF AMERICA CORP	5,000,000.00	43,350.00	0.00	0.00	43,350.00
01/22/25	01/22/25	01/22/25	TNT77	69353RFJ2	PNC BANK NA	3,000,000.00	48,750.00	0.00	0.00	48,750.00

2/5/2025  
2:09:32AM  
INCPRN2



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 01/01/2025 To 01/31/2025

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
01/23/25	01/23/25	01/23/25	TNT77	06051GHM4	BANK OF AMERICA CORP	4,000,000.00	85,420.00	0.00	0.00	85,420.00
01/25/25	01/25/25	01/25/25	TNT77	46647PDG8	JPMORGAN CHASE & CO	5,000,000.00	121,275.00	0.00	0.00	121,275.00
01/25/25	01/25/25	01/25/25	TNT77	95000U3E1	WELLS FARGO & COMPANY	10,000,000.00	278,700.00	0.00	0.00	278,700.00
01/27/25	01/27/25	01/27/25	TNT77	61761J3R8	MORGAN STANLEY	3,000,000.00	46,875.00	0.00	0.00	46,875.00
01/28/25	01/28/25	01/28/25	TNT77	06406RAQ0	BANK OF NY MELLON CORP	5,000,000.00	18,750.00	0.00	0.00	18,750.00
01/30/25	01/30/25	01/30/25	TNT77	74005PBQ6	LINDE INC/CT	2,250,000.00	36,000.00	0.00	0.00	36,000.00
TOTAL INTEREST						109,500,000.00	1,962,315.00	0.00	0.00	1,962,315.00
SELL										
01/16/25	01/16/25	01/16/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	62,132,417.18	0.00	62,132,417.18	0.00	62,132,417.18
TOTAL SELL						62,132,417.18	0.00	62,132,417.18	0.00	62,132,417.18
GRAND TOTAL						297,900,942.57	2,070,432.03	(1,993,432.03)	0.00	77,000.00
Avg Date 16										

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – February 26, 2025

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



**L.A. Care**  
HEALTH PLAN

#### Members

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

\*Absent \*\* Via Teleconference

#### Management/Staff

Martha Santana-Chin, *Chief Executive Officer*  
Sameer Amin, MD, *Chief Medical Officer*  
Terry Brown, *Chief of Human Resources*  
Todd Gower, *Interim Chief Compliance Officer*  
Linda Greenfeld, *Chief Products Officer*  
Augustavia Haydel, Esq. *General Counsel*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:02 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.	
<b>APPROVE MEETING AGENDA</b>	The agenda for today's meeting was approved.	<b>Approved unanimously by roll call. 3 AYES (Booth, Roybal and Vaccaro)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE CONSENT AGENDA</b>	<p>Chairperson Booth asked about the pricing in motion FIN 101 (Tangram Contract Amendment) in comparison to pricing directly from Westfall for furniture to be installed in 1200 W. 7<sup>th</sup> Street Building. Lance MacLean, <i>Senior Director, Facilities Services</i>, responded that Westfall and People Space were included in the request for proposal process, and Tangram offered the low bid for the furniture.</p> <ul style="list-style-type: none"> <li>January 22, 2025 Meeting Minutes</li> <li>Quarterly Investment Report <b><u>Motion FIN 100.0325*</u></b> <b>To accept the Quarterly Investment Report for the quarter ending December 31, 2024, as submitted.</b></li> </ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Tangram, Inc. Contract Amendment <b><u>Motion FIN 101.0324*</u></b> To delegate authority to the Chief Executive Officer to amend the Master Purchase Agreement with commercial furniture vendor New Tangram, LLC. and to authorize increasing funding in an amount not to exceed \$5,070,418 to purchase new standard office furniture, equipment and installation labor.</li> <li>• Infocrossing, LLC Contract Amendment <b><u>Motion FIN 102.0325*</u></b> To authorize the staff to enter into Amendment #6 with Infocrossing, LLC, increasing the overall contract amount from \$4,700,000 to \$5,469,466, (an incremental increase of \$769,466), and increasing the contract terms from June 21, 2017 – December 31, 2025, to June 21, 2017 – December 31, 2026, (an incremental term of 1 year). This amendment will allow Infocrossing to continue to support L.A. Care with third-party support for enrollment and disenrollment transactions and eligibility inquiries related to Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members through December 31, 2026.</li> </ul>	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved to include FIN 100, FIN 101 and FIN 102 to the Consent Agenda for March 6, 2025 Board of Governors meeting.</p>
<b>CHAIRPERSON'S REPORT</b>	<p>Chairperson Booth commented that at the Compliance &amp; Quality Committee meeting last week, she used the words "waste of money". She thought it may not have come across as she meant it and wanted to clear up any misunderstanding. She thinks it might have been better to say "money not well-spent." And she believes money can be "not well-spent" at L.A. Care. One of the examples she gave is: L.A. Care supports a project meant to improve member health, and the metrics prove the project did not have the positive impact the project leaders expected. To use more money for this project, would not be spending the money well, because it isn't doing what it's supposed to do. When L.A. Care leaders recognize an expense is not purchasing what they wanted and they stop that spending, that is known as practicing good stewardship of the health care dollars entrusted to them.</p>	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	<p>Martha Santana-Chin, <i>Chief Executive Officer</i>, apologized for not attending the meeting in person. She provided an update on L.A. Care's advocacy strategy and next steps to make sure that L.A. Care is being good stewards with its finances as well as being ready for next year. Last night, the U.S. House of Representatives passed a budget resolution that is going to kick off a reconciliation process. That budget resolution came with a very significant target</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for cuts necessary to fund the tax cuts that the federal administration is hoping to deliver to the American people. This will likely drive a lot of discussion, negotiation and debate around Medicaid and Medi-Cal. There are several proposals being floated on how to achieve the \$880 billion targeted savings that has been set. Of that, \$606 billion may impact the Medicaid and Medi-Cal programs. Some of the changes discussed are changes to the federal match level, which would impact the funding California draws down to support the Medicaid program. There are also discussions around fraud, waste and abuse, and one narrative is around provider taxes, which include the managed care organization (MCO) tax that helps fund the Medicaid program and increases that were envisioned for L.A. Care’s provider network. Work requirements for beneficiaries is another area in discussion, and there may be a push to limit how much funding is available for the expansion population that California embraced over the last several years, which helped drive down the uninsured rate.</p> <p>The Senate and the House will engage in negotiations and discussions to come up with a single budget bill. Staff expects that activity will continue for the next several months. It is critically important that L.A. Care continue to be engaged in advocacy work. March and April will be very busy in support of those negotiations. L.A. Care likely would not know the impacts to California and L.A. Care until early this summer.</p> <p>L.A. Care been very active and been working with its federal lobbyist to educate members of the Los Angeles legislative delegation in Washington, DC. L.A. Care has been involved at a state level to educate locally elected officials around the potential impacts of cuts to important health care programs. L.A. Care hosted a press conference, joined by Board Member Ilan Shapiro, MD, at its Long Beach community resource center (CRC) last week to raise awareness about potential impacts. L.A. Care members participated in the press conference, sharing their experiences and what they felt was at stake as a result of potential cuts. Long Beach Mayor Rex Richardson participated and Congresswoman Nanette Barragán led the press conference. L.A. Care is hoping the event will provide some traction. L.A. Care is also working closely with trade associations and coalitions to raise awareness, educate, and make sure that there is a clear line of sight to potential impacts of dramatic funding cuts. Ms. Santana-Chin wanted to make sure that the Committee understands that this is a priority for L.A. Care and staff is very involved in the detail in order to be fully prepared as an organization, not only to fight any funding cuts but also to be ready for potential changes in policy.</p> <p>L.A. Care also continues to have discussions around strategy. It is important that L.A. Care make sure to focus on the right work with appropriate resources. L.A. Care is being smart in</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>using resources and mindful of everything mentioned by Chairperson Booth earlier about prudent stewardship of the healthcare dollar. It is critically important that L.A. Care is bringing and delivering value to the members that it serves and being smart about the way that L.A. Care is spending resources.</p> <p>Board Member Vaccaro asked about potential analysis around any financial impact should the worst scenario happen, and what might trigger future planning and projection of issues or challenges.</p> <p>Ms. Santana-Chin noted that it is very complicated. There are impactful proposals which, depending on how they are executed, can affect different areas. The federal government has to align on the focus. Health and Human Services (HHS) will determine how to effectuate it, then states get involved at some point in the process that will eventually trickle down to impacts on L.A. Care. It will take some time. Ms. Santana-Chin does not believe there will be a clear picture of any of these until this summer.</p> <p>Mr. Afzal Shah, <i>Chief Financial Officer</i>, agreed that there is a lot unknown in terms of what may or may not happen at the federal level and how California would respond. If there are cuts in Medicaid, will California fund it? Depending on the Department of Health Care Services (DHCS) response, L.A. Care may have an opportunity to work collaboratively with DHCS. If there are cuts in coverage or benefit changes, L.A. Care could work with the state collaboratively to respond to the different proposals. It will be difficult for L.A. Care to evaluate each scenario, the impact of that at the federal and the state level and then the impact to L.A. Care. As the number of scenarios is reduced, L.A. Care can do a lot more scenario testing in the coming weeks and months. Mr. Afzal added this is all reactive and there may be a place for proactive planning. It may be good to proactively get rid of some of the ideas early.</p> <p>Chairperson Booth noted that L.A. Care might get a coalition together to counter an idea, because it seems that the Trump administration is tossing out a bunch of ideas.</p> <p>Ms. Santana-Chin added L.A. Care has a list of the most likely changes to happen based on its own expertise and opinions, along with those of L.A. Care's lobbyists and partners. L.A. Care will be using the insights to conduct internal planning. L.A. Care is actively involved in coalitions. Last year, L.A. Care talked a lot about the safety net coalition that originally started in Los Angeles County and expanded statewide. This group was successful in passing Prop 35, the ballot initiative to restore the MCO tax and funded some provider increases. That coalition is continuing to work on these issues now and L.A. Care is an active member.</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The coalition is proactively informing conservative members of U.S. Congress. The Los Angeles legislative delegation are all in on Medicaid and Medi-Cal and are aware of the potential negative impacts. L.A. Care is also a member of a coalition named Modern Medicaid Alliance. This is a national coalition that includes organizations like the American Academy of Pediatrics, nurses' associations, healthcare providers, nonprofits and health plans. There are other coalitions forming at the national level. The conservative members of Congress need to be informed about the impacts downstream, for individuals that rely on the programs, on the providers and on the local economy. The more education, the more there may be breakthroughs and the less likely the drastic cuts will be approved. L.A. Care is also speaking with state agencies so that as things trickle down to the state, they see L.A. Care as a thought partner about how the changes are rolled out. L.A. Care is being as proactive as it possibly can. In the coming weeks more information will be coming out on social media, member stories, press conferences and events. It is an all-hands-on-deck effort within L.A. Care to protect the programs. Internally, there is proactive work in advance. As Mr. Shah shared, a challenge is that there are many moving parts. L.A. Care could potentially pull together a work group that is only focused on the most likely scenarios. This is as proactive as L.A. Care could potentially be both externally and internally.</p> <p>Board Member Roybal thanked and agreed with Ms. Santana-Chin on the importance of these actions. Board Member Roybal noted the federal continuing budget resolution (CR) expires in mid-March. The debt ceiling is also something that Congress is going to need to address. Another CR will likely be passed by U.S. Congress while working on the details for the budget they want to pass. His concern is that it will be rushed to avoid push back. That would be a really terrible scenario.</p> <p>Ms. Santana-Chin thinks it is a real threat. The good news is that in many of the Republican districts, there is a lot of noise from the constituents, very specifically advising against Medicaid cuts. There are coalitions that have done polling. An agency from across the country that works with families, paid for a poll on the favorability for Medicaid and how people feel about the Medicaid program. The poll released on Monday showed 70% of constituents are worried about cuts to the Medicaid program. That information is being circulated. Ms. Santana-Chin thinks, optimistically, there may be a ground swell of activity that warning the House Representatives of the dire consequences of making drastic cuts to the Medicaid program. L.A. Care will remain as aggressive as it possibly can.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b> <ul style="list-style-type: none"> <li>Financial Report</li> </ul>	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on Financial Performance for December 2024 (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u></p> <ul style="list-style-type: none"> <li>December membership was 2.63 million, 114,000 favorable to the budget.</li> <li>Year-to-Date (YTD) member months was 7.9 million or 276,000 favorable to the budget. While the budget started from a higher point than the previous fiscal year (FY) forecast ended, the actual performance for Medi-Cal continues to outperform expectations. <ul style="list-style-type: none"> <li>The budget assumes ~0.4% decrease per month for Medi-Cal moving forward. Actual membership increased by 0.54% between November and December 2024.</li> <li>Projections have been updated in the 3+9 forecast.</li> <li>L.A. Care Covered (LACC) continues to be consistent driver in favorability primarily due to SB 260 and the competitive price position.</li> </ul> </li> </ul> <p><u>Consolidated Financial Performance</u></p> <p>YTD net deficit was \$6.6 million which was \$54 million unfavorable to the budget. When \$32 million of investment income is removed, the net loss was \$39 million YTD. There was timing of some Student Behavioral Health Incentive Program (SBHIP) costs hit in December 2025. Without those expenses, it would have been about break-even for the month.</p> <p>Revenue is \$215 million favorable to budget. About half of the variance was driven by higher membership volume. The other main driver was some favorability in risk corridors, especially the unsatisfactory immigration status (UIS) risk corridor.</p> <p>Medical Expenses were \$256 million unfavorable to budget. Again, about half of the variance was driven by higher membership volume. Other large drivers were adjustments to targeted rate increase (TRI) as well as higher fee-for-service (FFS) claims.</p> <p>Operating Expense: Favorability in administrative expenses was mostly timing related.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> <li>Medi-Cal was unfavorable due to a contract change that hit in October 2024.</li> <li>Duals Special Needs Plan (DSNP) is slightly behind budget. Smaller dollar variances impact the medical cost ratios (MCRs) in the earlier months of the FY. Skilled Nursing Facilities (SNF) and Shared Risk were biggest drivers.</li> <li>LACC is unfavorable to budget due to timing of members hitting deductibles at the end of the calendar year. There is an opportunity to spread the budget more accurately in the</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>next budget cycle. Staff have been seeing some increases in expense development which teams are meeting internally to work through. Pharmacy and inpatient claims are the biggest drivers.</p> <ul style="list-style-type: none"> <li>• PASC is another small dollar amount line of business. It is unfavorable to budget due to a retroactive contract change in October 2024.</li> <li>• Overall MCR was unfavorable to budget - 95.0% vs 93.1% excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP).</li> </ul> <p>L.A. Care likely will not carry unfavorability forward as it transitions to 2025 rates vs budget expectations.</p> <p><u>Financial Ratios</u> Administrative Ratio is ahead of budget. Balance sheet metrics are all satisfying benchmarks. However, the cash to claims ratio was inflated this month due to \$531 million received from Department of Healthcare Services (DHCS) for intergovernmental transfer (IGT) rate range. Those funds were paid out in January 2025. Without those funds, cash to claims was at 0.92 which is ahead of November (0.88).</p> <p><u>Tangible Net Equity (TNE)</u> TNE was 856% for the month with days of cash on-hand at 79 days, which includes the pass-through funds. Without those, days of cash is at 63 days. This is in line with last month (64 days).</p> <p><u>FY 2024-25 3+9 Forecast</u> <u>FY 24-25 3+9 Forecast vs Budget - Membership</u> There was a significant increase in membership from the original budget. The forecast assumes 3.7% increase in membership for the remainder of the FY. This is about 1.9 million member months. The forecast does not factor in any impacts of UIS or other immediate threats to subsidies within LACC.</p> <p><u>FY 24-25 3+9 Forecast vs. Budget P&amp;L - L.A. Care (excl. HHIP/IPP)</u> Revenue is \$1.3 million favorable to budget.</p> <ul style="list-style-type: none"> <li>• More than half of the favorability is driven from volume (+\$713 million (Membership))</li> <li>• Other drivers include final 2025 rates and SBHIP funding.</li> </ul> <p>Medical Expenses are unfavorable \$1.2 million to budget.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Capitation - \$330 million due to membership volume, final 2025 rates and TRI considerations.</li> <li>• Fee-for Service claims are unfavorable \$300 million from volume and \$300 million from unfavorable development.</li> </ul> <p>With the increased revenue we land with the same MCR at 93.2% and \$93 million in additional operating margin.</p> <p>Operating Expense is \$6 million unfavorable to budget.</p> <ul style="list-style-type: none"> <li>• Salaries and Benefits (S&amp;B) increasing – This is more of an element of hiring speed. Staff feels confident to have slowed the pace of newer positions. Half of the increase is due to overtime.</li> <li>• Purchased Services &amp; Professional Fees – Higher Pharmacy and Behavioral Health administrative fees comes with the higher membership, and some additional legal fees from ongoing activities.</li> <li>• Big offset to call out - Business Fees and Insurance had a large reduction for LACC. Participation fees have been reduced from 3.25% to 2.25%.</li> <li>• Depreciation &amp; Amortization - decreased for timing of capital project execution.</li> </ul> <p>Non-Operating Expense is unfavorable \$32 million to budget.</p> <ul style="list-style-type: none"> <li>• Investment income has been adjusted down to align with most current interest rates.</li> </ul> <p>Overall, net surplus is a \$55 million increase from original budget.</p> <p><u>FY 24-25 3+9 Forecast vs Budget – Operating Margin &amp; MCR</u></p> <ul style="list-style-type: none"> <li>• Overall forecasted MCR is 93.2% vs the budgeted 93.25% excluding HHIP/IPP</li> <li>• Medi-Cal is at 93.5%, down from 94.3%</li> <li>• DSNP is 92.3% vs 89.0%; However, this includes an error in the forecast. MCR is closer to 89.3%</li> <li>• LACC is 85.6% vs 80.6%</li> <li>• PASC is 108.9% vs 99.9%</li> </ul> <p><b><u>Motion FIN 103.0325</u></b>  <b>To accept the Financial Reports for December 2024, as submitted.</b></p>	<p><b>Approved unanimously by roll call. 3 AYES</b></p>
<ul style="list-style-type: none"> <li>• Monthly Investment Transactions Reports</li> </ul>	<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 complies with the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>California Government Code as an informational item. L.A. Care's total investment market value as of as of L.A. Care's total investment market value as of December 31, 2024, was \$3.9 billion.</p> <ul style="list-style-type: none"> <li>• \$3.8 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$77 million in BlackRock Liquidity T-Fund</li> <li>• \$11 million in Los Angeles County Pooled Investment Fund</li> <li>• \$6 million in Local Agency Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>• Quarterly Reports Required by Internal Policies (<i>informational only</i>)</li> </ul>	<p>Mr. Ingram referred to the 1<sup>st</sup> Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2024-25 included in the meeting materials. (<i>A copy of the report is available by contacting Board Services</i>). L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items, and do not require approval.</p> <ul style="list-style-type: none"> <li>• Policy AFS-004 (Non-Travel Expense Report)</li> <li>• Policy AFS-027 (Travel Expense Report)</li> <li>• Policy AFS-006 (Authorization and Approval Limits)</li> <li>• Policy AFS-007 (Procurement)</li> </ul>	
<p>Announcement by General Counsel prior to consideration in Closed Session:</p>	<p>There was no discussion of this closed session agenda item.</p> <p>Property: 1200 W. 7<sup>th</sup> Street. Los Angeles, CA 90017.  Agency negotiator: Terry Brown  Negotiating party: United Way of Greater Los Angeles  Under negotiation: Price and terms of payment.</p>	
<p>Public Comments on the Closed Session agenda items.</p>	<p>There were no public comments.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:44 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 1:44 p.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure <i>February 2027</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The meeting reconvened in open session at 2:03 pm. Ms. Haydel advised the public that no reportable action from the closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting adjourned at 2:05 pm.</p>	

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

APPROVED BY:  
\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed \_\_\_\_\_

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – February 26, 2025

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



**L.A. Care**  
HEALTH PLAN

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Alvaro Ballesteros, MBA \*  
G. Michael Roybal, MD  
Nina Vaccaro \*\*

\*Absent \*\* Via Teleconference

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:02 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.	
<b>APPROVE MEETING AGENDA</b>	The agenda for today’s meeting was approved.	<b>Approved unanimously by roll call. 3 AYES (Booth, Roybal and Vaccaro)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE CONSENT AGENDA</b>	<p>Chairperson Booth asked about the pricing in motion FIN 101 (Tangram Contract Amendment) in comparison to pricing directly from Westfall for furniture to be installed in 1200 W. 7<sup>th</sup> Street Building. Lance MacLean, <i>Senior Director, Facilities Services</i>, responded that Westfall and People Space were included in the request for proposal process, and Tangram offered the low bid for the furniture.</p> <ul style="list-style-type: none"> <li>January 22, 2025 Meeting Minutes</li> <li>Quarterly Investment Report <b><u>Motion FIN 100.0325*</u></b> <b>To accept the Quarterly Investment Report for the quarter ending December 31, 2024, as submitted.</b></li> </ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Tangram, Inc. Contract Amendment <b><u>Motion FIN 101.0324*</u></b> To delegate authority to the Chief Executive Officer to amend the Master Purchase Agreement with commercial furniture vendor New Tangram, LLC. and to authorize increasing funding in an amount not to exceed \$5,070,418 to purchase new standard office furniture, equipment and installation labor.</li> <li>• Infocrossing, LLC Contract Amendment <b><u>Motion FIN 102.0325*</u></b> To authorize the staff to enter into Amendment #6 with Infocrossing, LLC, increasing the overall contract amount from \$4,700,000 to \$5,469,466, (an incremental increase of \$769,466), and increasing the contract terms from June 21, 2017 – December 31, 2025, to June 21, 2017 – December 31, 2026, (an incremental term of 1 year). This amendment will allow Infocrossing to continue to support L.A. Care with third-party support for enrollment and disenrollment transactions and eligibility inquiries related to Duals Special Needs Plan (D-SNP) and upcoming Medicare Advantage Prescription Drug (MAPD) members through December 31, 2026.</li> </ul>	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved to include FIN 100, FIN 101 and FIN 102 to the Consent Agenda for March 6, 2025 Board of Governors meeting.</p>
<b>CHAIRPERSON'S REPORT</b>	<p>Chairperson Booth commented that at the Compliance &amp; Quality Committee meeting last week, she used the words "waste of money". She thought it may not have come across as she meant it and wanted to clear up any misunderstanding. She thinks it might have been better to say "money not well-spent." And she believes money can be "not well-spent" at L.A. Care. One of the examples she gave is: L.A. Care supports a project meant to improve member health, and the metrics prove the project did not have the positive impact the project leaders expected. To use more money for this project, would not be spending the money well, because it isn't doing what it's supposed to do. When L.A. Care leaders recognize an expense is not purchasing what they wanted and they stop that spending, that is known as practicing good stewardship of the health care dollars entrusted to them.</p>	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	<p>Martha Santana-Chin, <i>Chief Executive Officer</i>, apologized for not attending the meeting in person. She provided an update on L.A. Care's advocacy strategy and next steps to make sure that L.A. Care is being good stewards with its finances as well as being ready for next year. Last night, the U.S. House of Representatives passed a budget resolution that is going to kick off a reconciliation process. That budget resolution came with a very significant target</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for cuts necessary to fund the tax cuts that the federal administration is hoping to deliver to the American people. This will likely drive a lot of discussion, negotiation and debate around Medicaid and Medi-Cal. There are several proposals being floated on how to achieve the \$880 billion targeted savings that has been set. Of that, \$606 billion may impact the Medicaid and Medi-Cal programs. Some of the changes discussed are changes to the federal match level, which would impact the funding California draws down to support the Medicaid program. There are also discussions around fraud, waste and abuse, and one narrative is around provider taxes, which include the managed care organization (MCO) tax that helps fund the Medicaid program and increases that were envisioned for L.A. Care’s provider network. Work requirements for beneficiaries is another area in discussion, and there may be a push to limit how much funding is available for the expansion population that California embraced over the last several years, which helped drive down the uninsured rate.</p> <p>The Senate and the House will engage in negotiations and discussions to come up with a single budget bill. Staff expects that activity will continue for the next several months. It is critically important that L.A. Care continue to be engaged in advocacy work. March and April will be very busy in support of those negotiations. L.A. Care likely would not know the impacts to California and L.A. Care until early this summer.</p> <p>L.A. Care been very active and been working with its federal lobbyist to educate members of the Los Angeles legislative delegation in Washington, DC. L.A. Care has been involved at a state level to educate locally elected officials around the potential impacts of cuts to important health care programs. L.A. Care hosted a press conference, joined by Board Member Ilan Shapiro, MD, at its Long Beach community resource center (CRC) last week to raise awareness about potential impacts. L.A. Care members participated in the press conference, sharing their experiences and what they felt was at stake as a result of potential cuts. Long Beach Mayor Rex Richardson participated and Congresswoman Nanette Barragán led the press conference. L.A. Care is hoping the event will provide some traction. L.A. Care is also working closely with trade associations and coalitions to raise awareness, educate, and make sure that there is a clear line of sight to potential impacts of dramatic funding cuts. Ms. Santana-Chin wanted to make sure that the Committee understands that this is a priority for L.A. Care and staff is very involved in the detail in order to be fully prepared as an organization, not only to fight any funding cuts but also to be ready for potential changes in policy.</p> <p>L.A. Care also continues to have discussions around strategy. It is important that L.A. Care make sure to focus on the right work with appropriate resources. L.A. Care is being smart in</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>using resources and mindful of everything mentioned by Chairperson Booth earlier about prudent stewardship of the healthcare dollar. It is critically important that L.A. Care is bringing and delivering value to the members that it serves and being smart about the way that L.A. Care is spending resources.</p> <p>Board Member Vaccaro asked about potential analysis around any financial impact should the worst scenario happen, and what might trigger future planning and projection of issues or challenges.</p> <p>Ms. Santana-Chin noted that it is very complicated. There are impactful proposals which, depending on how they are executed, can affect different areas. The federal government has to align on the focus. Health and Human Services (HHS) will determine how to effectuate it, then states get involved at some point in the process that will eventually trickle down to impacts on L.A. Care. It will take some time. Ms. Santana-Chin does not believe there will be a clear picture of any of these until this summer.</p> <p>Mr. Afzal Shah, <i>Chief Financial Officer</i>, agreed that there is a lot unknown in terms of what may or may not happen at the federal level and how California would respond. If there are cuts in Medicaid, will California fund it? Depending on the Department of Health Care Services (DHCS) response, L.A. Care may have an opportunity to work collaboratively with DHCS. If there are cuts in coverage or benefit changes, L.A. Care could work with the state collaboratively to respond to the different proposals. It will be difficult for L.A. Care to evaluate each scenario, the impact of that at the federal and the state level and then the impact to L.A. Care. As the number of scenarios is reduced, L.A. Care can do a lot more scenario testing in the coming weeks and months. Mr. Afzal added this is all reactive and there may be a place for proactive planning. It may be good to proactively get rid of some of the ideas early.</p> <p>Chairperson Booth noted that L.A. Care might get a coalition together to counter an idea, because it seems that the Trump administration is tossing out a bunch of ideas.</p> <p>Ms. Santana-Chin added L.A. Care has a list of the most likely changes to happen based on its own expertise and opinions, along with those of L.A. Care's lobbyists and partners. L.A. Care will be using the insights to conduct internal planning. L.A. Care is actively involved in coalitions. Last year, L.A. Care talked a lot about the safety net coalition that originally started in Los Angeles County and expanded statewide. This group was successful in passing Prop 35, the ballot initiative to restore the MCO tax and funded some provider increases. That coalition is continuing to work on these issues now and L.A. Care is an active member.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The coalition is proactively informing conservative members of U.S. Congress. The Los Angeles legislative delegation are all in on Medicaid and Medi-Cal and are aware of the potential negative impacts. L.A. Care is also a member of a coalition named Modern Medicaid Alliance. This is a national coalition that includes organizations like the American Academy of Pediatrics, nurses' associations, healthcare providers, nonprofits and health plans. There are other coalitions forming at the national level. The conservative members of Congress need to be informed about the impacts downstream, for individuals that rely on the programs, on the providers and on the local economy. The more education, the more there may be breakthroughs and the less likely the drastic cuts will be approved. L.A. Care is also speaking with state agencies so that as things trickle down to the state, they see L.A. Care as a thought partner about how the changes are rolled out. L.A. Care is being as proactive as it possibly can. In the coming weeks more information will be coming out on social media, member stories, press conferences and events. It is an all-hands-on-deck effort within L.A. Care to protect the programs. Internally, there is proactive work in advance. As Mr. Shah shared, a challenge is that there are many moving parts. L.A. Care could potentially pull together a work group that is only focused on the most likely scenarios. This is as proactive as L.A. Care could potentially be both externally and internally.</p> <p>Board Member Roybal thanked and agreed with Ms. Santana-Chin on the importance of these actions. Board Member Roybal noted the federal continuing budget resolution (CR) expires in mid-March. The debt ceiling is also something that Congress is going to need to address. Another CR will likely be passed by U.S. Congress while working on the details for the budget they want to pass. His concern is that it will be rushed to avoid push back. That would be a really terrible scenario.</p> <p>Ms. Santana-Chin thinks it is a real threat. The good news is that in many of the Republican districts, there is a lot of noise from the constituents, very specifically advising against Medicaid cuts. There are coalitions that have done polling. An agency from across the country that works with families, paid for a poll on the favorability for Medicaid and how people feel about the Medicaid program. The poll released on Monday showed 70% of constituents are worried about cuts to the Medicaid program. That information is being circulated. Ms. Santana-Chin thinks, optimistically, there may be a ground swell of activity that warning the House Representatives of the dire consequences of making drastic cuts to the Medicaid program. L.A. Care will remain as aggressive as it possibly can.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b> <ul style="list-style-type: none"> <li>Financial Report</li> </ul>	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on Financial Performance for December 2024 (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u></p> <ul style="list-style-type: none"> <li>December membership was 2.63 million, 114,000 favorable to the budget.</li> <li>Year-to-Date (YTD) member months was 7.9 million or 276,000 favorable to the budget. While the budget started from a higher point than the previous fiscal year (FY) forecast ended, the actual performance for Medi-Cal continues to outperform expectations. <ul style="list-style-type: none"> <li>The budget assumes ~0.4% decrease per month for Medi-Cal moving forward. Actual membership increased by 0.54% between November and December 2024.</li> <li>Projections have been updated in the 3+9 forecast.</li> <li>L.A. Care Covered (LACC) continues to be consistent driver in favorability primarily due to SB 260 and the competitive price position.</li> </ul> </li> </ul> <p><u>Consolidated Financial Performance</u></p> <p>YTD net deficit was \$6.6 million which was \$54 million unfavorable to the budget. When \$32 million of investment income is removed, the net loss was \$39 million YTD. There was timing of some Student Behavioral Health Incentive Program (SBHIP) costs hit in December 2025. Without those expenses, it would have been about break-even for the month.</p> <p>Revenue is \$215 million favorable to budget. About half of the variance was driven by higher membership volume. The other main driver was some favorability in risk corridors, especially the unsatisfactory immigration status (UIS) risk corridor.</p> <p>Medical Expenses were \$256 million unfavorable to budget. Again, about half of the variance was driven by higher membership volume. Other large drivers were adjustments to targeted rate increase (TRI) as well as higher fee-for-service (FFS) claims.</p> <p>Operating Expense: Favorability in administrative expenses was mostly timing related.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> <li>Medi-Cal was unfavorable due to a contract change that hit in October 2024.</li> <li>Duals Special Needs Plan (DSNP) is slightly behind budget. Smaller dollar variances impact the medical cost ratios (MCRs) in the earlier months of the FY. Skilled Nursing Facilities (SNF) and Shared Risk were biggest drivers.</li> <li>LACC is unfavorable to budget due to timing of members hitting deductibles at the end of the calendar year. There is an opportunity to spread the budget more accurately in the</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>next budget cycle. Staff have been seeing some increases in expense development which teams are meeting internally to work through. Pharmacy and inpatient claims are the biggest drivers.</p> <ul style="list-style-type: none"> <li>• PASC is another small dollar amount line of business. It is unfavorable to budget due to a retroactive contract change in October 2024.</li> <li>• Overall MCR was unfavorable to budget - 95.0% vs 93.1% excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP).</li> </ul> <p>L.A. Care likely will not carry unfavorability forward as it transitions to 2025 rates vs budget expectations.</p> <p><u>Financial Ratios</u></p> <p>Administrative Ratio is ahead of budget. Balance sheet metrics are all satisfying benchmarks. However, the cash to claims ratio was inflated this month due to \$531 million received from Department of Healthcare Services (DHCS) for intergovernmental transfer (IGT) rate range. Those funds were paid out in January 2025. Without those funds, cash to claims was at 0.92 which is ahead of November (0.88).</p> <p><u>Tangible Net Equity (TNE)</u></p> <p>TNE was 856% for the month with days of cash on-hand at 79 days, which includes the pass-through funds. Without those, days of cash is at 63 days. This is in line with last month (64 days).</p> <p><b><u>FY 2024-25 3+9 Forecast</u></b></p> <p><u>FY 24-25 3+9 Forecast vs Budget - Membership</u></p> <p>There was a significant increase in membership from the original budget. The forecast assumes 3.7% increase in membership for the remainder of the FY. This is about 1.9 million member months. The forecast does not factor in any impacts of UIS or other immediate threats to subsidies within LACC.</p> <p><u>FY 24-25 3+9 Forecast vs. Budget P&amp;L - L.A. Care (excl. HHIP/IPP)</u></p> <p>Revenue is \$1.3 million favorable to budget.</p> <ul style="list-style-type: none"> <li>• More than half of the favorability is driven from volume (+\$713 million (Membership))</li> <li>• Other drivers include final 2025 rates and SBHIP funding.</li> </ul> <p>Medical Expenses are unfavorable \$1.2 million to budget.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Capitation - \$330 million due to membership volume, final 2025 rates and TRI considerations.</li> <li>• Fee-for Service claims are unfavorable \$300 million from volume and \$300 million from unfavorable development.</li> </ul> <p>With the increased revenue we land with the same MCR at 93.2% and \$93 million in additional operating margin.</p> <p>Operating Expense is \$6 million unfavorable to budget.</p> <ul style="list-style-type: none"> <li>• Salaries and Benefits (S&amp;B) increasing – This is more of an element of hiring speed. Staff feels confident to have slowed the pace of newer positions. Half of the increase is due to overtime.</li> <li>• Purchased Services &amp; Professional Fees – Higher Pharmacy and Behavioral Health administrative fees comes with the higher membership, and some additional legal fees from ongoing activities.</li> <li>• Big offset to call out - Business Fees and Insurance had a large reduction for LACC. Participation fees have been reduced from 3.25% to 2.25%.</li> <li>• Depreciation &amp; Amortization - decreased for timing of capital project execution.</li> </ul> <p>Non-Operating Expense is unfavorable \$32 million to budget.</p> <ul style="list-style-type: none"> <li>• Investment income has been adjusted down to align with most current interest rates.</li> </ul> <p>Overall, net surplus is a \$55 million increase from original budget.</p> <p><u>FY 24-25 3+9 Forecast vs Budget – Operating Margin &amp; MCR</u></p> <ul style="list-style-type: none"> <li>• Overall forecasted MCR is 93.2% vs the budgeted 93.25% excluding HHIP/IPP</li> <li>• Medi-Cal is at 93.5%, down from 94.3%</li> <li>• DSNP is 92.3% vs 89.0%; However, this includes an error in the forecast. MCR is closer to 89.3%</li> <li>• LACC is 85.6% vs 80.6%</li> <li>• PASC is 108.9% vs 99.9%</li> </ul> <p><b><u>Motion FIN 103.0325</u></b>  <b>To accept the Financial Reports for December 2024, as submitted.</b></p>	<p><b>Approved unanimously by roll call. 3 AYES</b></p>
<ul style="list-style-type: none"> <li>• Monthly Investment Transactions Reports</li> </ul>	<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 complies with the</p>	

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	<p>California Government Code as an informational item. L.A. Care's total investment market value as of as of L.A. Care's total investment market value as of December 31, 2024, was \$3.9 billion.</p> <ul style="list-style-type: none"> <li>• \$3.8 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$77 million in BlackRock Liquidity T-Fund</li> <li>• \$11 million in Los Angeles County Pooled Investment Fund</li> <li>• \$6 million in Local Agency Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>• Quarterly Reports Required by Internal Policies (<i>informational only</i>)</li> </ul>	<p>Mr. Ingram referred to the 1<sup>st</sup> Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2024-25 included in the meeting materials. (<i>A copy of the report is available by contacting Board Services</i>). L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items, and do not require approval.</p> <ul style="list-style-type: none"> <li>• Policy AFS-004 (Non-Travel Expense Report)</li> <li>• Policy AFS-027 (Travel Expense Report)</li> <li>• Policy AFS-006 (Authorization and Approval Limits)</li> <li>• Policy AFS-007 (Procurement)</li> </ul>	
<p>Announcement by General Counsel prior to consideration in Closed Session:</p>	<p>There was no discussion of this closed session agenda item.</p> <p>Property: 1200 W. 7<sup>th</sup> Street. Los Angeles, CA 90017.  Agency negotiator: Terry Brown  Negotiating party: United Way of Greater Los Angeles  Under negotiation: Price and terms of payment.</p>	
<p>Public Comments on the Closed Session agenda items.</p>	<p>There were no public comments.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:44 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 1:44 p.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure <i>February 2027</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The meeting reconvened in open session at 2:03 pm. Ms. Haydel advised the public that no reportable action from the closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting adjourned at 2:05 pm.</p>	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:  
Signed by: Stephanie Booth, MD.  
084948A20E5F490...  
Stephanie Booth, MD, *Chairperson*  
Date Signed 3/27/2025 | 4:08 PM PDT