L.A. CARE BOARD OF GOVERNORS MEETING

June 5, 2025 • 1:00 PM

Lobby Conference Room

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

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

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AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, June 5, 2025, 1:00 P.M.
1055 W. 7th Street, Lobby Conference Room 100, Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mb954c4edfd09a8884db031695e65f8b9

To listen to the meeting via teleconference please dial: +1-213-306-3065
English Meeting Access Number: 2481 308 1671 Password: lacare
Spanish Meeting Access Number: 2488 094 1612 Password: lacare

George W. Greene, Esq.
515 S. Figueroa Street, Suite 1300
Los Angeles, CA 90071-3322

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.

Welcome — Ilan Shapiro, MD, *Chair*

1. Approve today's agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*
3. Approve Consent Agenda Items — *Chair*
   (A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with "BOG".)
   - May 1, 2025 Board of Governors Meeting Minutes p.17
   - Quarterly Investment Report **(FIN 100)** p.51
   - Regional Community Advisory Committee Membership **(ECA 100)** p.83
   - Ratify elected Executive Community Advisory Committee Chairperson, Maritza Lebron, and Vice Chairperson, Estela Lara **(ECA 101)** p.86
4. Chairperson Report — *Chair*

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5. Chief Executive Officer Report p.90 — Martha Santana-Chin, *Chief Executive Officer*
   - Monthly Grants & Sponsorship Reports p.93
   - L.A. Care Medicare Plus Enrollee Advisory Committee Quarterly Meeting Summary p.97
   - Communications to Legislators on Harms of Medicaid Cuts p.101
   - Government Affairs Update — Cherie Compartore, *Senior Director, Government Affairs*
     - 2025-2026 May Revise p.152
     - House Budget Reconciliation Package p.163
6. Chief Medical Officer Report p.175 — Sameer Amin, MD, *Chief Medical Officer*
   - L.A. Care Access, Service & System Optimization (LASSO) Initiative: Response to Consumer Committee Motions p.189
7. Chief Financial Officer Report p.215 — Afzal Shal, *Chief Financial Officer*
   - Financial Report ending March 2025 **(FIN 101)** p.231
   - 6+6 Forecast
   - Monthly Investment Transactions Reports *(informational only)* p.241
   - Quarterly Reports Required by Internal Policies *(informational only)* p.292
8. Performance Monitoring – May 2025 p.308 — Sameer Amin, MD; Acacia Reed, *Chief Operating Officer*; Noah Paley, *Chief of Staff*
9. Motion for Consideration — Augustavia J. Haydel, Esq., *General Counsel*
   - Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services, Amendments A06 and A07 **(BOG 100)** p.363

   (Due to the large file size, the contract will be posted separately on the L.A. Care website. A copy can also be obtained by contacting Board Services.)

Advisory Committee Reports

10. Provider Relations Advisory Committee — George Greene, Esq., *Committee Chair*
11. Children's Health Consultant Advisory Committee — Tara Ficek, MPH, *Committee Chair*
12. Executive Community Advisory Committee — Fatima Vazquez / Layla Gonzalez, *Consumer member / Advocate member*
    - Regional Community Advisory Committee (RCAC) 5 Members' Concern **(ECA 102)** p.409 — Maritza Lebron, *Committee Chair*
13. Technical Advisory Committee — Alex Li, MD, *Committee Chair*

Board Committee Reports

14. Executive Committee — *Chair*
15. Finance & Budget Committee — Stephanie Booth, MD, *Committee Chair*

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16. Compliance & Quality Committee — Stephanie Booth, MD, *Committee Chair*

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

ADJOURN TO CLOSED SESSION (Estimated time: 30 minutes) — *Chair*

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

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

20. 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

21. 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)

22. 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

23. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: CEO
Agency Designated Representative: Ilan Shapiro, MD
Unrepresented Employee: Martha Santana-Chin

RECONVENE IN OPEN SESSION — *Chair*

ADJOURNMENT — *Chair*

The next meeting is scheduled on July 24, 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:

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

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

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

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

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.

Schedule of Meetings
June 2025

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5 ***Board of Governors Meeting*** ***1 pm*** *(for approx. 3 hours)*	6
9	10	11 ***ECAC Meeting*** ***10 AM*** *(for approx. 3 hours)*	12	13
16 ***RCAC 8*** ***10 AM*** *(for approx. 2-1/2 hours)* ***Compliance & Quality*** ***2 PM*** *(for approx. 2 hours)*	17	18 ***RCAC 6*** ***10 AM*** *(for approx. 2-1/2 hours)*	19 ***L.A. Care Offices close*** ***Juneteenth Holiday***	20 ***RCAC 1*** ***11 AM*** *(for approx. 2-1/2 hours)*
23	24	25	26 ***RCAC 5*** ***2 PM*** *(for approx. 2-1/2 hours)*	27 ***Finance & Budget Committee Meeting*** ***12:30 PM*** *(for approx. 1 hour)* ***Executive Committee Meeting*** ***1:30 PM*** *(for approx. 2 hours)*
30				

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

Prepared by mhbalones/printed on 05/30/25

L.A. Care HEALTH PLAN
1200 W. 7th Street, Los Angeles, CA 90017
Tel. (213) 428.5500

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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	**1st Thursday** 1:00 PM *(for approximately 3 hours)* Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017	June 5 July 24* *No meeting in August* September 4 ** October 2 *** November 6 December 4 **4th Thursday due to summer vacations* ***All Day Retreat* ****Placeholder meeting*	Ilan Shapiro, MD, *Chairperson* John G. Raffoul, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* Nina Vaccaro, MPH, *Secretary* Alvaro Ballesteros, MBA Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Fatima Vazquez VACANT **Staff Contact:** Martha Santana-Chin *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	**4th Friday of the month** 1:30 PM *(for approximately 2 hours)* Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017	June 27 *No meeting in July* August 22 September 26 October 24 November 21* *No meeting in December* **3rd Friday due to Thanksgiving holiday*	Ilan Shapiro, MD, *Chairperson* John G. Raffoul, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* Nina Vaccaro, MPH, *Secretary* Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH *Governance Committee Chair* *Compliance & Quality Committee Chair* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050* Malou Balones *Board Specialist III, Board Services x4183*

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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	**3rd Thursday of the month** 2:00 PM *(for approximately 2 hours)* Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017	June 16 *No meeting in July* August 21 September 18 October 16 November 20 *No meeting in December*	Stephanie Booth, MD, *Chairperson* Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services x 5214*
FINANCE & BUDGET COMMITTEE	**4th Friday of the month** 12:30 PM *(for approximately 1 hour)* Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017	June 27 *No meeting in July* August 22 September 26 October 24 November 21* *No meeting in December* **3rd Friday due to Thanksgiving holiday*	Stephanie Booth, MD, *Treasurer* Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro **Staff Contact:** Malou Balones *Board Specialist III, Board Services x4183*
PROVIDER RELATIONS ADVISORY COMMITTEE	**Meets Quarterly** **3rd Wednesday of meeting month** 9:30 AM *(for approximately 2 hours)* Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017	August 20 November 19	George Greene, Esq., *Chairperson* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050* Malou Balones *Board Specialist III, Board Services x4183*
AUDIT COMMITTEE	*Conference Room - TBD* 1200 W. 7th Street Los Angeles, CA 90017 **MEETS AS NEEDED**		Chairperson - **VACANT** Layla Gonzalez George Greene **Staff Contact** Malou Balones *Board Specialist III, Board Services, x 4183*

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

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

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

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

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

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

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

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REGION 6	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	Wednesday, June 18 (Lynwood) Wednesday, Aug. 20 (Lynwood) Wednesday, Oct. 15 (South LA) Wednesday, Dec. 17 (South LA)	Hilda Perez, *Chair* **Staff Contact:** Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 *Community Outreach & Education*
REGION 7	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	Friday, July 18 (Norwalk) Friday, Sept. 19 (East LA) Friday, Nov. 21 (Norwalk)	Maritza Lebron, *Chair* **Staff Contact:** Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 *Community Outreach & Education*
REGION 8	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	Monday, June 16 (Wilmington) Monday, August 18 (Long Beach) Monday, October 20 (Wilmington) Monday, Dec. 15 (Long Beach)	Tonya Byrd, *Chair* **Staff Contact:** Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 *Community Outreach & Education*

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CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #337
May 1, 2025

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

Members

Ilan Shapiro, MD, *Chairperson*
John G. Raffoul, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
Nina Vaccaro, MPH, *Secretary*
Alvaro Ballesteros, MBA
Jackie Contreras, PhD*
Christina R. Ghaly, MD
Layla Gonzalez
George W. Greene, Esq.
Supervisor Hilda Solis
G. Michael Roybal, MD, 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
WELCOME	Chairperson Ilan Shapiro, MD, called the meetings to order at 1:02 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. Chairperson Shapiro welcomed all to the meeting. Chairperson Shapiro outlined the information for public comment included on the meeting Agenda.	
APPROVAL OF MEETING AGENDA	**PUBLIC COMMENT** *Elizabeth Cooper welcomed the Chairperson of the Board of Governors and thanked the former Chairperson. As a member of L.A. Care for several years, she objected to the information given because some people do not speak as long. She has an issue that she would like to address, she would like the Governance Committee to be more effective because some issues that the consumers have, they can bring it before the Governance Committee, and sometimes you wouldn't have to put it on your table. But the Governance Committee is not active, and she brought up, she has a lot of issues she would bring to the attention of the Chair, as the Chair knows that she brought up. She is concerned about the voice of developmentally disabled consumers, because many issues come up. She knows she has had one now from her son, who's developmentally disabled. It cries out for some concern from the Board since he is a member of L.A. Care. Sometimes when one brings issues up, who do you get to listen to. One thing she has is a developmentally disabled*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	son. Other members are on more than one committee, she has been denied and that affects the disabled. Her son who is developmentally disabled, she has several issues in how they how medicals deal with the developmentally disabled. And parents have been very challenged - our network. She would like the Board to know, she calls her legislators. They call her political, no, on civic matters. She calls her state legislators. She calls her County Supervisor, she calls her City Councilmember and her congressional delegation representative, because we the people. And she fights for all the people, not just for her son. She's got letters from former Board Members who connect to her, former L.A. Care members, and from legislators. But when it comes to her son, she is having a challenging time. She asked to be on the consumer advisory committee for the disabled, but was told no. If one is an L.A. Care member, one can be on several committees. She has been denied as a long-time member. She has supported L.A. Care, and she gets out there and calls her legislators to support L.A. Care, especially when these crises are on now about the cuts and due process of the Constitution for members. But she calls. When she calls, she asks for L.A. Care. But when she asks questions for her son, who is developmentally disabled, she feels that that issue is not addressed. So, who fights for him? His mom only. Chairperson Shapiro thanked Ms. Cooper for her comments. He asked staff to follow up with Ms. Cooper. **The meeting Agenda was approved.**	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Ghaly, Raffoul, Roybal, Shapiro, Solis and Vaccaro)**
PUBLIC COMMENTS	*Elizabeth Cooper appreciates the courtesy that is extended to her, but she would like the Board to please take notice of her previous public comment. It cries out for the Board's participation. The Board represents the members, we the people, and the members of the RCACs, it cries out for some response from the Board, the oversight of that. She appreciates the chair.* Chairperson Shapiro asked staff to follow up with her.	
APPROVE CONSENT AGENDA ITEMS	**PUBLIC COMMENT** *April Stom congratulated LA doesn't Care health. For a second time in two different decades, it has impeded on her receiving proper and timely health care. It started with Synermed in 2018 and continues into 2025. Back then L.A. Care blamed Synermed, but L.A. Care was fined, not Synermed. That is two decades ago, and that is two decades that it has impeded on her healthcare intentionally, and that is long enough, don't you think? Hasn't it killed enough people in the first and second cases that it was charged for? "Enough dead bodies on the pile, you guys? Have you had enough yet or do you need more? You're so <expletive> greedy." In the past 30 days, L.A. Care has been successful in raising her stress levels, anxiety, rage, ability to focus, raised her heart rate, lack of*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	sleep, lack of appetite lack of sexual desire, increased muscular and bone pain, increased nerve miscommunications. Chairperson Shapiro introduced himself and noted that one of the most important things here is respect. L.A. Care will make sure that she has extra time. He asked that she please be respectful, it is important. The Board will hear her comments, but to understand one another, he asked her to use respectful language. *Ms. Stom is hearing somebody's earpiece constantly talking at the table right now. She continued, greed greed greed. So greedy you are. In the past 30 days L.A. Care was successful in raising her stress levels, anxiety, rage, ability to focus, raised heart rate, lack of sleep, lack of appetite, lack of sexual desire, increased muscular and bone pain, increased nerve miscommunications. The stress level has given her a frozen shoulder. L.A. Care is interfering in her relationships, her ability to smile and laugh or find anything funny at all. This is no longer acceptable. She will no longer allow this behavior. She has been filing every complaint against L.A. Care, seven to be exact, with the state as of last night. She is also actively searching for an attorney who has the balls to sue its evil <expletive> in court. And she will find one. L.A. Care does not get to do this to people who are ill and need help. It has already been fined twice precisely for this. What the hell is wrong with the establishment? 100 % evil. She cannot believe the people take paychecks from evil. Six months, six months she's been playing every game in the books to impede this referral. All she needs is a decent neurologist, but L.A. Care does not have one and it plays every game in the book acting like it doesn't know that the neurologists in L.A. Care's system aren't even neurologists. Just more and more delays while you try to make another doctor that is a neurol vascular doctor …* Augustavia Haydel, *General Counsel*, noted that L.A. Care extended the time provided for Ms. Stom and the time has expired. She added that staff will be coming to speak to Ms. Stom. Ms. Haydel is sorry for her experience. She thanked Ms. Stom for her comments. *Ms. Stom commented that they should be ashamed of themselves, and they take paychecks from these crackpots.* *Elizabeth Cooper thanked the Chairperson and members of the Board. She's saying some of the same things, she would probably hold her comment only it's the Regional Community Advisory Committee. Some of the comments she made previous statements today, her aforementioned statements, the Chairperson already shared with her that she will be able to speak to someone, and she hopes for a resolution, and please have the CEO take notice of her comments.*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• April 3, 2025 Board of Governors Meeting Minutes • Revised 2025 Board and Committee Meeting Schedule **Motion BOG 100.0525*** **Approve changes to 2025 Board and Committee meeting schedules:** o **Technical Advisory Committee April 10, 2025 meeting rescheduled to May 20, 2025 at 10:30 AM.** o **Finance & Budget Committee meetings day/times change to 4th Fridays of the month, 12:30 PM to 1:30 PM** o **Executive Committee meetings day/times change to 4th Fridays of the month, 1:30 PM to 3:30 PM** o **Provider Relations Advisory Committee meeting rescheduled from May 21 to May 20, 2025, at 1:00 PM to 3:00 PM** • Charitable Organization to receive donated Board Member Stipends **Motion BOG 101.0525*** **To designate Inner City Law Center and Homeboy Industries as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025.** • Authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy. **(FIN 100)** **Motion FIN 100.0525*** **To authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy.** • Regional Advisory Community Committees (RCACs) membership **Motion ECA 100.0525*** **To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their April 9, 2025, meeting:** o **Arcelia Gonzalez, RCAC 2, Consumer** o **MBI Health Services, Inc., RCAC 4, Community Partner** o **United Parents and Students (UPAS), RCAC 4, Community Partner** o **LA Metropolitan Churches, RCAC 6, Community Partner**	**The Consent Agenda was unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Ghaly, Raffoul, Roybal, Shapiro, Solis and Vaccaro)**

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	○ **Rising Communities, RCAC 6, Community Partner** • Ratify elected Executive Community Advisory Committee At-Large Members: Deaka McClain and Brynette Cruz **(ECA 101)** **Motion ECA 101.0525*** **To ratify the election of Deaka McClain and Brynette Cruz as At-Large members of the Executive Community Advisory Committee (ECAC) to serve a two-year term starting May 2025.**	
CHAIRPERSON'S REPORT	**PUBLIC COMMENT** *Elizabeth Cooper commented that she is trusting the Chairperson with the previous comments she made, under his leadership and all the members of the Board. Also please direct the CEO to take notice of her comments today.* Chairperson reported that across the nation there are important conversations about Medicaid and the potential impact of reduced funding. An ad hoc Committee will be created to review strategies for L.A. Care on this important topic. L.A. Care will continue to be a steady leader. The Board is here to serve. He appreciates the respect among Board members and L.A. Care members. He recently had a conversation with Ms. Cooper about the growing pains needed to develop and serve in the best ways we can, and we are not afraid of tough conversations. It is growing pains, and we will continue to work together to resolve concerns and provide important services that the members need.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Elizabeth Cooper commented that she did not get a copy of the board book and the Board agenda earlier. Chief Executive Officer, she would like to see Chairperson and Members of the Board become more active for the RCAC members to be more active in giving their input in how these programs will be impacted. She is already done what she could in communicating with her representatives. Let them know that it takes the village, takes the members too, takes a village to do this. Let them know that they have a part too, to help save these programs. It would not be just for one, it is for all of us. She hopes that the Board considers the RCAC members to also get involved. Non-political, but life is not political, it is civic minded, rather than use political, be civic minded in communicating with their representatives and their friends about the pending cuts, because they will impact each one of us who are members of L.A. Care and Medi-Cal and Medicare.* Martha Santana-Chin, *Chief Executive Officer*, acknowledged Ms. Cooper for sharing her sentiments, it gives her great pleasure to hear them. She thanked RCAC members who participated in recording video testimonials to share with elected officials. They have been very valuable. In a discussion with Congresswoman	

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	Barragan this morning, she expressed a deep level of gratitude because that is the exact kind of information that she needs in her own quest to advocate for the Medi-Cal program. There is much more activity on that front that is detailed in the written CEO report in the meeting materials. L.A. Care is producing videos to educate RCAC members on how the Medicaid program works, how it is funded, what is at stake and potential impacts of the cuts, to make sure that there is broad awareness. The report includes a brief update on the negotiations for the state budget and on the cuts under consideration at the federal level. Ms. Santana-Chin had the pleasure of participating in very informative RCAC meetings. She also met with provider organizations, associations, and a variety of other stakeholders. Some of her key learnings and observations in her first 90 days are detailed in the written report. She thanked everybody who participated in that process because it has been very informative. The L.A. Care senior leadership team is engaged in a review of those insights to inform the work that we are doing, including support of the RCAC meetings and its leadership. At the April Board Meeting she shared that L.A. Care was notified that the Los Angeles County Civil Grand Jury (CGJ) had opened an investigation. CGJ has no authority to bring enforcement action against parties involved with an investigation. It is a tool to monitor government programs and provide oversight for County government. The CGJ empanels normal, everyday people for a year to serve on CGJ. The members are selected through a combination of interviews and a lottery process. The CGJ focused on issues that were reported about Los Angeles General Hospital. L.A. Care staff, Dr. Brodsky and Noah Ing, met virtually with jurors and answered questions about CalAIM. A report was published on April 24, titled, *LA General is Poised to Energize CalAIM and Create a Healthy Los Angeles (and while we're at it, let's eradicate homelessness).* The report was based on LA General's concerns about an inability to effectively refer people from the emergency department into CalAIM programs. The report asks Los Angeles County to double down on CalAIM, offer the important underutilized services that may be available for LA General patients. The report highlights the programs that are helpful in addressing the homelessness issues. It is important to note is that the CGJ released its report ahead of schedule to share it with the public and have leaders review it coincidentally with the County's efforts to explore how homeless services are being provided. It is important for L.A. Care to understand the report. L.A. Care has an obligation to respond by July 23. She emphasized that there was no direct criticism or adverse findings for L.A. Care in providing CalAIM services. Instead, the report encourages continued expansion of CalAIM services. L.A. Care was included as a partner to provide support for 5 of the 13 recommendations in the report. The report is publicly available. Ms. Santana-Chin invited Dr. Amin to share his observations. Dr. Amin commented that the CGJ viewed the programs in CalAIM as beneficial to the County, reducing total cost of care for L.A. Care members while providing them with better	

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	care. Programs mentioned were the Enhanced Care Management (ECM) program which provides care management for L.A. Care members, and the Community Supports programs, which is targeted towards services for the unhoused. The three core services include housing navigation, which navigates people to a home if they are unhoused, housing deposits for permanent stable housing, and housing sustaining services. The CGJ report suggests that the state was right in starting these programs, and the more these services can be utilized, the better for the people they serve. A productive conversation was held with the CGJ, LA General and Los Angeles County Department of Health Services (DHS) about how to better utilize these programs. Some things to come out of it are that LA General could potentially have a better pipeline to refer people to these programs. The report suggested that it would be helpful for LA General hospital to have its own ECM program. L.A. Care's main role in this as a health plan will be how to best facilitate providers and facilities to enroll more beneficiaries in the programs that are working. L.A. Care is analyzing these programs to make sure they are as efficient as possible, deliver the care that members need and finding areas that can be improved. There is work to be done in collaboration. He will provide more information at future meetings. Ms. Santana-Chin reported on a development with a provider organization that formerly contracted with L.A. Care, Axminster Medical Group. Axminster Medical Group serves the San Fernando Valley, San Gabriel Valley, Torrance/Bay Area and parts of the Westside, providing primary care services as well as other services. Axminster Medical Group issued a contract termination effective April 30. As of May 1, L.A. Care has moved about 13,225 members to other providers, all providers accepted the members transferred. As part of the termination process, L.A. Care must submit a plan to the Department of Managed Healthcare (DMHC) prior to transitioning members to other providers. The DMHC conducts a very thorough review process, and the health plan must provide evidence of the capacity to support members in a new medical home. DMHC has approved L.A. Care's plan to transition members. Members have been notified of the transfer and their right to choose a new physician other than the one assigned. L.A. Care's call center is ready to support members in that process and has been made aware of the transition. L.A. Care is working with individual members and providers to ensure continuity of care and support a seamless transition. L.A. Care unfortunately has parted ways with Axminster Medical Group. L.A. Care is very grateful for the provider organizations that chose to step up and serve the transferred members. Board Member Booth asked about L.A. Care's relationship with USC and LA General. Ms. Santana-Chin reported that LA General Hospital is a contracted provider for L.A. Care members. Board Member Ghaly added that DHS contracts as a whole for ECM services with L.A. Care and LA General is a provider under that contract.	

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	Supervisor Solis thanked Ms. Santana-Chin for the update, and for the report on L.A. Care members helping with personal experiences and information to Congressional leaders. That is very important, and she congratulated Ms. Santana-Chin. On the CGJ report, she noted that CalAIM, in her opinion, is a short-term program that will end in about two years. There is still discussion about how the implementation is going with CalAIM. From her perspective it is been equally hard even for the County to navigate some of the nuances that remain unclear, as Dr. Ghaly knows through the Los Angeles County Department of Mental Health (DMH). On the LA General Hospital campus there are restorative care beds for recuperative and sub-acute care. These were noted in the CGJ report. When people come out of hospital they are referred to those services. One of the providers for several years through his organization helping serve that population is Board Member Alvaro Ballesteros. Sometimes we do not toot our horn, so to speak, but we can always do a better job of explaining what is available on the LA General Hospital campus. It has been a great experience for her to represent that hospital, the faculty, and particularly the staff that work there. There is always room for improvement, and she looks forward to continuing to do more work with L.A. Care. With some of the CalAIM funding from L.A. Care, there are County projects on Skid Row and McArthur Park. She thanked Ms. Santana-Chin, Dr. Amin, and everybody that have been involved thus far. Ms. Santana-Chin appreciates her comments and noted there is a lot of innovation in Los Angeles County. CalAIM is a pilot, a five year waiver, to test concepts for addressing social drivers of health to determine the impact on health care services, total cost of care and outcomes for the people that L.A. Care serves. At the end of the waiver period, with new rules by the federal government, the state will decide how to continue to evolve the Medi-Cal program. There is innovation at the LA General campus and throughout Los Angeles County. The safety net, the clinics, L.A. Care and many others in LA County have stepped up in ways that would not have imagined ten years ago.	
• Government Affairs Update	Cherie Compartore, *Senior Director Government Affairs,* reported: <u>California State Budget Update</u> The Governor's May Budget Revise updates the Governor's January Budget proposal. It is statutorily required to be released by May 14 each year. It is likely to be released on May 8 or 9, 2025. It provides information that was not available in January such as tax revenue. Budget projections for 2025-26 will include some significant uncertainties, such as federal policy changes that are likely to severely impact California, and economic uncertainties. For 2026 through 2029, a $20 to $30 billion overall budget deficit is anticipated but the amount is not yet known. It is attributed to pharmacy costs, the economy and underestimated costs for expansion populations. The tax revenue receipts are ahead of projections, there will	

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	be more tax receipts by October 15, because people impacted by the wildfires received an extension to file. This budget year there is a $6.2 billion deficit in the Medi-Cal budget. It was covered by California's rainy day fund and through general fund loans, which will last through June 30, 2025. Federal policy is anticipated to impact programs such as food assistance. There will also likely be fiscal impacts to County administrations. The potential loss of federal funding will directly impact California assistance programs. A range of Medicaid proposals are under review by the House of Representatives. The timing will impact California's state budget. A federal budget markup is expected from the US House Energy and Commerce Committee by May 9. It will be just a markup in language. That markup goes to the Congressional Budget Office for scoring, through other committees and eventually a Bill will be created for consideration. A full committee vote in the House probably by spring, maybe before that, maybe a little bit later. There is uncertainty in what the Senate will do. The Senate can take up the House budget document legislation or it could do its own. Congress set a deadline of August 1 to fully pass a budget bill, because that is the deadline for funding the federal debt ceiling. If it appears that the budget reconciliation bill which includes provisions for the debt ceiling will not pass Congress, those provisions will be pulled out. It is probable that there would not be a federal budget reconciliation bill until the beginning of August. It could even go later. June 15 is the California Constitutional deadline to pass a balanced state budget that goes into effect July 1. The California Legislature always meets the state constitutional deadline, and there will be budget trailer bills. It will be a long summer. In October, the Legislature will know what the tax revenue will be. Ms. Compartore will update the Board at future meetings. A budget matrix will be included in the June Board meeting packet. Ms. Santana-Chin commented that L.A. Care is engaged in educating policy makers on consequences of funding cuts at both the state and federal levels. As the state and federal budget processes proceed, there will be better understanding in how to strategically oppose funding cuts. L.A. Care continues to work with coalitions and will keep the Board Members informed. Board Member Ballesteros is on the Board of California Primary Care Association (CPCA), and he participates in activities around potential Medicaid cuts. There is a Medicaid day of action planned for May14, with rallies across the county, state and even across the country to call attention to the potential harm that any cuts could cause. He wonders what L.A. Care could do to support those activities.	

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	Ms. Santana-Chin responded that the video that she mentioned earlier will be released to all the RCACs has basic information about Medicaid, how it is funded, what is at stake, and what the impacts could be. Some information has been presented directly to RCACs, and L.A. Care will be doing more directly with RCACs and through social media. L.A. Care is exploring what it can do as a public entity, and members are interested and willing to participate. L.A. Care has not fully organized around the May 14 effort but will partner with other organizations to make sure that voices are being heard through local, state and national partnerships and coalitions. The Board will be informed about how L.A. Care might be able to appropriately participate. Ms. Compartore added that discussions are underway with CPCA. L.A. Care's videos have been shared with CPCA and CPCA pointed us to videos that they have, so we are trying to see what opportunities and avenues we have to raise awareness on the national level.	
• Strategic Vision Report FY 2024/25 – 2026/27	Ms. Santana-Chin reported that L.A. Care is working on an update for the strategic plan because of the Medicaid impacts discussed earlier. Wendy Schiffer, *Senior Director, Strategic Planning,* referred to the report in the meeting materials on progress on the existing strategic plan covers the period of January through March 2025. As Ms. Santana-Chin said, staff is working on a new strategic plan.	
• Monthly Grants and Sponsorships Reports	Ms. Santana-Chin referred to the written report included in the meeting materials.	
• L.A. Care Network Community Relief Fund Update	Shavonda Webber-Christmas, *Director, Community Benefits*, reported that planning is underway for the $10 million that the Board approved on February 6 for wildfire response, essentially providing supplemental assistance through multiple funding rounds to organizations throughout the affected areas in Pasadena, Altadena, and the Palisades. L.A. Care is engaging reputable institutions, trusted partners, and L.A. Care providers, and there will be an equitable long term recovery process for those impacted, to the extent possible. The network and community relief plan has evolved from several sources of data and with best practices. The plan is built on the national disaster recovery framework. Philanthropy California has a disaster response overview, and there were many other disaster relief and wildfire responders from prior events that contributed to the planning process, including California Community Foundation, the California Office of Emergency Services, Community Clinic Association of Los Angeles County, and the United Way. L.A. Care has also connected with several other organizations such as public legal services and Annenberg Foundation, who helped with the fire aid and distributed funds into the community for wildfire relief. The focus is making sure that low income individuals are being adequately served through the fund.	

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	Its core purposes are to advance the recovery and rebuilding of communities impacted by the wildfires and to reinforce social and health care systems that prioritize the needs of marginalized community members. The fund will strategically support innovative solutions and to fill those gaps, reduce the barriers and restore and improve healthcare and social service delivery systems. A focus on impacted racial, ethnically and marginalized communities, seniors, children and youth, also individuals with acute health care risk. Those with special healthcare needs as well as low wage workers, uninsured and under insured homeowners, renters and newly displaced people, who are experiencing homelessness, and emergency relief and response workers. L.A. Care will hit a broad swath of impacted community members. Priorities of this fund are to address known gaps in care, behavioral health and post-acute care, and to make available alternative access points to receiving the care and the social services that are needed. As a large health plan and with CalAIM at the forefront, L.A. Care addresses medical and social needs. Connecting the components together will be critical so it catches critical opportunities to direct people back into the system for medical care, primary care, food, housing and other social issues. Collaborating across cross sectors has been extremely valuable and will be important to move forward with implementing relief strategies. This is a long list, but the good and the important thing to recognize is that L.A. Care is not doing it alone. LA Care funds contribute to millions of dollars that have been released with more to come. L.A. Care wants to be strategic in funding. The funds will go toward rebuilding, closing gaps, enhancing healthcare and social service delivery issues that have persisted for a long time. The fund will maximize a long term plan, meeting urgent community needs and supporting the agencies to restore their essential community infrastructure. The County and other stakeholders have said how important the infrastructure is right now before starting to rebuild. People need to go back to homes, educational spaces, civic culture, health care providers, and other essential services. L.A. Care will be working to mitigate emergency and safety needs of community members that lack resources, food, housing and other essentials, and optimize the opportunity for sustained, expanded and coordinated health care and social services. The fund will leverage strategic opportunities to rebuild this economy, with long term development and land preservation. It will include leveraging legislative and policy interventions to secure individuals, their families and the community. The grant making process includes identifying entities across the enterprise at L.A. Care to support, in the community, county and municipal agencies, wildfire relief fund partners such as CCF, United Way, and others mentioned earlier, L.A. Care network providers and community based nonprofit organizations. There is a comprehensive vetting process to select aligned effective agencies and to confirm the services and activities to be implemented in the community and the populations reached and expected outcomes.	

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	The distribution process is moving forward to execute grant agreements quickly with the organizations and entities so they can get out to the community and provide those services. Monitoring and impact measuring is a core value of L.A. Care's grant funding. This helps make sure that it is understood where funds are going, how services are reaching communities and the impacts. L.A. Care collects quantitative and qualitative data around services, restoration or enhancement, transformation, the number and profile of individuals served, as well as the impact on health systems, social service systems, and continued and emerging community needs. It is valuable to know what else is needed for the next phase, as this will likely be a long-term program, maybe ten years or more, to rebuild the community. Board Member Vaccaro already expressed gratitude earlier to Ms. Weber Christmas about this work. It is important and she appreciates it. With some of the monitoring and impact work, one thing she has been challenged in understanding was the impact to the Community Health Center patients specifically. She asked if there will be an ability to look at the impact to L.A. Care members in terms of who has been impacted by either of the fires through that work or is the idea to get resources out to anyone who could benefit. Ms. Webber Christmas responded that they would strive to get demographic information about the individuals served. In the situations where urgent services are provided an immediate response is needed. If there is an opportunity, they will ask partners to collect data for L.A. Care or Medi-Cal members, and it will be part of the reporting process. Ms. Santana-Chin added that organizations will be invited to apply, and this program will select projects and efforts that will make the most impact. It could end up being a handful of very impactful projects. The goal is to be strategic with the investments and address the four areas in the most optimal way possible based on the work that is going on and ideally targeting L.A. Care members as best as possible. Board Member and Supervisor Solis enjoyed the presentation and noted how important it is to support those that became unhoused because of the disaster. There are individuals that have become unhoused, especially in the Pasadena and Eaton Canyon areas. Some of those individuals probably qualify for services such as Medicare or Medicaid and are now on the street or living in their cars. Some are having problems getting any kind of assistance from FEMA, even to acquire a motel or hotel voucher. Focusing on that issue is important because many of these individuals are parents and have children. Chairperson Shapiro commented that sadly, he does not think that will be the last fire that we fight. This exercise could be applied to any natural disaster, it is an amazing learning opportunity to create outside of a clinical setting, to change the way the community is being served.	

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CHIEF MEDICAL OFFICER • L.A. Care Access, Service & System Optimization (LASSO) Initiative Update	**PUBLIC COMMENT** *Dorothy Lowry thanked Call the Car. After her complaints, they are treating her like a queen. And they're really doing well. But her main concern is she has disabilities, but she wants to understand and learn to get help with her medical issues. And the Board needs to be on this side. When you have slight dementia and other mental things, one does not understand how confused they are on this side. Because the Board goes through six and if the Board could just spend a little time and say, we are on number six, Chief Executive Officer report, we are on Government Affairs, because it seems like the meeting is jumping all around and people are not going to put up, the Board loses people because it is confusing and they do not know what the Board is talking about. At least give them a head start, just like the young lady that just left, she has been the clearest one, but, no real disrespect, she jumped from monthly grants to relief fund and it is confusing. If the Board could just understand, give them a little more time so they can keep up and understand. She hopes they understand what she's saying. Because she really wants to learn.* Chairperson Shapiro responded that he would make sure to clarify each item being discussed. *Demetria Saforre wants to find out more about this program that the Board is talking about implementing to improve the services of doctors and stuff like that. How long is it going to take to implement that?* Chairperson Shapiro responded that can be covered next in the Chief Medical Officer report. *Ms. Saforre responded, that's fine.* *Elizabeth Cooper would like to bring to the attention, as a citizen, as a person who's concerned about that, she supports the AMA, the doctors, because, "do no harm." But she would like to bring to the attention a matter for Medi-Cal. It is not a complaint. She would like to hear about empathy. Like she says, she has a developmentally disabled son, who's an L.A. Care member. He cannot articulate for himself, but she has a close family, but she's had so many beautiful people speak up for him. But she is concerned as a L.A. Care member. Sometimes if one does not know the medical terms, but there needs to be some kind of process or some kind of committee set up, how are the developmentally disabled treated when they go to the doctor. Do they give them the same respect, and do they sometimes ignore the concerns of those who have to represent them? Her son cannot speak up for himself. And when she hears him coughing every night, she wonders what is wrong. One goes to the doctors and sometimes one does not understand because of that. And she represents him, but he is her son, and she needs the committee sometime to be set up just to talk about the developmentally disabled community. Some doctors, when one goes to them, and she loves the doctors, she supports the doctors. But feels she has to speak up for him. He does not have anybody to speak up for him and*	

	when she takes him to the doctor, she wants them to understand he is a human being, just like we are all God's children. But sometimes when she hears him coughing every night, she wonders whether that's the last cough he's going to have. But you want doctors to pay attention to him just like you would all the members. That is what she is saying. She is sorry about tears coming out of her eyes. But she wishes Dr. Amin, if you would set up a committee to address how the doctors and staff interact with the developmentally disabled patients. Because they are all God's children regardless of what kind of disability they have. There's a lot of good doctors and nurses. Chairperson Shapiro responded that Alex Li, MD, *Chief Health Equity Officer*, will be talking after Sameer Amin, MD, *Chief Medical Officer*, about the work that L.A. Care is doing with disabilities and connecting the message. It is extremely important what she is saying of raising up the voice of her son and representing him. He thanked her for sharing that. Dr. Amin commented that he will try to be very clear and very organized in his report, so the members understand. He reported that he will spend a majority of time today during his report to review the response to the Board motions. There were motions from the RCACs and ECAC about how L.A. Care members get care and get high quality care. This report is part of a formal response. He will deliver a written summary of the response to the ECAC on May 14, and he will give a full report to the Executive Committee on May 28 and to the Board on June 5. The response is part of a large organization-wide program called L.A. Care Access Service and System Optimization (LASSO). LASSO is intended to make the system better, make it easier for L.A. Care members to get care, improve how services are working together to get members the care, and create a better member experience overall. It is based on feedback from members through the RCACs and the ECAC, who shared concerns about finding providers, long wait times, confusion about the referrals, and delays in service like getting medical equipment, prescriptions, and transportation. A charter helps explain what LASSO is about, what we are going and not going to do with it, and how we are going to help. It organizes things into some quick fixes that could be done right now that have already been in flight over the last few months. Hopefully members will see short term improvements that will happen over the next few months and then some longer term changes in the health plan over the course of the year. All of these will be moving together at the same time. Core objectives for the health plan include engaging with members, help members better understand the benefits, how to choose doctors, get referrals and use the services that they deserve from Medi Cal, Medicare and from L.A. Care Covered. Other objectives are making it easier to find information and get care through clear education, easy to use tools, and helpful outreach. A second area to address is network alignment, essentially making sure that providers, facilities and hospitals are aligned to member needs. Making sure there are enough doctors and	

providers to meet member needs, improve how members get referrals and get their services, so care is easier, faster, and more connected.

The last area is health plan operations. This includes making the interactions between members and providers simpler and faster. Self-service options will be improved to speed up the support members are getting and try to help members coordinate better with your doctor and with transportation.

The immediate actions began in March and April. A root cause analysis will be conducted throughout May, June and into July, to find the deeply rooted problems in our plan and in the healthcare ecosystem that are causing those issues for members. The solutions will be addressed across every division at L.A. Care with short term actions over the next three or four months and with long term actions ending in March 2026.

Member journey mapping is an endeavor to review all the touch points for members with the health plan, to find places for improvement. Every touchpoint has been mapped out organization wide. Yesterday staff across the health plan met to hear about those pain points and how to best improve them. A plan is being developed to improve each touch point. Action items include listening at our member RCAC meetings, with a set period during the RCAC meeting to hear from members about what is going on and where members see a problem. Those will begin rolling out in May and staff will be there for listening sessions through June. A next step is member education, empowerment and support, to improve how members get information and use the benefits. New resources will be available such as welcome materials, orientations, a new member portal, a new member newsletter. Website updates have rolled out very recently to help members better understand how to get care. New guides and new preparation materials are being developed to help members advocate for themselves at a provider visit. Those materials will help members understand referrals and how to speak with a specialist about the referral. There will be provider education for formulary alignment.

Since Medi-Cal pharmacy benefits are now managed by DHCS and not by the health plans, L.A. Care has noticed knowledge gaps for members and providers. Providers need to understand the new rules for prescriptions that are being managed by DHCS. Providers will also get support in prescribing the right medications, with tip sheets, online tools and alerts. In addition, resources like refill guides and welcome postcards will be provided to help members get their medication more easily and on time.

Members have been heard loud and clear that a better job needs to be done for member experience with the customer solutions center so that members receive better support. The member experience transformation will be part of the solution. There will be a super representative to handle issues and reach out to members about common concerns. When a member is calling in constantly about the same thing, and there is a common issue, the super representatives will be able to reach out to members and take care of it.

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	L.A. Care customer service representatives have new tools and streamline steps to make it easier to find member information and solve problems quickly and take care of any problem the first time a member calls. Members have broadcast loud and clear about issues with accessing durable medical equipment (DME), such as wheelchairs and canes. L.A. Care will make it faster and easier to get equipment and supplies, by training the providers and with new online tools. Often, L.A. Care found that delays in getting a wheelchair are commonly caused by an incomplete request for the DME. Dr. Amin is so happy to hear that transportation has improved for members. L.A. Care is working on the scheduling of member rides to medical appointments, with new leadership, better feedback tools, and a backup provider. L.A. Care is working more closely with all providers with new forums about referrals, access and quality of care, to provide members with smoother and more coordinated experience. Dr. Amin summarized his report that L.A. Care is working on an organization-wide initiative to improve member experience, with short and longer term actions. As time goes on, members will be hearing more about it. By the end of May, a full report will outline everything, and it will be translated into multiple languages and made available. Board Member Booth thanked Dr. Amin and everyone who worked hard to make this happen. Board Member Ghaly thanked Dr. Amin for his summary, and she looks forward to hearing subsequent reports, with all collectively thinking about improving services for members, improving the system for L.A. Care, and supporting delegated providers and provider networks who serve the members. Ms. Santana-Chin commended Dr. Amin, Noah Paley, *Chief of Staff*, and Acacia Reed, *Chief Operating Officer*, and their teams for their work. She recognized the team beneath these leaders for supporting this work. Each of the leaders have attended RCAC committee meetings to listen to members. She thanked the ECAC and RCAC members because the submission was powerful in focusing these efforts. The staff is working on this effort during other activities, such as the threats to programs by the federal government. She assured the Board that staff is dedicated to these achievements.	
CHIEF HEALTH EQUITY OFFICER • Health Disparities Work	**PUBLIC COMMENT** *Andria McFerson commented it is hard to understand sometimes the item that they are referring to when they make the comment due to the fact that previously the item was explained first before they actually told the Board what is relative to their particular*	

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	situation or the people that they know, having to do with that particular topic at hand. Chair, you stated that we're on item eight instead of seven. Chairperson Shapiro responded the comment should be for item eight. *Ms. McFerson asked if that was the presentation that they just had.* Chairperson Shapiro responded that item seven is finished. He explained that public comment informs the Board prior to the Board's consideration of an item on the agenda. Information is provided in writing in different ways to be reviewed by everyone. The Board wants public comment on the written information to hear what the members need. The Board will then have a conversation and, after that if the Board needs to take an action, the public comment is already considered. Sometimes we feel that we want to respond to the report, but it is the other way around, as the written report is provided. The Board wants to hear public comment on the written report, then have a conversation. *Ms. McFerson commented that it is good that she understands proper protocol. Now eight, it says chief equity officer report, health disparities, how they work. He spoke about something as far as LHASA goes, and she thinks that falls into that category too. She had said this a while ago and she continues to say this, and she speaks about how they need preventative care. And preventative care could be a part of that program as well. That could be an initial evaluation of each person, a member, whatever the case may be, and steering them in the right direction, just so that they can know specifically who they need to speak to for their condition not to worsen. And that could be from a medical professional, that can be with L.A. Care, or that could be with someone like a service provider in any sense. And with that being said, if they do have that program and if they do want to know about health disparities, they would like to have a preventative type of resource as well, because a lot of people do not like to be sick, and they want to start at the very beginning and sometimes PCPs don't pre-evaluate a person to prevent that.* *Elizabeth Cooper thanked Dr. Amin. She is very impressed with some of the things that he was discussing, the new things. She was not aware of that until she came to the Board of Governors meeting. She appreciates that and equity. Her concern is when she has a little tear, sometimes you get emotional. Because she feels listening to the Board and listening to some of the ideas when he expressed about wheelchairs and all these other issues, it will affect the disabled. And she would like to thank him for some of the new opportunities that he's bringing before them. As members they are sometimes not aware, but you are the Board members, and she appreciates the support. On the equity issue, she thinks all members should be educated, and one day she thinks, if she is no longer here, she always feels that her son will have a Board no matter what plan or not, Medi-Cal, Medicare, etc.*	

	She thinks that is always having someone there to come. So, Board Chair and members of the Board of Governors, she would like to thank each of you for the input she's listening to today. She is an emotional person. That is why the tears come sometimes, she is an emotional person. She would like to thank the Board. She would like to quickly say thanks to Call the Car. They have been very wonderful and gave her an education about the city of LA, so she learned about the city. She knows that was brought out of context, but she thanks you and she listens whether she agrees or disagrees. Dr. Li on behalf of the staff, extends that he appreciates that members of the public and the Board are supportive of the effort to address health equity and health disparities. He thanked Ms. Cooper for sharing her experience. As a primary care provider, he is also a caregiver for his brother with developmental disabilities. He appreciates her comments. He noted this is a regular update to the Board on L.A. Care's efforts and approaches to address health equity and disparities. L.A. Care uses its health equity plan and zones to frame how it addresses health disparities, for example, around issues of economic disparities where there is instability, L.A. Care is addressing and tackling medical debt. The last report focused on the assessment and screening of social services and social drivers to support health. Joanne Gonzalez, *Health Equity Project Manager*, and Deaka McClain, *ECAC Vice Chair and Member at Large,* and an L.A. Care health plan member will share the efforts of L.A. Care's next step, one of the many steps that it is taking. L.A. Care has a process in place to identify members with moderate and severe disabilities and are typically homebound. It is designed to support members during natural disasters, blackouts, and more recently was used during the wildfires. Originally it was planned to leverage this information in using the required health equity training to address concerns raised at a previous Board meeting regarding access issues or provider challenges with listening to members. In listening to members at the Board meeting that the overview of health equity training is probably not enough information. L.A. Care will present the next steps to deepen engagement with providers to address some of the competency and provide practical actionable steps that providers can take to improve interaction with members with disabilities and better support them. Ms. Gonzalez introduced Ms. McClain and noted that the Health Equity training is rooted in member feedback and member advocacy. Ms. McClain thanked the Board for the opportunity. She is the ECAC Member at Large for Seniors and People with Disabilities, and Vice Chair of the ECAC. She's very proud to say that. Ms. McClain is an advocate for people with disabilities within the community. Recently she voiced her feedback to the L.A. Care Quality Improvement and Health Equity Committee, letting them know the need for provider sensitivity training. This was based on members going to ECAC meetings. This is important because she believes providers should have training to recognize the importance of creating an accessible and inclusive environment when they deliver care. She was asked to connect L.A. Care with another organization that advocates for people with disabilities, Disability Rights of	

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	California (DRC). DRC has gladly agreed to present a training session in September and has been asked to be a part of a panel in October. This is just the beginning of provider training. There will be more to come next year. She hopes by being a part of this panel, where she will share with the other people about living with disabilities, will bring more provider awareness, understanding, and inclusiveness. A few minutes ago, her colleague, Ms. Cooper, shared her story. Ms. McClain hopes that her story helps everyone understand the serious need for this training. She brought up to the Quality Improvement Committee she is on with Board Member Fatima Vazquez, and she will continue to bring it. She feels that, about access to care, when members only get 15 minutes with the doctor, is not good enough, not long enough. She understands doctors have a lot of patients to see and do not have a lot of time. She asked L.A. Care to talk to the providers. She does not know if they need to go to the state level, but maybe incorporate a member advocate to be in the room with a doctor, so when the doctor takes notes and must go to another person, that member advocate can stay in the room and answer questions or explain anything else that the person with a disability or a senior may need. This is essential. She ended with this quote, "Inclusiveness is not a luxury. Inclusiveness is a necessity." Ms. Gonzalez feels that hearing the member voice, taking actionable steps, and leveraging the member perspective provides a framework for provider training. Because no one knows community better than community members themselves. L.A. Care looks forward to partnering with DRC. Through diversity equity, and inclusion training in the webinar series, L.A. Care is rolling out information to providers so providers can be confident in their ability to provide equitable care for people with disabilities. L.A. Care is very excited to host the training next year, and the Board will continue to receive regular updates.	
PERFORMANCE MONITORING – March 2025	**PUBLIC COMMENT** *Elizabeth Cooper commented that she will speak very briefly. She is listening to the meeting today. It has been very educational and particularly as she said once again, Dr. Amin, there are so many things he is doing and maybe she can access them. As she said, she has a little emotion when it comes to her son. She respects all the members of L.A. Care. She would not hold this microphone on this issue, but she is thankful for the Board that's listening and empowering this staff and the ones in the equity. She thanked Dr. Amin.* *Andria McFerson commented on item number nine Performance Monitoring. She thinks that she believes L.A. Care stakeholder organization was founded to serve a purpose with the community and also performance monitoring. Advocating for better health care services by listening to the public, of course, and recognizing one's own disparities as well*	

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	by speaking up and speaking out, services for the lives of the members, that that's where they are all here. But they need better relative circumstances also. The inconsistencies and failure to carry out proper unbiased health care procedures, they need to have that. Whether it be, like she said, surveys or whatever the case may be with the LASSO. With that being said, they need preventative care, they need current diagnosis, care and post care as well. But for the most part, they need that information from the RCACs. So, with that, this topic needs to be presented at the RCACs and talked about, absolutely. Dr. Amin introduced performance monitoring for April 2025. For future versions, there will be an executive summary for each of the sections. This is a lot of data for the Board and for members, there will be a couple sentences summarizing each section. Dr. Amin will review the medical management data and Ms. Reed will review the claims operations. As a reminder, the data is for February 2025. He reported that utilization management timeliness is within compliance, above 95 for all categories, and close to about a 100% for many. In response to a recent request, all lines of business will be shown in future reports. Results for inpatient hospital admissions are consistent with prior periods. L.A. Care staff is meeting with provider groups about performance, and a report will be brought to the Board of Governors at a future meeting. He reviewed performance metrics for CalAIM programs. He appreciated comments from Supervisor Solis about L.A. Care services under CalAIM. There are 15,451 members served through housing navigation and tenancy support services, housing deposits were provided to 230 members. Enhanced Care Management (ECM) shows a significant increase in enrollment, about a 35% increase through the fourth quarter of 2024. There were 28,000 unique members reached through ECM, which is a good result for these high-risk members, and L.A. Care is the leader among health plans in California. Ms. Reed reviewed claims and noted the slight increase in claims volume in comparison to prior months. That is attributed to the claims rejected prior to making it into the system. L.A. Care was able to capture those toward the end of February and the beginning of March, and receipts are trending much higher than in prior months. There was a slight uptick in the interest paid, with the number of claims received and claims that were rejected, interest is slightly higher than was paid in prior months. There is a slight dip below the 90 calendar day threshold, attributed to the increase in volume. The standard is 99%, in March it was 98.1% and it will recover in the following months. Denial volume is holding steady at around 15%. There was an increase in denial volume related to duplicate claims, that is also attributed to claims received and processed by the time a bulk of claims were received in March.	

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	For MCLA denial volume by reason, in prior months Ms. Reed reported a dip in timeliness performance for Provider Dispute Resolution (PDR) and she advised that the metric recovered in March. Staff will continue to monitor that metric. Noah Paley, *Chief of Staff,* welcomed Michelle Tyson, MD, Founder and CEO of Call the Car (CTC). He reported that under Dr. Tyson's leadership, CTC is working diligently to comply with all service level requirements for its call center and transportation services, and most importantly, to improve customer service for L.A. Care members, as evidenced by the very kind and thoughtful member comments earlier, which are greatly appreciated. On April 9, Dr. Tyson and Michael Fell, CTC's Chief Operating Officer, attended the Executive Community Advisory Committee (ECAC) meeting to share CTC's approach and commitment to optimizing customer service. They addressed L.A. Care member issues with service and concerns about timeliness, and they provided clarity in their discussion with members. Dr. Tyson and Mr. Fell highlighted a variety of member service enhancements that are being implemented by CTC, including: • A dedicated phone line for L.A. care members to use for transportation to RCAC, ECAC and Board meetings. • Updates to the CTC go mobile application for members to request and track rides like Lift and Uber mobile applications, • An automated virtual assistant for members making ride reservations by phone, • Assignment of a new transportation experience manager to coordinate timely resolution of service issues and member concerns, • Additional training for CTC staff that promotes a member-focused approach to customer service. Mr. Paley summarized CTC's performance, based on daily logs reviewed by L.A. Care's transportation team through April. CTC is maintaining compliance with service level requirements in all categories except hospital discharges and transfers, where compliance threshold is a hundred percent. For hospital discharges in April, CTC on-time performance percentage was 99%. There were 2,911 total hospital discharge trips in April, of those, 2,892 were performed on time. For hospital transfers in April, CTC on-time performance increased over the prior month to 98%. More specifically, out of 1,054 total hospital transfer trips in April, 1,032 were performed on time. As he has said before, that is not good enough. To achieve and sustain one hundred percent performance on time hospital transfer and discharge trips. Effective today CTC is coordinating the dispatch of drivers from an alternate vendor, All Town Transportation. As previously reported, L.A. Care's Transportation team, has worked for several months to activate All Town as a transportation vendor. Mr. Paley invited Dr. Tyson to address the Board.	

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	Dr. Tyson thanked the Board of Governors, it is her pleasure not only her mission, to work with L.A. Care members. They are who she grew up with and took care of in providing transportation. Making certain that they get to where they need to go is one of her missions, and her entire family's missions. At the last ECAC and RCAC meetings and in today's meeting she saw Dr. Amin bringing a way to make certain that CTC delivers a very personalized experience. Members attending RCAC and ECAC meetings can tell CTC what they need. CTC is dedicated to changing the member experience by helping members understand how to best use the CTC app. CTC thought it was providing technology to make the experience better, but after meeting with members at RCAC and ECAC, CTC understands that it needs to provide education in how to use the app, so it makes sense to each member. CTC will take this a little bit further, by inviting members to come to CTC offices so that each RCAC and ECAC member understands how the delivery of transportation happens, how to interface with transportation and CTC will gather feedback about what it can do better. She thanked everyone and she is honored to serve all of them. Board Member Gonzalez thanked Mr. Paley, Dr. Armin and Dr. Tyson for their efforts. She noticed CTC representatives at the RCAC meetings to listen to members. She appreciates all the help. It has been a long drive, a long haul, and we have seen improvement. She thanked Mr. Paley for attending the recent graduation ceremony for home health care workers. Chairperson Shapiro noted this is an example of a problem that was resolved with member voices and other connections to make sure that the community was taken care of. L.A. Care is not perfect, but we want to be *perfectible*. He thanked everyone for their efforts.	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee	**PUBLIC COMMENT** *Andria McFerson does not mind being first. For item number ten, Executive Community Advisory Committee and the Regional Community Advisory Committee, they need to better their outreach. They need to incorporate performance monitoring, health disparities information and LASSO within the RCAC meetings, they need to hit the streets as well. But they need to have more events and the only people that can make that decision is the Board. No one else. Staff cannot make it, the RCACs can try, they can talk about it, but the Board must actually carry it out. So, with that being said, they could have a better compliance threshold of information from members, stakeholders, and this would be eye to eye peer on peer communication from seniors, from the disabled and from other members as well, because they like to express themselves for people who have been there just like them. It would get a better response.* *Elizabeth Cooper commented that the role of the Executive Community Advisory Committee is to advise the Board of Governors, only an advisory capacity according to it.*	

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	But she would like to see the Executive Community Advisory Committee take notice of some of the members of the public comment and go back to their individual RCACs and see whether it is a small input or not. We need to see the Executive Community Advisory Committee come up with more motions before the Board so the Board can know how the public feels. They advise the RCAC, they are the representatives to come before the Board as RCAC members. There are many concerns that have come before the Executive Community Advisory Committee that should come before the Board as motions. That is the way they hear the public. She watched the Board of Governors, how they respond. That is a very important Committee, and she thinks each member who is a part of that, who represents the RCACs should take notice and listen to the members, and in layman's language. Sometimes we speak in language and acronyms but speak to the members you represent. She would like to see the Executive Community Advisory Committee speak to the members, and also bring motions before the Board and maybe there will be less public comments on concerns. Chairperson Shapiro thanked Ms. Cooper. He agrees with her completely. One of the agenda items is ECA 102, a motion from RCAC 3. The Board will continue to have those conversations. *Dorothy Lowry needs help with this answer. What do you do once you have been approved for Optum to go to a specialist and your primary care doctor. Well, there are two parts. Let her back up. She has diabetes, blood pressure, all that stuff. Her doctor refused to give her a prescription for metformin, which she has been taking since 2020. He refuses, what is she supposed to do? They are doing this because they want her to change doctors. But she is not the problem. He wants her to change doctors, she guesses because she is making him work too hard. They have to fill forms out and they do not like to refer you. They like to give you their medicine so you could stay there and stay sick and die slowly. But when they refuse, and she it's a 6.4, she thinks just 6.4, and the scale from the results say she is diabetic. What does she do? He is refusing to convey her medication. And they do this on purpose, so she can switch, and she is not switching no more. Where does she get help? And then she was approved to go to Cedars Sinai because the network doctors will not test her and diagnose her when the specialists say she has certain viruses that are from childhood, they won't treat her. UCLA said she has Candida Africana. She has all these records and then they tell her that does not mean she has these things. That is the report of the lab saying she has been in the environment. She has all kinds of allergy specialists say she has this problem, and no one will help her. What does she do? And then people say do not go to the government. Do not go to the news reporters. She is slowly dying and only reason she is not dead is because God said it is not time, fight for her health. She is sick and she has proof, and they have got the medicine, they have her lab results. What does she do? What would you do if it was your*	

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	child or yourself and you have the answers to your tests and what you need, and you are refused. What does she do? Please tell me what would your next step be? *Ms. Lowry commented that he is the best thing, but he is already noted that he is limited too. He has been helping. Like I said, God sent him, and she got some things done when he's on the phone with her.* Chairperson Shapiro thanked her for voicing her concerns. Navigating a health care can be frustrating especially with the diagnosis that you shared. He asked member services team to talk to her to resolve her concerns, sometimes it takes a little bit longer. Today member services staff is in contact directly with the CMO and so if there's anything that we can troubleshoot, help is here for you right now. Board Member Gonzalez noted that Board Member Fatima Vazquez was not able to attend today due to another commitment. ECAC met on April 9, 2025. She thanked the members that attended the ECAC in person and those present today. Dr. Amin gave his CMO update at the ECAC meeting. He gave a report earlier in this meeting. The Committee reviewed and approved the motions for new RCAC members approved earlier on the consent agenda. Representatives from Call the Car reported on healthcare transportation services, emphasizing their commitment to provide compassionate and reliable member experiences with transportation. They spoke about a focus on innovation and operational efficiency to better support L.A. Care members in accessing needed care. The presentation showcased key services features such as real time ride-tracking, member centered support and a robust quality assurance program. Call the Car also noted their efforts to reduce no-show rates and improve on time performance, which Mr. Paley demonstrated in the statistics that he shared today. Deaka McClain and Bernette Cruz were elected as the at large members of the ECAC, to serve a two-year term starting May 2025. A ratification of the election was approved earlier on the consent agenda. The Committee approved a RCAC 3 motion requesting the Board of Governors direct L.A. Care to conduct a formal investigation into access and service issues at East Valley clinical sites in Pomona, Covina, West Covina and La Puente.	
• Regional Community Advisory Committees Region 3 Member Issue provided by East Valley Clinics located in Pomona, Covina,	Board Member Gonzalez read aloud motion ECA 102. Chairperson Shapiro asked Dr. Amin to consider adding the concerns in the motion to the LASSO initiative. Dr. Amin noted that staff attended the meeting where the motion was presented, and L.A. Care has already begun a review of the issues. Mr. Paley noted that L.A. Care will visit East Valley on Friday with a team to evaluate the issues and develop a remediation plan. L.A. Care will do the same with any of the concerns that are raised at the RCACs, to include in the initiative and to develop immediate resolutions.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
West Covina and La Puente **(ECA 102)**	Ms. Santana-Chin added that L.A. Care is doing everything possible to make sure staff is trained to effectively address in real time issues that come up at the RCACs. A resolution can sometimes be simpler and faster working directly with the provider. In addition to staff attending RCAC meetings, L.A. Care is working on ways to provide feedback, so members do not feel like every concern has to be brought to the Board. L.A. Care wants to fix it quickly. The Community Clinic Association of Los Angeles County (CCALAC) has offered support for this effort. There is a host of organizations that are very responsive. At one of the RCAC meetings, concerns about another clinic were raised, and that clinic immediately reached out to L.A. Care to offer support in fixing the issue. The complaints at the RCACs, the experiences of the RCAC members are taken very seriously. Staff will do everything that can possibly be done to quickly address member concerns. Board Member Gonzalez requested an update for the next RCAC 3 meeting. Mr. Paley assured her he would provide her with an update. Board Member Vaccaro thanked the members of RCAC 3 for elevating this issue, she takes their concerns very seriously. Her organization represents the Community Health Centers and FQHCs, and she will make herself available to RCAC members if similar issues come up in the future. She reached out to the clinic about the motion to make sure they were aware, and to encourage a fast response to address the problems. She would appreciate conversations in the future if she can support efforts to help educate and bring light to some of the challenges experienced by L.A. Care members. Board Member Gonzalez commented that the members at RCAC 3 would appreciate it if Member Vaccaro wanted to visit the meeting to explain the efforts underway. She invited Member Vaccaro to attend the RCAC 3 meeting, and she invited Chairperson Shapiro to attend the next RCAC 1 meeting. Board Member Gonzalez noted the next ECAC meeting is scheduled on May 14, and all Board Members are invited. One can attend virtually or in person. Board Member Roybal asked about the L.A. Care process for addressing issues that rise to a grievance about a provider site. He would like to make sure that providers are given a chance to respond before the issue is brought to the Board. Otherwise, it is not fair to the provider. He understands that people are very frustrated by their experience. Dr. Amin was talking earlier about helping people understand what resources are available when they believe they are not getting the appropriate services. He noted that educating RCAC members about the process and what we can do when there are issues. He appreciates the proactive motion from the RCAC members in bringing this motion to the Board. He also understands that there is a process for the Board to follow.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Ms. Santana-Chin commented that L.A. Care is working with members, first in listening, observing and understanding events at RCAC and ECAC meetings. She is addressing ways to better support staff at the Community Resource Centers (CRCs) and in facilitating the RCAC meetings, so staff is better equipped to facilitate and solve problems on the spot. The second thing is to make sure that the RCAC and ECAC leadership has the tools they need to manage and navigate and make sure they are responsive to the issues raised by members. In visiting those groups, she noted that people are working through very specific examples of frustrating real issues. There is an effort to work with the RCACs and staff to provide resources and have the right processes in place. The shortest distance between two points is a straight line. In this case the CEO of the health center learned about the issue and wanted to fix it and to hear about the issue firsthand. Sometimes you do not have to go through a lot of extensive processes, but simply call the right people to figure it out. She acknowledged and agreed with the need to educate and make sure processes are followed, giving people an opportunity to address problems. She invited Mr. Paley to comment. Mr. Paley noted that L.A. Care is optimizing data sets that are provided to participating provider groups and clinics. With the assistance of Dr. Amin's Quality team and Ms. Reed's Advanced Analytics team, those data sets are coordinated to include not just quality measures but also member experience measures, such as grievances, inability to get an appointment or inability to get an appointment timely. Those will be shared with participating provider groups and clinics in the joint operating meetings to provide advance notice of the issues. The goal is that when a member raises an issue, it is pursued as quickly as possible. He understands the point about following the process. L.A. Care is trying to get information in the provider's hands so they're aware of the concerns at an initial proactive level. Board Member Ballesteros commented that in general, all providers, but he speaks specifically for the federally qualified health centers, would want to know this information as soon as possible. Maybe L.A. Care can break down barriers that prevent communication from happening and create a pathway for immediate access and quick responses when needed. Mr. Paley thinks that is a really good idea and he encouraged Dr. Amin and his colleagues on the LASSO initiative to incorporate a concept of a more streamlined pathway to getting providers information and feedback from members. Board Member Roybal made a motion to table ECA 100 while it is determined if the issue is to be integrated in the LASSO initiative. It was seconded by Board Member Vaccaro. Augustavia J. Haydel, Esq., *General Counsel*, advised that the Board could table the motion to the next meeting. The LASSO project is L.A. Care's response to the motions and so the LASSO project will respond to all of the motions consolidated together.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Dr. Amin commented that ECA 102 is about issues at East Valley and at a few locations and requested L.A. Care investigate. At a prior meeting, he had explained that individual issues at clinics or individual member problems should be immediately addressed, as Ms. Santana-Chin has indicated. A meeting is scheduled on Friday to address the member concerns. If there are access issues, those will be immediately addressed. The lessons learned will feed into the larger initiative around access as part of the LASSO initiative, and a long-term plan for improving access will be informed by the discussion. The Board could move the motion forward as L.A. Care gathers information. Member Gonzalez commented that if it's alright with the Board, can we just go ahead with a motion and vote on it. Chairperson Shapiro stated there is a motion to table ECA102. Ms. Haydel advised that the motion to table should be addressed. The Board could vote, or the Board Member could withdraw that motion to table ECA102. *Board Member Roybal, with no objection from Board Members, withdrew his motion to table.* Board Member Booth suggested adding that it was recognized in the discussion by the Board Members that the issues in the motion could be best addressed through the work of the LASSO initiative. *Motion ECA 102 was approved by roll call vote, although it was incorrectly announced at the meeting that Motion ECA 102 was not approved.* **<u>Motion ECA 102.0525</u>** **The ECAC committee request the Board of Governors to investigate and take immediate action to address the following which impacts the member experience and quality of care.** • **L.A. Care Health Plan conduct a formal investigation into access and services issues at East Valley Clinic sites in Pomona, Covina, West Covina and La Puente, with specific attention to appointment scheduling, phone responsiveness, pharmacy delays, process of referrals to specialist, and negative customer service experience.** • **L.A. Care Health Plan, work with its internal departments – such as Contracting, Provider Network Operations, and Facility Site Review (FSR) – to address the issues identified and to provide follow-up and potential corrective actions at the East Valley Clinic.**	**Motion ECA 102 was approved by roll call. 4 AYES (Booth, Ghaly, Gonzalez and Raffoul), 1 NAY (Roybal), 4 Abstentions (Ballesteros, Solis, Vaccaro and Shapiro)**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
BOARD COMMITTEE REPORTS		
Executive Committee	**PUBLIC COMMENT** *Elizabeth Cooper commented that she wants to address before the Board and because there is no Governance committee to the best of her knowledge or recollection. She would like investigation and inquiry why she, Elizabeth Cooper, who is a member for a number of years and one who was instrumental in some of the disability issues. She asked when the committee was formed after CCI was no longer in effect, she asked to be on the committee. It is not under the Brown Act but is publicly funded. She wants an inquiry and an investigation, and she wants to be a part of that for the time she has now, why she cannot be on the committee. All kinds of excuses were made when she asked why she was not a member of the committee. She has a disabled child, and they have a committee that does not answer to any of the members. She never hears a report for seniors and persons with disability. She asked one senior staff member; you have been on the committee. She is only on one committee, and she is asking the Board to look into that and respond to her why she could not be on that committee, and some of the issues that she has discussed regarding the disabled could have been addressed there. Why is there an exclusive committee where only certain people can be on one committee, but there are other members on several committees as part of L.A. Care. She does not have to name it, but she felt that was unfairness toward her as a long-time member and supportive of rights. She is asking each Member of the Board of Governors. She thinks she has been a good steward for L.A. Care, and she has tried to comply with the rules. She is asking the board, this is a serious matter with her, and she is asking the Board of Governors, and the Executive Committee of the Board of Governors to inquire why was she not selected to be on that committee, and she was told by a staff member, oh, you have been on several committees, and she's only been invited to be.* Chairperson Shapiro asked that staff assist Ms. Cooper. *Andria McFerson understands that speakers get a minute to speak. She commented that they need help. They need numbers. They need a written statement about rights to better health care, once going to the PCP and to going to customer care, and to the BOG, and the ECAC, then after that, what is next? They need to know; do they go to the Department of Healthcare Services? Do they go to the state, and who is accountable, who can give accountability to those public care providers, the PCPs and all those types of people, who do they report to, ok? She wanted to know some sort of process that they must go through. So, if it could be written out and given to the RCACs, then that is great. Also, she believes that we need to have an equal quorum in the seats so that they can do the democratic process, of course, but then with those with the high mortality rates, those with high chronic illness, mental illness rates and things like that right now, they don't have that in the RCACs. She gave it to the CEO. The CEO Martha Santana-Chin, she was wonderful, she came to the RCACs. And she has those numbers in front of her of how*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	many participants the RCAC members according to race. We need to discuss that and address it, please. Chairperson Shapiro reported that the Executive Committee met on April 23 (*a copy of approved minutes can be obtained by the contacting Board Services available in the LA Care website*). The Committee received a report of the annual disclosure of broker fees as required by AB 2589.	
Finance & Budget Committee	**PUBLIC COMMENT** *Elizabeth Cooper thanked the Members of the Board of Governors for listening to her comments, but her comments are for many who have not spoken up who might not speak up. She thanked them, and she would like funds to be set up so some of the budget of L.A. Care to be put more, well to be in different departments equity to department, to listen to members, listen to the public here. She hopes that the Finance Committee gives more money to be advocates toward the RCACs, because they're the community people. It is her hope and her prayer as a community person that you would find more, because of the new initiatives that are coming up, put money to be given to help save Medicare and Medicare.* *Andria McFerson thanked all the Board Members for their efforts in the community. There are a lot of Board Members that may have nonprofit organizations, and those nonprofit organizations address a lot of issues having to do with the residents of LA County. They also have a nonprofit organization here, and they need to know how to receive some sort of sponsorship from L.A. Care budget, maybe that $28 million or whatever amount of money that they must give to organizations and things like that. Maybe they can receive some of that. They have been here for a long time and are so willing to do the right thing, but then also they are low income as well. So if they go out there and do something that is very beneficial towards people just like them, and they know how to do it. But then also, if they are low income, some of the people ran out of food for this month that are RCAC members. With that you can address a nonprofit organization the right way as well. They need assistance right now.* *Diane Chavez asked the Board Members to think about a way of providing a resource for members when people want to give feedback, that they can professionally make a good decision and how they communicate, whether they call their personal cellphone outside of the meetings or if there is an email address that they can email. So if somebody does come up to them and they are not sure if they are approaching us as a constituent of L.A. Care or a member of L.A. Care or if they're coming up to them randomly asking for help and wanting to share their feedback or a concern they have. That is her challenge as a RCAC member, is that when people come up to me and approach asking for help, she can't really decipher immediately if they're an L.A. Care member and they want feedback*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	to bring back to the meetings to them bring back to ECAC. So, if there is some kind of system that they can make sure they hear what members want to relay back. Committee Chairperson Booth reported that the Board will review the second quarter financial performance report at the next meeting. The financial reports will be reviewed quarterly by the Board of Governors, as required. The written financial performance reports and the monthly investment transaction reports are included in the meeting packet for your information. The committee also reviewed and approved authorization for L.A. Care management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB) 54 and to delegate authority to the CFO to assign reserves and amounts in accordance with the approved policy. The Finance & Budget Committee changed the meeting schedule and will now meet on the fourth Friday of the month.	
• Financial Performance February 2025 *(Informational Only)*	Chairperson Booth referred to the February 2025 Financial Performance Report included in the meeting materials.	
• Monthly Investment Transactions Reports *(Informational Only)*	Investment transactions reports are included in the meeting materials (*a copy of the reports can be obtained by contacting Board Services*) to comply with the California Government Code and are presented as an informational item. L.A. Care's investment market value as of February 28, 2025, was $3.3 billion.	
Compliance & Quality Committee	**PUBLIC COMMENT** *Elizabeth Cooper thanked the Board Members for listening to her and that is why she addressed all the committees. She would like to inquire when you say in Compliance, how does compliance impact the members. She would like to know whether they are in compliance with laws that impact the disabled or Americans for Disability Act. She would like to know how the State of California can. She does not know whether her legislator passed where they had one committee where they can do away with it without public comment. There was no, to the best of her knowledge, public comment. And as one who reads the California Constitution and the US Constitution, they did not get due process to hear about a certain committee. So, this committee does operate under the California law and the US Constitution. She thanked the Board Members for listening to her and the courtesy they extended her today to be a part of the public comment.* Chairperson Shapiro thanked her for her comments. *Andria McFerson, RCAC 5, hates to say this, but she will address the elephant in the room. There are stories of malicious actions from the PCPs and different healthcare*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	services, and they need to address that. The people who do not care about establishing proper protocol, they do not care about whether its proper communication established during a lot of different instances where one goes to see their medical professional. And so with that being said, they need to have some sort of system. They had that presented on an actual website. So, with that, members can go to that website and do some sort of survey. And then with that, the PCPs that win the highest survey, they can be right there on that screen, giving them props for all of the different things that they do, and then the people who do not, they need to be in some sort of department having to do with L.A. Care to work directly with them to better their services. Chairperson Shapiro thanked her for her comments. Committee Chairperson Booth quickly answered the question on the definition of compliance. It's making sure that L.A. Care is following laws and regulations, trying to meet standards in the community, and follow all the things its promising in the contracts. For the quality piece, L.A. Care tries to find doctors that positively affect member experiences and improve healthcare outcomes. She reported that Compliance & Quality Committee met on April 17 (*meeting minutes are available by contacting Board Services*). Todd Gower, *Chief Compliance Officer*, reported on Internal Compliance and the Internal Compliance committee (ICC) meeting held on April 9, focused on key compliance and operational updates across L.A. Care. The Committee discussed the 2026 Medicare annual implementation cycle, performance and system changes to utilization management and the call center. L A Care utilization management exceeded compliance goals during recent system transitions and the call center met federal Centers for Medicare and Medicaid Services (CMS) standards but fell short on certain California Department of Health Care Services (DHCS) metrics. The Committee discussed the successful completion of phase one of the monitoring work and an update on phase two efforts. Additional updates are included in internal audit plans for 2025, with performance results from 2024 audits and deployment of the new vendor risk management tool called Prevalent. Compliance monitoring scores across multiple key performance indicators were reviewed and new leadership appointments within compliance were announced. The next ICC meeting will be on May 14. Dr. Amin gave a CMO report. Rhonda Reyes, *Manager, Quality Improvement Data Management,* reported that the Quality Improvement Provider Quality Review team continues oversight of potential quality of care issues. This process is essential for identifying and addressing clinical care concerns. In the 2023-24 fiscal year, the team closed over 8200 potential quality concerns, with more than 37% leading to clinical or service related findings. In response to that, 603 actions were taken, with the average time to initiate the actions improved from nearly five days to just over three days. The team achieved a 99% timely closure rate and significantly reduced open aging cases from over 3500 to under 800 cases,	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	reflecting operational improvements. Ms. Reyes highlighted new efforts such as the corrective action plan validation process and increased engagement with provider performance groups to ensure accountability and strengthen provider collaboration moving forward. Tara Nelson, BSN RN, *Senior Director, Utilization Management*, presented the 2025 utilization management program description and the 2023-24 Program Evaluation, and reviewed activities planned for 2025. The Program Description reflects updates to departmental roles and acknowledges the integration of health equity experts, aligning with regulatory and structural changes. The Evaluation emphasizes compliance with case turnaround times, improvements to dashboards and efforts to simplify utilization requirements. Ms. Nelson reported that cross-team collaboration is essential to reduce hospital reemissions and support members after a hospital discharge. The report focused on enhancing integration between utilization management and quality functions, leveraging data-driven strategies and maintaining a compliant, high performing utilization management program.	
PUBLIC COMMENT on Closed Session items	*Brynette Cruz commented she is still pretty new to this, so she just wanted to say that the idea that Dr. Amin suggested, as far as leaving a little bit of a description for each item is really good idea for people with disabilities like myself. That would be greatly appreciated because she did not get the information that this is referring to on each item. She would like to have some comments, but she did not know what the meetings were about. She is just being honest. And then she does like the whole LASSO update. It is really refreshing to hear that something is being done with the motions from the RCACs, and she did want to comment to Ms. Deaka, as far as her speech, but she just left, so she really appreciated her speech a lot. She thanked the Board members for everything they're doing.* Chairperson Shapiro thanked her for coming to the meeting and for her comments. *Elizabeth Cooper thanked the Members of the Board of Governors. She understands their deep responsibility on the issue, but her thing is from the closed session items, as a member, there is no closed session item on Elizabeth Cooper. Nothing about litigation. It is about cooperation and concern. All the items in closed sessions she knows is against L.A. Care. But when she comes as a member, she comes with a humble heart and as one who's concerned about the stability of L.A. Care, which she has done since she has been a member. She hopes that her item, about which she spoke that is not in closed session, she hopes that every Board Member remembers some of the things they speak from. They speak from the heart, not from a litigant part, but as one who is concerned about it and she look at the litigant part, that is not her role to come as a litigant. She comes as a compassionate and is concerned about L.A. Care and the service that her son receives. She thanked each the Board Members and staff who assisted her today.*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Andrea McFerson, RCAC 5, wanted to comment on item number 21, public employee performance evaluation. They need to better employ Performance, and she is hoping the new CEO would be a part of that. She has made several complaints about staff members, of course, there was one staff member that placed their hands on her and she did not even get an apology yet. That is not ok. She needs some sort of feedback from L.A. Care on what happens next. Also, when they have RCAC meetings, if there is no more Brown Act or Robert's Rules of Order. The actual staff tells the Chair how to run the meeting off record. So, if it is recorded, they kind of need every single comment to be placed there. That way there is no coercion, just making sure that the staff does everything according to everyone's necessity and needs and that would be great to discuss that as well.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 4:02 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:02 pm. No report was anticipated from the closed session. 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: *May 2027* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act 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	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act One Potential Case 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: Ilan Shapiro, MD Unrepresented Employee: Martha Santana-Chin	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors reconvened in open session at 4:45 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 4:45 pm.	

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

APPROVED BY:

_____
Nina Vaccaro, *Board Secretary*
Date Signed _____

BOARD REPORT EXECUTIVE SUMMARY

Report Title: Quarterly Investment Report - March 31, 2025

Date: 05/23/2025

Prepared By: Afzal Shah, Chief Financial Officer

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1. Purpose of the Report

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

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2. Background / Context

- L.A. Care's investment policy outlines allowed investments for L.A. Care's investment portfolios and required reporting to the legislative body of the local agency.
- The quarterly investment report submitted herewith is informational and also part of regulatory/policy requirements outlined under California Government code section 53646.

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3. Key Considerations / Analysis

- For review of investment report and approval of motion.

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4. Recommended Action / Decision Requested

Board Action Needed:

☐ For Information Only

☐ For Discussion

☒ For Approval / Decision (specify below)

Proposed Motion (if applicable):

To accept the Quarterly Investment Report for the quarter ending March 31, 2025, as submitted.

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5. Next Steps / Timeline

- Approve motion or
- Decline motion and request resubmissions with necessary changes

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Attachments / Supporting Materials:

- Quarterly Investment Report – March 31, 2025
- L.A. Care Securities Holdings
- Local Agency Investment Fund (LAIF) Statement (3/31/25)
- Los Angeles County Pool Investment Fund (LACPIF) Statement (3/31/25)
- Blackrock Liquidity Funds (TSTXX) Statement (3/31/25)
- Wilshire Advisors Quarterly Investment Compliance Report (3/31/25) (Wilshire is our investment consultant.)
- Payden & Rygel Quarterly Portfolio Review (3/31/25). (Payden & Rygel is one of our two investment managers.)
- New England Asset Mgmt (NEAM) Board Report (3/31/25 Quarterly Portfolio Review). (NEAM is one of our two investment managers.)

Board of Governors
MOTION SUMMARY

Date: June 5, 2025 **Motion No. FIN 100.0625**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, M.D.

Issue: Accept the Investment Report for the quarter ended March 31, 2025

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

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

Member Impact: N/A

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

Motion: **To accept the Quarterly Investment Report for the quarter ending March 31, 2025, as submitted.**

DATE: May 23, 2025

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

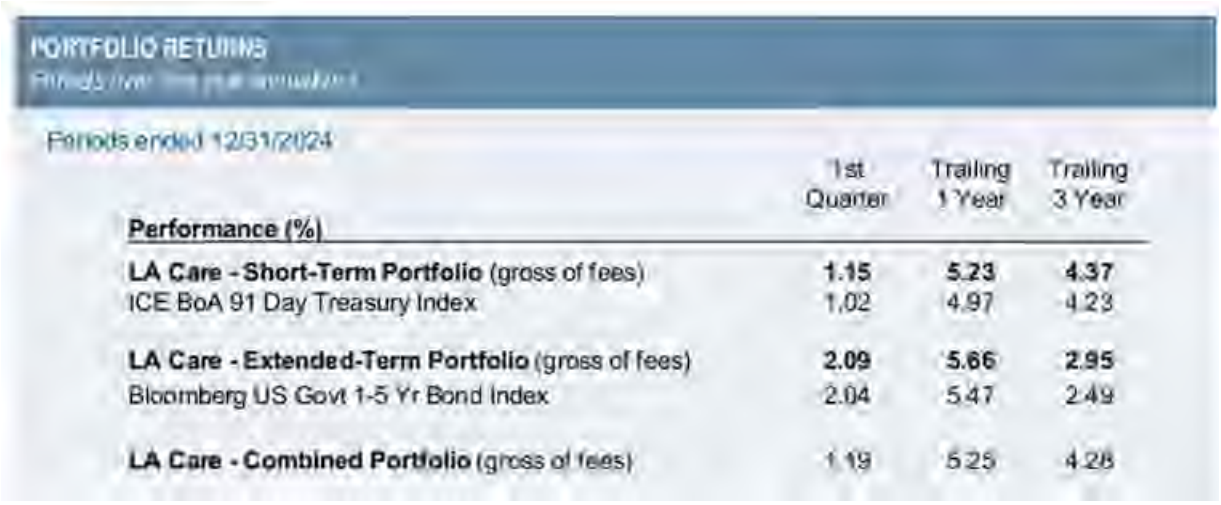
SUBJECT: Quarterly Investment Report – March 31, 2025

As of March 31, 2025, L.A. Care's combined investments value was approximately $4.4 billion. Interest income, amortization, realized gains and losses was approximately $43.3 million for the quarter. Unrealized gain due to market price fluctuations was approximately $8.0 million for the quarter. The rate of return for the quarter was 1.29%. Based upon an independent compliance review performed as of March 31, 2025, LA Care is in compliance with its investment policy guidelines pursuant to the California Government Code and the California Insurance Code.

At quarter end $3.7 billion (or approx. 84% of total investments) and $0.7 billion (or approx. 15% of total investments) were under the management of Payden & Rygel and New England Asset Management, respectively. Both are external professional investment management firms. A list of the securities held under management of these two firms are attached. Below are the same securities grouped by investment type:

	Payden	NEAM	Combined
Cash and Money Market Mutual Fund	8%	0%	7%
U.S. Treasury Securities	55%	13%	48%
U.S. Agency & Municipal Securities	10%	2%	9%
Commercial paper	11%	0%	10%
Corporate bonds	0%	85%	13%
Asset Backed and Mortgage Backed Securities	10%	0%	9%
Negotiable CDs	3%	0%	2%
Other	3%	0%	2%
	100%	100%	100%
Average credit quality:	AA+	A1	
Average duration:	0.24 years	2.72 years	
Average yield to maturity:	4.33%	4.28%	

The funds managed by Payden & Rygel are managed as two separate portfolios based on investment style – 1) the short-term portfolio and 2) the extended term portfolio. The short-term portfolio had approximately $3,630 million invested as of March 31, 2025, and returned 1.15% for the quarter. The comparative benchmark returned 1.02% for the quarter. The extended term portfolio had approximately $99 million invested March 31, 2025, and returned 2.09% for the quarter. The comparative benchmark had a return of 2.04%.



PORTFOLIO RETURNS

Periods ended 12/31/2024

Performance (%)	1st Quarter	Trailing 1 Year	Trailing 3 Year
LA Care - Short-Term Portfolio (gross of fees)	**1.15**	**5.23**	**4.37**
ICE BoA 91 Day Treasury Index	1.02	4.97	4.23
LA Care - Extended-Term Portfolio (gross of fees)	**2.09**	**5.66**	**2.95**
Bloomberg US Govt 1-5 Yr Bond Index	2.04	5.47	2.49
LA Care - Combined Portfolio (gross of fees)	1.19	5.25	4.28

The $669 million portfolio managed by New England Asset Management, Inc (NEAM), focused on corporate fixed income bonds returned 2.10% for the quarter. The comparative benchmark returned 2.01% for the quarter.

L.A. Care also invests with 2 government pooled investment funds, the Local Agency Investment Fund (LAIF) and the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care's investment balances as of March 31, 2025 were $6 million in LAIF and $11 million in LACPIF.

The Local Agency Investment Fund (LAIF) yielded approximately 1.11% for the quarter. The fund's total portfolio market value as of March 31, 2025, was $157 billion, with a weighted average maturity of 244 days. LAIF is administered and overseen by the State Treasurer's office. The fund's investment holdings as of March 31, 2025 were as follows:

U.S. Treasury Securities	53%
Agencies	27%
CD's and bank notes	9%
Commercial paper	7%
Time deposits	3%
Other	1%
	100%

The Los Angeles County Pooled Investment Fund (LACPIF) yielded approximately 0.90% for the quarter. The fund's total market value as of February 28, 2025, was approximately $57 billion, with a weighted average maturity of 673 days. LACPIF is administered and overseen by the Los Angeles County Treasurer. The fund's most recent published investment holdings (as of February 28, 2025) were as follows:

U.S. Govt. and Agency Securities	72%
Commercial paper	25%
CD's	3%
	100%

Lastly, L.A. Care's investment balance in the BlackRock Liquidity T-Fund, a Money Market fund that invests in US Treasury obligations, was $0.3 million at quarter end, and returned 0.79% for the quarter. L.A. Care terminated its investment in the BlackRock Liquidity T-Fund on April 1, 2025.

LA Care Securities Holdings

as of March 31, 2025

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	315,975,794	NA
NEAM	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	482,564	NA
Payden	912797NT0	U.S. TREASURY BILL	U.S. Treasury Security	188,000,000	4/1/2025
Payden	912797MV6	U.S. TREASURY BILL	U.S. Treasury Security	175,000,000	4/3/2025
Payden	912797NY9	U.S. TREASURY BILL	U.S. Treasury Security	165,000,000	4/8/2025
Payden	912797NB9	U.S. TREASURY BILL	U.S. Treasury Security	110,000,000	4/10/2025
Payden	912797NZ6	U.S. TREASURY BILL	U.S. Treasury Security	125,000,000	4/15/2025
Payden	912797PA9	U.S. TREASURY BILL	U.S. Treasury Security	30,000,000	4/22/2025
Payden	912797PB7	U.S. TREASURY BILL	U.S. Treasury Security	62,500,000	4/29/2025
Payden	912797ND5	U.S. TREASURY BILL	U.S. Treasury Security	125,000,000	5/1/2025
Payden	912797PC5	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	5/6/2025
Payden	912797NE3	U.S. TREASURY BILL	U.S. Treasury Security	165,000,000	5/8/2025
Payden	912797LB1	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	5/15/2025
Payden	912797PL5	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	6/3/2025
Payden	912797PR2	U.S. TREASURY BILL	U.S. Treasury Security	65,000,000	6/10/2025
Payden	912797NV5	U.S. TREASURY BILL	U.S. Treasury Security	169,000,000	6/20/2025
Payden	912797LW5	U.S. TREASURY BILL	U.S. Treasury Security	45,000,000	7/10/2025
Payden	912797MG9	U.S. TREASURY BILL	U.S. Treasury Security	65,000,000	8/7/2025
Payden	91282CJD4	U.S. TREASURY FRN	U.S. Treasury Security	50,000,000	10/31/2025
Payden	91282CKM2	U.S. TREASURY FRN	U.S. Treasury Security	10,000,000	4/30/2026
Payden	91282CLP4	U.S. TREASURY NOTE	U.S. Treasury Security	50,000,000	9/30/2026
Payden	91282CME8	U.S. TREASURY NOTE	U.S. Treasury Security	25,000,000	12/31/2026
Payden	91282CLQ2	U.S. TREASURY NOTE	U.S. Treasury Security	50,000,000	10/15/2027
Payden	91282CMH1	U.S. TREASURY NOTE	U.S. Treasury Security	6,930,000	1/31/2027
Payden	91282CMP3	U.S. TREASURY NOTE	U.S. Treasury Security	1,670,000	2/28/2027
Payden	91282CKV2	U.S. TREASURY NOTE	U.S. Treasury Security	1,420,000	6/15/2027
Payden	91282CEW7	U.S. TREASURY NOTE	U.S. Treasury Security	2,470,000	6/30/2027
Payden	91282CKZ3	U.S. TREASURY NOTE	U.S. Treasury Security	1,380,000	7/15/2027
Payden	91282CFB2	U.S. TREASURY NOTE	U.S. Treasury Security	1,975,000	7/31/2027
Payden	91282CFH9	U.S. TREASURY NOTE	U.S. Treasury Security	425,000	8/31/2027
Payden	91282CLQ2	U.S. TREASURY NOTE	U.S. Treasury Security	1,455,000	10/15/2027
Payden	91282CFZ9	U.S. TREASURY NOTE	U.S. Treasury Security	1,230,000	11/30/2027
Payden	91282CGH8	U.S. TREASURY NOTE	U.S. Treasury Security	1,950,000	1/31/2028
Payden	91282CMN8	U.S. TREASURY NOTE	U.S. Treasury Security	1,475,000	2/15/2028
Payden	91282CGP0	U.S. TREASURY NOTE	U.S. Treasury Security	2,395,000	2/29/2028
Payden	91282CGT2	U.S. TREASURY NOTE	U.S. Treasury Security	7,680,000	3/31/2028
Payden	91282CHA2	U.S. TREASURY NOTE	U.S. Treasury Security	2,580,000	4/30/2028
Payden	91282CHE4	U.S. TREASURY NOTE	U.S. Treasury Security	680,000	5/31/2028
Payden	91282CHK0	U.S. TREASURY NOTE	U.S. Treasury Security	2,205,000	6/30/2028
Payden	91282CHQ7	U.S. TREASURY NOTE	U.S. Treasury Security	3,755,000	7/31/2028

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Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	91282CHX2	U.S. TREASURY NOTE	U.S. Treasury Security	230,000	8/31/2028
Payden	91282CJA0	U.S. TREASURY NOTE	U.S. Treasury Security	1,810,000	9/30/2028
Payden	91282CJN2	U.S. TREASURY NOTE	U.S. Treasury Security	3,925,000	11/30/2028
Payden	91282CJW2	U.S. TREASURY NOTE	U.S. Treasury Security	4,420,000	1/31/2029
Payden	91282CKD2	U.S. TREASURY NOTE	U.S. Treasury Security	2,100,000	2/28/2029
Payden	91282CKG5	U.S. TREASURY NOTE	U.S. Treasury Security	465,000	3/31/2029
Payden	91282CKP5	U.S. TREASURY NOTE	U.S. Treasury Security	3,490,000	4/30/2029
Payden	91282CKT7	U.S. TREASURY NOTE	U.S. Treasury Security	1,180,000	5/31/2029
Payden	91282CLC3	U.S. TREASURY NOTE	U.S. Treasury Security	965,000	7/31/2029
Payden	91282CLK5	U.S. TREASURY NOTE	U.S. Treasury Security	2,675,000	8/31/2029
Payden	91282CLR0	U.S. TREASURY NOTE	U.S. Treasury Security	6,175,000	10/31/2029
Payden	91282CMD0	U.S. TREASURY NOTE	U.S. Treasury Security	3,475,000	12/31/2029
Payden	91282CGQ8	U.S. TREASURY NOTE	U.S. Treasury Security	1,720,000	2/28/2030
NEAM	91282CLY5	UNITED STATES TREASURY NOTE	U.S. Treasury Security	21,000,000	11/30/2026
NEAM	91282CLY5	UNITED STATES TREASURY NOTE	U.S. Treasury Security	20,000,000	11/30/2026
NEAM	91282CJN2	UNITED STATES TREASURY NOTE	U.S. Treasury Security	20,000,000	11/30/2028
NEAM	91282CLR0	UNITED STATES TREASURY NOTE	U.S. Treasury Security	25,000,000	10/31/2029
Payden	880590DV3	TVA DISCOUNT NOTE	U.S. Agency Security	67,417,000	4/2/2025
Payden	313385DX1	FHLB DISCOUNT NOTE	U.S. Agency Security	132,000,000	4/4/2025
Payden	313397EJ6	FHLMC DISCOUNT NOTE	U.S. Agency Security	45,000,000	4/15/2025
Payden	3130B1ZC4	FHLB C 7/16/2025 Q SOFRRATE	U.S. Agency Security	14,000,000	7/16/2026
NEAM	3133ERG47	FEDERAL FARM CREDIT BANK	U.S. Agency Security	10,000,000	12/2/2027
Payden	4581X0DT2	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	2/10/2026
Payden	4581X0DY1	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	9/16/2026
Payden	459058KK8	INTL BK RECON & DEVELOP FRN SOFRINDX	Non U.S. Government Bond	5,720,000	9/23/2026
Payden	459058LD3	INTL BANK RECON & DEVELOP SOFRINDX FRN	Non U.S. Government Bond	5,000,000	2/23/2027
Payden	459058LH4	INTL BANK RECON & DEVELOP SOFRINDX FRN	Non U.S. Government Bond	5,000,000	6/15/2027
Payden	459058LP6	INTL BK RECON & DEVELOP FRN SOFRINDX	Non U.S. Government Bond	20,000,000	11/18/2027
Payden	45828RAA3	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	7,800,000	10/5/2028
Payden	4581X0EC8	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	19,371,000	2/15/2029
Payden	4581X0ET1	INTER-AMERICAN DEV BANK FRN SOFRRATE	Non U.S. Government Bond	6,400,000	3/13/2030
Payden	06367DLQ6	BANK OF MONTREAL CHICAGO YCD FRN SOFR	Negotiable CD	15,000,000	5/23/2025
Payden	13606K7D2	CANADIAN IMPERIAL BANK YCD FRN SOFRRATE	Negotiable CD	15,000,000	5/29/2025
Payden	89115BZM5	TORONTO-DOMINION BANK YCD FRN SOFRRATE	Negotiable CD	10,900,000	5/29/2025
Payden	63873Q6U3	NATIXIS NY YCD FRN SOFRRATE	Negotiable CD	10,400,000	8/15/2025
Payden	06053RAA1	BANK OF AMERICA CD FRN SOFRRATE	Negotiable CD	5,000,000	8/22/2025
Payden	60683DW47	MITSUBISHI UFJ FIN YCD FRN SOFRRATE	Negotiable CD	15,000,000	9/3/2025
Payden	17859KR11	CITY OF HOPE CP TXB	Municipal Securities	5,000,000	4/1/2025
Payden	13068BLM7	CA STATE GO/ULT CP TXB	Municipal Securities	16,175,000	4/8/2025
Payden	15654WBE5	CENTURY HOUSING TXB CP	Municipal Securities	1,750,000	4/15/2025

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Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	15654WBF2	CENTURY HOSUING TXB CP	Municipal Securities	8,250,000	4/25/2025
Payden	54466DBU8	CA LA WASTEWTR CP TXB	Municipal Securities	20,000,000	5/1/2025
Payden	57559LAG3	MA BAY TRANSPORTATION AUTH CP TXB	Municipal Securities	10,000,000	5/1/2025
Payden	83708BEA0	SC SOUTH CAROLINA PUB SVC CP TXB	Municipal Securities	8,098,000	5/1/2025
Payden	73539DAB4	WA PORT OF SEATTLE CP TXB	Municipal Securities	9,000,000	5/8/2025
Payden	17859PSD3	CITY OF HOPE CP TXB	Municipal Securities	7,500,000	5/13/2025
Payden	83708BEB8	SC SOUTH CAROLINA PUB SVC CP TXB	Municipal Securities	12,356,000	5/14/2025
Payden	13080YAB7	CA TRUSTEES CAL STATE UNIV CP TXB	Municipal Securities	11,000,000	6/4/2025
Payden	91412HFM0	CA UNIVERSITY OF CALIFORNIA TXB	Municipal Securities	750,000	5/15/2025
Payden	088006JZ5	CA BEVERLY HILLS PFA LEASE REV TXB	Municipal Securities	670,000	6/1/2025
Payden	13034AN55	CA INFRA & ECON BANK-SCRIPPS TXB	Municipal Securities	500,000	7/1/2025
Payden	3582326T8	CA FRESNO USD GO/ULT TXB	Municipal Securities	600,000	8/1/2025
Payden	672325M95	CA OAKLAND USD GO/ULT TXB	Municipal Securities	420,000	8/1/2025
Payden	5445872T4	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	360,000	11/1/2025
Payden	20772KQJ1	CT STATE GO/ULT TXB	Municipal Securities	640,000	6/15/2026
Payden	576004HD0	MA ST SPL OBLG REV-SOCIAL TXB	Municipal Securities	440,000	7/15/2027
NEAM	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	Municipal Securities	1,100,000	8/1/2025
NEAM	13063D3A4	CALIFORNIA ST	Municipal Securities	1,000,000	10/1/2026
Payden	3137FPHF5	FHMS KF68 A ACMBS FRN	Mortgage-Backed Security	2,664,254	7/25/2026
Payden	3137H3KA9	FHMS KI07 A SOFRFRN	Mortgage-Backed Security	5,678,969	9/25/2026
Payden	3137H4RC6	FHMS KI08 A 1MOFRN CMBS	Mortgage-Backed Security	1,816,743	10/25/2026
Payden	3137FCK52	FHMS KS09 A	Mortgage-Backed Security	12,230,558	10/25/2027
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	1,000,000	9/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	3,305,000	9/1/2025
NEAM	68233JBZ6	ONCOR ELECTRIC DELIVERY	Corporate Security	3,000,000	10/1/2025
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026
NEAM	927804FU3	VIRGINIA ELEC & POWER CO	Corporate Security	5,000,000	1/15/2026
NEAM	06406RAQ0	BANK OF NY MELLON CORP	Corporate Security	5,000,000	1/28/2026
NEAM	74005PBQ6	LINDE INC/CT	Corporate Security	2,250,000	1/30/2026
NEAM	037833BY5	APPLE INC	Corporate Security	1,500,000	2/23/2026
NEAM	20030NBS9	COMCAST CORP	Corporate Security	3,500,000	3/1/2026
NEAM	14913R2K2	CATERPILLAR FINL SERVICE	Corporate Security	5,000,000	3/2/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	4,000,000	3/15/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	5,000,000	3/15/2026
NEAM	90320WAF0	UPMC	Corporate Security	1,000,000	4/15/2026
NEAM	459200JZ5	IBM CORP	Corporate Security	1,250,000	5/15/2026
NEAM	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	5,000,000	7/16/2026
NEAM	61761J3R8	MORGAN STANLEY	Corporate Security	3,000,000	7/27/2026
NEAM	931142ER0	WALMART INC	Corporate Security	5,000,000	9/17/2026

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Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
NEAM	46625HRV4	JPMORGAN CHASE & CO	Corporate Security	3,500,000	10/1/2026
NEAM	743756AB4	PROV ST JOSEPH HLTH OBL	Corporate Security	1,500,000	10/1/2026
NEAM	26884ABF9	ERP OPERATING LP	Corporate Security	1,252,000	11/1/2026
NEAM	025816CM9	AMERICAN EXPRESS CO	Corporate Security	5,000,000	11/4/2026
NEAM	641062AV6	NESTLE HOLDINGS INC	Corporate Security	5,000,000	1/14/2027
NEAM	756109AS3	REALTY INCOME CORP	Corporate Security	3,750,000	1/15/2027
NEAM	31677QBR9	FIFTH THIRD BANK	Corporate Security	5,000,000	2/1/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	5,000,000	3/10/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	2,500,000	3/10/2027
NEAM	29736RAJ9	ESTEE LAUDER CO INC	Corporate Security	1,500,000	3/15/2027
NEAM	20030NDK4	COMCAST CORP	Corporate Security	2,500,000	4/1/2027
NEAM	10373QAZ3	BP CAP MARKETS AMERICA	Corporate Security	5,000,000	4/14/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,750,000	4/15/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,000,000	4/15/2027
NEAM	907818EP9	UNION PACIFIC CORP	Corporate Security	1,000,000	4/15/2027
NEAM	46647PCB0	JPMORGAN CHASE & CO	Corporate Security	2,500,000	4/22/2027
NEAM	91159HHR4	US BANCORP	Corporate Security	7,000,000	4/27/2027
NEAM	904764AY3	UNILEVER CAPITAL CORP	Corporate Security	7,500,000	5/5/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	1,000,000	5/15/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	2,500,000	5/15/2027
NEAM	74456QBS4	PUBLIC SERVICE ELECTRIC	Corporate Security	1,500,000	5/15/2027
NEAM	927804GH1	VIRGINIA ELEC & POWER CO	Corporate Security	3,100,000	5/15/2027
NEAM	59217GFB0	MET LIFE GLOB FUNDING I	Corporate Security	3,500,000	6/30/2027
NEAM	61747YEC5	MORGAN STANLEY	Corporate Security	2,000,000	7/20/2027
NEAM	06051GJS9	BANK OF AMERICA CORP	Corporate Security	5,000,000	7/22/2027
NEAM	458140BY5	INTEL CORP	Corporate Security	5,000,000	8/5/2027
NEAM	14913R3A3	CATERPILLAR FINL SERVICE	Corporate Security	2,500,000	8/12/2027
NEAM	756109BG8	REALTY INCOME CORP	Corporate Security	5,000,000	8/15/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	5,000,000	9/1/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	2,000,000	9/1/2027
NEAM	89236TKJ3	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,000,000	9/20/2027
NEAM	539830BV0	LOCKHEED MARTIN CORP	Corporate Security	5,000,000	11/15/2027
NEAM	278865BP4	ECOLAB INC	Corporate Security	5,000,000	1/15/2028
NEAM	756109BH6	REALTY INCOME CORP	Corporate Security	2,500,000	1/15/2028
NEAM	69353RFJ2	PNC BANK NA	Corporate Security	3,000,000	1/22/2028
NEAM	31677QBU2	FIFTH THIRD BANK NA	Corporate Security	4,750,000	1/28/2028
NEAM	882508BV5	TEXAS INSTRUMENTS INC	Corporate Security	5,000,000	2/15/2028
NEAM	91324PEP3	UNITEDHEALTH GROUP INC	Corporate Security	5,000,000	2/15/2028
NEAM	025816DP1	AMERICAN EXPRESS CO	Corporate Security	10,000,000	2/16/2028
NEAM	025816DP1	AMERICAN EXPRESS CO	Corporate Security	5,000,000	2/16/2028

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NEAM	857477CU5	STATE STREET CORP	Corporate Security	3,750,000	2/28/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	3,000,000	3/1/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	1,650,000	3/1/2028
NEAM	02665WFX4	AMERICAN HONDA FINANCE	Corporate Security	5,000,000	3/3/2028
NEAM	04636NAF0	ASTRAZENECA FINANCE LLC	Corporate Security	5,000,000	3/3/2028
NEAM	00287YDY2	ABBVIE INC	Corporate Security	5,000,000	3/15/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	58769JAG2	MERCEDES-BENZ FIN NA	Corporate Security	2,000,000	3/30/2028
NEAM	02361DAS9	AMEREN ILLINOIS CO	Corporate Security	2,500,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	3,000,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	2,500,000	5/15/2028
NEAM	341081GN1	FLORIDA POWER & LIGHT CO	Corporate Security	3,650,000	5/15/2028
NEAM	68233JCQ5	ONCOR ELECTRIC DELIVERY	Corporate Security	1,000,000	5/15/2028
NEAM	74153WCS6	PRICOA GLOBAL FUNDING 1	Corporate Security	5,000,000	5/30/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,000,000	6/3/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,600,000	6/3/2028
NEAM	38141GWL4	GOLDMAN SACHS GROUP INC	Corporate Security	10,000,000	6/5/2028
NEAM	74340XCG4	PROLOGIS LP	Corporate Security	4,000,000	6/15/2028
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	1,000,000	7/7/2028
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	3,000,000	7/7/2028
NEAM	24422EXB0	JOHN DEERE CAPITAL CORP	Corporate Security	5,000,000	7/14/2028
NEAM	46647PDG8	JPMORGAN CHASE & CO	Corporate Security	5,000,000	7/25/2028
NEAM	74456QBX3	PUBLIC SERVICE ELECTRIC	Corporate Security	5,000,000	9/1/2028
NEAM	883556CK6	THERMO FISHER SCIENTIFIC	Corporate Security	5,000,000	10/15/2028
NEAM	29379VBT9	ENTERPRISE PRODUCTS OPER	Corporate Security	5,000,000	10/16/2028
NEAM	771196CF7	ROCHE HOLDINGS INC	Corporate Security	2,000,000	11/13/2028
NEAM	00287YBF5	ABBVIE INC	Corporate Security	7,000,000	11/14/2028
NEAM	693475BK0	PNC FINANCIAL SERVICES	Corporate Security	5,000,000	12/2/2028
NEAM	59217GFR5	MET LIFE GLOB FUNDING I	Corporate Security	5,000,000	1/8/2029
NEAM	59217GFR5	MET LIFE GLOB FUNDING I	Corporate Security	2,500,000	1/8/2029
NEAM	58769JAR8	MERCEDES-BENZ FIN NA	Corporate Security	5,000,000	1/11/2029
NEAM	24422EXH7	JOHN DEERE CAPITAL CORP	Corporate Security	2,500,000	1/16/2029
NEAM	06051GMK2	BANK OF AMERICA CORP	Corporate Security	9,250,000	1/24/2029
NEAM	46647PEU6	JPMORGAN CHASE & CO	Corporate Security	5,000,000	1/24/2029
NEAM	91159HJK7	US BANCORP	Corporate Security	5,000,000	2/1/2029
NEAM	210518DV5	CONSUMERS ENERGY CO	Corporate Security	2,000,000	2/15/2029
NEAM	210518DV5	CONSUMERS ENERGY CO	Corporate Security	5,000,000	2/15/2029
NEAM	110122EF1	BRISTOL-MYERS SQUIBB CO	Corporate Security	5,000,000	2/22/2029
NEAM	875127BM3	TAMPA ELECTRIC CO	Corporate Security	5,000,000	3/1/2029

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NEAM	64105MAA9	NESTLE CAPITAL CORP	Corporate Security	1,500,000	3/12/2029
NEAM	26442UAH7	DUKE ENERGY PROGRESS LLC	Corporate Security	1,500,000	3/15/2029
NEAM	10373QBX7	BP CAP MARKETS AMERICA	Corporate Security	4,500,000	4/10/2029
NEAM	172967LW9	CITIGROUP INC	Corporate Security	10,000,000	4/23/2029
NEAM	89236TMF9	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,500,000	5/16/2029
NEAM	210518DW3	CONSUMERS ENERGY CO	Corporate Security	2,750,000	5/30/2029
NEAM	210518DW3	CONSUMERS ENERGY CO	Corporate Security	2,500,000	5/30/2029
NEAM	24422EXT1	JOHN DEERE CAPITAL CORP	Corporate Security	4,000,000	6/11/2029
NEAM	437076DC3	HOME DEPOT INC	Corporate Security	1,750,000	6/25/2029
NEAM	61747YFF7	MORGAN STANLEY	Corporate Security	10,000,000	7/20/2029
NEAM	06051GHM4	BANK OF AMERICA CORP	Corporate Security	4,000,000	7/23/2029
NEAM	95000U3E1	WELLS FARGO & COMPANY	Corporate Security	10,000,000	7/25/2029
NEAM	58769JAW7	MERCEDES-BENZ FIN NA	Corporate Security	5,000,000	8/1/2029
NEAM	17325FBK3	CITIBANK NA	Corporate Security	5,000,000	8/6/2029
NEAM	89236TMK8	TOYOTA MOTOR CREDIT CORP	Corporate Security	1,500,000	8/9/2029
NEAM	928668CM2	VOLKSWAGEN GROUP AMERICA	Corporate Security	2,000,000	8/15/2029
NEAM	02665WFQ9	AMERICAN HONDA FINANCE	Corporate Security	3,000,000	9/5/2029
NEAM	771196CP5	ROCHE HOLDINGS INC	Corporate Security	1,250,000	9/9/2029
NEAM	68233JCW2	ONCOR ELECTRIC DELIVERY	Corporate Security	10,000,000	11/1/2029
NEAM	14913UAU4	CATERPILLAR FINL SERVICE	Corporate Security	9,500,000	11/15/2029
NEAM	375558CB7	GILEAD SCIENCES INC	Corporate Security	8,000,000	11/15/2029
NEAM	375558CB7	GILEAD SCIENCES INC	Corporate Security	7,500,000	11/15/2029
NEAM	58769JBA4	MERCEDES-BENZ FIN NA	Corporate Security	5,000,000	11/15/2029
NEAM	10373QCB4	BP CAP MARKETS AMERICA	Corporate Security	9,000,000	11/25/2029
NEAM	976843BQ4	WISCONSIN PUBLIC SERVICE	Corporate Security	1,750,000	12/1/2029
NEAM	64952WFK4	NEW YORK LIFE GLOBAL FDG	Corporate Security	10,000,000	12/5/2029
NEAM	14913UAX8	CATERPILLAR FINL SERVICE	Corporate Security	5,800,000	1/8/2030
NEAM	59217GFT1	MET LIFE GLOB FUNDING I	Corporate Security	8,500,000	1/9/2030
NEAM	89236TNA9	TOYOTA MOTOR CREDIT CORP	Corporate Security	8,250,000	1/9/2030
NEAM	57629TBV8	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	3,750,000	1/10/2030
NEAM	20826FBJ4	CONOCOPHILLIPS COMPANY	Corporate Security	1,500,000	1/15/2030
NEAM	20826FBJ4	CONOCOPHILLIPS COMPANY	Corporate Security	4,250,000	1/15/2030
NEAM	06051GHQ5	BANK OF AMERICA CORP	Corporate Security	2,500,000	2/7/2030
NEAM	459200LG4	IBM CORP	Corporate Security	5,000,000	2/10/2030
NEAM	17275RBX9	CISCO SYSTEMS INC	Corporate Security	4,500,000	2/24/2030
NEAM	17275RBX9	CISCO SYSTEMS INC	Corporate Security	6,500,000	2/24/2030
NEAM	571676AY1	MARS INC	Corporate Security	1,000,000	3/1/2030
NEAM	571676AY1	MARS INC	Corporate Security	1,250,000	3/1/2030
NEAM	02665WFY2	AMERICAN HONDA FINANCE	Corporate Security	5,450,000	3/5/2030
NEAM	05565ECY9	BMW US CAPITAL LLC	Corporate Security	2,400,000	3/21/2030

LA Care Securities Holdings
as of March 31, 2025

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	14912DR35	CATERPILLAR FIN CP	Commercial Paper	40,000,000	4/3/2025
Payden	00791UR40	ADVANCED MICRO DEVICES CP 144A	Commercial Paper	40,000,000	4/4/2025
Payden	00915SRA2	AIR PRODUCTS & CHEMICALS CP 144A	Commercial Paper	25,000,000	4/10/2025
Payden	29101ARF3	EMERSON ELECTRIC CP 144A	Commercial Paper	20,000,000	4/15/2025
Payden	43851TRF5	HONEYWELL INTL CP 144A	Commercial Paper	25,000,000	4/15/2025
Payden	49177FRH5	KENVUE CP 144A	Commercial Paper	10,000,000	4/17/2025
Payden	49177FRM4	KENVUE CP 144A	Commercial Paper	30,000,000	4/21/2025
Payden	4523ELRP2	ILLINOIS TOOL WORKS CP 144A	Commercial Paper	25,000,000	4/23/2025
Payden	69372ARP9	PACCAR FINANCIAL CP	Commercial Paper	30,000,000	4/23/2025
Payden	23102URQ7	CUMMINS INC CP 144A	Commercial Paper	30,000,000	4/24/2025
Payden	43851TS15	HONEYWELL INTL CP 144A	Commercial Paper	15,000,000	5/1/2025
Payden	50045VS61	KOMATSU FINANCE AMERICA CP 144A	Commercial Paper	15,000,000	5/6/2025
Payden	86563GS78	SUMITOMO MITSUI CP 144A	Commercial Paper	30,000,000	5/7/2025
Payden	6698M4SD5	NOVARTIS FINANCE CP 144A	Commercial Paper	35,000,000	5/13/2025
Payden	63763PSE0	NATL SEC CLEARING CP 144A	Commercial Paper	20,000,000	5/14/2025
Payden	4523ELSK2	ILLINOIS TOOL WORKS CP 144A	Commercial Paper	10,000,000	5/19/2025
Payden	57167ESU3	MARS INC CP 144A	Commercial Paper	24,350,000	5/28/2025
Payden	46650WBP9	JPMORGAN SEC FRN SOFRRATE CPI 144A	Commercial Paper	10,000,000	6/13/2025
Payden	47816FTD3	JOHNSON & JOHNSON CP 144A	Commercial Paper	20,000,000	6/13/2025
Payden	29375QAA6	EFF 2024-3 A1 FLEET 144A	Asset-Backed Security	172,670	7/21/2025
Payden	23347AAA9	DLLMT 2024-1A A1 144A	Asset-Backed Security	439,934	8/20/2025
Payden	23346HAB3	DLLST 2024-1A A2 EQP 144A	Asset-Backed Security	352,058	1/20/2026
Payden	78414SAC8	SBALT 2024-A A2 LEASE 144A	Asset-Backed Security	809,119	1/20/2026
Payden	233874AB2	DTRT 2024-1 A2 EQP	Asset-Backed Security	1,630,029	4/15/2026
Payden	437927AB2	HAROT 2023-2 A2 CAR	Asset-Backed Security	460,248	4/15/2026
Payden	44933XAB3	HART 2023-B A2A CAR	Asset-Backed Security	209,486	5/15/2026
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	390,354	6/15/2026
Payden	448980AD4	HALST 2023-B A3 LEASE 144A	Asset-Backed Security	4,481,881	6/15/2026
Payden	448988AB1	HALST 2024-A A2A LEASE 144A	Asset-Backed Security	1,040,860	6/15/2026
Payden	36269FAB2	GMALT 2024-1 A2A LEASE	Asset-Backed Security	1,102,475	6/22/2026
Payden	88166VAB2	TESLA 2024-A A2A LEASE 144A	Asset-Backed Security	1,492,010	6/22/2026
Payden	362548AD1	GMALT 2023-2 A3 LEASE	Asset-Backed Security	5,940,153	7/20/2026
Payden	05611UAB9	BMWLT 2024-1 A2A LEASE	Asset-Backed Security	1,182,846	7/27/2026
Payden	39154TCH9	GALC 2024-1 A2 EQP 144A	Asset-Backed Security	1,766,121	8/17/2026
Payden	39154TBW7	GALC 2022-1 A3 EQP 144A	Asset-Backed Security	3,352,341	9/15/2026
Payden	362554AC1	GMCAR 2021-4 A3 CAR	Asset-Backed Security	515,600	9/16/2026
Payden	36267KAB3	GMCAR 2023-3 A2A CAR	Asset-Backed Security	213,614	9/16/2026
Payden	36269WAB5	GMALT 2024-2 A2A LEASE	Asset-Backed Security	2,651,959	9/21/2026
Payden	34529NAD2	FORDL 2023-B A3 LEASE	Asset-Backed Security	7,913,931	10/15/2026
Payden	44934FAC9	HALST 2024-B A2B LEASE 144A	Asset-Backed Security	5,659,761	10/15/2026

LA Care Securities Holdings

as of March 31, 2025

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	501689AB9	LADAR 2024-1A A2 CAR 144A	Asset-Backed Security	427,723	11/16/2026
Payden	89239FAB8	TAOT 2023-D A2A CAR	Asset-Backed Security	1,315,577	11/16/2026
Payden	78437VAC4	SBALT 2024-B A2 LEASE 144A	Asset-Backed Security	2,926,935	11/20/2026
Payden	29375RAB2	EFF 2024-2 A2 FLEET 144A	Asset-Backed Security	890,835	12/20/2026
Payden	73328NAC5	PILOT 2024-2A A2B LEASE 144A	Asset-Backed Security	2,787,365	12/21/2026
Payden	881943AC8	TEVT 2023-1 A2B CAR 144A	Asset-Backed Security	2,340,571	12/21/2026
Payden	92866EAB5	VWALT 2024-A A2A LEASE	Asset-Backed Security	2,005,721	12/21/2026
Payden	92867WAB4	VALET 2023-1 A2A CAR	Asset-Backed Security	180,429	12/21/2026
Payden	14687TAD9	CRVNA 2021-P2 A4 CAR	Asset-Backed Security	1,297,908	1/10/2027
Payden	14687KAC0	CRVNA 2021-P4 A3 CAR	Asset-Backed Security	1,756,935	1/11/2027
Payden	44918CAB8	HART 2023-C A2A CAR	Asset-Backed Security	652,760	1/15/2027
Payden	881934AB9	TESLA 2024-B A2A LEASE 144A	Asset-Backed Security	3,442,030	1/20/2027
Payden	05613MAC3	BMWLT 2024-2 A2B LEASE	Asset-Backed Security	3,653,686	1/25/2027
Payden	36268GAC9	GMCAR 2024-1 A2B CAR	Asset-Backed Security	500,550	2/16/2027
Payden	58770JAC8	MBALT 2024-A A2B LEASE	Asset-Backed Security	2,338,680	2/16/2027
Payden	96042UAB7	WLAKE 2023-P1 A2 CAR 144A	Asset-Backed Security	1,860,912	2/16/2027
Payden	43813YAB8	HAROT 2024-3 A2 CAR	Asset-Backed Security	1,696,948	2/22/2027
Payden	14318WAB3	CARMX 2024-A2A CAR	Asset-Backed Security	940,865	3/15/2027
Payden	39154GAB2	GALC 2024-2 A2 EQP 144A	Asset-Backed Security	2,000,000	3/15/2027
Payden	43816DAB1	HAROT 2024-4 A2 CAR	Asset-Backed Security	1,500,000	3/15/2027
Payden	446144AC1	HUNT 2024-1A A2 CAR 144A	Asset-Backed Security	1,036,595	3/15/2027
Payden	448988AD7	HALST 2024-A A3 LEASE 144A	Asset-Backed Security	5,630,000	3/15/2027
Payden	505920AB4	LADAR 2024-2A A2 CAR 144A	Asset-Backed Security	3,427,714	3/15/2027
Payden	379931AB4	GMCAR 2024-2 A2A CAR	Asset-Backed Security	4,551,884	3/16/2027
Payden	14318MAD1	CARMX 2022-3 A3 CAR	Asset-Backed Security	6,291,815	4/15/2027
Payden	448973AB3	HART 20024-A A2A CAR	Asset-Backed Security	2,140,323	4/15/2027
Payden	29375QAB4	EFF 2024-3 A2 FLEET 144A	Asset-Backed Security	5,900,000	4/20/2027
Payden	78436TAC0	SBALT 2023-A A3 LEASE 144A	Asset-Backed Security	10,386,000	4/20/2027
Payden	89238GAD3	TLOT 2024-A A3 LEASE 144A	Asset-Backed Security	5,085,000	4/20/2027
Payden	16144BAB4	CHAOT 2024-1A A2 CAR 144A	Asset-Backed Security	1,001,026	4/26/2027
Payden	14319EAC0	CARMX 2024-2 A2A CAR	Asset-Backed Security	2,644,799	5/17/2027
Payden	36271VAB3	GMALT 2025-1 A2A LEASE	Asset-Backed Security	3,600,000	5/20/2027
Payden	44935WAB3	HALST 2025-A A2A LEASE 144A	Asset-Backed Security	5,700,000	6/15/2027
Payden	78435VAB8	SFAST 2024-1A A2 CAR 144A	Asset-Backed Security	830,835	6/21/2027
Payden	16144JAC5	CHAOT 2022-AA A3 CAR 144A	Asset-Backed Security	624,619	6/25/2027
Payden	02007NAB4	ALLYA 2024-2 A2 CAR	Asset-Backed Security	3,027,512	7/15/2027
Payden	39154TCC0	GALC 2023-1 A3 EQP 144A	Asset-Backed Security	4,200,000	7/15/2027
Payden	89239NAB1	TLOT 2025-A A2A LEASE 144A	Asset-Backed Security	3,500,000	7/20/2027
Payden	14688NAB5	CRVNA 2024-P1 A2 CAR 144A	Asset-Backed Security	1,581,862	8/10/2027
Payden	345282AB3	FORDL 2025-A A2A LEASE	Asset-Backed Security	7,500,000	8/15/2027
Payden	23346MAB2	DLLAD 2024-1A A2 EQP 144A	Asset-Backed Security	5,004,357	8/20/2027
Payden	55318CAB0	MMAF 2024-A A2 EQP 144A	Asset-Backed Security	1,656,393	9/13/2027
Payden	89239HAD0	TAOT 2022-D A3 CAR	Asset-Backed Security	1,190,379	9/15/2027
Payden	16144YAB4	CHAOT 2024-4A A2 CAR 144A	Asset-Backed Security	8,295,779	9/27/2027
Payden	14043NAB5	COPAR 2024-1 A2A CAR	Asset-Backed Security	7,200,000	10/15/2027

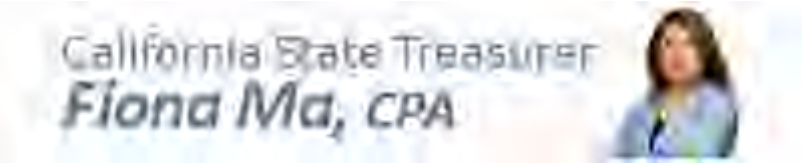
LA Care Securities Holdings

as of March 31, 2025

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	14318DAC3	CARMX 2023-1 A3 CAR	Asset-Backed Security	4,656,310	10/15/2027
Payden	34535VAB0	FORDO 2024-D A2A C	Asset-Backed Security	5,200,000	10/15/2027
Payden	98163TAD5	WOART 2022-C A3 CAR	Asset-Backed Security	5,822,350	10/15/2027
Payden	12663JAC5	CNH 2022-B A3 EQP	Asset-Backed Security	2,755,120	11/15/2027
Payden	65480WAD3	NAROT 2023-A A3 CAR	Asset-Backed Security	7,688,685	11/15/2027
Payden	65481DAD4	NALT 2024-B A3 LEASE	Asset-Backed Security	8,179,000	11/15/2027
Payden	92887TAB7	VFET 2025-1A A2 EQP 144A	Asset-Backed Security	2,300,000	11/15/2027
Payden	92868RAB4	VALET 2024-1 A2A CAR	Asset-Backed Security	6,900,000	11/22/2027
Payden	17305EGX7	CCCIT 2023-A2 A2 CARD	Asset-Backed Security	5,000,000	12/8/2027
Payden	345279AD5	FORDL 2024-B A3 LEASE	Asset-Backed Security	4,733,000	12/15/2027
Payden	505712AB5	LADAR 2025-1A A2 CAR 144A	Asset-Backed Security	3,900,000	12/15/2027
Payden	362955AB2	GMCAR 2025-1 A2A CAR	Asset-Backed Security	2,500,000	1/18/2028
Payden	92868MAB5	VALET 2025-1 A2A CAR	Asset-Backed Security	4,100,000	1/20/2028
Payden	14076LAB9	CRVNA 2024-P4 A2 CAR	Asset-Backed Security	2,500,000	2/10/2028
Payden	06428AAC2	BAAT 2023-1A A3 CAR 144A	Asset-Backed Security	5,516,366	2/15/2028
Payden	344928AD8	FORDO 2023-A A3 CAR	Asset-Backed Security	6,289,173	2/15/2028
Payden	14319BAC6	CARMX 2023-3 A3 CAR	Asset-Backed Security	10,000,000	5/15/2028
Payden	98164JAD6	WOART 2023-A A3 CAR	Asset-Backed Security	2,793,372	5/15/2028
Payden	14689MAB6	CRVNA 2025-P1 A2 CAR	Asset-Backed Security	4,500,000	6/12/2028
Payden	69335PFL4	PFSFC 2024-E A INS 144A	Asset-Backed Security	13,114,000	7/15/2028
Payden	361886DL5	GFORT 2024-3A A2 FLOOR 144A	Asset-Backed Security	8,700,000	11/15/2028
Payden	92348KCM3	VZMT 2024-1 A1B PHONE	Asset-Backed Security	1,900,000	12/20/2028
Payden	24703GAC8	DEFT 2023-2 A3 EQP 144A	Asset-Backed Security	6,731,830	1/22/2029
Payden	29375CAB5	EFF 2023-1 A2 FLEET 144A	Asset-Backed Security	5,013,573	1/22/2029
Payden	92348KAZ6	VZMT 2022-6 A PHONE	Asset-Backed Security	10,000,000	1/22/2029
Payden	361886DB7	GFORT 2024-1A A2 FLOORPLAN 144A	Asset-Backed Security	1,400,000	3/15/2029
Payden	34528QJB1	FORDF 2024-1 A2 FLOORPLAN 144A	Asset-Backed Security	10,000,000	4/15/2029
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	49,445	6/15/2026
Payden	05611UAD5	BMWLT 2024-1 A3 LEASE	Asset-Backed Security	700,000	3/25/2027
Payden	500945AC4	KCOT 2023-2A A3 EQP 144A	Asset-Backed Security	500,000	1/18/2028
Payden	58770JAD6	MBALT 2024-A A3 LEASE	Asset-Backed Security	700,000	1/18/2028
Payden	98163QAE9	WOART 2022-B A3 CAR	Asset-Backed Security	500,000	3/15/2028
Payden	14319BAC6	CARMX 2023-3 A3 CAR	Asset-Backed Security	800,000	5/15/2028
Payden	34528QHV9	FORDF 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	5/15/2028
Payden	06054YAC1	BAAT 2023-2A A3 CAR 144A	Asset-Backed Security	700,000	6/15/2028
Payden	14044EAD0	COPAR 2023-2 A3 CAR	Asset-Backed Security	700,000	6/15/2028
Payden	361886CR3	GFORT 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	6/15/2028
Payden	14318XAC9	CARMX 2023-4 A3 CAR	Asset-Backed Security	800,000	7/17/2028
Payden	89239FAD4	TAOT 2023-D A3 CAR	Asset-Backed Security	400,000	8/15/2028
Payden	29375QAC2	EFF 2024-3 A3 FLEET 144A	Asset-Backed Security	500,000	8/21/2028
Payden	63938PBU2	NAVMT 2023-1 A FLOOR 144A	Asset-Backed Security	200,000	8/25/2028
Payden	344940AD3	FORDO 2023-C A3 CAR	Asset-Backed Security	500,000	9/15/2028
Payden	14318WAD9	CARMX 2024-A3 CAR	Asset-Backed Security	600,000	10/16/2028
Payden	44918CAD4	HART 2023-C A3 CAR	Asset-Backed Security	300,000	10/16/2028
Payden	05522RDH8	BACCT 2023-A2 A2 CARD	Asset-Backed Security	500,000	11/15/2028
Payden	09709AAC6	BAAT 2024-1A A3 CAR 144A	Asset-Backed Security	1,000,000	11/15/2028

LA Care Securities Holdings
as of March 31, 2025

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	47800RAD5	JDOT 2024-A A3 EQP	Asset-Backed Security	700,000	11/15/2028
Payden	65479VAB2	NMOTR 2024-B A FLOORPLAN 144A	Asset-Backed Security	600,000	2/15/2029
Payden	47786WAD2	JDOT 2024-B A3 EQP	Asset-Backed Security	700,000	3/15/2029
Payden	34528QJA3	FORDF 2024-1 A1 FLOORPLAN 144A	Asset-Backed Security	900,000	4/15/2029
Payden	39154GAJ5	GALC 2025-1 A3 EQP 144A	Asset-Backed Security	300,000	4/16/2029
Payden	63938PBW8	NAVMT 2024-1 A FLOOR 144A	Asset-Backed Security	400,000	4/25/2029
Payden	87268CAA5	TMUST 2024-2 A PHONE 144A	Asset-Backed Security	400,000	5/21/2029
Payden	14319GAD3	CARMX 2024-3 A3 CAR	Asset-Backed Security	700,000	7/16/2029
Payden	34528QJK1	FORDF 2024-3 A1 FLOOR 144A	Asset-Backed Security	1,000,000	9/15/2029
Payden	361886EB6	GFORT 2025-2A A1 FLOOR 144A	Asset-Backed Security	1,000,000	3/15/2030



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

April 01, 2025

LAIF Home
PMIA Average Monthly Yields

LOCAL INITIATIVE HEALTH AUTHORITY
FOR LOS ANGELES COUNTY
SR MGR, ACCOUNTING (TREASURY)
1200 W. 7TH STREET
LOS ANGELES, CA 90017

Tran Type Definitions

March 2025 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	5,763,341.74
Total Withdrawal:	0.00	Ending Balance:	5,763,341.74

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 462
Los Angeles, California 90012
Telephone: (213) 974-3385 Fax: (213) 626-1701
ttc.lacounty.gov and propertytax.lacounty.gov

ELIZABETH BUENROSTRO GINSBERG
TREASURER AND TAX COLLECTOR

April 22, 2025

L.A. Care Health Plan
1055 West 7th Street
Los Angeles, California 90014

MONTHLY REPORT OF INVESTMENTS

The attachments provide investment related information for your agency for the month ending March 31, 2025.

Summary information regarding your agency's Average Daily Investment Balance, Earnings, Earnings Rate, and Management Fee are provided in the Recap of Earnings Report. Your agency's transactions for the month are reported in the Balance Sheet Detail Activity by Fund report.

You may find supplemental Pooled Surplus Investment information, including our monthly Investment Report to the Los Angeles County Board of Supervisors and our Investment Policy, on our website at https://ttc.lacounty.gov under "Investor Information."

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

Very truly yours,

ELIZABETH BUENROSTRO GINSBERG
Treasurer and Tax Collector

Jennifer Koai
Operations Chief

JK:ML:mn

Balance Sheet Detail Activity By Fund

March 1, 2025 - March 31, 2025

Fiscal Year: 2025 **Fiscal Period:** 9
Fund Class: TT15 TTC-ICG LAPIF

Balance Sheet Category	Balance Sheet Class	Balance Sheet Account	Record Date	Document	Description	Beginning Balance	Debits	Credits	Ending Balance
Asset									
1A Pooled Cash & Investments									
	100 Cash								
		1000 Cash							
						11,013,297.09	0.00	0.00	11,013,297.09
			03/01/2025	JVA AC IA022500030 32	INTEREST ALLOCATION FOR THE MONTH ENDING February 28, 2025	0.00	29,895.13	0.00	11,043,192.22
		Total for 1000 Cash				**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**
	Total for 100 Cash					**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**
Total for 1A Pooled Cash & Investments						**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**
Total for Asset						**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**
Total for T4P Los Angeles Care Health Plan						**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**
Total for TT15 TTC-ICG Los Angeles County Pool Investment Fund						**$11,013,297.09**	**$29,895.13**	**$0.00**	**$11,043,192.22**

LOCAL INITIATIVE HEALTH AUTHO ITY
FO LOS ANGELES COUNTY
1200 W TH ST
LOS ANGELES CA 9001 -2349

3/31/25	102,596,0 5. 0-	4.2235%	4.2235%	.0000%	TSTXX

MTD TOTAL DIVIDENDS ACC UED	288,392.4	AVG. DAILY DIVIDEND ATE	3.2100
MTD TOTAL DIVIDENDS PAID	255,808.16	AVG. DAILY INVESTMENT BAL.	109,319,610.8
YTD TOTAL DIVIDENDS PAID	858,839. 9	TA GET BALANCE	99,999,999,999.99

ACC UED DIVIDENDS OF 288,392.4 WILL BE C EDITED TO DDA ACCOUNT

TICKE SYMBOL TSTXX IS BLACK OCK LI UIDITY FUNDS - T-FUND - INSTITUTIONAL SHA E CLASS

L.A. Care Health Plan
Quarterly Investment Compliance Report
January 1, 2025 through March 31, 2025

OVERVIEW

The California Government Code requires the L.A. Care Treasurer to submit a quarterly report detailing its investment activity for the period. This investment report covers the three-month period from January 1, 2025 through March 31, 2025.

PORTFOLIO SUMMARY

As of March 31, 2025, the market values of the portfolios managed by Payden & Rygel and New England Asset Management are as follows:

Portfolios	Payden & Rygel
Cash Portfolio #2365	*$3,630,105,489.83*
Low Duration Portfolio #2367	*$98,663,515.514*
Total Combined Portfolio	**$3,728,769,005.35**

Portfolios	NEAM
Government and Corporate Debt	**$669,207,393.81**

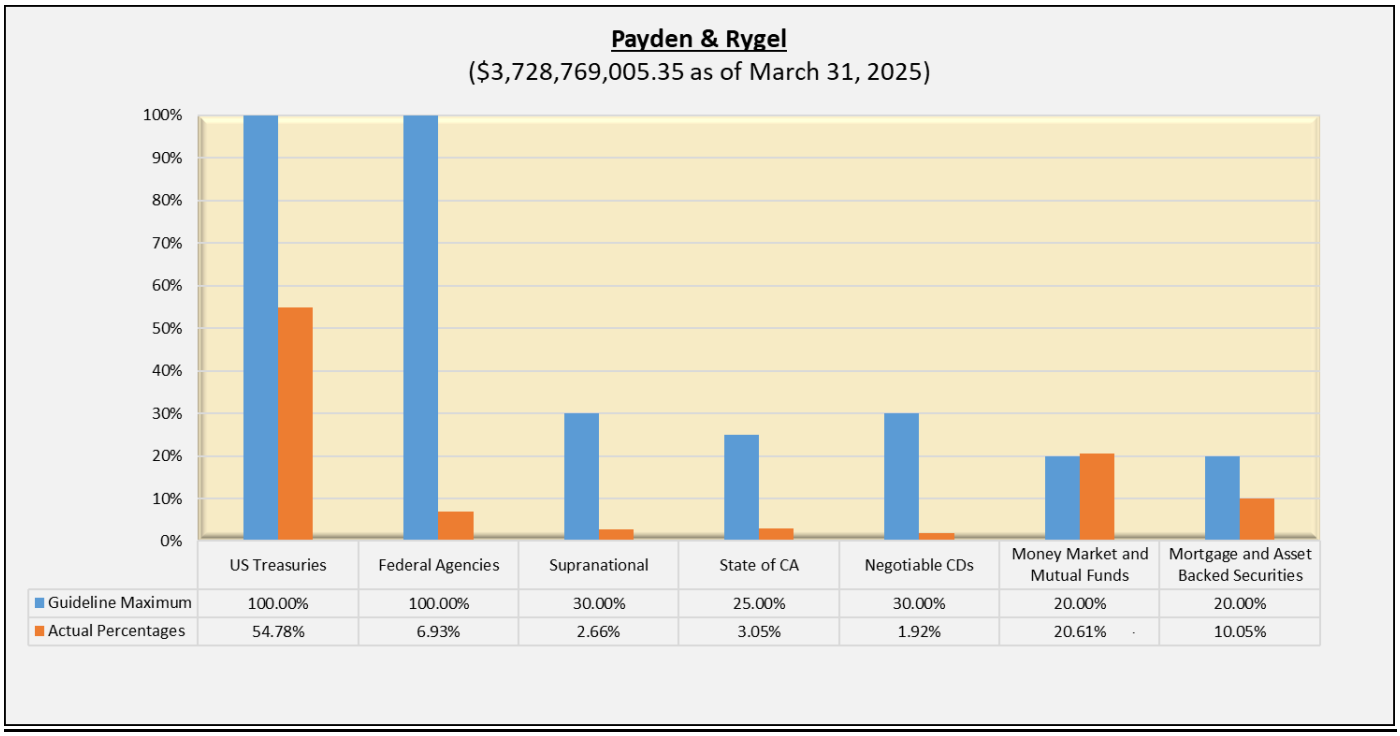
COMPLIANCE WITH ANNUAL INVESTMENT POLICY

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

L.A. Care has invested funds in California's Local Agency Investment Fund (LAIF) and the Los Angeles County Treasurer's Pooled Investment Fund (LACPIF). In a LAIF statement dated April 1, 2025, the March 31, 2025 balance is reported as $5,763,341.74 with accrued interest of $61,685. In the LACPIF statement dated April 3, 2025, the March 31, 2025 balance is reported as $11,043,192.22. The LACPIF account balance does not reflect accrued interest.

Payden & Rygel Compliance Verification

California Government Code Compliance Verification Detail as of March 31, 2025



	Maximum Permitted Maturity		Actual Maximum Maturity		Compliance
	#2365	#2367	#2365	#2367	
	Enhanced Cash	Low Duration	Enhanced Cash	Low Duration	
US Treasuries	5 Years	5 Years	2.54 Years	4.92 Years	YES
Federal Agencies	5 Years	5 Years	1.29 Years	-	YES
Supranational	5 Years	5 Years	4.95 Years	NA	YES
State of CA	5 Years	5 Years	0.18 Years	2.29 Years	YES
Negotiable CDs	270 Days	270 Days	156 days	-	YES
Money Market and Mutual Funds	NA	NA	1 Day	1 Day	YES
Mortgage and Asset Backed Securities	5 Years	5 Years	4.04 Years	4.96 Years	YES

Payden & Rygel Compliance Verification

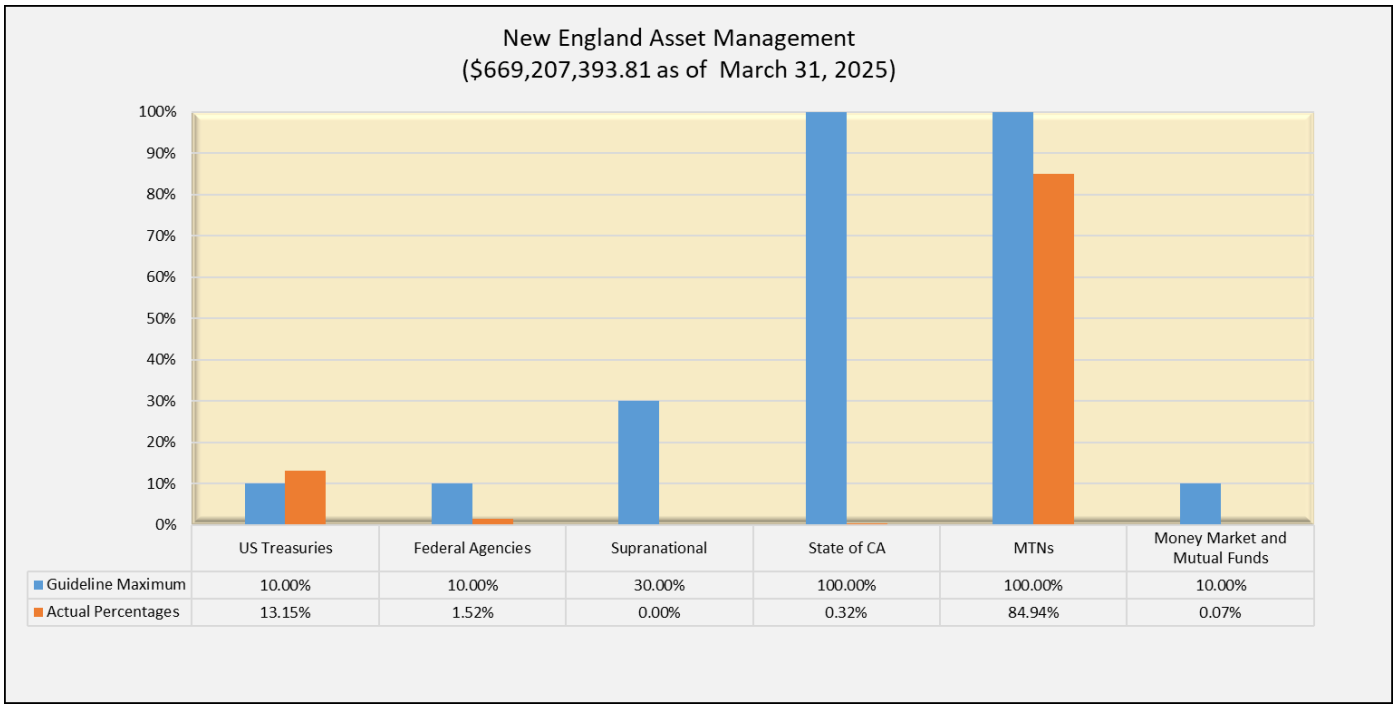
Combined #2365 and #2367 Portfolios as of March 31, 2025

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

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

New England Asset Management Compliance Verification

California Government Code Compliance Verification Detail as of March 31, 2025



* NEAM has waiver to exceed upper limit for aggregate exposure to Gov, Agency, and Cash securities.

	Maximum Permitted Maturity	Actual Maximum Maturity	Compliance
	NEAM	NEAM	
US Treasuries	5 Years	4.59 Years	**YES**
Federal Agencies	5 Years	2.67 Years	**YES**
Supranational	5 Years	-	**YES**
State of CA	5 Years	1.50 Years	**YES**
MTNs	5 Years	4.97 Years	**YES**
Money Market and Mutual Funds	NA	1 Day	**YES**

New England Asset Management Compliance Verification

As of March 31, 2025

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

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

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

MARKET COMMENTARY

Economic Highlights

- **GDP**: Solid real GDP growth continued during the fourth quarter, equaling 2.4%. Consumer spending led the way, contributing 2.7% to growth, while private spending was down, detracting -1.0%. Import growth finally reversed during the quarter and net exports/imports contributed 0.3%. The Atlanta Federal Reserve's GDPNow forecast calls for a negative first quarter but is being temporarily affected by imports of physical gold into the United States.
  Source: Bureau of Economic Analysis.

- **Interest Rates**: The Treasury curve was down during the first quarter across the maturity spectrum. The 10-year Treasury closed at 4.21%, down 37 basis points. The 10-year real yield (i.e., net of inflation) fell 39 basis points to 1.84%. The Federal Open Market Committee (FOMC) left their overnight rate unchanged during the quarter. The committee's current median outlook is for a rate of 3.875% by the end of 2025, down 0.5% from current.
  Source: U.S. Treasury

- **Inflation**: Consumer price changes have ticked higher as the Consumer Price Index rose 1.1% for the three months ending February. For the one-year period, the CPI was up 2.8%. The 10-year breakeven inflation rate was up slightly at 2.37% in March versus 2.34% in December.
  Source: Dept. of Labor (BLS), U.S. Treasury

- **Employment**: Jobs growth has improved, with an average of 200,000 jobs/month added during the three months ending in February. The unemployment rate is little changed from three months ago at 4.1%. Wage growth has moderated recently, equaling 0.3% in February.
  Source: Dept. of Labor (BLS)

U.S. Fixed Income Markets

- The U.S. Treasury yield curve was down across most of the maturity spectrum during the quarter, generally in the range of 20 to 40 basis points. The 10-year Treasury yield ended the quarter at 4.21%, down 37 basis points from December. Credit spreads were up noticeably during the quarter with high yield bond spreads up 60 basis points, to end the quarter near 3.5%, the highest level since last summer. The FOMC met twice during the quarter, as scheduled, and left their overnight rate unchanged, targeting a range of 4.25% to 4.50%. The Federal Reserve's (Fed's) "dot plot" is messaging that the current expectation is for a decrease in rates in 2025, by -0.50% as signaled following the March meeting. Expectations for rate cuts next year are modest, as well. Fed Chair Jerome Powell recently said that they can be patient in understanding uncertainty surrounding federal policies, saying, "(we) are well positioned to wait for greater clarity."

QUARTERLY PORTFOLIO REVIEW

Payden&Rygel

LA CARE HEALTH PLAN

[1ST QUARTER 2025]

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MARKET MEMO | FROM THE DESK OF JOAN PAYDEN

- **Uncertainty has been the defining feature of 2025 thus far,** and we expect that to continue as the current U.S. administration overhauls trade and fiscal policy. **Heading into this period** of unprecedented policy uncertainty and market volatility, **the U.S. economy and consumers were at least on solid ground.**

- In the first quarter, **nonfarm payroll job growth strengthened,** with the three-month average pace increasing from 182,000 in November to 200,000 per month in February. **The unemployment rate fell** from 4.2% to 4.1%.

- While job growth improved, **inflation remained sticky. The core personal consumption expenditure (PCE) price index increased** at an average monthly rate of 0.34% in the first two months of the quarter, **above a rate** that would be consistent with the Fed's 2% target.

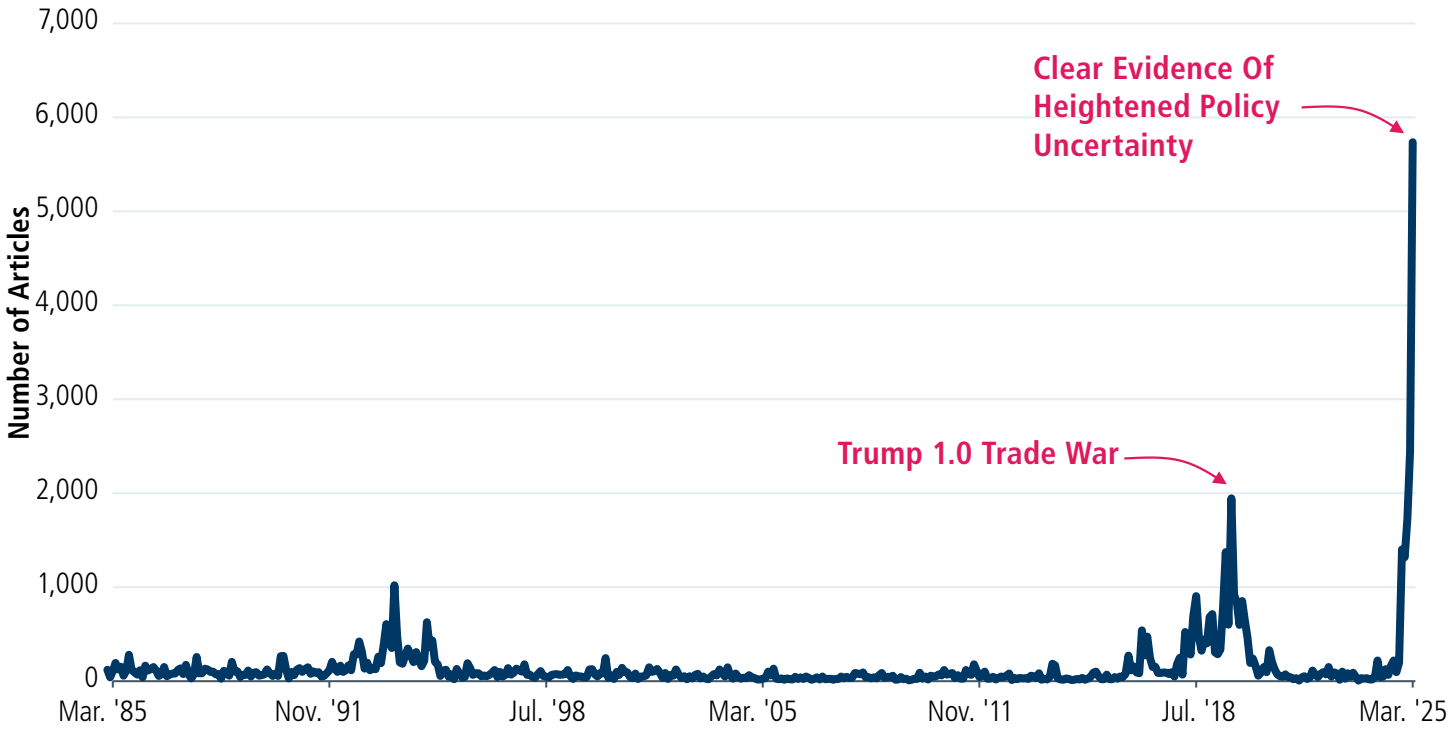
- **Central bankers will likely continue their policy rate paths** to achieve stable prices and maximum employment goals, as uncertainty alone will not dissuade policymakers.

- **The ECB, BoC, RBA, and BoE all reduced rates** during the quarter to support labor markets and growth. Conversely, the **Fed held rates steady, and the BoJ hiked rates** as policymakers here look for further progress on inflation.

UNCERTAINTY HAS RISEN SHARPLY:

TRADE POLICY UNCERTAINTY

NUMBER OF NEWS ARTICLES ON TRADE POLICY UNCERTAINTY



Source: Baker, Bloom and Davis

Portfolio Review and Market Update – 1st Quarter 2025

PORTFOLIO CHARACTERISTICS (As of 3/31/2025)

Market Value ($)	3,728,769,005
Avg Credit Quality	AA+
Avg Duration (yrs)	0.24
Avg Yield to Maturity	4.33%

SECTOR ALLOCATION

Sector	Market Value ($)	% of Port
Cash	315,975,794	8.47%
Money Market	524,494,639	14.07%
Treasury	2,043,945,375	54.82%
Agency	258,423,253	6.93%
Government Related	99,803,336	2.68%
Corporate Credit	-	0.00%
ABS/MBS	372,450,603	9.99%
Municipal	113,676,006	3.05%
Total	3,728,769,005	100%

MATURITY DISTRIBUTION

Term	Market Value ($)	% of Port
<90 day	3,147,636,789	84.4%
90 days - 1 Year	317,774,158	8.5%
1 - 2 Years	141,194,315	3.8%
2 - 5 years	122,163,744	3.3%
>5 years	-	0%
Total	3,728,769,005	100%

PORTFOLIO RETURNS
Periods over one year annualized

Periods ended 12/31/2024

Performance (%)	1st Quarter	Trailing 1 Year	Trailing 3 Year
LA Care - Short-Term Portfolio (gross of fees)	**1.15**	**5.23**	**4.37**
ICE BoA 91 Day Treasury Index	1.02	4.97	4.23
LA Care - Extended-Term Portfolio (gross of fees)	**2.09**	**5.66**	**2.95**
Bloomberg US Govt 1-5 Yr Bond Index	2.04	5.47	2.49
LA Care - Combined Portfolio (gross of fees)	1.19	5.25	4.28

Portfolio Review and Market Update – 1st Quarter 2025

PORTFOLIO CHARACTERISTICS (As of 3/31/2025)

Market Value ($)	3,630,105,490
Avg Credit Quality	AA+
Avg Duration (yrs)	0.18
Avg Yield to Maturity	4.34%

SECTOR ALLOCATION

Sector	Market Value ($)	% of Port
Cash	315,023,977	8.68%
Money Market	524,494,639	14.45%
Treasury	1,968,743,438	54.23%
Agency	258,423,253	7.12%
Government Related	99,803,336	2.75%
Corporate Credit	-	0.00%
ABS/MBS	354,299,640	9.76%
Municipal	109,317,206	3.01%
Total	3,630,105,490	100%

MATURITY DISTRIBUTION

Term	Market Value ($)	% of Port
<90 day	3,145,218,486	86.6%
90 days - 1 Year	314,903,372	8.7%
1 - 2 Years	119,108,931	3.3%
2 - 5 years	50,874,700	1.4%
>5 years	-	0.0%
Total	3,630,105,490	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended /3/31/2025

Performance (%)	1st Quarter	Trailing 1 Year	Trailing 3 Year
L.A. Care - Short-Term Portfolio (gross of fees)	**1.15**	**5.23**	**4.37**
ICE BofA 91 Day Treasury Index	1.02	4.97	4.23

Portfolio Review and Market Update – 1st Quarter 2025

PORTFOLIO CHARACTERISTICS (As of 3/31/2025)

Market Value ($)	98,663,515.52
Avg Credit Quality	AA+
Avg Duration (yrs)	2.62
Avg Yield to Maturity	4.04%

SECTOR ALLOCATION

Sector	Market Value ($)	% of Port
Cash	951,817	0.96%
Money Market	-	0.00%
Treasury	75,201,937	76.22%
Agency	-	0.00%
Government Related	-	0.00%
Corporate Credit	-	0.00%
ABS/MBS	18,150,963	18.40%
Municipal	4,358,799	4.42%
Total	98,663,516	100%

MATURITY DISTRIBUTION

Term	Market Value ($)	% of Port
<90 day	2,418,303	2.5%
90 days - 1 Year	2,870,785	2.9%
1 - 2 Years	22,085,383	22.4%
2 - 5 years	71,289,044	72.3%
>5 years	-	0.00%
Total	98,663,515.51	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 3/31/2025

Performance (%)	1st Quarter	Trailing 1 Year	Trailing 3 Year
LA Care - Extended-Term Portfolio (gross of fees)	**2.09**	**5.66**	**2.95**
Bloomberg US Govt 1-5 Yr Bond Index	2.04	5.47	2.49

SECTOR OUTLOOKS:

THOUGHTS FROM OUR STRATEGISTS

Uncertainty has gripped financial markets in the wake of increased protectionism and potential trade wars. Weakening sentiment could prove a drag on GDP growth in 2025, and near-term inflationary pressures may ultimately dissipate, leaving the Fed room to ease policy rates further.

Investment Grade Corporates:

CREDIT SELECTION REMAINS PARAMOUNT

- Rates have been volatile as market participants seek clarity on U.S. fiscal and foreign policy. Investors have demanded higher risk premiums as corporates continue to issue.
- Constructive on credit but place a greater emphasis on selection over beta amid heightened volatility and growing dispersion.

High Yield and Loans:

HEALTHY FUNDAMENTAL BACKDROP MEETS POLICY UNCERTAINTY

- High yield issuers continue to deliver solid earnings growth as disciplined management teams have kept leverage in check.
- Spreads have widened since the end of 2024, but all-in yields remain attractive. Opportunities for active managers remain abundant.
- Bank loans continue to benefit from a supportive economy and adequate yield cushion to weather volatility. Selection will continue to prove the greatest differentiator.

Emerging Markets:

TAKING ADVANTAGE OF THE UNCROWDED TRADE

- We anticipate “winners” and “losers” of increasing protectionism, requiring rigorous fundamental analysis to navigate.
- Evolving perceptions around “U.S. exceptionalism” and “European stagnation” may continue to shift currency markets, with many EM currencies rallying versus the U.S. dollar.
- Lower-rated sovereigns and select EM corporates with significant carry present compelling opportunities. We see room for price appreciation in local markets where EM central banks continue to lower policy rates.

Securitized Sectors:

NORMALIZING FUNDAMENTALS AND EBBING TECHNICALS PRESENT OPPORTUNITIES

- High-quality opportunities with attractive entry points exist in both residential (such as Non-QM) and commercial (CRE CLO) mortgages.
- The slow pace of new loans is keeping CLO supply contained, providing a technical tailwind.
- ABS sectors serve as effective diversification tools, with consumer credit fundamentals expected to remain relatively stable. Commercial ABS in data centers and equipment provide robust credit enhancements and benefit from structural tailwinds.

Equities:

SEEKING DIVIDEND INCOME

- Broad-based corporate earnings growth underpins solid return potential for equities but following a strong year for technology stocks and with tariff threats casting a pall, security selection is paramount.
- With uncertainty reigning supreme in the global macroeconomic outlook, we favor higher quality, defensively oriented stocks that trade at reasonable valuations. We remain focused on capturing a premium dividend yield to provide ballast for weathering volatility.

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

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OUR STRATEGIES

Multi-Sector

Short Maturity Bonds

U.S. Core Bond

Absolute Return Fixed Income

Strategic Income

Global Fixed Income

Liability Driven Investing

Sector-Specific

Emerging Markets Debt

Government/Sovereign

High Yield Bonds & Loans

Inflation-Linked/TIPS

Investment Grade Corporate Bonds

Municipal Bonds (U.S.)

Securitized Bonds

Income-Focused Equities

Equity Income

Payden&Rygel

LOS ANGELES
333 South Grand Avenue
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213 625-1900

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Boston, Massachusetts 02110
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1 Bartholmew Lane
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MILAN
Corso Matteotti, 1
20121 Milan, Italy
+39 02 76067111

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *Approval of membership for the Regional Community Advisory Committees (RCACs).*

Date: *06/05/25*

Prepared By: *Auleria Eakins, Manager and Idalia De La Torre, Supervisor of Community Outreach & Engagement Department*

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1. Purpose of the Report

To maintain strong community member recruitment, engagement, and representation, . This ensures continuous input from diverse community voices, aligning with both the legislative mandate and L.A. Care's mission to serve the health needs of Los Angeles County residents.

---

2. Background / Context

- Senate Bill 2092 mandates L.A. Care Health plan to ensure robust community involvement through the Community Advisory Committees.
- Fulfillment is done through the Regional Community Advisory Committees (RCACs) structure, which allows up to 35 community members per RCAC.

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3. Key Considerations / Analysis N/A

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4. Recommended Action / Decision Requested

Board Action Needed:
☐ For Information Only
☐ For Discussion
X For Approval / Decision (specify below)

Proposed Motion (if applicable):
"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 May 14, 2025, meeting:

- *Andrea Allen, RCAC 6, Consumer*

---

5. Next Steps / Timeline

- If approved by the Board of Governors, the individual will become an active member of RCAC 6 effective June 2025.

Attachments / Supporting Materials:
Motion ECA 100.0625

Board of Governors
MOTION SUMMARY

Date: June 5, 2025

Motion No. **ECA 100.0625**

Committee: Executive Community Advisory Committee (ECAC)

Chairperson: Maritza Lebron

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 May 14, 2025, meeting:**

- **Andrea Allen, RCAC 6, Consumer**

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *Ratification of elected Executive Community Advisory Committee Chairperson and Vice-Chairperson*.

Date: *06/05/2025*

Prepared By: *Auleria Eakins, Manager, and Idalia De La Torre, Supervisor, of Community Outreach & Engagement Department*

---

1. Purpose of the Report

To request the ratification of the elected Chairperson and Vice-Chairperson of the Executive Community Advisory Committee (ECAC) for a 1 year term starting June 2025 through June 2026.

---

2. Background / Context

- This action affirms the results of the ECAC election process and ensures continued leadership and representation of member voices which aligns with L.A. Care's commitment to community engagement.

---

3. Key Considerations / Analysis N/A

---

4. Recommended Action / Decision Requested

Board Action Needed:
☐ For Information Only
☐ For Discussion
X For Approval / Decision (specify below)

Proposed Motion (if applicable):
"Motion to ratify the election of Maritza LeBron as Chairperson and Estela Lara as Vice Chairperson of the Executive Community Advisory Committee (ECAC) from June 2025- June 2026.

---

5. Next Steps / Timeline

- If approved by the Board of Governors, the individuals will fulfill their roles as Chairperson and Vice-Chairperson of the Executive Community Advisory Committee effective June 2025.

Attachments / Supporting Materials:
Motion ECA 101.0625

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 5, 2025

Motion No. ECA 101.0625

Committee: Executive Community Advisory Committee (ECAC)

Chairperson: Martiza Lebron

Issue: Ratification of elected Executive Community Advisory Committee (ECAC) Chairperson and Vice-Chairperson from June 2025- June 2026.

Background: The ECAC shall nominate a Chairperson and Vice-Chairperson to serve from June 2025 to June 2026.

The elections took place during the May 14, 2025, ECAC meeting.

Members Impact: N/A

Budget Impact: N/A

Motion: **To ratify the election of Maritza LeBron as Chairperson and Estela Lara as Vice Chairperson of the Executive Community Advisory Committee (ECAC) from June 2025 – June 2026.**

CHIEF EXECUTIVE OFFICER REPORT

May 23, 2025

TO: Board of Governors

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

SUBJECT: CEO Report – June 2025

As we navigate the potential impacts of the state and federal budget updates, L.A. Care is aggressively working to protect Medi-Cal and the communities we serve. We are raising our voices, strengthening partnerships, and advocating with conviction. We know what is at stake, and we are standing firm – because the health of our communities and the future of Los Angeles depend on it.

State Budget – May Revise

Governor Gavin Newsom released a summary of the May Revise to his proposed 2025-26 California state budget on May 14. The revised budget totals $322 billion and addresses a $12 billion shortfall for the upcoming fiscal year. To close this gap, the Governor's plan includes reductions and eliminations to ongoing programs. Some of the proposed cuts to Medi-Cal in the Governor's revised spending plan include:

- Freezing Medi-Cal enrollment for income-eligible adults ages 19+ without satisfactory immigration status beginning January 2026.
- Imposing a $100 monthly Medi-Cal premium for adults ages 19+ without satisfactory immigration status, effective January 2027.
- Eliminating long-term care coverage, In-Home Supportive Services (IHSS), and dental benefits for adults ages 19+ without satisfactory immigration status.

It is important to note that the May Revise does not yet account for any impact from federal policy changes. Given the fluidity of the state budget process and its interaction with federal funding decision, these proposals may evolve significantly. A special legislative session may be required post-June 15 – the constitutional deadline for a balanced state budget – depending on federal reconciliation outcomes.

Federal House Budget Reconciliation Bill

The U.S. House Energy and Commerce Committee introduced a reconciliation bill that was narrowly approved on May 22 and remains the base for negotiations aimed at funding federal tax cuts. The legislation is now poised for consideration by the Senate, which is aiming for passage before July 4. Some of the proposed federal Medicaid cuts include:

- Conducting eligibility redeterminations every six months (instead of annually) for Medicaid expansion adults.
- Reducing expansion population funding, called Federal Medical Assistance Percentage (FMAP) from 90% to 80% for states that use their own funds to provide health coverage or financial assistance to purchase health coverage for individuals without satisfactory immigration status.
- Creating work requirements (called community engagement in the bill) for certain expansion population individuals.

While the Congressional Budget Office (CBO), continues to refine saving estimates, initial projections expect the bill to reduce Medicaid spending by $698 billion over the next 8 years. At a very high level, California estimates that 30% of Covered CA and 23% of Medi-Cal members will lose coverage as a direct result of these proposed changes.

Compounding these threats, CMS proposed rules released on May 15 would revise criteria for approving Provider Taxes, including Managed Care Organization (MCO) taxes. Based on initial interpretations of the House Energy and Commerce reconciliation bill and proposed rules, California's current financing strategy could be invalidated ahead of the expiration of tax structures approved within the last 2 years. If this policy is implemented, California will be forced to rebase the program by reducing coverage, eliminating optional benefits, reducing rates or find a new source of funding at a time when we are projecting a $12 billion deficit.

Advocacy and Strategic Planning

L.A. Care remains committed to protecting Medi-Cal's stability, coverage, and benefits. We continue to engage with elected officials, cross-sector partners, and key stakeholders to advocate against harmful Medicaid cuts and safeguard the health care system. As part of our advocacy efforts, we have written and submitted coalition letters, direct advocacy letters, and public statements – all of which are included in the BOG packet for further reading. Additionally, we have been supporting our members who have volunteered to share why Medicaid is important to them at upcoming congressional town halls, ensuring their voices are heard.

Parallel to our external efforts, the senior leadership team continues to work collaboratively on refreshing our strategic plan. Senior Leadership reconvened in May to further refine the strategic pillars that will strengthen our foundation, ensure long-term success, and position us to lead with innovation and impact. While we settle on where to invest our valuable resources and await more information from the State and Federal governments, we are also carefully evaluating emerging opportunities and challenges to ensure our decisions align with our mission and the evolving landscape. By taking a thoughtful and forward-looking approach, we aim to build a strategy that is both adaptive and transformative.

Medicare Enrollee Advisory Committee – Member Recruitment Update

During the May 20 Medicare Plus Enrollee Advisory Committee (EAC) meeting, members were provided with an overview of our plans to recruit new members for the EAC. Our recruitment efforts will involve cross-functional collaboration among several departments, including Marketing, Care Management, and Social Services. The development of a postcard for outreach purposes is currently underway. Additionally, we plan to work with our Community Resource Center team for this initiative.

Below please find additional organizational updates for May.

L.A. Care Partners with Welcome Health to Provide In-Home Primary Care for Home-Bound Seniors

L.A. Care is proud to announce a new collaboration with Welcome Health, an advanced primary care provider that offers a flexible care model, including clinic-based, virtual, and in-home visits for Medicare-eligible seniors who face barriers in accessing traditional care settings. According to the National Council on Aging, nearly 80% of seniors have two or more chronic conditions, and in many cases, these conditions can make it difficult for a person to leave their home for medical care. We are excited to offer this new option to our Medicare Plus (HMO D-SNP) members, who will now have the choice to select Welcome Health as their primary care provider. 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 Paves the Way for Health Information Technology Adoption Across the State
L.A. Care is the first managed care plan in California to implement the Fast Healthcare Interoperability Resources (FHIR®) application under the Data Exchange Framework (DxF) to connect with the Los Angeles Network for Enhanced Services (LANES), the plan's Qualified Health Information Organization (QHIO). This technological advancement bridges gaps in medical history, treatment plans, and social services support, ensuring that providers have the information needed to deliver timely, informed care. The cutting-edge FHIR data exchange technology that L.A. Care is utilizing to connect with LANES safeguards sensitive member information while ensuring compliance with both privacy regulations and the DxF, California's first-ever secure and seamless data sharing agreement. By strengthening data-sharing capabilities and expanding provider access to critical member information, this initiative helps close long-standing gaps in care and drives better health outcomes across Los Angeles County and beyond.

L.A. Care Commits an Additional $1.7 Million+ to Building Physician Workforce in L.A. County
L.A. Care has committed to another $1,718,751 for our Provider Recruitment Program. This program is part of our Elevating the Safety Net Initiative, launched in 2018, to bring in new and highly qualified primary care physicians into the Los Angeles County safety net – the clinics and practices that serve Medi-Cal beneficiaries and the uninsured. The Provider Recruitment Program enables clinics that struggle to compete with specialty practices and academic institutions to bring in new physicians to serve their patients, most of whom live in under-resourced communities. There are currently 189 doctors actively working and providing direct patient care in our county safety net because of this program. This next round of Provider Recruitment Program grants will recruit and fund up to 15 new physicians.

Closing
I am proud that L.A. Care is leading a vigorous and active fight – and doing so with strength, heart, and effectiveness. Thank you for your commitment to our mission.

BOARD REPORT EXECUTIVE SUMMARY

Report Title:
Monthly Grants and Sponsorships BOG Report

Date:
05/17/2025

Prepared By:
Collaboration between Mariah Walton and Marvin Thompson from Communications and Community Benefits

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1. Purpose of the Report

This is an overview of all the approved grants and sponsorships from the previous month. This report indicates the organizations that were approved, their alignment to the L.A. Care and amount distributed.

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2. Background / Context

- *Review of approved grants and sponsorships per request of the board several years ago.*
- *This report is simply an FYI*

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3. Key Considerations / Analysis

- *These are all community investments, and no action is needed for this report.*

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4. Recommended Action / Decision Requested

This report is simply to inform.

Board Action Needed:
X For Information Only
☐ For Discussion
☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

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5. Next Steps / Timeline

- There are no actions needed for this report.

Attachments / Supporting Materials:
Monthly Grants and Sponsorships report

April 2025
Grants & Sponsorships Report
June 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	**3C Community Clinic**	Will implement a Remote Patient Monitoring program and integrate a telehealth platform and data analytics system with their EHR to serve patients, improve depression screening rate, reduce diabetic patients with Hba1c levels over 9, and improve blood pressure control rate.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
2	**Adventist Health White Memorial**	National Health Center Week: This sponsorship supports a community health fair being held in SPA 4, where our Sales Department will be presenting our insurance plans to the general public in attendance.	Access to Health Care	4/15/2025	Sponsorship	$ -	$ 5,000	$ 5,000
3	**AltaMed Health Service Corporation**	Grantee will use funds to upgrade portable dental imaging equipment and provide teledentistry follow-up care to serve at least 2,000 pediatric patients, reduce the amount of pediatric patients with new caries and increase percentage of pediatric patients that complete treatment plans.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
4	**APLA Health & Wellness**	to enhance EHR data analytic tools to better identify and coordinate care for diabetic patients to serve at least 500 patients, improve the percentage of diabetic patients with Hba1c levels under 9 and increase patients reporting ease of access to appointments.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
5	**Arroyo Vista Family Health Foundation dba Arroyo Vista Family Health Center**	Plans to upgrade dental imaging equipment to serve at least 265 patients and increase percentage of patients aged 6-9 who receive dental sealants on permanent molars, reduce percentage of patients with untreated dental decay, and improve cycle time.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 80,000	$ -	$ 80,000
6	**Asian Pacific Health Care Venture, Inc.**	Will use funds to expand their Remote Patient Monitoring program and population management system to serve at least 300 patients, improve diabetic patients with Hba1c levels under 9 and improve blood pressure control rate.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
7	**California WIC Association**	2025 CWA Conference and Trade Show: This sponsorship brings together over 3,000 WIC employees, 1,000 WIC providers and public health professionals from local, state and federal programs throughout California as well as trade show exhibitors and nearly one million WIC participants.	Access to Health Care	4/1/2025	Sponsorship	$ -	$ 2,500	$ 2,500
8	**Central City Community Health Center, Inc.**	Funds to enhance teledentistry infrastructure to serve at least 1,000 patients, provide care at Residential Care Program facilities, increase percentage of patients who receive fluoride application, and improve cycle time.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
10	**Children's Dental Foundation dba Children's Dental Health Clinic**	Use of funds directed towards the upgrade of dental imaging equipment to serve patients, reduce sedation case time, reduce percentage of repeated treatments, and increase percentage of cavity liner application.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 60,000	$ -	$ 60,000
11	**Clinica Msr. Oscar A. Romero**	Funds will enhance dental EHR system with integrated automated patient follow-up features to serve patients, increase completion rate of dental treatment plans, increase restorative treatment completion rate, and decrease percentage of patients with untreated dental decay.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ -

12	**Coastal Development Services Foundation dba Westside Regional Center**	Use of funds directed to enhance Dentrix software to implement AI imaging tools and online patient communication strategies to serve with intellectual and developmental disabilities, provide virtual oral health education trainings, increase early detection of restorative issues, and reduce the number of missed hospital dental appointments.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
13	**Comprehensive Community Health Centers, Inc.**	Organization aims to implement a digital proactive engagement program to enhance health education strategies to engage patients and reduce percentage of patients with Hba1c levels over 9 and improve the controlled hypertension rate.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ -
14	**Garfield Health Center**	Grantee will use funds to upgrade dental imaging equipment and implement a patient engagement software to serve patients, increase completion rate of treatment plans for restorative/endodontic patients, and reduce percentage of no show visits.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ -
15	**Garfield Health Center**	Will enhance EHR with advanced population management and analytics tools to serve patients, improve cervical cancer screening rates, and reduce percentage of patients with Hba1c levels over 9.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ -
16	**Gracelight Community Health**	Will upgrade medical and dental EHR systems to integrate patient dental records across all providers and upgrade dental imaging equipment to serve patients, reduce percentage of patients with untreated dental issues and increase treatment plan completion rate for patients requiring endodontic and restorative treatment.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
17	**Gracelight Community Health**	Grantee will strengthen access to healthcare services, will enhance EHR to better integrate telehealth platform and pharmacy patient records to serve patients, improve medication management, and reduce no-show rates.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
18	**Harbor Community Clinic dba Harbor Community Health Centers**	Organization will enhance EHR to better integrate Remote Patient Monitoring program data and enhance telehealth capabilities to serve patients, reduce percentage of patients with Hba1c levels over 9, and implement an AI software solution to screen inbound phone calls to reduce average call wait times.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
19	**Korean Health Education Information and Research Center dba Kheir Clinic**	Grantee will aim to implement a teledentistry program and upgrade dental imaging equipment to serve patients, increase compliance rate with dental treatment plans, improve patient satisfaction, and reduce no-show rate.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
20	**LA County Medical Association**	2025 Gun Violence Prevention Billboard Campaign: This sponsorship supports a gun violence prevention educational billboard campaign for two months to prevent to reduce the risk of accidental risks.	Access to Health Care	4/1/2025	Sponsorship	$ -	$ 25,000	$ 25,000
21	**LA County Medical Association**	2025 Installation of President & Officer Dinner: This sponsorship supports our access to care pillar and the Los Angeles County Medical Association purpose of addressing critical needs such as access to care, gun safety, housing, and food security for Angelenos.	Access to Health Care	4/14/2025	Sponsorship	$ -	$ 5,000	$ 5,000
22	**LA Korean Festival Foundation**	The 52nd Los Angeles Korean Festival: This sponsorship supports a four day cultural festival, celebrating the Korean community in Koreatown, Los Angeles.	Branding	4/7/2025	Sponsorship	$ -	$ 15,000	$ 15,000

23	**Los Angeles LGBT Center**	Will use funds to upgrade to a new cloud-based EHR and enhance telehealth platform to serve patients through quarterly virtual care visits for patients with diabetes and reduce percentage of patients with Hba1c over 8.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
24	**Move LA**	Annual Policy Conference and Community Conversation: This sponsorship supports an annual policy conference offers an unparalleled networking opportunity with decision-makers and subject matter experts alike.	Transportation	4/9/2025	Sponsorship	$ -	$ 15,000	$ 15,000
25	**Northeast Valley Health Corporation**	Use of funds used to upgrade vitaling equipment to better interface with EHR and integrate an AI scribe and auto-translation tool to serve patients, provide patients with language-appropriate care plans and improve blood pressure control rate.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
26	**Oaks of Righteousness Ministry**	Renew, Rebuild, Restore Food Distribution: This sponsorship supports our food security pillar for Angelenos in SPA 7.	Food Security	4/14/2025	Sponsorship	$ -	$ 5,000	$ 5,000
27	**Partners in Care Foundation**	25th Annual Vision & Excellence in Healthcare Leadership Tribute Dinner: This sponsorship supports our access to care pillar and Partners in Care Foundation's effort to bring together the healthcare community across the county to deliver programs and services that protect and support adults with complex health and social services needs, frail elders, people with disabilities, caregivers and families.	Access to Health Care	4/14/2025	Sponsorship	$ -	$ 20,000	$ 20,000
28	**Physicians for a Healthy California**	Health Equity Leadership Summit: This sponsorship falls under of access to care pillar and focuses on uniting California physicians, executives, advocates, allies and others in collaborative discussions and strategic action to advance health equity for all Californians, especially the most vulnerable patients.	Access to Health Care	4/24/2025	Sponsorship	$ -	$ 15,000	$ 15,000
29	**Pomona Community Health Center dba Parktree Community Health Center**	Organization will leverage EDR to develop a tracking and recall system to monitor care gaps and enhance educational strategies for at patients, increase percentage of patients with dental caries treatment, and increase percentage of patients with periodontal treatment.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
30	**Pomona Community Health Center dba Parktree Community Health Center**	Org will use funds to enhance the EHR with population health management tools to serve patients, improve glycemic status for patients with Hba1c over 9 and improve patient satisfaction with diabetes care.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
31	**Rancho Los Amigos Foundation**	39th Annual Amistad Gala: This sponsorship supports a hospital that focuses on treating people with complex injuries and disabilities and offers rehabilitation services for patients throughout Los Angeles County.	Access to Health Care	4/7/2025	Sponsorship	$ -	$ 7,500	$ 7,500
32	**St. John's Community Health**	Organization will implement an AI radiographic analysis and diagnostic imaging tool to serve at patients, increase early detection of dental caries for patients ages 4-20, complete treatment plans, and reduce caries incidence at follow-up appointments.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
33	**St. John's Community Health**	Aims to enhance their clinical decision support system to improve workflow processes and patient education engagements with to increase colorectal cancer screening rate and patient satisfaction with colorectal cancer education.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000

34	**Tarzana Treatment Centers, Inc.**	Funds will be used to implement a mobile dental program to serve at least 450 Tarzana Treatment Centers' acute psychiatric hospital patients, reduce the percentage of patients with untreated dental issues, and reduce Emergency Department visits.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
35	**TAXI Productions, Inc**	KJLH Women's Health Expo: This sponsorship supports bringing health and wellness resources to Black women and girls throughout L.A. County.	Access to Health Care	4/21/2025	Sponsorship	$ -	$ 25,000	$ 25,000
36	**The Children's Clinic "Serving Children and Their Families" dba TCC Family Health**	Grantee will upgrade dental imaging equipment and implement a 3d printer to serve at least 1,000 patients, increase fluoride treatment application, provide same-day on-site dentures, and decrease treatment timeline for restorative dental care.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
37	**The Los Angeles Free Clinic dbc Saban Community Clinic**	Grantee will implement a post-discharge messaging platform to provide automated post-discharge follow-up coordination for patients with substance use disorder, improve FUA measure compliance rate, and improve patient satisfaction with timely access to appointments post ER discharges.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
38	**The UCLA Foundation (for the UCLA Health Policy and Management Alumni Association)**	UCLA Health Policy & Management Alumni Association "Leaders of Today, Leaders of Tomorrow" Annual Awards Dinner 2025: This sponsorship supports a large health organization's gala.	Access to Health Care	4/7/2025	Sponsorship	$ -	$ 15,000	$ 15,000
39	**Universal Community Health Center**	Will acquire a Cone Beam Computed Tomography imaging system to serve at least 720 patients, improve the rate of dental treatment acceptance, reduce avoidable extraction rate, and reduce turnaround time from diagnosis to treatment for patients requiring advanced dental imaging.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
40	**Universal Community Health Center**	Organization will implement a Remote Patient Monitoring program to reduce the percentage of patients with Hba1c levels over 9 and increase the percentage of hypertensive patients with controlled blood pressure rates.	Robert E. Tranquada,	4/24/2025	Grants Initiative	$ 125,000	$ -	$ 125,000
41	**University Muslim Medical Association dba UMMA Health**	The organization aims to upgrade dental imaging equipment and upgrade to a cloud-based EHR software to serve at patients, increase treatment plan completion rate, and reduce external scan referrals for pediatric patients.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
42	**Urban Voices Project**	10 Year Anniversary Gala: This sponsorship supports a gala for an organization whose mission is supporting vulnerable/at-risk people by teaching and healing through music and singing. Their geographic focus includes all of Los Angeles County.	Other SDOH	4/21/2025	Sponsorship	$ -	$ 2,500	$ 2,500
43	**Valley Community Healthcare**	Baby Shower for expectant mothers: This sponsorship supports a community hospital's baby shower event for executant mothers in SPA 2.	Access to Health Care	4/21/2025	Sponsorship	$ -	$ 3,500	$ 3,500
44	**Via Care Community Health Center**	Funds to be used to upgrade dental imaging equipment to serve patients, increase amount of patients completing removable dental prostheses or dentures, increase restorative treatment plan completion rate, and reduce turnaround time for restorative dental procedures.	Oral Health Initiative	4/24/2025	Grants Initiative	$ 100,000	$ -	$ 100,000
					Total of grants and sponsorships approved in April 2025	**$ 3,165,000**	**$ 161,000**	**$ 2,876,000**

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *L.A. Care Medicare Plus Enrollee Advisory Committee Meeting Summary*

Date: *05/20/2025*

Prepared By: *Susan Ma, Community Relations Specialist III, Communications*

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1. Purpose of the Report

The purpose of the report is to provide an update to the Board about the topics the L.A. Care Medicare Plus Enrollee Advisory Committee discussed at their quarterly meeting.

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2. Background / Context

- The formation of the L.A. Care Medicare Plus Enrollee Advisory Committee initiative was designed to keep L.A. Care in compliance with state regulations and strengthen L.A. Care's commitment to member-centered care by creating a structured channel for direct member feedback.
- The Advisory Committee plays a critical role in helping L.A. Care better understand and meet the evolving needs of its Medicare Plus members. By engaging directly with enrollees, the committee offers valuable insights to inform service enhancements and ensure that the voices of our members are actively heard and represented in decision-making.
- The committee consists of six to eight regular members. We aim to ensure broad representation by including individuals from diverse regions, backgrounds, languages, cultures, and health conditions, reflecting the rich diversity of our Medicare Plus population.
- This effort aligns with our mission to provide high-quality, equitable care and to remain accountable to the communities we serve.

3. Key Considerations / Analysis

- Provided L.A. Care updates to the Enrollee Advisory Committee members regarding some of the current topics such as Medicaid Matters, Elevating the Safety Net Scholar Graduates: Where Are They Now, Commitment to Access to Care and Community Resource Center (CRC) programming updates.
- Staff provided members updates regarding the recruitment plans for the Enrollee Advisory Committee (EAC). Staff are planning to recruit new members to the EAC.
- Members shared their preference of using social media platforms, this helps L.A. Care to understand what the members like and how we can reach their demographic on social media.

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4. Recommended Action / Decision Requested

Board Action Needed:
X For Information Only
☐ For Discussion
☐ For Approval / Decision (specify below)

Proposed Motion (if applicable): *N/A*

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5. Next Steps / Timeline N/A

Attachments / Supporting Materials: Report Summary

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

Meeting Date: May 20, 2025 Time: 2:00pm-3:15pm
Attendees: Five L.A. Care Medicare Plus members, via conference call

Meeting Summary

I. L.A. Care Updates

a. Staff informed the attendees about the following:

i. **Medicaid Matters:** L.A. Care is providing education and advocating to federal elected officials to maintain essential health services for children, working families, seniors, and vulnerable populations. L.A. Care serves a diverse community of more than 2.6 million Angelenos, most of whom rely on Medi-Cal (California's Medicaid program) for essential care, including children, pregnant women, working families, seniors, and people with disabilities. The proposed cuts would not only affect the 41% of Angelenos who are Medi-Cal recipients, but also the economy and the broader health system, driving up costs for everyone. Among many other actions, L.A. Care Health Plan has co-signed a letter with business and health care leaders to members of congress, urging them to protect access to care and oppose the proposed Medicaid cuts.

ii. **Elevating the Safety Net Scholar Graduates: Where Are They Now:**
Since 2018, L.A. Care has awarded full scholarships—nearly $428,000 each—to eight talented students annually from Charles R. Drew University and David Geffen School of Medicine at UCLA through L.A. Care's Elevating the Safety Net (ESN) initiative. This year, six of our ESN scholars have successfully matched into their residency programs, and we couldn't be prouder!

iii. **Commitment to Access to Care**: Our goal is to support our members and their health. We will take actions that align with our mission and role as a health plan. This includes advocating for continued access to health coverage and benefits for all eligible children and adults.

iv. **Updates on Community Resource Center (CRC) programming:** The Community Resource Center in Lincoln Heights is expected to open on June 2. It's located at 2430 N. Broadway, Los Angeles, CA 90031. The center will host a community grand opening on July 19. Check website for details in early July: communityresourcecenterla.org

II. Updates on Enrollee Advisory Committee: Plans and Recruitment

a. Staff provided members updates regarding the recruitment plans for the Enrollee Advisory Committee (EAC). Staff are planning to recruit new members to the EAC.

We are in the process of developing a postcard for recruitment purposes. We plan to work with different departments such as Marketing, Care Management and Social Services Department to assist with the recruitment efforts by distributing the post card. We also plan to work with our Community Resource Center team for this recruitment project.

III. Member Sharing/Discussion Regarding Social Media Platforms

a. Staff asked members about their knowledge of using social media platforms. Three out of five members use social media platforms like Facebook, but do not have a Google Review or Yelp account. The other three members use the internet but do not use social media platforms, they just use Google to search for information.

IV. Close-Out

a. Members got instructions on how to contact L.A. Care Member Relations staff for help with member issues.
b. The next L.A. Care Medicare Plus Enrollee Advisory Committee meeting will be an in-person meeting on Tuesday, August 19, 2025, from 2:00 pm - 4:00 pm. The meeting will be held at L.A. Care downtown headquarters located at 1200 W. 7th Street, Los Angeles, CA 90017.

Communications to Legislators

May 1, 2025

The Honorable Mike Johnson
Speaker
United States House of Representatives
568 Cannon House Office Building
Washington, DC 20515

The Honorable John Thune
Majority Leader
United States Senate
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Brett Guthrie
Chair
House Energy & Commerce Committee
2161 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Crapo
Chair
Senate Finance Committee
239 Dirksen Senate Office Building
Washington, DC 20510

Re: Economic Harm of Medicaid Cuts

Dear Majority Leader Thune, Speaker Johnson, Chair Crapo, and Chair Guthrie:

As Los Angeles prepares to host major international events, including the 2026 World Cup, the 2027 Super Bowl, and the 2028 Olympics, we have a remarkable opportunity to showcase the best of America. These global stages not only highlight L.A.'s cultural and economic vibrancy but also underscore the essential role of a healthy workforce in ensuring their success.

California's economic strength depends on its workforce, and that workforce relies on access to healthcare. Ensuring access to Medicaid is not just a moral obligation—it is an economic imperative. Without it, we risk undermining the success of these landmark events and jeopardizing L.A.'s long-term future as a thriving global destination.

As leaders in Los Angeles County, we are deeply concerned about federal proposals to cut Medicaid funding and the devastating consequences these cuts would have on workers, the healthcare system, and our economy. Current federal proposals could strip California of $10 billion to $20 billion in annual Medicaid funding. If enacted, the state would be forced to significantly reduce Medicaid coverage, benefits, and provider reimbursements.

Any reductions could eliminate coverage from many who currently rely on Medi-Cal—California's Medicaid program. The impact would be especially severe as our region continues to recover from recent wildfires, which have displaced families, worsened air quality, increased demand for behavioral health support, and deepened an already pressing budget crisis. These proposed changes directly threaten the health and stability of the very workers who power L.A.'s economy, from hospitality and transportation to retail and event services. Many of these workers depend on Medi-Cal to maintain their health and continue driving the industries that sustain Los Angeles.

Medi-Cal provides essential healthcare coverage to 15 million Californians, including nearly one in five workers in the state. Among working adults aged 19–64, the program covers 35% of those in restaurant and food services, 21% in construction, and 26% in retail. Many of these individuals hold low-wage or part-time jobs for employers who are not able to offer health benefits, making Medi-Cal their only source of healthcare. These workers are not only crucial to our wildfire recovery efforts but are also essential to the success of L.A.'s upcoming global events. Their well-being directly impacts our regional economy, and any reduction in Medicaid funding would jeopardize their health, our workforce, and our economic stability.

Beyond the workforce, our county's fragile healthcare delivery system and overall economy are at stake. Medi-Cal supports nearly 800,000 healthcare-related jobs in L.A. County alone, including 122,000 in hospitals and 315,000 in ambulatory care, nursing homes, and other facilities. Slashing Medicaid funding would likely lead to widespread layoffs, hospital closures, and service reductions—particularly in safety net hospitals, community health centers, and community hospitals—further destabilizing local economies and worsening workforce shortages in an already strained healthcare system. Additionally, uncompensated care costs would rise, leading hospitals and other providers to shift expenses to commercial insurers, resulting in higher premiums and out-of-pocket costs for everyone.

Medicaid is more than an economic driver: it is a lifeline and a vital safety net for children, seniors, individuals with disabilities, and low-income families. In California, the program provides coverage to one in three residents—approximately 15 million people—including four million, or 41%, of Los Angeles County residents. Behind every statistic is a person who deserves dignity, respect, and access to healthcare.

Medicaid is also one of the most effective tools for reducing poverty, fostering economic mobility across generations—driving higher levels of educational attainment, higher paying jobs and associated tax contributions—and strengthening families and communities in the process.

The facts are clear: a strong Medicaid program creates jobs, strengthens families, and drives economic growth. Following the Affordable Care Act's Medicaid expansion, California's uninsured rate declined significantly, benefiting individuals, families, healthcare providers and the economy. Polling consistently shows Medicaid enjoys broad, bipartisan support, with 77% of Americans—including 63% of Republicans and 87% of Democrats—holding a favorable opinion of the program.

We urge Congress to reject any proposals that weaken Medicaid and instead collaborate with us to strengthen it. A thriving economy relies on a healthy workforce, and Medicaid is essential to that success. We stand ready to work with policymakers to protect this vital program and uphold our shared commitment to economic opportunity and community well-being.

If you would like any more information, please feel free to reach out to L.A. Care Health Plan, CEO Martha Santana-Chin, at (213) 631-1574 or by email at msantana-chin@lacare.org.

Sincerely,

- The Honorable Karen Bass, Mayor of Los Angeles
- The Honorable Hilda L. Solis, First District Supervisor and Chair Pro Tem, Los Angeles County Board of Supervisors
- AltaMed
- Blue Shield of California
- California Building Industry Association
- Community Clinic Association of Los Angeles County
- Cedars-Sinai
- Greater Los Angeles African American Chamber of Commerce
- Hospital Association of Southern California
- Huntington Health
- Inland Empire Economic Partnership
- JWCH Institute, Inc.
- Keck Medicine of USC
- L.A. Care Health Plan
- Los Angeles Area Chamber of Commerce
- Los Angeles County Economic Development Corporation
- Los Angeles Latino Chamber of Commerce
- Los Angeles County Medical Association
- Providence
- Southern California Leadership Council

cc: Los Angeles County Congressional Delegation

May 22, 2025

L.A. Care Statement on California's May Budget Revise

On May 14, Governor Newsom released the May Revise budget, which addresses a $12 billion shortfall for the upcoming fiscal year. To close this gap, the Governor's plan includes reductions and eliminations to vital Medi-Cal programs and services, reversing years of commitment to coverage for all. The budget also proposes to redirect provider tax funding away from safety net providers and to the General Fund, undermining the will of voters who approved the historic passage of Proposition 35 in 2024.

At L.A. Care, we acknowledge that tough fiscal choices for California lie ahead—but those decisions must reflect California's shared values.

The May Revise proposes that new enrollment into Medi-Cal for adults without satisfactory immigration status would be frozen as of January 1, 2026. Additionally, beginning January 1, 2027, this same population already enrolled in Medi-Cal would be required to pay a $100 monthly premium. These changes present significant challenges to equity and sustainability, as they are likely to reduce access to preventive care, drive up emergency room usage and costs, and increase uncompensated care on the provider safety net. Requiring monthly premiums may lead healthier individuals to forgo coverage, ultimately raising the cost of care for those who remain enrolled. Additionally, the infrastructure needed to implement and administer such a premium policy does not yet exist and will incur administrative costs that offset the anticipated savings.

Statewide polling shows overwhelming support for ensuring safety net services for all low-income residents, regardless of immigration status. Protecting access to health care services for all Californians—regardless of immigration status—is not only the right thing to do, it is also a smart economic strategy that keeps our communities healthy.

Recognizing this fact, in December 2024, L.A. Care's Board of Governors unanimously approved a resolution to support healthcare for all, regardless of immigration status. The Board resolution states that L.A. Care will strongly advocate for continued access to health coverage and benefits for all eligible children and adults, regardless of immigration status.

L.A. Care also recognizes the need for a strong provider network that is financially viable and able to serve Medi-Cal recipients with quality care. That's why the health plan urges legislators to preserve the original intent of Proposition 35, which was approved by voters

to reinvest provider tax revenues into the Medi-Cal program to expand access, strengthen the provider network, and invest in the workforce necessary to meet the needs of Medi-Cal enrollees.

L.A. Care is eager to work with the State to protect Medi-Cal's foundational principles while preparing for emerging fiscal and policy challenges. The health plan remains committed to our members and will continue to advocate for the services and coverage they need and rightfully deserve.

May 22, 2025

L.A. Care Statement on Proposed Federal Medicaid Cuts

L.A. Care Health Plan, the nation's largest publicly operated health plan, provides access to health care to more than 2.3 million Angelenos covered by Medicaid, known as Medi-Cal in California. As a health plan with deep roots in Los Angeles County, where nearly 1 out of every 2 residents is covered by the Medi-Cal program, L.A. Care is deeply concerned about the proposed federal Medicaid cuts currently being discussed in Congress.

Medicaid stands as a cornerstone of the American safety-net system, providing vital health coverage to 78.5 million Americans – including 15 million Californians. This program represents our nation's commitment to supporting families and children, protecting workers, and ensuring healthier communities overall.

At the time of this writing, the budget passed by the House of Representatives today would cut an estimated $698 billion from the Medicaid program. Budget cuts of this magnitude will result in widespread loss of healthcare access, destabilize safety net systems, and be detrimental our state and local economies.

In California alone, preliminary estimates indicate the proposal would result in cuts of $10 to $20 billion on a yearly basis and approximately $90-100 billion in cuts over the next decade. If this happens, California will be forced to dramatically reduce coverage, benefits, and funding – significantly compromising Medi-Cal as a lifeline for Californians.

Medicaid is more than a mere budget expenditure – it is a strategic investment in America's human capital and infrastructure. The program's demonstrated record of efficiency, support among American voters, combined with its measurable impacts on our healthcare system and economy, make a compelling case for its protection.

The bottom line is clear: a strong Medicaid program creates jobs, strengthens families, and fuels economic growth. We recognize that Washington faces tough budget decisions, but balancing the budget should not come at the expense of children, working families, seniors, and people with disabilities. Healthcare is not a partisan issue – it's a human one.

May 13, 2025

Martha Santana-Chin
Chief Executive Officer

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Medicaid stands as a cornerstone of the American safety-net system, providing vital health coverage to 78.5 million Americans – including 15 million Californians. This program represents our nation's commitment to supporting families, protecting workers, and ensuring healthier communities overall.

L.A. Care is the nation’s largest publicly operated Medicaid managed care plan operating directly in the community we serve, ensuring that our nearly 2.7 million members have access to the vital health care services from a provider network that is fairly reimbursed for the care they provide. As the local health plan based in LA County, we are community-based, locally governed and publicly accountable. As you consider budget reconciliation measures, we strongly urge you to safeguard Medicaid from significant funding reductions. While we support initiatives to enhance program efficiency, we are deeply concerned that proposed policy changes and cuts would result in coverage losses for some of our most vulnerable neighbors, increase uncompensated care burdens, deteriorate health outcomes for working families, and cause severe economic damage to the communities we serve.

The House Energy and Commerce Committee's proposed mark-ups released this week would cut an estimated $912 billion in spending – exceeding their $880 billion target – with $715 billion coming from Medicaid, Medicare, and health care marketplaces. Cuts of this magnitude will result in widespread loss of healthcare access, destabilize safety net systems, and negatively impact state economies. The Committee's Medicaid reduction proposals include a 10% penalty for states offering coverage to income-eligible undocumented residents, provider tax cuts, new work requirements (called community engagement), and cost-sharing burdens for individuals earning as little as $15,560 annually.

Before Congress acts on these measures, our Representatives must have a comprehensive analysis of how these proposed reductions would affect each state and the health and economic consequences nationwide. In California alone, preliminary estimates indicate the proposal would result in cuts of $10 to $20 billion on a yearly basis and approximately $90-100 billion in cuts over the next decade. This magnitude of reduced federal funding will lead to fewer Californians with health care coverage, significantly reduced access to primary care, overreliance on more expensive emergency room care, negative impacts on health outcomes in local communities, and harmful effects to California health care providers and the healthcare system overall. The ripple effects of these cuts will be felt across the state in our local communities.

As you deliberate on Medicaid funding, we emphasize these essential benefits:

Medicaid Strengthens Our Workforce and Economy One in five American workers relies on Medicaid coverage, enabling them to continue being healthy, productive members of society. These hard-working Americans serve in restaurants, retail establishments, construction sites, and countless other sectors. In California, which supports one of the largest economies in the nation, nearly one in three workers in sectors such as agriculture and restaurants rely on Medicaid for coverage. With reliable healthcare access, they can focus on their work without the shadow of medical bankruptcy or untreated illness.

A healthy workforce misses fewer workdays, maintains higher productivity, and contributes more substantially to our national prosperity.

Medicaid Builds Strong American Families Our nation's foundation rests on the strength of our families. Medicaid provides essential coverage to millions of children, moms, seniors, working families, and individuals with disabilities. Nearly half of all Medicaid enrollees are children ages 0-18. These approximately 37 million Americans receive the preventive care and medical treatment necessary for developing into healthy, productive citizens. California is no exception to this, as a significant number of working families in our state rely on Medicaid for essential health services. Over 8 in 10 (82%) of California Medicaid members reported being in a working family.

When parents have reliable healthcare, they don’t have to worry about missing work or losing a job due to poor health, allowing them to meet their family responsibilities. Regular preventive care and chronic condition management keeps Americans across generations healthy and productive, upholding our national commitment to family values and inclusive care.

Medicaid Sustains America's Healthcare Infrastructure The Medicaid program supports hundreds of thousands of health care professionals and facilities nationwide. Los Angeles County alone supports 787,300 jobs in the healthcare sector, making it one of the most common sources of employment in the county. Rural hospitals and community clinics especially depend on Medicaid to continue serving communities that would otherwise lack medical access. Without funding from Medicaid, these hospitals and clinics would be at risk of closure, greatly increasing the risk of reduced services and facility closures for our most vulnerable communities.

By ensuring consistent patient flow and reliable payment, Medicaid helps maintain our healthcare infrastructure from coast-to-coast.

Medicaid: A Shield Against America's Uninsured Crisis

Prior to Medicaid expansion, our nation faced a healthcare access emergency: millions of hard-working Americans went without basic health coverage, leading to devastating personal financial collapses and emergency rooms functioning as primary care providers. The ripple effects strained our entire healthcare ecosystem as hospitals absorbed billions in unpaid care costs, resulting in higher premiums for consumers as hospitals charged higher rates to commercial insurance plans.

Today's expanded Medicaid program has transformed this landscape, creating a safety net that protects both American families and health care providers. As a result of this expansion, we now see communities where preventive care has replaced emergency intervention, where medical bills no longer trigger household bankruptcies, and where hospitals stand on firmer financial ground. This remarkable turnaround represents effective governance addressing real-world challenges: a healthcare solution that strengthens both individual Americans and the institutions that serve them.

Medicaid Delivers Exceptional Value

In an era demanding fiscal restraint, Medicaid demonstrates government effectiveness – delivering comprehensive health care while saving American taxpayers substantially.

This remarkable efficiency hasn't gone unnoticed. Three-quarters of American voters across political divides recognize Medicaid's value proposition and support its continuation. They understand what detailed analyses have consistently shown: investments in Medicaid strengthen our economic foundation, enhance workforce productivity, preserve family stability, and maintain critical healthcare infrastructure.

A budget is not just balancing numbers; it is a statement of values. As you navigate difficult budgetary decisions, we ask you to recognize Medicaid not as a mere expenditure but as a strategic investment in America's human capital and infrastructure. The program's demonstrated record of efficiency, support among American voters, combined with its measurable impacts on our healthcare system and economy, makes a compelling case for its protection. America prospers when its people are healthy enough to work, when families avoid financial collapse from medical events, and when our healthcare facilities remain viable in every community – outcomes that depend on Medicaid's continued strength.

Sincerely,

Martha Santana-Chin
Chief Executive Officer

cc: Speaker Mike Johnson
Democratic Leader Hakeem Jeffries
California Los Angeles County Delegation Members

May 9, 2025

The Honorable Mike Johnson
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Brett Guthrie
Chairman
Energy & Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Energy & Commerce Committee
United States House of Representatives
Washington, DC 20515

RE: CALIFORNIA HEALTH CARE LEADERS' RESPONSE TO FREEDOM CAUCUS RECOMMENDATIONS TO CUT MEDICAID

Dear Speaker Johnson, Minority Leader Jeffries, Chairman Guthrie, and Ranking Member Pallone,

On behalf of the undersigned health care organizations and the 15 million Californians covered by Medicaid whom we serve, we are writing in response to the Freedom Caucus letter to House Colleagues dated May 1, 2025. The letter urges devastating cuts to the Medicaid program that would hurt every American, threaten the viability of our nation's health care system, and drive up costs for all. The proposed Medicaid cuts threaten care for millions of children, seniors, veterans, people with disabilities, and low-income working adults with chronic conditions. Not to mention the severe harm cuts would inflict on the economic well-being of every rural community.

The letter contains multiple inaccuracies, mischaracterizations, and false assumptions that must be corrected:

- **The letter states that California's managed care organization (MCO) tax allows federal**

funds to be utilized inappropriately. The truth is that California's MCO tax law, under Proposition 35, is explicit in that all MCO tax revenue must be dedicated to Medicaid services, and the state cannot supplant existing state Medicaid funding with federal dollars. California's MCO tax increases rates for providers to improve access to cost-effective primary and specialty care and shore up front-line emergency departments and rural hospitals. It also invests in clinical training to address health care professional shortages in rural areas, so patients have better access to preventative care and services to manage chronic conditions.

- **The letter calls for cuts to Medicaid for people who entered the program through expansion, by claiming federal support should be stripped for "able-bodied, working-age adults."** The truth is that Medicaid expansion enables low-income working adults who do not have access to employer-sponsored insurance to continue to be gainfully employed. The majority of Medicaid expansion adults make less than $21,000 per year and are not able to get coverage through their employers, so Medicaid is the insurer of last resort. In addition, nearly 70% of disabled adults enrolled in Medicaid did so via expansion. Expansion allows these adults to gain access to treatment and medications so they can work.
- **The letter calls on Congress to address "money laundering" by limiting provider and MCO taxes.** The truth is that provider and/or MCO taxes have been used for decades in 49 states, and only with regular approval by the federal government via a rigorous review process that complies with federal law.
- **The letter suggests that MCO taxes are wasteful and unnecessary.** The truth is that these resources have strengthened our nation, helping it through pandemics, economic recessions, natural disasters, and more. California's MCO tax keeps hospitals open, nurses employed, doctors in practice, rural communities whole, and saves people's lives. That is the opposite of wasteful.
- **The letter states that Texans are paying for California Medicaid patients.** The truth is that California taxpayers pay nearly $85 billion more each year in federal taxes than they receive in federal funding. California plays a significant role in financing the nation's Medicaid program and other services.

Beyond these facts, the direct impact of Medicaid cuts would be severe.

Medicaid Cuts Harm Everyone

As people lose coverage and become sick, they delay cost-effective primary and preventive health care services and are forced to eventually seek treatment in hospital emergency departments, the most expensive care setting. As more uninsured people get care in emergency departments, physician and hospital provider viability is threatened and insurance

premiums increase for everyone. Many rural hospitals, clinics, and doctors are already operating on thin or negative margins and will be forced to close, further reducing access to health care for all Americans.

Medicaid Cuts Mean Massive Job Losses

Medicaid cuts will result in hundreds of thousands of jobs being lost, bringing economic instability to communities across the nation. An estimated 477,000 health care jobs and another 411,000 related jobs are at risk due to the current proposals. State economies are estimated to lose $95 billion in GDP in 2026 alone, a blow not only to local communities but the national economy as well. The loss of provider and MCO taxes alone would pull $630 billion from the national health care system.

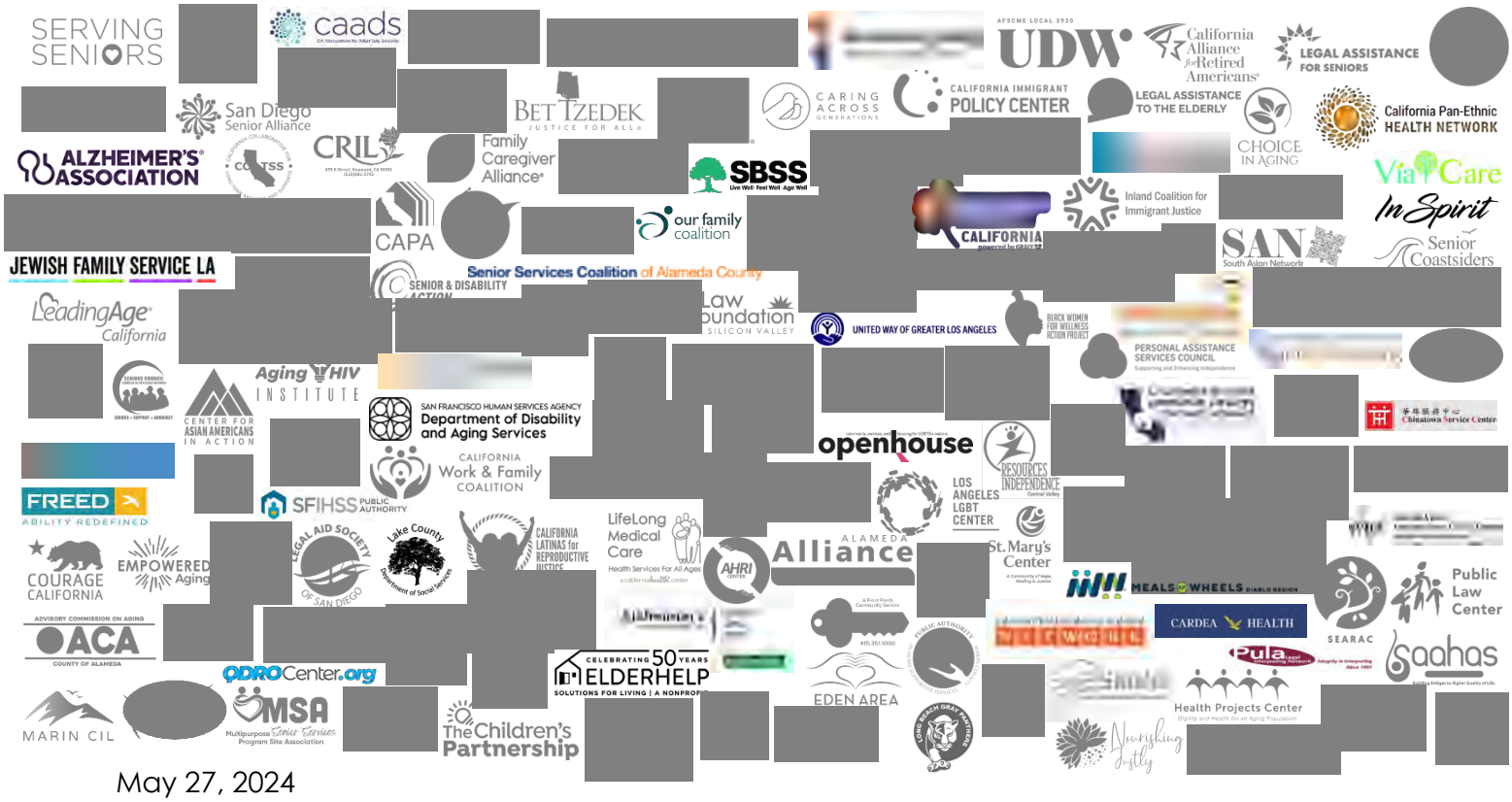
Medicaid provides care that has helped low-income adults work and care for their families. It has reduced health care costs by helping those with chronic conditions manage their illnesses. It has improved health outcomes and saved lives. We urge Congress to protect and support the hospitals, doctors, clinics, nursing homes, employers, the nation's taxpayers, and most importantly, those for whom Medicaid is a lifeline.

We applaud Congress' goals to strengthen the economy, as doing so will ensure that fewer people need the Medicaid safety net. We also support efforts to curb true waste, fraud, and abuse in the Medicaid program and are happy to discuss ways to help. We stand ready to work with you on these important goals, but we urge you to protect Medicaid.

Protect Our Health Care Coalition

Cc: House Republican Leadership

California Congressional Delegation



May 27, 2024

The Honorable Gavin Newsom
Governor, State of California
State Capitol
Sacramento, CA 95814

Assembly Speaker
Assemblymember Robert Rivas
State Capitol
Sacramento, CA 95814

Senate President pro Tempore
Senator Mike McGuire
State Capitol
Sacramento, CA 95814

Assemblymember Jesse Gabriel
Chair, Assembly Budget Committee
State Capitol
Sacramento, CA 95814

Senator Scott Wiener
Chair, Senate Budget Committee
State Capitol
Sacramento, CA 95814

Re: 153 Aging and Disability Stakeholders' Response to May Revision of Proposed 2025-26 State Budget

Dear Governor Newsom, Speaker Rivas, Pro Tem McGuire, Assemblymember Gabriel and Senator Wiener:

The undersigned **153 organizations** representing aging and disability stakeholders in California, write to you with our comments in strong opposition to Governor Newsom's May Revision to the proposed 2025-26 state budget. The May Revision includes a number of cuts to health care and long-term care for older adults and people with disabilities.

May Revision Reinstates the Punitive and Harmful Medi-Cal Asset Limit for Older Adults and People with Disabilities

We are strongly opposed to the Governor's proposal to reinstate the Medi-Cal asset limit for older adults and people with disabilities. California is in a cost-of-living crisis, and forcing older adults and people with disabilities to only have $2,000 in savings in order to maintain Medi-Cal coverage is irreconcilable with the priorities of the Legislature and Administration.

By reinstating this policy, California will be going backwards. The Legislature and Governor approved raising (in 2022) and fully eliminating the asset limit in 2024, recognizing that the Medi-Cal asset limit unfairly impacted older adults and people with disabilities and placed them at significant risk of financial instability. Before California eliminated the asset limit, older adults and people with disabilities on Medi-Cal couldn't save for house repairs, car repairs, or any type of emergency.

Reinstating the asset limit to $2,000 will simply result in people losing coverage, and force older adults and people with disabilities into extreme poverty. Yet, individuals who lose coverage as a result of this policy will ultimately become Medi-Cal eligible again once they have exhausted any resources they have. As a result of losing access to care, the costs to the state when they regain eligibility will likely increase because their condition will have worsened and they may no longer be able to live at home, thus requiring full time nursing facility care.

This proposal is punitive and unfairly targets older adults and people with disabilities on Medi-Cal – no other group on Medi-Cal will have an asset limit. A $2,000 asset limit will force older adults and people with disabilities to live in deep poverty in order to access essential care, and terminate coverage for 112,000 current Medi-Cal members who have been able to accrue minimal resources.

Cutting Health Care and Long-Term Care Benefits for Immigrants

We are opposed to the Governor's proposals to cut health care coverage and benefits for immigrants. By freezing enrollment into Medi-Cal for undocumented Californians, individuals who need health care will no longer be able to qualify. For those who currently have coverage, and lose their Medi-Cal for any reason, they will be barred from regaining coverage due to the freeze.

Imposing unaffordable $100 monthly premiums on undocumented immigrants, and immigrants under the five-year bar, will not only cause financial hardship for some of the lowest income Californians, it will also result in people losing their coverage if they are unable to pay or miss a payment.

Eliminating IHSS benefits for undocumented Californians will result in individuals losing access to the care that allows them to stay at home and in the community. This elimination also puts a significant economic burden on family caregivers, who will now have to provide uncompensated care.

Finally, removing Medi-Cal coverage of long-term care, and dental benefits for undocumented immigrants, and immigrants under the five-year bar deprives people of critical

care. By excluding these benefits from Medi-Cal, people will go with unmet needs until their conditions worsen to such a degree that they require emergency-level care. Immigrants under the 5-year bar are lawfully present and stripping away care now will lead to preventable conditions that require intensive, and expensive, care when this group reaches their 5-year residency and gain access to long-term care, and dental benefits.

These policy changes combined mean that immigrants would now be paying for *less* coverage than they previously had with no ability to save for any costs with the reinstatement of the asset limit.

These cuts also undermine the trust that California has worked to build with immigrant communities over the past decade and will raise doubts about its commitment to health access for all Californians. Since the first expansion of Medi-Cal to children in 2016, the Department of Health Care Services, in conjunction with enrollment navigators and consumer advocacy organizations, have put in considerable work to assuage fears of enrolling in Medi-Cal. Instituting the freeze, assessing premiums, and cutting benefits will lead to confusion and fear that other Medi-Cal services or coverage entirely will be stripped away.

Reducing In-Home Supportive Services (IHSS) Overtime Hours

Finally, we are opposed to the Governor's proposal to reduce overtime hours for IHSS and exemptions to the overtime cap. These exemptions are essential to ensuring that people with complex needs get the care they need without impoverishing their live-in caregivers. Reducing hours will harm family caregivers by forcing them to provide free care, impacting their already fragile economic security. This proposal will also harm older adults who have no family members and depend on non-family IHSS providers. Without the overtime exemption, providers will need to work for less consumers and it will become harder for consumers to find providers that can meet their needs. The cut in overtime hours will especially harm both consumers and providers in rural areas in California, where provider shortages are most acute and the overtime exemption is critical.

A Revenue Solution is Needed to Ensure California Can Sustain the Safety Net

We recognize that the state faces very real budget shortfalls. However, we know from experience that any short-term budget relief that may come from weakening the safety-net only leads to deeper and more challenging problems in the future. The demographics of California are shifting rapidly. By 2030, one in four Californians will be over the age of 60, and many will live on low, fixed incomes. We cannot cut our way out of this demographic challenge. To ensure that access to health care and other critical services remain accessible to all of us as we age, we need to focus on raising revenue - not cutting services. These proposed policies undermine the Governor and Legislature's commitment to creating communities where older adults and people with disabilities are valued and cared for. Our organizations urge the Legislature and Administration to prevent these harmful proposals from taking effect.

Sincerely,

Access Central Coast
Agency on Aging Area 4
Aging and HIV Institute
Aging Services
Collaborative of Santa Clara County
Ahri Center
Alameda Alliance for Health
Alameda County Advisory Commission on Aging
Alzheimer's Association
Alzheimer's Los Angeles
Alzheimer's Orange County
American Federation of State, County and Municipal Employees, AFL-CIO
Archstone Foundation
Area 1 Agency on Aging
Ashby Village
Asian Resources, Inc.
Association of California Caregiver Resource Centers
Bet Tzedek Legal Services
Black Women for Wellness Action Project
CA Senior Legislature
California Advocates for Nursing Home Reform
California Alliance for Retired Americans
California Association for Adult Day Services
California Association of Area Agencies on Aging (C4A)
California Association of Public Authorities for IHSS
California Child Care Resource & Referral Network
California Coalition on Family Caregiving
California Collaborative for Long-Term Services and Supports (CCLTSS)
California Domestic Workers Coalition
California Elder Justice Coalition
California Foundation for Independent Living Centers
California Health Advocates
California IHSS Consumer Alliance (CICA)
California Immigrant Policy Center
California Latinas for Reproductive Justice
California Pan-Ethnic Health Network (CPEHN)
California Resource Services for Independent Living
California Work & Family Coalition
CalPACE
Cardea Health
Caring Across Generations
Center for Access to QDROs
Center for Asian Americans in Action
Center for Health Care Rights
Chinatown Service Center
Choice in Aging
Coalition of California Welfare Rights Organizations
Communities Actively Living Independent & Free
Community Access Center
Community Access Center
Community Legal Aid SoCal
Community Legal Services in East Palo Alto
Community Living Campaign
Community Resources for Independent Living
Community Resources for Independent Living
Contra Costa Senior Legal Services
Corporation for Supportive Housing
Courage California
CPCA Advocates
Disability Action Center
Disability Rights California
Disability Rights Education and Defense Fund (DREDF)
Eden Area Village
ElderHelp of San Diego
Empowered Aging
End Child Poverty CA
Family Caregiver Alliance
Food Empowerment Project
FREED Center for Independent Living
Friends Committee on Legislation of California
Graton Day Labor Center
Hand in Hand: The Domestic Employers Network
Health Access California
Health Projects Center
Healthy Contra Costa
HICAP SAN Mateo County
Home Health Care Management Inc
Home Match
Homeless Action Center
Hospital to Home Alliance of Ventura County
IHSS Public Authority of Marin
Independent Living Resource Center SF
Independent Living Resources of Solano & Contra Costa Counties
Inland Caregiver Resource Center

Inland Coalition for Immigrant Justice
Inland Coalition on Aging
Inner City Law Center
InSpirit
Insure the Uninsured Project
J Gould Consulting
Jewish Family Service LA
Justice in Aging
LA Care
LA Care
La Raza Centro Legal, SF
Lake County Social Services
Law Foundation of Silicon Valley
LeadingAge California
Legal Aid Society of San Diego
Legal Aid Society of San Mateo County
Legal Assistance for Seniors
Legal Assistance to the Elderly
Lifelong Medical care
LifeSTEPS
Long Beach Gray Panthers
Los Angeles LGBT Center
Marin Center for Independent Living
Maternal and Child Health Access
Meals on Wheels Diablo Region
Mental Health Advocacy Services
MSSP Site Association
National Health Law Program
Nourishing Justly
Openhouse
Orange County Aging Services Collaborative
Our Family Coalition
Parent Voices, California
Personal Assistance Services Council
Pilipino Workers Center
Public Interest Law Project
Public Law Center
Pula Legal Interpreting Network
Pushing Limits Radio & Podcast
Resources for Independence Central Valley
Riverside Legal Aid
Saahas for Cause
San Diego Senior Alliance
San Francisco IHSS Public Authority
SEIU California
Senior Advocacy Network
Senior Advocates of the Desert
Senior and Disability Action
Senior Coastsiders
Senior Services Coalition of Alameda County
Seniors Council of Santa Cruz & San Benito Counties
Serving Seniors
SF Disability and Aging Services
SF Senior and Disability Action
Silicon Valley Independent Living Center
Sistahs Aging with Grace & Elegance
South Asian Network
Southeast Asia Resource Action Center (SEARAC)
St. Barnabus Senior Services
St. Mary's Center
The Center for Independent Living
The Children's Partnership
UDW/AFSCME Local 3930
United Way of Greater Los Angeles
Urban & Environmental Policy Institute, Occidental College
Via Care
Vision y Compromiso
Western Center on Law and Poverty
Wise & Healthy Aging
Yolo County In-Home Supportive Services Advisory Committee

Cc: Secretary Kim Johnson, California Health and Human Services Agency
Michelle Baass, Director, California Department of Health Care Services
Jennifer Troia, Director, California Department of Social Services
Joe Stephenshaw, Director, California Department of Finance
Susan DeMarois, Director, California Department of Aging
Senator Dr. Akilah Weber-Pierson, Chair, Senate Budget Subcommittee #3
Assemblymember Dawn Addis, Chair, Assembly Budget Subcommittee # 1
Assemblymember Dr. Corey Jackson, Chair, Assembly Budget Subcommittee #2
Paula Villescaz, Deputy Legislative Affairs Secretary, Office of Governor Gavin Newsom

Richard Figueroa, Deputy Cabinet Secretary, Office of Governor Gavin Newsom
Marjorie Swartz, Policy Consultant, Senate President pro Tempore Mike McGuire
Mareva Brown, Policy Consultant, Senate President pro Tempore Mike McGuire
Scott Ogus, Deputy Staff Director, Senate Budget Committee
Elizabeth Schmitt, Committee Consultant, Senate Budget Committee
Rosielyn Pulmano, Policy Consultant, Speaker Robert Rivas
Kelsy Castillo, Policy Consultant, Speaker Robert Rivas
Nicole Vasquez, Deputy Chief Consultant, Assembly Budget Committee
Patrick Le, Committee Consultant, Assembly Budget Committee
Elizabeth Fuller, Chief Consultant, Assembly Aging and Long-Term Care Committee

Leaders Stand Together for A State Budget that Protects California's Prosperity and its People

Our organizations represent diverse sectors spanning philanthropy, health care, business, labor, education and community organizing, united by a shared commitment to improving the lives of all Californians and sustaining a strong economy.

California should have a budget that protects our state's prosperity, affordability and values. Limited resources should be spent on what matters most: our people. Protecting essential services for all Californians—regardless of immigration status—is not only the right thing to do, it's a smart economic strategy that keeps our communities healthy and safe.

The majority of Californians agree. Statewide polling shows overwhelming support for ensuring safety net services for all low-income residents, regardless of immigration status:

- 59% support continuing current services
- 68% support access to Medi-Cal and Covered California
- 57% support Medi-Cal even if federal funding is at risk
- 64% support food assistance
- 58% support low-income tax credits

Voters understand that immigrants are essential members of our communities who grow our food, build our homes, and care for our most vulnerable. Their hard work and contributions drive prosperity for all. While only 12% of voters identify immigration as a top concern, 70% cite the cost of living and housing.

We acknowledge that tough fiscal choices lie ahead—but those decisions must reflect our shared values. It is our values that have propelled our state to become the fourth largest economy in the world. By protecting our people, we will ensure a stronger, more resilient California for all.

Signees:

Building Skills Partnership
California Community Foundation
California Health Care Foundation
California Immigrant Policy Center
College Futures
Dr. Bronner's Family Foundation
End Child Poverty CA
Evelyn and Walter Haas, Jr. Fund
First 5 Los Angeles (F4LA)

Grove Foundation
Health Access California
L.A. Care Health Plan
Latino Community Foundation
Liberty Hill Foundation
Los Angeles County Federation of Labor, AFL-CIO
Nourish California
Orange County Grantmakers
Pa'lante Collaborative Strategies
Rosenberg Foundation
San Francisco Foundation
SEIU United Service Workers West
The California Endowment
The California Pan-Ethnic Health Network (CPEHN)
The California Wellness Foundation
The Children's Partnership
The James Irvine Foundation
UNITE-LA
Weingart Foundation
Western Center on Law and Poverty

May 9, 2025

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Re: Protect Critical Medicaid Funding to Preserve Coverage, Access and the Health Care Delivery System

Dear Chairman Guthrie and Ranking Member Pallone:

Today, Medicaid plays a big role in making America a strong and independent nation. By providing essential health coverage through Medicaid to 78.5 million Americans – 15 million of whom live in California – our great country is supporting strong families, protecting American workers, and contributing to the greatest, most advanced health care sector in the world.

The Local Health Plans of California represents 17 public and not-for-profit Medicaid managed care plans in California that collectively serve over 9.5 million Medicaid beneficiaries. Local health plans play a unique role as they are community-based, locally governed and publicly accountable, with a responsibility to ensure the core population we serve, Medicaid beneficiaries, has access to a network of providers that are paid a fair rate to provide care that helps keep enrollees from utilizing unnecessary emergency care. Given our central focus on the safety net, we urge you to protect Medicaid by rejecting major cuts under consideration as a part of the budget reconciliation process. While we welcome Congressional efforts designed to increase program efficiencies and target waste, fraud and abuse, and ensure sufficient resources are available for the most vulnerable, we remain concerned that the cuts under consideration will instead result in coverage loss, increases in uncompensated care, poorer health outcomes for low-income working families, and job loss in local communities.

Specifically, we urge Congress to:

- **Uphold the current financing structure for the Medicaid expansion population that includes working parents, disabled adults, and other vulnerable populations that rely on Medicaid to stay healthy, productive members of their communities.** Changes to underlying Medicaid financing structures, including per capita caps or FMAP reductions for the Medicaid expansion population, will lead to loss of coverage or

reduced benefits for millions of families across the country. *For California alone, the impact of significant changes to Medicaid financing structures such as the federal matching ratio or establishing per capita caps for the expansion population, could mean a loss in federal funding of more than $20 billion annually, depending on the specific proposal.* Even cuts that are much less severe than reducing the federal matching rate to 50% will have a significant and harmful impact on Medicaid beneficiaries and providers.

California, like other states, could not absorb such a significant loss of federal funding and maintain the program at the current coverage or service levels. Significant cuts to funding for the Medicaid expansion population will ultimately lead to difficult decisions about cutting coverage and benefits for millions of Californians, including those who are most vulnerable.

- **Preserve critical Medicaid financing mechanisms that ensure hospitals, long-term care providers, and other health care providers can continue to serve Medicaid populations.** Provider taxes are essential to funding nearly all states' Medicaid programs. Reductions to these taxes would mean that the viability of key safety net providers would be in jeopardy, particularly rural hospitals and hospitals that serve a high proportion of Medicaid beneficiaries. In California, provider taxes mean that hospitals can afford to serve the Medicaid population and provide access to care despite, in many cases, still experiencing losses on Medicaid overall. Even with provider taxes, 60% of California's community safety net hospitals, the hospitals whose patient mix is predominantly Medicaid, are operating at a loss several years post-pandemic. *Without provider taxes, Medicaid reimbursement to hospitals in California would fall from paying 80 cents of every dollar it costs to provide care to 70 cents of every dollar.* Additionally, as a result of Proposition 35 which was supported by 68% of California voters, our state is dedicating critical resources through its MCO tax to improving access to care in Medicaid through workforce funding, and enhanced reimbursement for primary care, specialty care, hospital services, and other Medicaid services.

  Overall, California stands to lose more than $90 billion dollars in federal funding over the 10-year scoring period if provider taxes are eliminated. Even cuts that are a fraction of this amount would be devastating and result in reduced hospital services or even hospital closures, particularly in rural areas where many hospitals are already experiencing financial distress. Without federal funding through California's MCO tax, longstanding workforce shortages and access gaps will remain for those who need care the most.

As the House and Senate contemplate cuts to the Medicaid program, we remind Congress of the strengths of Medicaid:

Medicaid Supports Our Economy

Medicaid is a cornerstone of American economic strength. One in five American workers receives health coverage through Medicaid, enabling them to be productive members of society. These hardworking Americans serve our communities in restaurants, big box stores, and construction sites. With Medicaid's support, they can focus on their jobs without the constant worry of medical bankruptcy or untreated illness.

By keeping our workforce healthy, Medicaid ensures that America's economic engine continues to run smoothly. Workers with reliable healthcare miss fewer days, are more productive, and contribute more fully to our nation's prosperity.

Medicaid Makes American Families Strong

The strength of our nation rests on the strength of our families. Medicaid provides vital coverage to millions of children, seniors, and people with disabilities. Nearly half of all Medicaid enrollees are children – approximately 37 million young Americans receive the preventative care and medical treatment they need to grow into healthy, productive citizens.

When parents have health care coverage, they can maintain employment while caring for their families. Regular preventative care and treatment for chronic conditions keeps Americans of all ages healthy and productive. By supporting multi-generational care, Medicaid upholds our country's commitment to family values and ensuring no American is left behind.

Medicaid Contributes to America's World-Class Medical Infrastructure

America's health care system is the envy of the world, and Medicaid plays a critical role in maintaining this excellence. The program supports hundreds of thousands of health care workers and hospitals across the nation. Rural hospitals, in particular, rely on Medicaid to keep their doors open and continue serving communities that would otherwise lack access to medical care.

By ensuring a steady stream of patients and reliable payment, Medicaid helps maintain the viability of our health care infrastructure from coast to coast. This system enables American health care innovation to continue flourishing, developing life-saving treatments that benefit people worldwide.

Medicaid Has Helped Erase High Rates of Uninsured Americans

Before Medicaid expansion, millions of Americans went without health insurance, leading to high rates of personal bankruptcy from unpaid medical bills and financially struggling hospitals burdened with uncompensated care. Today, Medicaid has dramatically reduced these problems, strengthening both individual financial security and the stability of our health care institutions.

The impact is clear: fewer families face financial ruin from medical emergencies, and hospitals can focus more resources on providing quality care rather than absorbing the costs of treating the uninsured. This achievement represents American pragmatism at its best – solving problems through practical solutions.

Medicaid is Efficient and Effective

As stewards of taxpayer dollars, we must recognize Medicaid's remarkable efficiency. The program delivers health care at costs 83% lower than private coverage, showcasing smart government that works for the American people. This cost-effectiveness demonstrates that Medicaid is not just compassionate policy but fiscally responsible governance.

The American people understand Medicaid's importance to our nation's foundation, with three in four voters expressing support for the program. This bipartisan backing reflects the recognition that Medicaid strengthens America's families, workforce, health care system, and economy.

As you consider upcoming legislation affecting Medicaid, I urge you to protect and strengthen this vital program that underpins so much of what makes America great. Our nation's continued strength and prosperity depend on maintaining this critical support for hardworking Americans and their families.

Sincerely,

Chief Executive Officer
Local Health Plans of California

Cc: Speaker Mike Johnson
Democratic Leader Hakeem Jeffries
CA Delegation Members

May 1, 2025

The Honorable Mike Johnson
Speaker
United States House of Representatives
568 Cannon House Office Building
Washington, DC 20515

The Honorable John Thune
Majority Leader
United States Senate
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Brett Guthrie
Chair
House Energy & Commerce Committee
2161 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Crapo
Chair
Senate Finance Committee
239 Dirksen Senate Office Building
Washington, DC 20510

Re: Economic Harm of Medicaid Cuts

Dear Majority Leader Thune, Speaker Johnson, Chair Crapo, and Chair Guthrie:

As Los Angeles prepares to host major international events, including the 2026 World Cup, the 2027 Super Bowl, and the 2028 Olympics, we have a remarkable opportunity to showcase the best of America. These global stages not only highlight L.A.'s cultural and economic vibrancy but also underscore the essential role of a healthy workforce in ensuring their success.

California's economic strength depends on its workforce, and that workforce relies on access to healthcare. Ensuring access to Medicaid is not just a moral obligation—it is an economic imperative. Without it, we risk undermining the success of these landmark events and jeopardizing L.A.'s long-term future as a thriving global destination.

As leaders in Los Angeles County, we are deeply concerned about federal proposals to cut Medicaid funding and the devastating consequences these cuts would have on workers, the healthcare system, and our economy. Current federal proposals could strip California of $10 billion to $20 billion in annual Medicaid funding. If enacted, the state would be forced to significantly reduce Medicaid coverage, benefits, and provider reimbursements.

Any reductions could eliminate coverage from many who currently rely on Medi-Cal—California's Medicaid program. The impact would be especially severe as our region continues to recover from recent wildfires, which have displaced families, worsened air quality, increased demand for behavioral health support, and deepened an already pressing budget crisis. These proposed changes directly threaten the health and stability of the very workers who power L.A.'s economy, from hospitality and transportation to retail and event services. Many of these workers depend on Medi-Cal to maintain their health and continue driving the industries that sustain Los Angeles.

Medi-Cal provides essential healthcare coverage to 15 million Californians, including nearly one in five workers in the state. Among working adults aged 19–64, the program covers 35% of those in restaurant and food services, 21% in construction, and 26% in retail. Many of these individuals hold low-wage or part-time jobs for employers who are not able to offer health benefits, making Medi-Cal their only source of healthcare. These workers are not only crucial to our wildfire recovery efforts but are also essential to the success of L.A.'s upcoming global events. Their well-being directly impacts our regional economy, and any reduction in Medicaid funding would jeopardize their health, our workforce, and our economic stability.

Beyond the workforce, our county's fragile healthcare delivery system and overall economy are at stake. Medi-Cal supports nearly 800,000 healthcare-related jobs in L.A. County alone, including 122,000 in hospitals and 315,000 in ambulatory care, nursing homes, and other facilities. Slashing Medicaid funding would likely lead to widespread layoffs, hospital closures, and service reductions—particularly in safety net hospitals, community health centers, and community hospitals—further destabilizing local economies and worsening workforce shortages in an already strained healthcare system. Additionally, uncompensated care costs would rise, leading hospitals and other providers to shift expenses to commercial insurers, resulting in higher premiums and out-of-pocket costs for everyone.

Medicaid is more than an economic driver: it is a lifeline and a vital safety net for children, seniors, individuals with disabilities, and low-income families. In California, the program provides coverage to one in three residents—approximately 15 million people—including four million, or 41%, of Los Angeles County residents. Behind every statistic is a person who deserves dignity, respect, and access to healthcare.

Medicaid is also one of the most effective tools for reducing poverty, fostering economic mobility across generations—driving higher levels of educational attainment, higher paying jobs and associated tax contributions—and strengthening families and communities in the process.

The facts are clear: a strong Medicaid program creates jobs, strengthens families, and drives economic growth. Following the Affordable Care Act's Medicaid expansion, California's uninsured rate declined significantly, benefiting individuals, families, healthcare providers and the economy. Polling consistently shows Medicaid enjoys broad, bipartisan support, with 77% of Americans—including 63% of Republicans and 87% of Democrats—holding a favorable opinion of the program.

We urge Congress to reject any proposals that weaken Medicaid and instead collaborate with us to strengthen it. A thriving economy relies on a healthy workforce, and Medicaid is essential to that success. We stand ready to work with policymakers to protect this vital program and uphold our shared commitment to economic opportunity and community well-being.

If you would like any more information, please feel free to reach out to L.A. Care Health Plan, CEO Martha Santana-Chin, at (213) 631-1574 or by email at msantana-chin@lacare.org.

Sincerely,

cc: **Los Angeles County Congressional Delegation**

May 9, 2025

The Honorable Mike Johnson
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Brett Guthrie
Chairman
Energy & Commerce Committee
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Energy & Commerce Committee
United States House of Representatives
Washington, DC 20515

RE: CALIFORNIA HEALTH CARE LEADERS' RESPONSE TO FREEDOM CAUCUS RECOMMENDATIONS TO CUT MEDICAID

Dear Speaker Johnson, Minority Leader Jeffries, Chairman Guthrie, and Ranking Member Pallone,

On behalf of the undersigned health care organizations and the 15 million Californians covered by Medicaid whom we serve, we are writing in response to the Freedom Caucus letter to House Colleagues dated May 1, 2025. The letter urges devastating cuts to the Medicaid program that would hurt every American, threaten the viability of our nation's health care system, and drive up costs for all. The proposed Medicaid cuts threaten care for millions of children, seniors, veterans, people with disabilities, and low-income working adults with chronic conditions. Not to mention the severe harm cuts would inflict on the economic well-being of every rural community.

The letter contains multiple inaccuracies, mischaracterizations, and false assumptions that must be corrected:

- **The letter states that California's managed care organization (MCO) tax allows federal**

funds to be utilized inappropriately. The truth is that California's MCO tax law, under Proposition 35, is explicit in that all MCO tax revenue must be dedicated to Medicaid services, and the state cannot supplant existing state Medicaid funding with federal dollars. California's MCO tax increases rates for providers to improve access to cost-effective primary and specialty care and shore up front-line emergency departments and rural hospitals. It also invests in clinical training to address health care professional shortages in rural areas, so patients have better access to preventative care and services to manage chronic conditions.

- **The letter calls for cuts to Medicaid for people who entered the program through expansion, by claiming federal support should be stripped for "able-bodied, working-age adults."** The truth is that Medicaid expansion enables low-income working adults who do not have access to employer-sponsored insurance to continue to be gainfully employed. The majority of Medicaid expansion adults make less than $21,000 per year and are not able to get coverage through their employers, so Medicaid is the insurer of last resort. In addition, nearly 70% of disabled adults enrolled in Medicaid did so via expansion. Expansion allows these adults to gain access to treatment and medications so they can work.
- **The letter calls on Congress to address "money laundering" by limiting provider and MCO taxes.** The truth is that provider and/or MCO taxes have been used for decades in 49 states, and only with regular approval by the federal government via a rigorous review process that complies with federal law.
- **The letter suggests that MCO taxes are wasteful and unnecessary.** The truth is that these resources have strengthened our nation, helping it through pandemics, economic recessions, natural disasters, and more. California's MCO tax keeps hospitals open, nurses employed, doctors in practice, rural communities whole, and saves people's lives. That is the opposite of wasteful.
- **The letter states that Texans are paying for California Medicaid patients.** The truth is that California taxpayers pay nearly $85 billion more each year in federal taxes than they receive in federal funding. California plays a significant role in financing the nation's Medicaid program and other services.

Beyond these facts, the direct impact of Medicaid cuts would be severe.

Medicaid Cuts Harm Everyone

As people lose coverage and become sick, they delay cost-effective primary and preventive health care services and are forced to eventually seek treatment in hospital emergency departments, the most expensive care setting. As more uninsured people get care in emergency departments, physician and hospital provider viability is threatened and insurance

premiums increase for everyone. Many rural hospitals, clinics, and doctors are already operating on thin or negative margins and will be forced to close, further reducing access to health care for all Americans.

Medicaid Cuts Mean Massive Job Losses

Medicaid cuts will result in hundreds of thousands of jobs being lost, bringing economic instability to communities across the nation. An estimated 477,000 health care jobs and another 411,000 related jobs are at risk due to the current proposals. State economies are estimated to lose $95 billion in GDP in 2026 alone, a blow not only to local communities but the national economy as well. The loss of provider and MCO taxes alone would pull $630 billion from the national health care system.

Medicaid provides care that has helped low-income adults work and care for their families. It has reduced health care costs by helping those with chronic conditions manage their illnesses. It has improved health outcomes and saved lives. We urge Congress to protect and support the hospitals, doctors, clinics, nursing homes, employers, the nation's taxpayers, and most importantly, those for whom Medicaid is a lifeline.

We applaud Congress' goals to strengthen the economy, as doing so will ensure that fewer people need the Medicaid safety net. We also support efforts to curb true waste, fraud, and abuse in the Medicaid program and are happy to discuss ways to help. We stand ready to work with you on these important goals, but we urge you to protect Medicaid.

Protect Our Health Care Coalition

Cc: House Republican Leadership

California Congressional Delegation

LACare.org – Newsroom/Our Viewpoint

May 5, 2025

L.A. Care Joins Southern California Health and Business Leaders in Urging Federal Legislatures to Protect Medicaid and Safeguard the Region's Economic Stability

As Los Angeles prepares to host major international events, including the 2026 World Cup, the 2027 Super Bowl, and the 2028 Olympics, L.A. Care Health Plan has co-signed a letter with business and health care leaders to members of congress, including Majority Leader John Thune, Speaker Mike Johnson, Chair Michael Crapo, and Chair Brett Guthrie, urging them to protect access to care and oppose the proposed Medicaid cuts. Healthcare plays a critical role in shaping our national economic stability, and as the eyes of the world will soon be on Southern California, we have a remarkable opportunity to showcase our region's strength and resilience and demonstrate how access to healthcare has ensured a healthy workforce to prepare for these events.

L.A. Care, the largest publicly operated health plan in the country, serves a diverse community of more than 2.6 million Angelenos, most of whom rely on Medi-Cal (California's Medicaid program) for essential care, including children, pregnant women, working families, seniors, and people with disabilities. The proposed cuts would not only affect the 41% of Angelenos who are Medi-Cal recipients, but also the economy and the broader health system, driving up costs for everyone.

Currently, Medi-Cal provides essential healthcare coverage to 15 million Californians, including nearly one in five working adults aged 19–64 in the state. Many of these workers depend on Medi-Cal to maintain their health and continue driving the industries that power our region's economy, from hospitality and transportation to retail and event services. Any reduction in Medicaid funding would not only jeopardize their health and well-being, but it would also impact our wildfire recovery efforts and the success of the upcoming global events.

L.A. Care remains committed to supporting policies that strengthen access to care for all Californians, and protecting Medi-Cal will help safeguard our health care system, ensure stability for working families, and strengthen our local, state and federal economy.

Follow us on social media and visit our website at lacare.org/MedicaidMatters to learn more about our efforts.

LACare.org – Newsroom/Our Viewpoint

May 20, 2025

L.A. Care Continues to Champion the Protection of Essential Health Care Services for All Californians

L.A. Care Health Plan remains steadfast in its commitment to championing the protection of Medicaid so that children, working families, seniors, and vulnerable populations can continue having access to essential health services. As the nation's largest publicly operated health plan, L.A. Care is deeply concerned about the proposed federal Medicaid cuts currently being discussed in Congress.

Medicaid is far more than simply health coverage; it is a cornerstone of the American safety-net, providing vital health coverage and essential safety net services to 78.5 million Americans – including 15 million Californians. In Los Angeles County alone, nearly 1 out of every 2 residents are covered by Medi-Cal. And L.A. Care serves more than 2.3 million of these individuals.

In December 2024, L.A. Care's Board of Governors unanimously approved a resolution to support healthcare for all, regardless of immigration status. The Board resolution states that L.A. Care will strongly advocate for continued access to health coverage and benefits for all eligible children and adults. L.A. Care will continue to provide access to health care to all eligible members in accordance with the requirements of our contract with the Department of Health Care Services.

Last week, when the House Energy and Commerce Committee proposed mark-ups to their reconciliation bill, which included an estimated $715 billion in cuts to Medicaid and other health programs over a 10-year period, Martha Santana-Chin, L.A. Care's CEO, sent a letter to Congressman Brett Guthrie, Chairman of the Committee on Energy and Commerce, and to Congressman Frank Pallone, Ranking Member of the Committee on Energy and Commerce. In the letter, Martha urged them to recognize that Medicaid is "…a strategic investment in America's human capital and infrastructure. The program's demonstrated record of efficiency, support among American voters, combined with its measurable impacts on our healthcare system and economy, makes a compelling case for its protection."

Earlier this month, L.A. Care signed a statement, along with organizations spanning philanthropy, health care, business, labor, education and community organizers, highlighting a shared commitment to improving the lives of all Californians and sustaining a strong economy. L.A. Care and other California health care leaders also sent a message to Speaker Mike Johnson, Minority Leader Hakeem Jeffries, Chair Brett Guthrie, and Ranking Member Frank Pallone in response to the Freedom Caucus letter to House Colleagues dated May 1, 2025. They underscored their disagreement with the letter's content as it "…urges devastating cuts to the Medicaid program that would hurt every

LACare.org – Newsroom/Our Viewpoint

American, threaten the viability of our nation’s health care system, and drive-up costs for all.”

This isn't about politics – it's about people's lives. L.A. Care remains committed to our members and will continue to advocate for the services and coverage they need and deserve.

Follow us on social media and visit our website at lacare.org/MedicaidMatters to learn more about our efforts.

ACAP
Association for Community Affiliated Plans
Mission driven. People focused.

1155 15th Street, N.W., Suite 600 | Washington, DC 20005

202.204.7508 | www.communityplans.net

May 13, 2025

The Honorable Brett Guthrie
Chairman, Energy & Commerce Committee

The Honorable Frank Pallone
Ranking Member, Energy & Commerce Committee

Sent via Email

Dear Chairman Guthrie and Ranking Member Pallone,

The Association for Community Affiliated Plans (ACAP) writes to you on behalf of our 84 not-for-profit Safety Net Health Plan (SNHP) members and the 30 million people they serve through Medicaid, Medicare, the Exchanges, and other publicly-supported coverage programs. We thank you for the opportunity to respond to Title IV, Subtitle D, Parts 1-Medicaid and 2-Affordable Care Act of the reconciliation legislation published May 11 in preparation for the May 13 markup.

ACAP's mission is to strengthen our member plans in their work to equitably improve the health and well-being of people with limited resources or significant health care needs. Many of our health plan members operate exclusively in service to publicly-funded health care programs like Medicaid and the health insurance Marketplaces. To that end, the comments in this letter represent our plans' commitment to ensuring strong and well-functioning coverage programs that work well for people who are enrolled, but also for the states, providers, and health plans that operate them. In this letter, we state our support for policies that will further our mission, and present specific suggestions for amending the legislation based on our plans' input.

Over our 25 years of existence, ACAP and our member plans have consistently supported coverage expansions that not only reduce the numbers of uninsured people in our nation, but that also have the potential to improve the health both of individuals and communities. Medicaid health plans strive to deliver high quality and compassionate coverage to members in partnership with the safety net health care providers in our networks. We also partner with local businesses, schools and universities, and community-based organizations to build and protect a strong web of health care services and supports for the tens of millions of individuals we serve.

After careful review of the reconciliation package, we submit this response. We are happy to support those proposed policies which we believe would streamline and improve Medicaid and the health insurance Marketplaces. In other cases, we are compelled to respectfully oppose the policies in the bill and outline our reasoning for doing so.

Summary
Comments regarding ACAP's top priorities are summarized just below.

Medicaid

- ACAP supports the legislation's provisions to streamline address verification and inclusion of Medicaid managed care organizations as reliable sources of addresses.
- ACAP opposes the proposal to require biannual eligibility checks for Medicaid expansion enrollees and believes it will result in many of those enrollees losing coverage despite still being eligible.
- ACAP opposes the proposal to reduce the expansion FMAP for states covering Medicaid-ineligible state residents.
- ACAP believes that provider taxes and state-directed payments are integral for resourcing Medicaid programs and opposes erosion of these mechanisms.
- ACAP supports making employment support services available to assist individuals in their efforts to attain economic stability, but we oppose a state mandate predicating eligibility on non-health activities such as work.
- ACAP opposes the state mandate to impose minimum cost-sharing requirements for health care services for Medicaid expansion enrollees.

Marketplaces

- While not under this Committee's jurisdiction, ACAP wishes to note that we are concerned about the potential expiration of the enhanced premium tax credits (ePTCs) at the end of 2025. We urge Members to ensure that the tax credits are extended before the bill is set for consideration on the Floor. We wish to flag that if a "current policy baseline" is used to extend the Tax Cuts and Jobs Act, the Enhanced Premium Tax cuts, as established in the Inflation Reduction Act, are also tax credits that can—and should—be extended as such.
- ACAP urges Congress to remove language preventing some consumers from otherwise accessing APTCs for which they would be eligible but for the fact that they applied first to Medicaid and do not meet Medicaid work requirements.
- ACAP urges this Committee to remove provisions stemming from the Marketplace Integrity and Affordability proposed rule. While ACAP supports some of the provisions included therein, we believe they are appropriate for regulation and not statute due to potential unintended consequences or need for future flexibility. We urge the Committee to remove all such policy proposals.

We expand on those comments below. Thank you again for the opportunity to contribute our thoughts, and for your consideration of our positions. We seek a productive and respectful dialogue with you regarding these policies.

MEDICAID

Ensuring Appropriate Address Verification Under the Medicaid and CHIP Programs

ACAP supports policies that help Medicaid and CHIP operate more efficiently for the states that operate them, for the individuals who are served, and for the providers and plans that support the

programs. We recognize the challenges with identifying and disenrolling individuals who are erroneously enrolled in two state Medicaid programs simultaneously. Establishing a system by which such individuals are identified and then disenrolled from the program in the state they no longer reside in is smart policy and a positive step forward. We also appreciate and support inclusion of state-contracted managed care entities in the list of reliable data sources for enrollee addresses and agree that Medicaid health plans frequently hold current and reliable contact information for Medicaid beneficiaries.

ACAP also supports additional provisions in the legislation designed to ensure that Medicaid and CHIP operate efficiently: using the Death Master File to disenroll deceased individuals from the rolls and discontinue medical assistance payments makes rational sense, plus we appreciate that the legislation includes a provision requiring reinstatement of coverage in case of erroneous disenrollment.

Medicaid Eligibility Redeterminations

ACAP believes that enrollment and eligibility processes should be as minimally burdensome and straightforward as possible for Medicaid enrollees, as well as for state and other public agencies that conduct eligibility determinations. These processes should maximize the use of existing data available to states to streamline administration and reduce barriers to coverage. Stable coverage advances the goals of the Medicaid program by promoting consistent access to preventive and primary care and providing essential financial protection for enrollees.

ACAP supported the aims and policies of the 2024 Eligibility and Enrollment rules that simplified and streamlined state enrollment processes, reducing enrollees' burden and ensuring that individuals who qualify for Medicaid and CHIP coverage, as well as financial support for Medicare coverage, can more easily access and maintain it, through the use of data sharing, simplified reporting and leveraging managed care organizations. It is our view that such processes would reduce the potential for waste, and we are disappointed that this legislation includes a moratorium on implementation of the rule.

Because it helps enrollees consistently access care and also provides stability to states as well as Medicaid plans and providers, ACAP has long supported continuous eligibility in Medicaid and CHIP. The legislation's requirement that enrollees in the Medicaid expansion undergo eligibility redeterminations every six months will have implications both for coverage and for state budgets. When Washington State shortened children's eligibility periods from 12 to six months, the state incurred $5 million in additional administrative expenses.[1] We are very concerned that states and other public offices that conduct eligibility reviews will be faced with much higher administrative overhead as a result of this proposal.

[1] Summer L. and Cindy Mann, Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies, The Commonwealth Fund, June 2006.

In addition, the proposal will result in many of those enrollees losing coverage despite still being eligible. This will lead to canceled appointments, surprise medical bills, and added financial stress for the families of these enrollees. According to qualitative interviews with Medicaid enrollees conducted by NORC at the University of Chicago, enrollees threatened with eligibility churn are aware that changes in work hours might affect their eligibility (as well as the eligibility of their children); the stress they experience as a result leads them to frequently avoid accepting additional work hours, and therefore additional pay.[2] In these interviews, enrollees frequently emphasized that having stable health coverage was what allowed them to access necessary, and sometimes lifesaving, care without fear of financial burden.

Research from the George Washington University's Milken Institute School of Public Health underscores the value of continuous eligibility. One study found that the policy, implemented during the COVID-19 PHE, significantly improved access to mental health care for low-income adults.[3] Another study by the same institution demonstrated that 12-month continuous eligibility for children led to improved access to specialty care, increased rates of preventive visits, and fewer gaps in coverage for children in families earning less than 138 percent of the federal poverty line.[4] Eroding consistent coverage by imposing more frequent eligibility redeterminations will also threaten access to these critical services.

Discouraging States From Covering Medicaid-Ineligible State Residents

The Medicaid program has since its inception allowed states to operate with substantial flexibility within a federally-established framework. In addition, states have always had the authority to use state-only dollars to operate Medicaid look-alike health programs without using federal dollars for individuals that are not eligible for federally-supported coverage.

We are disappointed that this legislation mandates a 10 percent cut to a state's Medicaid expansion FMAP – from 90 to 80 percent – for those states that have opted to use their own taxpayer dollars to offer health insurance coverage or other health benefits for certain immigrant families. We are very concerned that such a penalty to states will erode this coverage, further stressing state budgets as well as placing strain on hospital systems and other providers and placing an untenable burden on families with low incomes whose coverage – and whose children's coverage – may be impacted.

Prohibiting Gender Affirming Care for Minors

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[2] NORC at the University of Chicago, Voices of Medicaid Enrollees: The Importance of Consistent Coverage, https://www.communityplans.net/research/voices-of-medicaid-enrollees-the-importance-of-consistent-coverage/.

[3] George Washington University Milken Institute School of Public Health, Medicaid Continuous Enrollment and Mental Health, October 2024, https://communityplans.wpenginepowered.com/wp-content/uploads/2024/10/Medicaid-Continuous-Enrollment-and-Mental-Health.pdf.

[4] Leighton Ku and Erin Brantley, Continuous Medicaid Eligibility for Children and Their Health, George Washington University Milken Institute School of Public Health, June 2020.

ACAP has long supported laws and regulations that prohibit discrimination, including discrimination against transgender individuals. Specifically, ACAP has supported[5] proposals to protect against discrimination on the basis of sexual orientation and gender identity in Medicaid and Medicaid managed care.[6]

This legislation includes a prohibition on Medicaid funding for states for certain gender affirming services for youth. On the one hand, we assert that the provision is unlikely to produce meaningful savings, as is the purpose of these provisions, given that the population under consideration is very small. Also, ACAP is very concerned that many members of the LGBTQI community already face logistical challenges to securing meaningful coverage, as well as appropriate care and providers they can trust. As such, we have grave concerns that this proposal threatens to aggravate those already substantial barriers to care for transgender youth covered by Medicaid, leading to the denial of medical care considered necessary by patients, patients' families, and their providers. ACAP has a long history of standing against discrimination of any kind in health care.

Moratorium on Provider Taxes and Changes to State Directed Payments

Provider taxes are a key part of how nearly all states support Medicaid programs, including ensuring adequate provider rates. The state-directed payments (SDPs) they often support are essential for improving access to care and quality of services at hospitals, nursing homes, primary care clinics, and substance use treatment providers.[7] These payments help sustain a safety net that already operates on lower reimbursement rates than Medicare or private insurance.

If these funding streams are reduced or eliminated without a clear strategy to replace them, the financial pressure will fall squarely on the states as well as the safety net providers states rely on to provide care under Medicaid. This may lead to cuts to Medicaid coverage or benefits, raising local taxes, or reducing investment in other priorities like education.

If passed, this legislation would prohibit states from enacting new provider taxes or increasing the amount or rate of existing provider taxes. We are concerned that curtailing the use of provider taxes will destabilize state budgets and harm Medicaid provider networks. In practical terms, limiting these taxes could mean lower provider payments, reduced optional benefits, or – in a worst-case scenario – even the closure of vital health care providers. Such a change in policy would also erode state flexibilities that are fundamental the federal/state relationship underpinning the Medicaid program.

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[5] Margaret A. Murray, "Statement of ACAP CEO Margaret A. Murray on HHS Rollback of Prohibitions on Discrimination in Health Care," *Association for Community Affiliated Plans*, June 15, 2020, https://www.communityplans.net/2020/06/15/statement-of-acap-ceo-margaret-a-murray-on-hhs-rollback-of-prohibitions-on-discrimination-in-health-care/.

[6] Partnership for Medicaid, *Comments on Proposed Rule Regarding Nondiscrimination in Health and Health Education Programs or Activities (Section 1557)*, August 13, 2019, https://communityplans.wpenginepowered.com/wp-content/uploads/2019/08/P4M_Section1557_Submit.pdf.

[7] Medicaid and CHIP Payment and Access Commission (MACPAC), *Directed Payments in Medicaid Managed Care*, October 2024, https://www.macpac.gov/wp-content/uploads/2024/10/Directed-Payments-in-Medicaid-Managed-Care.pdf.

In addition, the legislation would alter a policy that permits waivers specifically for MCO provider taxes of requirements that the taxes be "broad-based" and uniform. It appears that these provisions, if passed into law, will require changes to the existing MCO provider taxes in a number of states, potentially reducing funding for the Medicaid programs in these states. As described above, these reductions are likely to result in lower provider payments or other impacts on providers, as well as reduced benefits for enrollees.

This legislation would also establish an SDP payment ceiling for certain services at the total published Medicare payment rate, instead of the average commercial rate currently allowed and used for many SDPs. It is well known that low Medicaid payment rates have always challenged state Medicaid agencies and Medicaid health plans in recruiting and retaining providers; now, with ongoing provider workforce shortages and a growing behavioral health crisis, especially in rural areas, the challenges are even greater. Our plans inform us that reducing SDPs would seriously threaten the survival of hospitals, nursing homes, and clinics that rely heavily on Medicaid. Maternity and OB/GYN services are especially at risk.

SDPs are complex and often involve drawn-out reconciliation processes that can take more than two years to complete. But despite the administrative burden on both plans and states, these payments are a critical tool for building and maintaining provider networks. Losing them would make it much harder for plans to meet network adequacy standards, which will become more stringent under the new appointment wait time rules in the 2024 managed care final rule.

Medicaid Community Engagement Requirements

Although ACAP supports making employment support services available to assist individuals in their efforts to attain economic stability, we do not believe that access to health care should be predicated on participating in other activities, such as job training or work readiness activities. We believe that Medicaid coverage should contribute to lifting people out of poverty, and that addressing the non-medical drivers of health – including job readiness and education – has great potential to help Medicaid enrollees improve health status and economic stability at the same time. While ACAP does not agree that Medicaid enrollees should be required to engage in certain activities – such as seeking employment – as a *condition* of eligibility, we strongly support providing opportunities for people with low incomes for job training and other critical activities. This critical work – which while increasing front end costs, can result in health system savings – should be recognized and incorporated into any effort to increase Medicaid flexibility. We believe the causality flows in the opposite direction – that good health care coverage supports individuals seek and maintain employment.

ACAP opposes the legislation's imposition of a state mandate for a community engagement requirement for enrollees. Such a mandate for a policy that is not integral to Medicaid and does not fulfill any of the Medicaid program's fundamental objectives of providing coverage and care should not be required of all states.

The legislation provides numerous exemptions from the requirement, including parents or caretakers for a disabled individual or dependent, pregnant or postpartum women, members of a Tribe, individuals who are medically frail such as those who are blind or disabled or have a serious and complex medical condition, and individuals already in compliance with the work requirements under the Temporary Assistance for Needy Families program or Supplemental Nutrition Assistance Program, as well as a state-provided hardship waiver. While we appreciate the consideration of the challenges that meeting a community engagement requirement would pose for these individuals, we have serious concerns that some individuals meeting these qualifications would fall through the cracks or that the act of proving an exemption would be burdensome or faulty, leading to imperfect implementation.

While ACAP is opposed to work requirements and other non-essential activities as a condition of Medicaid eligibility, we do recognize that including certain activities in addition to paid work will help mitigate the impact of the requirements and make it somewhat easier for some people to meet them, should they become law. For example, including community service and participation in work and educational programs may help some people meet the requirement. As referenced above, many of ACAP's member plans operate work readiness and support programs for enrollees; including these activities as voluntary options for enrollees to meet the work requirements will potentially ease the burden on some individuals.

Should community engagement requirements become law, ACAP is deeply concerned about the significant administrative costs and staffing demands that work and community engagement requirements would impose on both states and health plans. Medicaid health plans will have a sincere interest in assisting their members in meeting the community engagement requirements. To avoid unnecessary coverage losses, plans would need to invest heavily in staff and infrastructure to support enrollees in meeting and reporting compliance with these new requirements. Georgia's experience demonstrates that members will require substantial education and hands-on assistance to navigate reporting systems, apply for temporary exceptions, and understand exemption criteria. These complex, time-intensive processes would require hiring additional personnel and forming new partnerships with organizations outside the traditional Medicaid ecosystem, like staffing agencies. In past and existing community engagement requirement programs, managed care organizations have played an important role and have developed staffing strategies to support enrollees. Given this reality, if this requirement is passed into law, ACAP urges Congress to require states to include work requirement activities in plans' actuarially sound capitation rates.

Moreover, verifying employment status electronically will necessitate the development of new state systems and interoperability functions, as well as the use of third-party vendors. Ohio, for example, in its waiver request, details the need to contract with external data vendors to assess compliance through outside data sources and facilitate automated reviews. The state expects to seek federal matching funds to support these investments.[8]

[8] Ohio Department of Medicaid, Waiver Application, p.5

Lastly, past and current work requirement programs have consistently led to negative coverage outcomes—either by causing significant losses, as seen in Arkansas,[9] or by falling short of expected gains, as in Georgia.[10] Health plans depend on stable enrollment to remain viable, and policies that reduce coverage for otherwise eligible individuals raise serious concerns. The Medicaid unwinding illustrated the disruptive impact of sudden enrollee losses. Plans reported that enrollment volatility not only strained operations but also triggered a surge in pent-up demand, as individuals who 'churned' on and off coverage often required high-cost care that had not been factored into capitation rates. These disruptions continue to affect the adequacy of managed care organizations' rate structures and the challenges are expected to persist for another one to two years. This ongoing instability places particular strain on nonprofit Safety Net Health Plans, most of which operate in a single market and all of which primarily serve Medicaid populations. Repeating this level of volatility annually would be operationally unsustainable for many plans.

Minimum Cost-Sharing for Medicaid Expansion Enrollees

If passed, the reconciliation legislation would require states to impose cost-sharing for health care services for Medicaid expansion enrollees with incomes above 100 percent of the FPL. ACAP has several serious concerns with this provision. Past experiments with imposing costs for people with Medicaid covered have resulted in lower coverage and lower utilization of services. Over two decades ago, the Oregon Medicaid program experimented with imposing relatively low-cost premiums for a portion of its Medicaid program, and this led to substantial loss of coverage among the people required to pay.

Our worry is that people will forego needed health care. In addition, while we appreciate that copayments would be capped at a certain amount to mitigate impact, we suspect that ultimately, the $35 per service limit will *not* render services affordable at all. For people with very low incomes – from 100 to 138 percent of the FPL – $35 may not be financially management, and also, we are concerned for individuals who rely on services that reoccur regularly, like behavioral health visits or treatments for chronic conditions or cancer. Weekly payments for such care, for example, costing $35 out of pocket each time, is highly likely to be unaffordable for anyone with Medicaid coverage, even with the cap of 5 percent of family income.

We also raise concerns about the capacity of states to manage this policy. The legislation would exempt individuals with incomes below 100 percent of the FPL, but people low incomes – frequently hourly wage earners – experience frequent income fluctuations, and we question how states, already under-resourced, will track these changes effectively to ensure exempted individuals are not subject to copayments.

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[9] Leighton Ku and Erin Brantley, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs* 39, no. 11 (November 2020): 1928–36, https://doi.org/10.1377/hlthaff.2020.00538.
[10] Laura Colbert and Leah Chan, *Georgia's Pathways to Coverage Program: The First Year in Review*, Georgia Budget & Policy Institute, April 4, 2024, https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review/.

INDIVIDUAL MARKET COVERAGE

ACAP also wishes to weigh in on the Committee's proposals impacting individual market Qualified Health Plan (QHP) coverage available through state and federal Exchanges. First, we wish to note that, while not under this Committee's jurisdiction, we are concerned about the potential expiration of the enhanced premium tax credits (ePTCs) at the end of 2025. We urge Members to ensure that the tax credits are extended before the bill is set for consideration on the Floor. **We wish to flag that if a "current policy baseline" is used to extend the Tax Cuts and Jobs Act, the Enhanced Premium Tax cuts, as established in the Inflation Reduction Act, are also tax credits that can—and should—be extended as such.**

If the tax credits are not extended by the time rate filings are due in late summer and consumer notices are sent, premiums are expected to rise to 4.3 percent in 2026 and 7.7 percent in 2027, it is expected to lead to an estimated 3.7 million consumers becoming uninsured by 2027. When taken in conjunction with the policies proposed in the Committee's reconciliation draft language, we expect an even greater rise in premiums and loss of coverage. We further elaborate on such concerns below.

APTC Interaction with Medicaid Work Requirements

ACAP has long supported ensuring access to affordable coverage, including through a "no wrong door" approach and access to advance premium tax credits (APTCs) for low-income consumers. Unfortunately, language at section 44141(a)(7)(B) of the Committee mark would remove the "no wrong door" approach for consumers applying for coverage via Medicaid, thereby making them ineligible for APTCs if they fail to meet provisions related to Medicaid work requirements—even if they should otherwise be eligible for APTCs based on their income and Marketplace eligibility guidelines. **Some states automatically check Medicaid eligibility before checking APTC eligibility, so this may have the unintended consequence of preventing APTC eligible consumers from accessing coverage.** We also strongly object to unequal treatment of consumers eligible for APTCs based on their income—permitting some consumers to receive APTCs and denying it to others, regardless of whether they have the same projected income. Such a policy could impact consumers who briefly fall ill or are injured and are unable to work for a month, or who are seasonal workers whose incomes fluctuate and are predominantly from one portion of the year. **We urge Congress to remove language preventing some consumers from otherwise accessing affordability assistance for which they would be eligible but for the fact that they applied first to Medicaid and do not meet Medicaid work requirements.**

Changes to Enrollment Periods for Enrolling in Exchanges

The Committee's proposed language at 44201(a) would mandate open a shortened open enrollment period running from November 1 to December 15 of a given year, including for State Based Exchanges (SBEs), which have long been permitted to determine their own open enrollment and special enrollment periods based on their unique state needs. ACAP commented in response to the

proposed Marketplace Integrity and Affordability rule objecting to such a limited open enrollment period, however, we object even more vociferously to doing so in statute. **Extended open enrollment periods have previously been utilized in times of national need, such as during the COVID public health emergency and we urge Congress not to limit in statute the ability to do so in the future.**

As ACAP noted in its previous comments, shortening the open enrollment period will degrade the risk pool, lead to consumer confusion, and lead to significant operational burden for issuers and brokers. Finally, we also are extremely concerned that such a provision would be implemented for this coming open enrollment period, as consumers may need additional time to change plans after January 1st if the enhanced PTCs are not extended and their premiums rise significantly. Given the uncertainty about whether the tax credits will be extended, without such flexibility, consumers may well be liable for significant, unexpected premium increases in order to keep their insurance.

The Committee's proposed language would also prohibit special enrollment periods (SEPs) based on income level. ACAP supported eliminating the blanket SEP for consumers under 150 percent FPL in the Federal Exchange as part of the Marketplace Integrity and Affordability proposed rule, as ACAP plans have firsthand experience of adverse selection from consumers enrolling through SEPs and acknowledge a recent rise in improper enrollments. **We note, however, that such proposals are better suited to regulation than statute and that states should be permitted the flexibility to develop their own SEPs.**

Finally, as noted above, ACAP member plans have seen significant adverse selection and possible abuse of SEPs. **ACAP supports increased enrollment verification requirements, however, we urge the Committee to (1) adjust the 75 percent requirement to provide some flexibility or instead permit Exchanges to verify the SEPs that are most at risk of abuse, and (2) permit SBEs to continue to establish their own pre-enrollment verification standards.** Operationally, a generic threshold may be both difficult to implement and not effective, as it could lead to SEP verification based on volume or ease of verification in order to meet the 75 percent threshold, rather than verification of SEP types that have the most fraud. ACAP recommended to CMS, for example, to direct Exchanges to instead starting with SEP verification requirements for SEP types that tend to have the most instances of fraud or abuse. We also recommend that CMS permit SBEs to retain their own verification rules. SBEs will experience high operational burden and cost to change their SEP verification rules. States also are best positioned to take into account local issues and decisions that may impact the opening of a SEP—such as during a natural or man-made disaster,[11] for which

[11] Massachusetts instituted an SEP in 2018 in response to a natural gas explosion: https://www.mahealthconnector.org/wp-content/uploads/AdminBulletin01-18.pdf; an SEP For TX, LA, FL, GA, and SC in response to Hurricanes Harvey and Irma https://www.cms.gov/newsroom/press-releases/cms-announces-special-enrollment-periods-americans-impacted-recent-hurricanes; an SEP was instituted in North Carolina in response to Hurricane He https://www.hendersonville.com/news/2025/01/people-impacted-by-hurricane-helene-granted-special-enrollment-period-for-aca-health-insurance/; and an SEP was instituted in California in response to the recent wildfires https://www.coveredca.com/apply/emergency/

verification may be difficult if not impossible for consumers, but that if are left unverified would risk making the SBE unable to meet the 75 percent threshold.

Verifying Income for Individuals Enrolling in a Qualified Health Plan Through an Exchange

Changes at 44201(b) would require further eligibility verifications for low-income consumers. **While ACAP understands the importance of increased verifications, we strongly believe that such requirements are better suited to regulation than statute, as they may warrant flexibility in the future**, particularly in the case of income discrepancies for which changes to available data sources may warrant consideration. **ACAP also wishes to note that these provisions are best left until after other provisions, such as elimination of the SEP for consumers under 150 percent FPL are implemented, as doing so may well eliminate the current need for additional verification requirements, which are expected to cost millions to implement due to changes needed to eligibility and enrollment systems.**

Further, the desire to increase enrollment verifications is in response to claims that that millions of applicants are inflating their incomes. We agree that there may be an incentive for consumers to do so, particularly in states that have not expanded Medicaid. However, while we understand that there may be some consumers who overestimate their income, we believe that millions of consumers doing so is an overestimate, based on methodological and data issues addressed in our comments on the Marketplace Integrity and Affordability proposed rule. We also know that it is not uncommon for low-income consumers, particularly those who work in hourly, gig, or seasonal employment to have difficulty predicting their annual income, and may reasonably assume they will be able to work additional hours in the coming year, receive a promotion, or a variety of other things that could increase wages. As long as PTC eligibility is conditioned on the upcoming year's income, there must be ways to account for changes to income that an enrollee may be aware of but are not included in previous year's tax data.

GAO has recommended that a verification process for "when attested income amounts *significantly* exceed income amounts reported by IRS or other third-party sources."[12] As such, in conjunction with the fact that many low-income enrollees' incomes are variable, ACAP urges that Congress instead consider a threshold amount after which point it verifies income, such as a certain percentage or dollar amount above the previous year's income, rather than simply a blanket verification at 100 percent FPL. For example, it would not be unreasonable that someone whose reported income was 99 percent FPL could have an estimated income the following year of 110 percent FPL—which would represent not even a $1,000 difference. ACAP believes it is important to balance verification requirements with ensuring that lower-income consumers who should legitimately receive PTCs are able to do so. **We urge that Congress, in its efforts to ensure that consumers who should not receive tax credits do not inappropriately receive them, not overcorrect to the point where**

[12] U.S. Government Accountability Office (2017, July). Improper Payments: Improvements Needed in CMS and IRS Controls over Health Insurance Premium Tax Credit; https://www.gao.gov/assets/d17467.pdf

consumers who are eligible are prevented from receiving APTCs, without which they are unlikely to be able to afford health insurance at all. For example, it is unlikely that a consumer earning $15,000 annually could afford a full monthly health insurance premium up front and wait until tax reconciliation for repayment.

Revising Rules on Allowable Variation in Actuarial Value of Health Plans

Section 44201(c) would statutorily loosen the actuarial value (AV) de minimis variation permitted by QHPs. While ACAP was overarchingly supportive of such a change in the Marketplace Integrity and Affordability proposed rule, we strongly object to such a change being made in statute. **Due to the interplay with the Premium Adjustment Percentage and the annual Actuarial Value Calculator, we believe it is vital that CMS be able to adjust AV de minimis variation as needed.**

CMS' proposal to permit greater AV de minimis variation would have provided issuers with needed flexibility in their plan design, however, as we noted in our comments on the rule, permitting a greater downward variation in AV can make it harder to distinguish between metal tiers and reduce the value of the coverage consumers are purchasing. Additionally, we are extremely concerned about the effective date of this provision as 2026 plan design is already underway as QHP applications are due this week in many states.

Updating Premium Adjustment Percentage Methodology

Section 44201(d) would **statutorily legislate a change to the premium adjustment percentage methodology—a methodology not developed by Congress and which may warrant future regulatory change as it is meant to be responsive to premium fluctuations in the market.**

This provision will raise costs for consumers significantly; consumer premiums are expected to increase by approximately 4.4 percent and cost sharing and maximum out of pocket (MOOP) limits would rise by 15 percent. ACAP opposes this proposal to update the PAP methodology both generally and in statute, due to its impact on premiums and cost sharing and the resulting impact on enrollment. Specifically, the proposed PAP methodology will result in a downward pressure in enrollment and upward pressure on claims. That combination runs the risk of leading to a spiral of a worsening risk pool and increased premiums.

As with the provision on de minimis AV ranges, **ACAP is extremely concerned about the effective date for this proposal as issuers have already begun working on actuarial calculations and product design for PY 2026, which are due this week in many states, yet would be impacted by a change to the PAP methodology.** Changes that impact product design parameters, such as cost sharing and MOOP, are extremely difficult to implement last minute.

Eliminating the Fixed-Dollar and Gross Percentage Thresholds Applicable to Exchange Enrollments

Section 44201(e) would remove recent flexibilities that would allow issuers to adopt a 98 percent or greater gross premium percentage or $10 or less fixed dollar premium payment threshold in addition to the 95 percent or greater net premium payment threshold option. CMS in the Marketplace Integrity and Affordability Proposed Rule specifically proposed this provision in order to ensure that consumers do not remain enrolled in coverage for extended periods of time without paying at least some premium as a measure to guard against improper enrollments. Further, **we do not expect this provision to have a budgetary impact or associated score, as it would not change current policy because the fixed-dollar and gross premium percentage thresholds were not set to go into effect until 2026.**

Regardless, ACAP objects to the proposal eliminate the gross percentage and fixed dollar premium payment thresholds. Specifically, **we support greater flexibility for issuers to determine whether and what type of premium payment threshold to institute based on what they believe is most appropriate for their enrollee characteristics and actuarial calculations.** This provision has the potential to cause disruptions in coverage and care for consumers over nominal dollar amounts.

Reducing Advance Payments of Premium Tax Credits for Individuals Automatically Reenrolled in $0 Coverage

44201(g) would prevent enrollees from automatically reenrolling in coverage that is fully covered by APTCs without taking action to confirm their eligibility information. Any enrollee whose premium would be $0 after APTCs must submit an application for an updated eligibility determination or they will be charged a $5 per month premium for every month that the enrollee does not update their eligibility determination.

ACAP strongly objects to the Committee's proposal to charge $5 per month to any enrollees receiving $0 coverage who do not return to the Exchanges to confirm their eligibility. First and foremost, this proposal will create significant burden and cost for ACAP's not-for-profit member plans. When asked, one ACAP member noted that it would cost more to change the systems and send the paperwork than the $5 premium. In addition, the $5 is not an extra $5 that the issuer would be receiving—but rather the same $5 that would have come from APTCs and that will, in most cases, go back to the consumer at tax reconciliation, leading to a net loss for issuers and no significant budgetary impact except for consumers who simply drop their coverage rather than pay the $5 premium, which CMS itself asserted in its impact assessment of the Marketplace Affordability and Integrity proposed rule that it believes that the number of enrollees who would have their coverage terminated due to non-payment of the $5 premium is low "given the nominal expense associated with the proposed APTC adjustments."

ACAP further objects to this proposal as any costs associated with system updates, mailing invoices, and collecting the $5 premium will be a loss to the issuer and an increase in issuers' administrative funds, which must already be limited under medical loss ratio (MLR) requirements. Such costs will need to be offset and will therefore necessitate an increase in premiums across the board – both for consumers receiving APTCs and consumers that self-pay the full cost of premiums. Issuers will also

need to account for changes to the risk pool that will result from the consumer confusion associated with receiving a $5 bill for coverage that they know is supposed to be $0 and thus dropping off coverage or entering their grace period and eventually having their coverage terminated. It is safe to expect that healthier consumers are more likely let coverage lapse if they believe their premiums have increased, which will again have a resulting destabilizing impact on the risk pool and require issuers to factor those changes into rates—again increasing premiums across the board and continuing the cycle. Instead, the current reenrollment process helps stabilize the risk pool by retaining lower risk enrollees who are the least likely to actively re-enroll.

Finally**, when taken in conjunction with the proposal at 44201(j) to permit issuers to condition effectuation of new coverage on payment of past due premiums, it could cause significant, long-term harm to a low-income consumer**; it could be devastating to a low-income consumer who knows they are eligible for $0 coverage and therefore assumes the bill is a mistake and disregards it.

Prohibiting Coverage of Gender Transition Procedures as an Essential Health Benefit

44201(h) would prohibit covering the services associated with gender affirming care as an essential health benefit (EHB). As a result, PTCs cannot include the cost of such services, nor would they be subject to annual or lifetime cost sharing limitations. **We question whether this provision would produce any savings, as we expect it will cost more to implement than it would save, potentially causing premiums to increase, rather than leading to a decrease in PTC spending.**

ACAP strongly opposes this provision and urges this Committee to reconsider it based on a number of operational and financial reasons. First and foremost, by definition the procedures listed herein are not essential health benefits themselves but would be required to be excluded as such dependent on *why* they are performed—but would largely be covered as essential health benefits when performed for other reasons. Specifically, the services in question are also performed for many other than gender transition—such as a hysterectomy to treat or prevent cancer, infection, or even endometriosis; or hormone therapy to treat menopause, cancer, any number of endocrine disorders, as part of continued treatment after a hysterectomy, or as treatment for infertility. For these cases, the services would be covered as essential health benefits, requiring issuers to impose additional utilization management and prior authorization requirements for potentially lifesaving care. The operational burden of filtering claims to exclude certain services only in certain cases would be tremendous for ACAP's member SNHPs, particularly when it comes to pharmacy claims. **Implementing such a policy would require significant, expensive systems changes and the ongoing cost would far exceed the cost of providing such services.** This poses a particularly significant financial burden on small, regional and single-state issuers, such as ACAP's member plans. Instead of reducing costs, issuers will be forced to raise premiums, ultimately increasing costs for consumers.

Clarifying Lawful Presence for Purposes of the Exchanges

44201(i) would change the definition of "lawfully present" so that DACA recipients are no longer considered lawfully present for purposes of enrollment in a QHP, eligibility for premium tax credits

and cost sharing reductions. ACAP is concerned that such a policy would have a negative impact on the risk pool and premiums for all consumers are expected to rise as a result. As CMS notes in its Regulatory Impact Analysis of the Marketplace Integrity and Affordability proposed rule, because DACA recipients are young, they generally tend to be healthier, and that excluding them from the Exchanges would have a negative impact on the individual market risk pool. Further, if DACA recipients are unable to enroll in Exchange coverage, they are more likely to go uninsured, which is expected to have the effect of increasing uncompensated care at emergency rooms. Such costs are ultimately absorbed into hospital operating costs and have the effect of raising provider reimbursement costs for all forms of coverage—subsidized or not—and increasing costs to all insured Americans.

Ensuring Appropriate Application of Guaranteed Issue Requirements in Case of Non-Payment of Past Premiums

44201(j) would allow issuers the option to condition new coverage on repayment of outstanding debt from previous years by changing the interpretation of guaranteed availability of coverage. The proposal would allow issuers to attribute past-due premium payments to the initial premium an enrollee must pay to effectuate coverage.

While ACAP's member SNHPs have seen abuses by consumers stopping paying premiums and entering the grace period after an expensive treatment or entering the grace period during the last 90 days of the year in order to avoid paying premiums, we are concerned about a statutory provision as it is currently drafted. ACAP supported a similar optional proposal in 2017, however, that proposal limited the look-back period for past nonpayment to the previous 12 months of coverage. **As we recommended in the Marketplace Integrity and Affordability proposed rule, we strongly believe that this proposal should be regulatory in nature and that any such proposal be limited to premiums due from the past 12 months of coverage.**

While some consumers may game the system by not paying premiums during the final months of the year, we also know that others stop due to legitimate financial hardship. This rule has the potential to disproportionately affect low-income individuals; as studies show that even a small increase in premium costs can lead to a loss in coverage.[13] Additionally, **if consumers do experience a significant financial hardship that leaves them unable to pay significant premiums, ACAP does not believe that should prevent them from being able to purchase coverage into perpetuity, and the provision could be particularly impactful for consumers in states that have a limited number of QHP issuers**, as 4% of consumers in FFE states have just one or two QHPs available to them.[14]

Finally, while the Committee proposes that this provision would become effective for plan year 2026, it will have the effect of changing the rules around their current insurance coverage, as their

[13] The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/

[14] https://www.cms.gov/files/document/2025-qhp-premiums-choice-report.pdf

current policy documents would not inform them of the potential impact of dropping coverage and some consumers may have already let their coverage lapse in 2025.

Conclusion

ACAP thanks the House Energy & Commerce Committee for this opportunity to comment on the reconciliation legislation. Please contact me (mmurray@communityplans.net), Jennifer McGuigan Babcock, our Senior Vice President for Medicaid Policy (jbabcock@communityplans.net), or Heather Foster, Vice President for Marketplace Policy (hfoster@communityplans.net) if you wish to discuss these issues in greater depth.

Sincerely,

Margaret A. Murray
Chief Executive Officer

Cc: Members of the House Energy & Commerce Committee

BOARD REPORT EXECUTIVE SUMMARY

The memo contains a summary of the key provisions of the 2025-26 May Revise. The May Revise is an updated version of California's state budget for the state's upcoming fiscal year. Every January, the Governor proposes a budget for the upcoming fiscal year. By May, they review the state's revenue and expenses to see if anything has changed since January. Based on this new information, the budget us adjusted. The May Revise helps make sure the state's plan for spending money is accurate and reflects what is really happening in the economy. It's an important step before the main budget legislation is negotiated and finalized in June.

Report Title: *May Revise 2025-26 Budget Summary*

Date: *May 27, 2025*

Prepared By: *Cherie Compartore, Senior Director, Government Affairs*

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1. Purpose of the Report

The purpose of this report is to provide an overview of the state budget provisions that impact L.A. Care's strategic planning and operational priorities. It highlights key budget items and their implications for our programs and initiatives, ensuring the L.A. Care Board of Governors is informed.

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2. Background / Context

- *Each year, the state budget process determines funding for programs critical to L.A. Care's mission, including Medi-Cal and other healthcare services.*
- *The May Revise includes updated funding and policy proposals for fiscal year 2025-2026, reflecting changes in state revenues and economic conditions.*

- *Key provisions in the budget affect areas such as Medi-Cal eligibility, safety net issues, and health equity initiatives, directly influencing L.A. Care's ability to serve our members effectively.*

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3. Key Considerations / Analysis

- *Proposed adjustments to Medi-Cal funding could impact eligibility, enrollment processes, and the safety net.*
- *Changes in state funding could require L.A. Care to influence operational budgets and strategic and operational considerations.*

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4. Recommended Action / Decision Requested

This memo is for informational purposes only; no action is required from the Board at this time. Board engagement ensures awareness of budget provisions that may influence L.A. Care's strategic planning and operational decisions.

Board Action Needed:

X For Information Only

☐ For Discussion

☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

N/A

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5. Next Steps / Timeline

In the coming weeks, the Assembly and Senate Budget Committees will refine proposals before Legislative Leadership and the Governor negotiate the final budget. The Legislature aims to deliver the main budget bill by the June 15 deadline, with the new fiscal year starting July 1. Budget trailer bills to implement statutory changes, including health-related items, will follow and may extend into late summer or fall. This year's process is particularly complex due to uncertainties in federal funding and state revenue, with supplemental budget packages likely in August to address unresolved issues.

Attachments / Supporting Materials:

May Revise 2025-26 Budget Summary, dated May 19, 2025

May 27, 2025

TO: Board of Governors

FROM: Cherie Compartore, *Senior Director of Government Affairs*

SUBJECT: May Revise 2025-26 Budget Summary

On May 14, Governor Newsom released the May Revise, an updated version of his January budget proposal, reflecting the latest economic forecasts and revenue projections. The revised FY 2025-26 budget is set at $321.9 billion, a $400 million decrease from his January proposal, with $228.9 billion coming from the General Fund. The revised budget anticipates a $12 billion deficit, a significant shift from the $16.5 billion surplus projected in January. This reversal highlights growing economic uncertainty, influenced in part by federal policy changes and proposals.

The May Revise attributes a projected $16 billion revenue decline in 2025-26 to weaker economic conditions, including lower capital gains, reduced corporate profits, lower wages, and decreased personal income tax revenue.

To address the deficit, the revised budget disproportionately impacts healthcare, social services, education, and public safety. Key measures include freezing Medi-Cal enrollment for certain adults, reallocating CAL FIRE funding, and cutting food assistance and foster care programs. Education funding reductions affect transitional kindergarten, community colleges, and higher education. Public safety plans include closing a state prison, while infrastructure proposals continue, such as the Delta Tunnels construction and cap-and-trade extensions to support high-speed rail.

Summary tables with more details and dollar amounts reflecting the magnitude of these cuts, by sector, are displayed at the end of this document.

Medi-Cal Budget Summary

The Medi-Cal budget includes $179 billion ($37.4 billion General Fund) in 2024-25 and $194.5 billion ($44.6 billion General Fund) in 2025-26, an increase of $7.2 billion, compared with the revised 2024-25 expenditures. Medi-Cal is projected to cover approximately 15 million beneficiaries in 2024-25 and decreasing slightly to 14.8 million in 2025-26.

Medi-Cal program costs have grown significantly, outpacing revenue increases. According to the May Revision Summary, a $3.4 billion cash flow loan and a $2.8 billion General Fund (GF) appropriation are allocated to support projected Medi-Cal expenditures of $37.6 billion GF for 2024-2025. The Governor contends the rise in costs is driven by increased enrollment, higher pharmacy expenses, and growing managed care costs due to expansion population coverage.

This following includes highlights from Governor Newsom's proposed budget for 2025-26, specifically the proposals impacting L.A. Care's operational interests.

- Medi-Cal Caseload Estimate
  The caseload is projected to decrease from 14,970,700 in 2024-25 to 14,837,900 in 2025-26, representing approximately a 1% decrease in overall caseload.

- Medi-Cal Enrollment Freeze for Unsatisfactory Immigration Status (UIS) Population
  Establishes a "freeze" on new enrollments for UIS population for individuals aged 19 and older who lack satisfactory immigration status or are unable to verify such status, beginning 01/01/26. Does not include Qualified Non-Citizens ("Newly Qualified Immigrants") subject to the 5-year ban, individuals classified as Permanently Residing Under Color of Law, and pregnant individuals. It is unclear how long the "freeze" would be in place.

  The 1.6 million immigrants already signed up would not lose their Medi-Cal coverage, and children could still enroll. All UIS Californians would still be covered for emergency medical and pregnancy care — so-called "limited scope" coverage that is paid for with federal dollars. But those adults who don't enroll before January 2026 would be uncovered for other medical expenses, such as prescription drugs and doctor's visits.

  Effective Date: No sooner than January 1, 2026
  Estimated General Fund savings $86.5 million in 2025-26, increasing to $3.3 billion by 2028-29

- Medi-Cal Premiums for UIS Population
  A $100 monthly premium will be required for UIS adults 19 years of age and older. DHCS projects approximately a 25% disenrollment as a result of this policy change.

  Effective date: January 1, 2027
  Estimated General Fund savings are $1.1 billion in 2026-27, increasing to $2.1 billion by 2028-29

- Prospective Payment System (PPS) Rates to Federally Qualified Health Centers (FQHC) for UIS Population
  Discontinue reimbursement at the PPS rate for state-only services provided to Medi-Cal UIS population by FQHCs and RHCs. Since these services do not qualify for federal matching funds or federal requirements mandating PPS rate reimbursement, they will instead be compensated at the applicable Medi-Cal Fee Schedule rate under the fee-for-service delivery system or at the negotiated rate established between a Medi-Cal managed care plan and the FQHC/RHC within the managed care delivery system.

  Effective Date: Assumes implementation no sooner than January 1, 2026
  Estimated General Fund savings are $452.5 million in 2025-26 and $1.1 billion in 2026-27 and ongoing

- Elimination of Long-Term Care Services for Long-Term Care for UIS Population
  Eliminate long-term care benefits for the UIS population.

Effective Date: January 1, 2026
Estimated General Fund savings are $333 million in 2025-26 and $800 million in 2026-27 and ongoing

- Elimination of Medi-Cal Adult Dental Benefit for UIS Population
  Eliminates the adult dental benefit (for those 19 years of age and older) for the UIS Population. Restricted-scope emergency dental coverage will continue to be provided.
  Effective Date: July 1, 2026
  Estimated General Fund savings are $308 million in 2026-27 and $336 million in 2028-29 and ongoing

- Eliminates IHSS benefit for the UIS population
  Eliminates the IHSS benefit for those over 19 years of age.

  Effective Date: Need to verify
  Estimated General Fund reduction of $158.8 million in 2025-26 and ongoing

- Elimination of Medi-Cal Acupuncture Benefit
  Eliminates the Medi-Cal acupuncture benefit for all Medi-Cal recipients.

  Effective Date: No sooner than January 1, 2026
  Estimated General Fund Savings are $5.4 million in 2025-26 and $13.1 million ongoing

- Medi-Cal Asset Test Limits
  Restores the Medi-Cal asset limit to include resources such as property and other assets when assessing eligibility for applicants or members whose determination is not based on modified adjusted gross income (MAGI) financial criteria. The asset limit is set at $2,000 for an individual and $3,000 for a couple.

  Background: The Medi-Cal program's asset limits have historically aligned with those of the federal Supplemental Security Income (SSI) program. However, in 2021, California passed AB 133 to modify these limits through a two-phased approach: Phase I increased the asset limits, and Phase II eliminated them entirely. The budget proposal revises the asset limit test to align with federal program limits.

  Effective Date: No sooner than January 1, 2026
  Estimated General Fund savings are $94 million in 2025-26, $540 million in 2026-27, and $791 million ongoing

- Medi-Cal Minimum Medical Loss Ratio
  Increase the minimum medical loss ratio for managed care plans from 85% to 90%.

  Effective Date: January 1, 2026
  Estimated General Fund savings of $200 million in 2028-29 and ongoing

- Proposition 56 Supplemental Payments
  Eliminate Proposition 56 supplemental payments to dental, family planning, and women's health providers. The May Revise is redirected the funding from Prop 56 to help backfill the General Fund.

  Effective Date: No sooner than July 1, 2025
  Estimated General Fund savings of $504 million in 2025-26 and $550 million ongoing

- Proposition 56 Loan Repayment Program
  Terminates to Prop 56 loan repayment program which recruits and retains health care provider in underserves areas by helping repay student loans for those providers who commit to service Medi-Cal populations.

  Effective Date: July 1, 2025
  Estimated General Fund savings of $26 million in 2025-26

- Proposition 35
  The May Revision reflects $804 million in 2024-25, $2.8 billion in 2025-26, and $2.4 billion in 2026-27 for the MCO Tax and Proposition 35 expenditure plan. However, only $1.3 billion in 2025-26 and $263.7 million in 2026-27 will support provider rate increases, described as for increases to primary care, specialty care, ground emergency medical transportation, and community and hospital outpatient procedures. (Note: Prop 35 language includes approximately $2.5 billion in calendar year 2025 and 2026 for provider rate increases.

  In addition, the May Revise includes several two new Prop 35 investments.
  - Proposition 35 Reproductive Health Investments—$90 million in the Health Care Oversight and Accountability Subfund as part of the Prop 35 expenditure plan for reproductive health investments for emergent needs including midwifery loan repayments and scholarships and education capacity expansion for midwives at the Department of Health Care Access and Information.
  - Proposition 35 Flexible Housing Subsidy Pools—Reflects $200 million Prop 35 funds over two years for Flexible Housing Pool rental assistance and housing supports to help individuals with significant behavioral health conditions who are experiencing, or at risk of, homelessness, enter and maintain stable long-term housing.

  This expenditure will be discussed at the Prop 35 Stakeholder Committee meeting on May 19. DHCS also posted a spending plan https://www.dhcs.ca.gov/Budget/Documents/Prop-35-Spending-Plan-Overview.pdf

  It is important to note the uncertainty surrounding the continued reliance on MCO tax dollars in the May Revise due to ongoing federal proposals and a proposed CMS rule.

- CalAIM
  The budget continues to fund CalAIM enhanced care management and community support services. In addition, the May Revise assumes transitional rent services will be provided.

Additionally, there is $200 million of Prop. 35 funding to support the Flexible Housing Pool rental assistance and housing supports for a two-year period.

- Medi-Cal Prescription Drug Utilization Management
  Implementation of utilization management, step therapy protocols, and prior authorization for prescription drugs. No impact on Medi-Cal managed care as pharmacy benefit is administered by the state – informational only.

  Estimated General Fund savings of $200 million in 2025-26 and $400 million in 2026-27 and ongoing

- Pharmacy Drug Rebates
  Implement a rebate aggregator to obtain state rebates for UIS population. No impact on Medi-Cal managed care as pharmacy benefit is administered by the state - informational only.

  Estimated General Fund savings are $300 million in 2025-26 and $362 million ongoing. Additional General Fund savings of $75 million in 2025- 26 and $150 million ongoing associated with minimum rebate for HIV, AIDS, and cancer drugs.

- Elimination of Over-the-Counter Drug Coverage
  Eliminate pharmacy coverage of certain drug classes including COVID-19 antigen tests, over-the-counter vitamins, and certain antihistamines including dry eye products. No impact on Medi-Cal managed care as pharmacy benefit is administered by the state - informational only.

  Effective Dates: Prior authorizations will be required for all COVID-19 tests effective 01/01/26. COVID-19 test coverage will be eliminated effective 10/01/27.
  Estimated General Fund savings are $3 million in 2025-26 and $6 million in 2026-27 and ongoing

- Step Therapy Protocols
  Implement a step therapy strategy to promote utilization management and control prescription drug costs. No impact on Medi-Cal managed care as pharmacy benefit is administered by the state -informational only.

  Estimated General Fund savings of $87.5 million in 2025-26 and $175 million ongoing

- Eliminate Glucagon-Like Peptide-1 Coverage (GLP-1) for Weight Loss
  Eliminate coverage for GLP-1 drugs for weight loss. No impact on Medi-Cal managed care as the pharmacy benefit is administered by the state - informational only.

  Effective Date: January 1, 2026
  Estimated General Fund savings are $85 million in 2025-26, increasing to $680 million by 2028-29 and ongoing

- Prior Authorization for Continuation of Drug Therapy
  Eliminates the continuing care status for pharmacy benefits under Medi-Cal Rx. The policy, effective January 1, 2026, requires members to obtain drugs no longer on or removed from the

Medi-Cal Rx contracted drug list (CDL) through the prior authorization process rather than allow continuing care based upon prior drug usage. No impact on Medi-Cal managed care as pharmacy benefit is administered by the state - informational only.

Estimated General Fund savings are $62.5 million in 2025-26 and $125 million in 2026-27 and ongoing

- Pharmacy Benefit Manager Licensure
  Proposed statutory changes to establish licensure and reporting requirements for PBMs to increase transparency, understand cost drivers and develop approaches to improve affordability.

- Hospice
  Implementation of prior authorization requirements for hospice services.
  Estimated General Fund savings of $25 million in 2025-26 and $50 million ongoing

- Skilled Nursing Facilities (SNF)
  Eliminates the SNF Workforce and Quality Incentive Program. Additionally, suspends the requirement for SNFs to maintain a 96-hour backup power system.

  Estimated General Fund savings of $168.2 million in 2025-26 and $140 million annually thereafter

- Behavioral Health Workforce Initiative
  Funding to implement the Behavioral Health Workforce Initiative
  Effective Date: January 1, 2026

- California Food Assistance Program (CFAP)
  Walks back commitment to expanding the California Food Assistance Program (CFAP) to undocumented older adults 55 years of age and older. Adds language that would make the expansion contingent on available funding in 2027.

- Medi-Cal Summer Electronic Benefits Transfer (SUN Bucks)
  Extends the SUN Bucks program, which offers federally funded food benefits (in the form of a debit card) of $120 per child ($40 per month for June, July, and August – but goes out as one $120 debit card per eligible child) to support children who lose access to free and reduced-price meals during summer school closures.

- In Home Supportive Services Overtime and Travel
  Reduces IHSS provider overtime and travel to 50 hours per week.

  Estimated General Fund savings of $705.5 million

- Creation of California Housing and Homelessness Agency (CHHA)
  Creation of the California Housing and Homelessness Agency (CHHA) to streamline efforts addressing housing and homelessness. CHHA will coordinate statewide initiatives, support low-income renters and first-time homebuyers, prevent homelessness, and enforce fair housing

protections. By integrating housing programs and simplifying administration, CHHA will enhance accountability and align state priorities. It will include entities such as the Department of Housing and Community Development and the California Interagency Council on Homelessness. The agency will incorporate the following entities:

- Department of Housing and Community Development
- California Interagency Council on Homelessness
- California Housing Finance Agency
- Civil Rights Department
- Housing Development and Finance Committee

➢ Treatment for Infertility Services (SB 729, 2024) (Covered California)
SB 729, was signed into law in 2024 to mandate coverage for infertility services, starting July 1, 2025. The May Revises proposes a delay to January 1, 2026, to allow the state to update its benchmark plan. This delay would enable the state to align its Essential Health Benefits benchmark plan with SB 729's requirements, which sets a new standard for commercial health insurance coverage. (SB 729 exempts Medi-Cal).

In the coming weeks, the Assembly and Senate Budget Committees will review and revise the various proposals before Legislative Leadership and the Governor negotiate and finalize the provisions. The Legislature is expected to deliver the "main" budget bill to the Governor by the June 15 statutory deadline, with the new fiscal year commencing on July 1. Once signed into law, a series of budget trailer bills will follow to implement the necessary statutory changes, including those addressing health-related items. Unlike the main budget bill, trailer bills have no fixed deadline and may extend through the summer and early fall.

This year's budget process is expected to be particularly intricate due to uncertainties surrounding federal funding and state revenue, leading to prolonged ambiguity regarding final provisions. In recent years, the Legislature has adopted supplemental budget packages in August, a trend likely to continue this year. These packages typically address items that were too complex, contentious, or unprepared for inclusion in the June main budget bill.

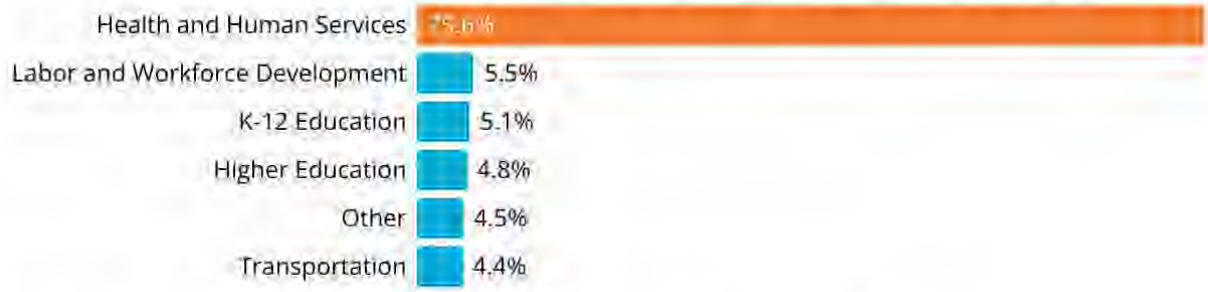
Government Affairs will provide regular updates. For further information, please contact Cherie Compartore, *Senior Director of Government Affairs.*

References:

- *https://ebudget.ca.gov/FullBudgetSummary.pdf*
- *https://www.dhcs.ca.gov/Budget/Documents/DHCS-FY-2025-26-May-Revision-Budget-Highlights.pdf*
- *https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2025_May_Estimate/MAY-2025-Medi-Cal-Local-Assistance-Estimate.pdf*

75% of Federal Funds Spent Through the State Budget Support Health & Human Services

Federal Funds Estimated to Be Spent Through the State Budget in 2024-25 = $153 Billion



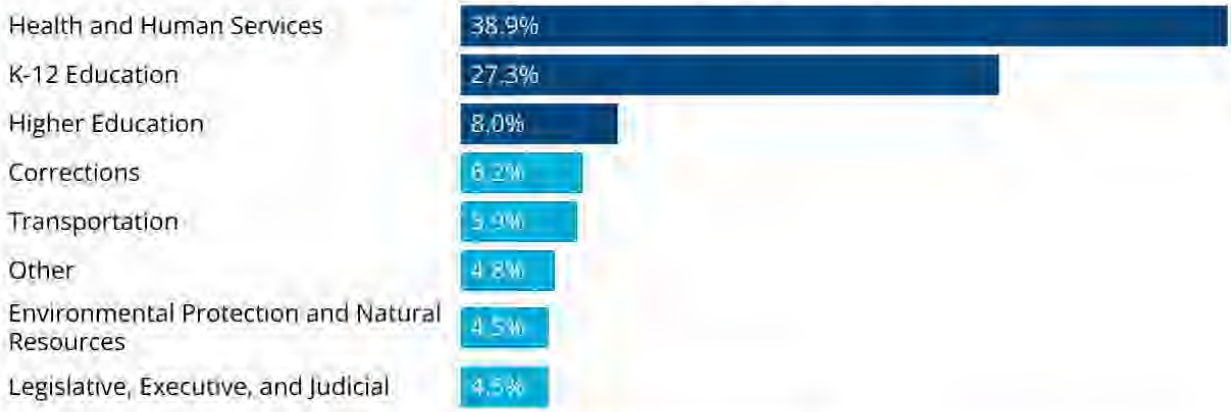
Note: "Other" reflects a number of budget categories, including Environmental Protection, Natural Resources, and Government Operations. Percentages do not sum to 100% due to rounding.

Source: Budget Center analysis of Department of Finance data

California Budget & Policy Center

3 in 4 State Dollars Support Health and Human Services, K-12 Education, or Higher Education

Enacted 2024-25 General Fund and Special Fund Expenditures = $295.5 Billion



Note: "Other" reflects a number of budget categories, including Business, Consumer Services, and Housing; and Labor and Workforce Development. Percentages do not sum to 100% due to rounding.

Source: Budget Center analysis of Department of Finance data

California Budget & Policy Center

BOARD REPORT EXECUTIVE SUMMARY

The memo summarizes key provisions of the Congressional House Budget Reconciliation package, highlighting risks to Medicaid and potential impacts on health insurance Exchanges. The package adjusts federal spending to reflect economic conditions but are threatening Medicaid's role as a critical safety net. Budget reconciliation is a pivotal step in setting funding priorities, addressing deficits, and shaping healthcare policy before final appropriations are negotiated.

Report Title: *Analysis of Congressional House Medicaid and Exchange Proposals*

Date: *May 27, 2025*

Prepared By: *Cherie Compartore, Senior Director, Government Affairs*

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1. Purpose of the Report

The purpose of this report is to provide an overview of the federal budget provisions that impact L.A. Care's strategic planning and operational priorities. It highlights key budget items and their implications for our programs and initiatives, ensuring the L.A. Care Board of Governors is informed.

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2. Background / Context

- *Each year, the federal budget process determines funding for programs critical to L.A. Care's mission, including Medi-Cal and other healthcare services.*
- *The federal budget proposal includes updated funding, policy priorities, and the legislative goals of the majority leadership in Congress for the upcoming fiscal year.*
- *Key provisions in the budget affect areas such as Medi-Cal eligibility and coverage and impact on Exchanges, safety net issues, and health equity initiatives, directly influencing L.A. Care's ability to serve our members effectively.*

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3. Key Considerations / Analysis

- *Proposed adjustments to Medi-Cal funding could impact eligibility, enrollment processes, and the safety net.*
- *Changes in federal funding, combined with the state budget impact could require L.A. Care to influence operational budgets and strategic and operational considerations.*

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4. Recommended Action / Decision Requested

This memo is for informational purposes only; no action is required from the Board at this time. Board engagement ensures awareness of budget provisions that may influence L.A. Care's strategic planning and operational decisions.

Board Action Needed:

X For Information Only
☐ For Discussion
☐ For Approval / Decision (specify below)

Proposed Motion (if applicable):

N/A

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5. Next Steps / Timeline

Congressional House Leadership has approved a budget resolution with reconciliation instructions, but the reconciliation bill has not yet been finalized or passed. Committees are currently drafting and reviewing policy and spending details. Once completed, the full House will debate and vote on the bill, likely in late spring or early summer, before it moves to the Senate for further review and amendments through the summer.

Attachments / Supporting Materials:

Analysis of Congressional House Medicaid and Exchange Proposals

May 27, 2025

TO: Board of Governors

FROM: Cherie Compartore, *Senior Director, Government Affairs*

SUBJECT: House Budget Reconciliation Package

Congress is considering a budget reconciliation package that would significantly impact Medicaid and the Affordable Care Act (ACA). The House-passed package includes work and reporting requirements for certain Medicaid enrollees and codifying changes outlined in a recent Trump Administration proposed rule on ACA Marketplaces. These changes coincide with the upcoming expiration of enhanced premium tax credits for ACA Marketplace coverage at the end of 2025, which currently lower premiums but, if not extended, will lead to higher out-of-pocket costs and substantial coverage losses. The majority of these savings stem from requiring states to implement work requirements for the Medicaid expansion group, increasing barriers to enrolling in and renewing Medicaid coverage, and limiting states' ability to raise their share of Medicaid revenues through provider taxes. These estimates and budget proposal revisions will be continuously updated to reflect changes made as the legislation advances through the Senate and to final passage.

The Congressional Budget Office (CBO) projects that the proposed policy changes could result in at least 13.7 million more uninsured individuals by 2034. This increase includes 10.3 million people losing Medicaid coverage and 3.4 million people losing marketplace coverage (if the advanced premium tax credits are not renewed), reflecting a significant decline in enrollment. These estimates, however, are subject to upward revision as further analysis continues and additional provisions are evaluated.

If implemented, these changes would reverse years of progress achieved under the Affordable Care Act (ACA). California estimates that 30% of Covered California (Covered CA) members and 23% of Medi-Cal members would lose coverage due to these proposed changes. The Kaiser Family Foundation further indicates that Medicaid enrollment losses could range between 1.6 million and 2.0 million in California alone over the next decade.

Notably, the package does not currently include block grants, per capita caps, or across-the-board reductions in the Federal Medical Assistance Percentage (FMAP). However, the proposed changes are expected to have significant and detrimental effects on healthcare coverage.

Process & Timing Update

On May 22, 2025, House Republicans narrowly passed their reconciliation package by a vote of 215-214, sending the legislation to the Senate for review and potential amendments. Senate Majority Leader Thune aims to pass the Senate package by the July 4 Congressional recess, but any changes made by the Senate—as anticipated—will require either House approval of the amended version or a negotiated compromise between both chambers before the bill can proceed to the President for signature. Since the legislation includes a debt limit increase, final passage must occur before mid-August to avoid the Treasury's projected breach of the debt ceiling.

Key Medicaid Provisions in the House Reconciliation Package

- **Medicaid Work Requirements**
  Mandates that able-bodied adults (19-64 years of age) without dependents (expansion population) engage in at least 80 hours per month of work, educational programs, or community service to maintain Medicaid eligibility. Exemptions apply to individuals under 19, over 64, pregnant women, individuals with disabilities, medically frail, those receiving treatment for substance abuse disorders, incarcerated, former foster youth, and those eligible through the Indian Health Services Program. Allows states to define "medically frail". Requires states to verify that individuals applying for coverage meet requirements for 1 or more consecutive months preceding the month of application and that individuals who are enrolled meet requirements for 1 or more months between the most recent eligibility redetermination (at least twice per year).
    - Effective no later than December 31, 2026
    - Section 44141
    - Preliminary CBO Score: Updated CBO Score unavailable (previous estimate based on 01/01/2029 phase in was $300.8 billion)

- **Medicaid: Unsatisfactory Immigration Status (UIS) Population**
  States that use only state funds to provide Medicaid-like coverage to the UIS population would face a 10% cut in their FMAP rate, reducing the current 90% rate to 80%. The House bill passed on May 22 also clarified that states can continue to cover children and pregnant women who are legally residing in the U.S. without facing penalties.
    - Effective October 1, 2027
    - Section 44111
    - Preliminary CBO Score: estimate prior to manager's amendment changes was $11 billion

- **Medicaid: Citizenship/Immigration Status Verification**
  Prohibits FFP for individuals whose citizenship, nationality, or immigration status has not been verified, including during the reasonable opportunity period. Under current law, states can enroll individuals in coverage immediately and allow a 90-day reasonable opportunity period for verifying citizenship, nationality, or immigration status, during which FFP is available. This policy permits states to provide coverage during the 90-day reasonable opportunity period at their own expense, without requesting FFP until the required verification is completed.
    - Effective 10/01/26
    - Section 44110
    - Preliminary CBO Score: $800 million

- **Medicaid: Mandatory Cost Sharing for Expansion Adults Over 100% FPL**
  States will be required to charge cost-sharing fees for adults in the Medicaid expansion group with incomes between 100% and 138% of the federal poverty level. These fees can't be higher than $35 per service, instead of the current $100 limit (California has never charged these fees). Total cost-sharing can't exceed 5% of the household's income, which is the current limit for Medicaid users. There is no cost-sharing for primary care, prenatal care, pediatric care, or emergency room care (unless the ER visit is for non-emergency reasons). Prescription drug fees must be very low. This change would affect 5 million people in California.
  - Effective October 1, 2028
  - Section 44142
  - Preliminary CBO Score: $13.0 billion

- **Medicaid: Redeterminations – Expansion Population**
  Requires eligibility redeterminations every 6 months for expansion population adults. Currently, California performs eligibility redeterminations for adults on an annual basis.
  - Effective December 31, 2026
  - Section 44108
  - Preliminary CBO Score: $49.4 billion

- **Medicaid: Restrictions on State Provider Taxes**
  States would face limitations on the use of provider taxes to finance their share of Medicaid, potentially impacting funding mechanisms in states that heavily rely on such taxes. The legislation would freeze state provider taxes at their current rates and prohibit them from establishing any new taxes. Revises the conditions under which states may receive a waiver of the requirement that taxes be broad-based and uniform such that some currently permissible arrangements taxes, such as those on managed care plans, will not be permissible in future years.

  On a separate track, on May 12, 2025, CMS issued a proposed rule targeting MCO taxes, aiming to restrict taxes that impose higher rates on Medicaid products compared to non-Medicaid products, as seen in California, even if they meet statistical compliance tests. The proposed rule suggests that the effective date may be immediate in some instances, while allowing a one-year transition period in others.
  - Effective Upon Enactment but states may have at most 3 fiscal years to transition existing arrangements that are no longer permissible.
  - Section 44132
  - Preliminary CBO Score: $86.8 billion

- **Medicaid: Planned Parenthood Funding**
  For 10 years from the enactment date, Medicaid funds are barred from providers that are nonprofits primarily offering family planning or reproductive services, perform abortions outside Hyde Amendment exceptions, and received $1 million or more in Medicaid payments in 2024 (including affiliates) (Target is Planned Parenthood funding).
  - Effective Upon Enactment for 10 years
  - Section 44126
  - Preliminary CBO Score: $300 million

- **Medicaid: Revising Payment Limits for State Directed Payments (SDPs)**
  Restricts SDPs to 100% of the published Medicare payment rate, which is typically lower than the ACR. Currently, states can use SDPs to require MCOs to pay providers at rates comparable to the Average Commercial Rate (ACR), which is often higher than Medicare rates. This flexibility helps states offer competitive reimbursement rates, encouraging provider participation and supporting care improvements. This change could reduce provider reimbursement, potentially discouraging participation and affecting access to care for Medicaid patients. Existing SDPs that have received prior written approval from CMS could be grandfathered in, including renewals, allowing them to continue operating under their current terms (California has existing SDPs).
    - Effective Upon Enactment
    - Section 44133
    - Preliminary CBO Score:

- **Medicaid: Requiring Budget Neutrality for Medicaid Demonstration Projects**
  The bill codifies the long-standing practice of requiring Medicaid Section 1115 demonstration projects to be budget-neutral, ensuring they do not increase federal spending beyond what would have been spent without the project. HHS would be responsible for certifying compliance and developing methods to apply project savings toward extensions. While no formal law or regulation currently enforces budget neutrality, it has been standard practice since the 1970s. Under existing rules, states can use savings from these projects to fund non-Medicaid populations or services, such as initiatives addressing social determinants of health. However, the proposal could allow HHS to impose stricter limitations on how states use these savings.
    - Effective Upon Enactment
    - Section 44135
    - Preliminary CBO Score:
    -

Medicaid: Gender Affirming Care
Prohibits federal matching funds for gender-affirming care for all individuals enrolled in Medicaid and CHIP.
- Effective Upon Enactment
- Section 44125
- Preliminary CBO Score: (prior to the manager's amendment) $700 million

- **Moratorium on Implementation of Nursing Home Staffing Rule**
  Requires HHS to delay implementation, administration, or enforcement of the Biden-era final mandating increased staffing levels in nursing homes until January 1, 2035.
    - Effective Upon Enactment
    - Section 44121
    - Preliminary CBO Score: $23.1 billion

- **Medicaid: Streamline Enrollment Processes for Out-of-State Providers**
  States would be required to allow "eligible out-of-state providers" to deliver care under the state plan or waiver for individuals under 21. Providers need only submit basic information, such as an NPI, if enrolled in Medicare and deemed low risk for fraud, waste, or abuse. Requires states

to establish a process for out-of-state providers to enroll as participating providers without further screening requirements. Specifies that enrollment of out-of-state providers is to last 5 years unless the provider is terminated or excluded from participation during that period.

- Effective 4 Years After Enactment
- Section 44302
- Preliminary CBO Score:

➢ **Medicaid: State Administrative Requirements**

- *Mandating Address Checks*. Requires regular cross-state address verification. MCOs must transmit address updates to states and HHS is required to establish a system to prevent individuals from being simultaneously enrolled in multiple State Medicaid programs.
    - Effective January 1, 2027: states must implement a process to regularly obtain address information
    - Effective October 1, 2029: states must submit monthly data to HHS.
    - Section 44103
    - Preliminary CBO Score: $17.4 billion

- *Ensuring Deceased Individuals Are Not Enrolled*. Requires quarterly death record checks to prevent improper payments.
    - Effective January 1, 2028
    - Section 44104
    - Preliminary CBO Score: None available
    - Potential Impact to California: Unknown impact at this time but tighter controls over deceased individuals enrolled in the program are anticipated because of a 2019 OIG Audit which found $74 million in improper payments made on behalf of individuals after their date of death. DHCS committed to a quarterly review of death match sources, including full access to DMF, and other out of state sources by Fall 2019. DMF is currently utilized in CA for provider monitoring.

- *Intensifying Provider Screening*. Requires states to run checks to confirm that providers have not been terminated (monthly requirement) or are deceased (quarterly requirement).
    - Effective January 1, 2028
    - Sections 44105 & 44106
    - Preliminary CBO Score: None available

- *Limiting Retroactive Coverage*. Reduces Medicaid retroactive eligibility from 3 months to 1 month, potentially leaving gaps in provider reimbursement and patient access.
    - Effective December 31, 2026
    - Sections 44122
    - Preliminary CBO Score: $6.5 billion
    - Potential Impact to California: There will be an impact, as CA currently reimburses 3 months prior to application if member was eligible during that time.

Home Equity Limit for Determining Eligibility for Long-Term Care

Establishes a $1 million nationwide cap on home equity when determining Medicaid eligibility, replacing state discretion. In January 2024, California's Medi-Cal program stopped imposing an asset limit for eligibility for long-term care services.

- Effective 01/01/2028
- Section 44109
- Preliminary CBO Score: None available

- Potential Impact to California: The Legislative Analyst Office (LAO) estimates 112,000 members were enrolled because of full elimination of the asset test since January 1, 2024. It is difficult to quantify how many of these enrollees would have assets more than $1 million. In 2002, California's asset limit was $130,000 per individual + $65,000 for each additional household member.

➢ **Medicaid: Moratorium on Rule Implementation of Eligibility and Enrollment for Medicaid, CHIP, and the Basic Health Program**

HHS will delay implementation, administration, or enforcement of the final rule titled "*Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes*" until January 1, 2035. Key Provisions of the Enrollment and Eligibility Rule include:

- Facilitate enrollment by allowing medically needy individuals to deduct prospective medical expenses
- Aligning non-MAGI enrollment and renewal requirements with MAGI Policies
- Timely Determination and Redetermination of Eligibility
- Agency Action on Returned Mail
- Transitions between Medicaid, CHIP and BHP Agencies
- Remove or limit requirement to apply for other benefits
- Allow CHIP beneficiaries to remain enrolled or re-enroll without a lock-out period for failure to pay premiums.
- Remove the option to allow a waiting period as a substitution of coverage prevention strategy in CHIP.
- Prohibit annual and/or lifetime limits on benefits in CHIP.
  - Effective Upon Enactment
  - Section 44101 & 44102
  - Preliminary CBO Score: $162.7 billion

➢ **Medicaid: Good Faith Waiver**

Effective fiscal year 2030, this section mandates that HHS reduce federal financial participation (FFP) to states for errors identified by the Office of the Inspector General or the Secretary. These reductions apply to erroneous excess payments for medical assistance that are directly tied to payments made to ineligible individuals or for ineligible services.

- Effective FY 2030
- Section 44107
- Preliminary CBO Score: None available

➢ **Medicaid: Pharmacy Payments**

Mandates pharmacy participation in the NADAC survey and bans spread pricing by PBMs.

- Effective 6 months after enactment and 18 months after enactment, respectively
- Sections 44123 & 44124
- Preliminary CBO Score: $300 million and $2.6 billion, respectively

- **Medicaid: Delay of Disproportionate Share Hospital (DSH) Payments**
  Delays DSH cuts from 2026-28 to 2029-2031
  - Effective Upon Enactment
  - Sections 44303

Affordable Care Act (ACA) Provisions in the House Reconciliation Package

The package takes a cautious approach to the Affordable Care Act (ACA), signaling a potential hesitation among Republicans to revisit the widely popular Obama-era law after numerous unsuccessful repeal attempts since its passage in 2010.

One notable omission from the legislation is the extension of enhanced subsidies for ACA marketplace coverage, which have played a key role in increasing enrollment. If these subsidies are allowed to expire at the end of 2025, the Congressional Budget Office (CBO) estimates the federal government would save approximately $340 billion. However, this would also lead to about 4 million people losing their health insurance coverage.

- **ACA Marketplace-Exchange – Prohibition of Gender Transition Procedures**

  Prohibits coverage of gender transition procedures as an essential health benefit under plans offered by exchanges (Covered California)
  - Effective January 1, 2027
  - Section 44201
  - Preliminary CBO Score:

- **ACA Marketplace-Exchange – Funding Cost Sharing Reduction Payments**
  Funds cost-sharing reduction payments to insurers on the marketplace exchanges by offering subsidies to insurers that would help reduce premiums and co-pays for enrollees. Payments may not be made to qualified health plans that provide coverage for abortions unless that coverage applies only if necessary to save the life of the mother or if the pregnancy is a result of an act of rape or incest.
  - Effective for plan years on or after January 1, 2026
  - Section 44202
  - Preliminary CBO Score: none available

- **ACA Marketplace-Exchange – Coverage for DACA Recipients**
  Classifies DACA recipients as not "lawfully present," making them ineligible for ACA Marketplace coverage, premium tax credits, and cost-sharing reductions starting January 2026
  - Effective
  - Section 44201
  - Preliminary CBO Score:

- **ACA Marketplace-Exchange – Open Enrollment Period**

  Sets annual enrollment period as November 1-December 15 and prohibits special enrollment periods based on low income; for any other special enrollment period, requires verification of eligibility for 75% of users.
  - Effective upon enactment
  - Section 44201
  - Preliminary CBO Score:

ACA Marketplace-Exchange – Income Verification

Increases income verification requirements when tax data is unavailable or when income changes exceed 10%. Requires annual filing and reconciliation of Advanced Premium Tax Credits (APTC), eliminating the 90-day extension period for resolving inconsistencies.
- Effective upon enactment
- Section 44201
- Preliminary CBO Score:

- **ACA Marketplace-Exchange – Allowable Variation in Actuarial Value**

  Revises rules on the allowable variation to be between +/- 1% in silver plans or as much as in 2022 (that is, bronze and gold plans could vary more). This could directly increase consumers' costs for many marketplace enrollees by increased deductibles and cost-sharing.
  - Effective Date upon enactment
  - Section 44201
  - Preliminary CBO Score:

- **ACA Marketplace-Exchange – Premium Adjustment Percentage Methodology**

  Reverts the premium adjustment methodology back to 2019 rules (will be based on the on the growth in individual and non-ACA plans as well). Could result in less premium assistance to enrollees.
  - Effective Date upon enactment
  - Section 44201
  - Preliminary CBO Score:

- **ACA Marketplace-Exchange – Elimination of Fixed-Dollar and Gross Percentage Threshold**

  Eliminates the fixed-dollar and gross percentage threshold. Therefore, if enrollees underpay their premiums by a small percentage or by less than $10 in a month, issuers will no longer have the discretion to disregard the shortfall. Instead, this would result in coverage termination.
  - Effective Date
  - Section 44201
  - Preliminary CBO Score:

ACA Marketplace-Exchange – Prohibition of Auto Reenrollment from Bronze to Silver

Prohibits automatic reenrollment from bronze to silver.

- Effective Date upon enrollment
- Section 44201
- Preliminary CBO Score:

- **ACA Marketplace-Exchange: Reduce APTC for Certain Individuals**

  Individuals reenrolled in plans who are eligible for $0 cost sharing will initially be charged $5 premiums until they confirm income information.
  - Effective Date upon enrollment
  - Section 44201
  - Preliminary CBO Score:

ACA Marketplace-Exchange: Guaranteed Issue – Non-Payment of Past Due Premiums

If an individual has past-due premiums from a previous year, the issuer may apply their initial premium payment for the subsequent year toward the outstanding balance instead of the new coverage.

- Effective Date
- Section 44201
- Preliminary CBO Score:

Medicare

The bill includes significant changes that could impact Medicare. If passed, the bill's projected $2.3 trillion deficit over the next decade would trigger automatic spending cuts under the PAYGO Act, reducing Medicare funding by an estimated $500 billion from 2026 to 2034. This could lead to reduced payments to providers and higher out-of-pocket costs for beneficiaries, affecting access to care. Additionally, the bill proposes ending Medicare coverage for many lawful immigrants who have paid taxes for decades and halts plans to streamline enrollment in assistance programs, potentially leaving 1.4 million low-income beneficiaries without needed financial support. On the positive side, the bill includes a 2.25% increase in Medicare physician payments for 2026, with future adjustments tied to inflation.

If you have any questions, please contact Cherie Compartore.

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CHIEF MEDICAL OFFICER'S REPORT

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

CMO Report: May 2025

Health Services Division Update

Medical Management
Community Health
Pharmacy
Quality Improvement

Sameer Amin, MD
Chief Medical Officer

Contents

Medical Management

Enhanced Care Management (ECM)

Enrollment

L.A. Care is working toward enrolling 30,000 members in ECM—representing 1% of our total Medi-Cal membership—in alignment with Department of Health Care Services (DHCS) requirements. In Calendar Year 2024, more than 28,000 members were enrolled in ECM.

As a result of targeted initiatives to improve awareness, streamline processes, and promote enrollment through the ECM incentive program, we have seen a significant increase in enrollment—a 74% increase between February 2024 and March 2025.

Contracting and Network

L.A. Care's ECM network now includes 89 contracted providers and 18 justice-involved providers. Interest in joining the network has increased, with over 75 current Letters of Interest. While further growth is expected in 2025, new contracts later this year will focus on addressing priority areas.

The L.A. Care ECM Clinical Team is currently conducting its third round of provider audits to ensure oversight of ECM requirements and address any clinical or operational gaps in provider programs. Insights from these audits have informed our monthly Provider Technical Assistance webinars, which now regularly draw over 600 participants. Our most recent session—"Building Better Care Plans"—had over 700 participants.

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

Case Volumes

As of April 2025, a total of 1,271 members were assigned, representing approximately 4.83% of the entire D-SNP membership.

Care Management for MCLA Members

- In March 2025, the L.A.Care CM team generated 621 MCLA CM cases and initiated outreach to offer care management support to members. Overall, 1,748 MCLA CM cases remained active, with members either engaged in the program or in ongoing outreach efforts.

- For Transitional Care Services (TCS), the L.A. Care team maintained a steady volume of high-risk TCS cases throughout the month. A total of 4,398 high-risk TCS cases were open in April, including 1,705 newly created cases.

Utilization Management

Timeliness of UM Decisions and Notifications

The UM department has continued operational excellence from July 2024 through February 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 successfully transitioned the program utilized to process authorization requests from Syntranet to QNXT on March 7th, 2025. Since the implementation, continued efforts to further enhance and streamline the system are occurring. A multi-disciplinary approach to system optimization is used, ensuring to account for all areas affected, such as the non-clinical intake team, nurse, and medical director reviewers.

Provider Portal Launch

With the new portal, providers are now able to submit authorization requests, view eligibility, assess if the request required prior authorization, and further, if the request is to be sent to a delegate. Once the request is submitted, providers are then able to check status, attach further clinical information, send notes to the UM team, and download letters. UM, IT, and contracting teams are working together to train and get our contracted providers online and ready to use this new tool. Currently 164 providers, 800 individual users, have logged in and worked within the portal in some fashion. Over 490 authorizations have been successfully requested on the portal. Use of the provider portal will decrease the administrative burden of manually entering data from requests faxed into the L.A. Care UM department.

Managed Long Term Services and Supports (MLTSS)

CalAIM & Community Supports (CS)

Referrals to Respite Care have seen an 84% increase, averaging 59 per month since October 2024, compared to an average of 32 per month in the previous fiscal year. Three additional PCHS/Respite providers were onboarded in the month of April 2025, increasing PCHS provider network to seven contracted providers. Referrals to Environmental Accessibility Adaptations (EAA) also continue to rise, with a current authorization rate of 79%, an increase since the last report. Currently, there are two contracted EAA providers. Additional EAA providers will be added during the next Letter of Interest (LOI) cycle review later this year.

Nursing Facility Transition and Diversion to Assisted Living Facilities (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. In its first year, 69 members were successfully placed in an Assisted Living Facility (ALF) through the NFTD program. In Q1 2025 (January – March), 69 members have already been placed in an ALF, totaling 134 members placed since the inception of the program. Referrals for NFTD continue to steadily increase, originating from hospitals, skilled nursing facilities, NFTD providers and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). In 2025, the average number of NFTD referrals is 168, a remarkable 243% increase from 49 referrals in 2024, with an authorization conversion rate of 84%. However, the utilization for CTS remains low with only four members enrolled in the program. Trends and outcomes will continue to be monitored and reported. Currently, four providers are contracted, with one additional currently in the contracting process. More providers to be added during the scheduled "Letter of Interest" process later in the year.

Community Health

Community Supports (CS) Operations & Reporting

CS Provider Network

As the Community Supports programs mature, we are focusing on filling gaps and optimizing network performance across the network, with a focus on field-based service coordination for members experiencing homelessness.

Transitional Rent

Transitional Rent policy guidance has been released. We are on track to launch by January 1, 2026.

Program Sustainability

Robust Return on Investment (ROI) analysis is in progress for Community supports.

Housing Initiatives

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

Financial Restructure & Reconciliation

- Reconciliation process for previous preemptive monthly capitation payments is in progress and a high priority, with some delays due to legacy data systems

Field and Street Medicine: Launch and Operations

- Capacity-building grants for new Field Medicine teams are fully executed for 8 of the 9 providers
- Measurement Period 1 of the Field Medicine Performance Incentive program concluded on December 31st, 2024. Adjudication is in progress, with initial incentive payments to providers expected in Q3.
- Contracting for non-contracted Field Medicine providers is in progress, with 5 new providers expected to join the network in the coming months
- MacArthur Park Care Collaborative Field Medicine team has been selected, site search for drop-in center is in progress

Pharmacy

Medication Adherence Programs

Comprehensive Adherence Solutions Program (CASP)

Denominators across all three adherence measures have increased by 27%-36%, aligning with a 35% rise in D-SNP membership compared to this time last year. To support the increase in volume, we are working with the L.A. Care Advanced Analytics Lab (AAL) to refine use of the predictive risk scores, establish a clear process for evaluating effectiveness, and identify opportunities to improve the model.

Pharmaco-Adherence Postcards

Pharmacy has designed a postcard to inform members about their pharmacy benefits, including the 100-day supply option. The postcard will be sent independently in 2025 and included in the 2026 Welcome Kit. Pharmacy is collaborating with Health Education and Medicare Product to expand postcard availability by adding it to the Health Education, Cultural & Linguistics Materials (HECLS) portal, the DSNP Member Orientation webpage, and Medicare Product's CY2026 provider tools, member orientation, and staff training content. Provider Network Management has been engaged to notify D-SNP providers of new material.

Refill Reminders Text Campaign

In 2024, 22% of members who received a refill reminder text picked up their medications within 3 days. Pharmacy will continue its Refill Reminder text campaigns with mPulse through 2025.

100-Day Supply Conversion Efforts

In 2024, Pharmacy introduced a new 100-day supply text campaign for members in collaboration with mPulse to complement the ongoing 100-day supply provider mailers from Navitus. The text campaign achieved at least a 10% conversion rate per text blast, a success rate comparable to Navitus's mailers. Pharmacy will continue both campaigns through 2025 as part of a dual-pronged approach targeting members and providers.

Medication Therapy Management (MTM) Program

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

- Following the 2025 CMS Final Rule, the MTM measure has been moved to display due to significant changes in the program eligibility criteria. Under the new criteria, the qualification rate has increased by 85%. Rapid DSNP membership growth has further expanded the MTM-eligible population.
- In light of the L.A. wildfires earlier this year, MTM outreach was paused in Q1 for affected members and resumed at the end of the quarter.
- L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 27% completion rate of eligible members as of 4/23/25. We continue to actively monitor completion rates.

Additional Pharmacy Programs

PA Accel

PA Accel is an automated prior authorization program which operates at the point of sale by utilizing the member's medical and pharmacy data. Medications requiring prior authorization may be approved seamlessly at the pharmacy if criteria are met. PA Accel went live for D-SNP on 5/13/24 and went live for LACC/PASC on 4/1/25. In the month of January and February, 1,929 transactions were approved through PA Accel. This comprised 65% of all transactions specific to PA Accel drugs.

Participating Provider Group (PPG) Reports

In continued partnership with PPGs, Pharmacy recently launched biweekly automated reports through L.A. Care's Provider Portal. These reports highlight key Star measures and provide timely, actionable data to help providers close gaps and improve quality outcomes.

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

Member experience remains central to all Pharmacy interventions; two new initiatives have been launched with a primary focus on improving transparency and education for both members and providers.

- **Refill Roadmap:** A visual guide to help members better understand and navigate the medication refill process, improving access to necessary medications.
- **Provider Tip Sheets:** Resources for providers to better navigate the formulary and prior authorization process, reducing barriers and improving the member's overall experience with the health plan.

Quality Improvement

Accreditation

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

L.A. Care is NCQA Accredited for Medicaid, Medicare, and Exchange product lines. Accreditation is effective from 5/31/2024 through 10/24/2026.

L.A. Care is taking the PASC-SEIU commercial product line through the First Survey Accreditation process, with plans to achieve accreditation by 2026.

2026 NCQA Health Plan Accreditation Survey:

- Surveyed Product Lines:
  - Medicaid
  - Medicare
  - Exchange
  - PASC-SEIU
- Look back period: 06/02/24 to 06/01/26
- Important Dates:
  - Evidence Submission to NCQA: 06/09/26
  - File Review Survey: 07/27/26-07/28/26

Next Steps

- Implementation of NEW Credentialing (CR) information integrity and Utilization Management (UM) information integrity standards

    - Quality Improvement (QI) has collaborated with accountable leads and delegates to ensure a successful implementation of these new standards by 06/01/25.
    - Delegates must sign an attestation acknowledging that these elements will be fully implemented by 06/01/25.
- Collection of Year 1 Survey Evidence Timeline:
    - Year 1 Look-back period: 06/02/24 to 06/01/25
    - QI Accreditation and NCQA consultant will complete the review of evidence to ensure compliance with NCQA by 05/06/25.
    - Any potential GAPs identified will be remediated by 05/23/25.
    - NCQA Accreditation Business Review Meeting: Scheduled for 06/03/25.
        - NCQA Consultants will present the status of L.A. Care's year 1 evidence at the Business Review Meeting.
    - PASC-SEIU First Survey Evidence:
        - Although the First Survey evidence for the Commercial (PASC-SEIU) product line has a look-back period of 01/01/26-06/01/26, L.A. Care will have the consultant review for any GAPs to ensure we are prepared for the NCQA survey submission in 2026.

NCQA Health Equity Accreditation (HEA)

- HEA Year 1 Attestations and Matrices have been issued to all HEA business units on 3/15/2025 to confirm responsibility for HE activities
- Year 1 HEA Evidence and signed attestations were due 5/15/2025
    - HEA evidence is based on the 2024 HE Standard
    - PASC evidence has also been requested
        - PASC evidence should abide by the 6-month look back period, as PASC is a new LOB.

Delegation

- **Blue Shield Promise**: Memo Created to request formal agreement for HEA activities. Pending approval from QI, Compliance, and PNM. Once approved, QI will submit and then resume the monthly HEA activity discussion at the end of April.
- **Teladoc:** Notice of Noncompliance issued to Teladoc; once Legal and Compliance have reviewed, QI will meet with Compliance to provide the next steps.
- **HEA Delegation Tool**: Cultural & Linguistic Services (C&L) has reviewed the tool and provided feedback. QI is creating a presentation to the Delegation Oversight and Audit teams to request review and provide reporting prior to 12/2025.

Health Education, Cultural & Linguistic Services (HECLS)

Member Wellness Program

The L.A. Cares program series will soon be accessible through the member wellness portal via a dedicated icon/tile for convenient access. These tiles will provide an additional means for members to engage with the L.A. Cares programs for Asthma, COPD, Diabetes, Chronic Kidney Disease, and High-Risk Pregnancy. The tiles are set to go live in mid-April and will offer educational materials, videos, helpful links, and more.

In collaboration with the Health Services Training team, a series of tailored training sessions are being introduced to enhance My Health in Motion wellness platform engagement across L.A. Care departments. These sessions will be tailored to address the unique training needs of each team and will include guidance on best practices, exploring new features, integrating programs, and developing strategies to enhance member engagement through the platform.

Maternal Health Programs

- Health Education continues to collaborate with WIC to finalize an MOU and outline L.A. Care's approach to providing lactation counseling, therapeutic formula, and breast pumps for Medi-Cal members.
- L.A. Care teams continue to address Doula contracting and claims-related challenges actively. The current contracted network includes 39 Doulas.
- The Health Education team will join the baby shower for African American families, titled "Mama Magic- Honoring Black Motherhood," in collaboration with community organizations. This event is part of the Black Maternal Health Week, celebrated from April 11 -17, 2025. The baby shower will take place at Los Angeles General Medical Center on April 11, 2025.

Cultural & Linguistic Services

The Cultural and Linguistic Services unit is spearheading implementation of the newly issued DHCS APL 25-005 standards for determining threshold languages, nondiscrimination requirements, language assistance services, and alternative formats. The effective date for the APL is set for August 11, 2025.

QI Initiatives

Interventions

- The Quality Improvement team is working on new colorectal cancer screening initiatives.

- L.A. Care has hired three new Quality and Population Health Coordinators to conduct member outreach. They will help support PPGs (Participating Physician Groups) by providing outreach services on-site as well.
- The Well-Child Visits in the First 30 Months of Life (W30) text messaging campaigns launched 2/26 to 19,195 Managed Care L.A. Care (MCLA) and LACC members ages 0-30 months
- The Clinical Initiatives Team and Quality Performance Management (QPM) continue to work closely together to close the CIS-10 care gap for the LACC Quality Transformation Initiative (QTI) MY 2024 and MY 2025. Under the new QTI, there is a new 180-day window after the 2nd birthday to receive all 10 vaccines.
- Pediatric Flu Vaccine Member Incentive letter and robocalls were launched on March 14th to 10,500 members in the MCLA and LACC lines of business.
- Text campaigns to encourage Breast, Cervical, and Colon Cancer screenings deployed on the following dates:
- Breast Cancer Screening (D-SNP, LACC, MCLA): March 11, 2025
- Cervical Cancer Screening (LACC, MCLA): March 19, 2025
- Colorectal Cancer Screening (D-SNP, LACC): March 6, 2025

Regulatory Updates

- The 2024 Quality Improvement and Health Equity Program Annual Report and Evaluation addressing QI activities, comprehensive assessment, and evaluations was submitted to DHCS on 3/25/25.

Provider Quality Review (PQR)

Processing Timeliness

Our performance for March 25 is 100%, and for FY 2024/2025, it is 99.9% for the timely processing of Potential Quality of Care Issues (PQIs) from when the team receives a case to closure within six months.

PQR Engagement with PPGs to Improve Care

Through joint data review and analysis, PQR continues to share PQI findings and trended data for selected PPGs, enabling a deeper understanding of their improvement needs. Collaborative efforts will help develop comprehensive PPG engagement, enhance communication, and address specific needs to improve care.

PQR System Platform (Kaizen)

Kaizen Phase II development launched on January 27, 2025, with a go-live date scheduled for early August 2025. All Sprint development is currently on track.

Stars and Commercial Quality Performance

- Overall, the LACC contract is projected to continue performing at the 3.0 Star Rating level for MY2024 with the overall summary indicator improving by .865 point.
- HEDIS domain performance is projected to increase from a 2.28 Star rating in MY2023 to a 2.56 Star rating in MY2024 (exceeding MY 2024 goal of 2.53). After a strong MY 2024 performance year in which every HEDIS measure performed higher over 2023, each and every HEDIS measure continues performing significantly better YTD vs. last year. However, strong headwinds from expected and very steep new CMS cut points, which are impacting plans across the country, will negatively impact Star ratings.
- March 2025 refresh for MY2024 includes the following updates:
    - HEDIS measure improvements range from 3% to 11%, with average of 6%
    - Kidney Health Evaluation for Patients with Diabetes is projected to improve from 67% (3 Star) to 69% (4 Star)
- Pharmacy is projected to maintain 3.54 Star rating in MY2024.
- Both HEDIS and Pharmacy domains have demonstrated continued and significant year-over-year measure improvements.
- Operations domain performance is projected to maintain a 3.08 Stars rating in MY2024. Overall, Operations performance has been trending down over prior months.

Regulatory CAHPS Survey, 2025 Season

- MAPD DSNP STARs Survey Rated Questions Scores Improvement
    - To improve our member experience STAR rating, lowest scoring composite rated questions response data are being analyzed
    - Analysis being completed to help identify issues found in Off-Season Mock Survey responses.

Population Health Management (PHM)

CalAIM and Health Equity Initiatives

- Leading collaborative work with local health departments and MCPs on CalAIM goals, particularly reducing maternal and infant mortality disparities among Black and Native American populations.
- Developing standardized member resources and reporting to track progress.
- Participating in Community Health Assessments and Improvement Plans (e.g., Pasadena collaboration).
- Procuring BluePath Health to support collaborative strategy and project management.

- MCPs committed to funding 50% of CHA/CHIP initiatives for 3 years, with IPP funds supporting contributions.

Pregnant Individuals Care Model

- High-risk maternal population prioritized for TCS with culturally responsive care coordination.
- Comprehensive support includes follow-up appointments, medication reconciliation, and referrals to supportive services (e.g., Doula, WIC, lactation).
- Fully operational maternal TCS team (9 members) actively enhancing workflows.
- Awaiting DHCS updates on paused KPIs (key performance indicators); informatics team participating in Medi-Cal Connect platform testing.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- DHCS is providing reports on Dementia Care Aware training completion; L.A. Care has notified all providers of new APL 22-025 requirements.
- Processes are in place to review training completion and paid claims; monitoring resumed with only one provider-paid claim to date.
- Corporate Compliance is conducting quarterly delegate monitoring for ACHA training.
- PHM prepared a member and provider newsletter article for 2025.

Child Health and Disability Prevention (CHDP) Program Transition

- PHM successfully led the 2024 enterprise CHDP Transition without member or provider complaints and continues to coordinate with Anthem and BSP on ongoing operations and issue resolution.
- Quarterly CHDP Transition meetings are held, with the most recent on 2/4/25.
- Provider trainings (vision care, fluoride varnish, audiometric and anthropometric screening) are available through external learning and targeted for broader release in Q2 2025.
- L.A. Care participates in statewide MCP FSR collaborative workgroups to unify CHDP provider training content.

Population Health Informatics

Health Information Ecosystem (HIEc)

- **Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is now finalized to encourage hospital participation in Health Information Exchanges (HIEs), 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), as well as 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. The HSA amendments have now been sent to hospitals for signature.

- **Incentive Programs:** The fourth round of the One-Time HIE Adoption Incentive for Hospitals and SNFs has been launched and extended through December 2025. The goal is to onboard 21 hospitals and 60 SNFs.
- **Strengthening HIE Participation Measures in VIIP:** Efforts are underway to enhance HIE participation requirements in the VIIP program for PPGs, ensuring that at least 50% of the provider network managed by each PPG is participating as a baseline to qualify for meaningful credits.
- **Increasing HIE Adoption Among Primary Care Providers:** Planning is underway to expand and strengthen LANES adoption among primary care providers (PCPs), with a focus on small and solo practice groups.

Incentives

- The MY 2023 Plan Partner Auto-Assignment results were completed and shared with the Plan Partners in March. Promise earned 67% vs Anthem's 33%. These new auto-assignment percentages were applied starting in April 2025.
- MY 2026 planning is already in the works in response to the new Medicaid Final Rule. The goal is to have incentive contracts outlining changes set up by Q3/Q4. We have been discussing the coming changes with the Plan Partners and PPGs.
- Provider Opportunity Report (POR)/Gap in Care (GIC) reports are prepared monthly for all provider types. Plans for report enhancements are underway, alongside efforts to use the Cozeva platform more effectively.
- The Q3 2024 encounter reports were distributed in March. We are adding a new encounter metric to the VIIP, "percent of accepted encounters," which will be added to quarterly reporting in 2025.

Facility Site Review (FSR)

- FSR is working with DHCS for an extended extension for sites impacted by wildfires.
- The FSR team is working with the LA County Collaborative on a combined mobile unit and condensed street medicine tool. The tool has been sent to DHCS for approval.
- The FSR team is working with the LA County Collaborative to develop CHDP Legacy Training for Anthropometric, Audiometric, Vision, and Fluoride services.

L.A. Care Access, Service & System Optimization (LASSO)

Executive Summary

Executive Summary
LASSO Initiative
L.A. Care Access, Service, and System Optimization

Introduction

L.A. Care Health Plan started the LASSO (L.A. Care Access, Service, and System Optimization) initiative to make it easier for members to get care and improve their overall experience. This idea came from member feedback shared through RCACs (Regional Community Advisory Committees) and the ECAC (Executive Community Advisory Committee). Members talked about having trouble finding providers, waiting too long for care, confusion with referrals, and delays in getting medical equipment, prescriptions, and rides.

LASSO Project Charter

LASSO is a plan that brings the whole organization together to improve the member experience. It focuses on keeping members connected to care, improving access to doctors and services, and making operations work better. LASSO has a mix of quick fixes, short-term improvements, and long-term solutions that all move forward at the same time.

Core Objectives and Milestones

- **Member Engagement:** Help members better understand their benefits, how to choose doctors, get referrals, and use services. Make it easier to find information and get care through clear education, easy-to-use tools, and helpful outreach.
- **Network Alignment:** Make sure there are enough doctors and providers to meet member needs. Improve how members get referrals and access services, so care is easier, faster, and more connected.
- **Operational Efficiency:** Make member and provider touchpoints simpler and faster. Improve self-service options, speed up support, and better coordinate services like transportation to make care easier to get.

Milestone	Description	Timeline
Immediate Actions	Take quick action and respond to feedback from member forums.	Q2 – Q3 2025
Root Cause Analysis	Find the root causes of challenges affecting members, providers, and operations, and turn them into solutions that work.	Q2 2025
Phased Work Plan	Building on LASSO's first steps, the phased plan includes both short-term and more long-term improvements. This balanced approach helps us keep making progress while setting up for lasting improvements.	• **Short Term**: Q3 2025 – Q3 2026 • **Long Term**: Q3 2026 and beyond

These schedules are not final and may change if new information comes up or if needs shift.

Immediate Actions: 10 Ways We're Making Care Easier

L.A. Care is taking quick steps to fix ongoing problems with access, service, and support. These actions respond to what members have told us through RCACs and the ECAC. They are early improvements that will help make bigger changes possible.

1. **Rapid Response to Member Concerns:** L.A. Care is testing a new process to quickly follow up when several members report problems with care or service at a specific provider site, helping resolve issues before they become formal complaints.
2. **Understanding the Member Experience Through the Member Voice:** We are using member journey maps and live listening sessions to better understand what members go through and to guide improvements based on their real experiences.
3. **Improving Access to Primary and Specialty Care:** We updated how members are assigned to doctors and required over 30 provider groups to fix appointment delays through action plans that were completed by early 2025. PCP assignments are being updated using the latest member address info.
4. **Educating Members on How to Use Their Health Plan:** L.A. Care improved member materials, created helpful guides, and launched live orientations to help members feel more confident using their benefits and getting care.
5. **Empowering Members Through Self-Service and Digital Tools:** New features in the member portal, virtual care through Teladoc®, and toll-free support lines make it easier for members to manage their care on their own.
6. **Provider Education for Formulary Alignment:** We created tip sheets, web updates, and follow-up tools to help providers give members the right medications without delays or confusion.
7. **Improving the Customer Solution Center (CSC):** The CSC is being transformed through better training, new systems, and on-site support so members can get faster, clearer help in fewer calls.
8. **Faster Access to Medical Equipment and Supplies:** We made it easier to get equipment like walkers or wheelchairs by reducing delays, training vendors, and helping providers avoid mistakes.
9. **Better Transportation for Our Members:** Working with Call the Car, we improved scheduling, driver training, feedback tools, and added backup vendors to make rides more reliable.
10. **Working Together with Provider Groups:** We hold regular meetings with provider groups to review performance, share data, and fix problems together—so members can get better care, faster.

Phased Work Plan

Building on LASSO's first steps above, the work plan includes short-term improvements to run between October 2025 thru September 2026, and bigger long-term changes in October 2026 and beyond. Short-term work will focus on improving member communications, self-service tools, and daily operations. Long-term efforts will make bigger changes, like using data to predict needs, expanding provider availability, and improving systems. This approach keeps progress moving while also setting up L.A. Care for better access, coordination, and member experience across the organization.

L.A. Care Access, Service & System Optimization (LASSO) Initiative Charter

PROJECT CHARTER

1. General Project Information	
Project Name:	**L.A. Care Access, Service, and System Optimization (LASSO)**
Executive Sponsor:	Sameer Amin, MD, Chief Medical Officer, Health Services
Division Sponsor:	David Kagan, MD, Senior Medical Director II, Health Services
Executive Summary:	LASSO is an initiative that helps all parts of L.A. Care work better together. It's focused on making it easier for members to get the care they need, helping doctors and clinics work together more smoothly, and fixing problems in how things are done. The goal is to give members better service, improve health care quality, and make sure L.A. Care follows important rules.

2. Core Project Team

The LASSO project is led by a team of staff from many different departments at L.A. Care. This team includes experts who work in:

- Health Services, like medical care management, pharmacy, community health, and quality improvement
- Provider Network Management, which helps manage contracts and build our provider network
- Customer Solutions Center, which supports members when they call for help
- Operations and Compliance, to make sure we follow all rules and improve how our systems work
- Product Teams, who focus on Medi-Cal, Medicare, and Commercial plans
- Strategy and Planning, to help guide the project and keep it on track

These team members work together to make care easier to access, improve service, and respond to what members need.

3. Project Definition

Background

L.A. Care Health Plan is working to make it easier for members to get care, help providers work better together, and fix behind-the-scenes processes to improve service. Members have shared helpful feedback through groups like RCAC and ECAC, pointing out some key challenges that affect their experience.

For example, members said it can be hard to find a provider nearby, wait times for appointments can be long, and referrals and coverage rules can be confusing. Some also said it's tough to get medical equipment, fill prescriptions (especially when the medication list changes), or get rides to appointments. Members have said they want clearer instructions, faster help, and more ways to take care of things on their own. These types of issues can cause frustration, delay care, or lead to health needs not being met.

To address these concerns, LASSO is focused on three areas to improve the overall customer experience:

– Member Engagement (making it easier for members to get help and stay informed)

– Network Alignment (making sure providers are available, nearby, and easy to access)

– Operational Excellence (making sure systems and processes work better behind the scenes)

LASSO is moving forward in three phases: immediate, short-term, and long-term. All are important and will help make things better.

Objectives

- **Member Engagement:** Help members better understand their health plan—like which doctors they can see, how referrals work, and when they need approvals. We'll use clear education, helpful tools, and outreach to make it easier for members to make smart choices and get care when they need it.
- **Network Alignment:** Make sure there are enough doctors and clinics in the network—and that they're easy to reach. Improve how members are referred to the right provider so care is smoother, more connected, and meets members' needs.

- **Operational Efficiency:** Make it easier for members and providers to get help quickly. This includes better self-service tools, faster service, and systems that work well together. We'll also improve how things like rides and support services are managed, so care happens with less hassle.

Scope Overview

LASSO is a flexible, step-by-step project that includes quick fixes, deep problem analysis, and a work plan of short-term and long-term improvements. Every part of the project is equally important. The goal is to improve member experience, make sure the provider network meets members' needs, and fix system issues that slow things down. This work is based on real data, member feedback, and L.A. Care's strategic goals.

1. **Immediate Actions:** LASSO is responding quickly to concerns raised by members and the Board. These first actions will:
    - Focus on major issues that have already been reported by members
    - Show that we are listening and acting fast
    - Set the stage for deeper fixes while more research is being done

2. **Root Cause Analysis and Work Plan Development:** While quick actions are happening, the team will also:
    - Study the deeper reasons behind problems (member, provider, and system-level)
    - Sort findings into short-term (through end of Q3) and long-term (starting 2026) goals
    - Create a full plan that includes timelines, measurements, and who is responsible for each part

3. **Data & Improvement Approach:** LASSO will use a proven improvement method called DMAIC to guide the work:
    - Define: Turn member concerns (like referrals, pharmacy, and transportation) into clear problem statements
    - Measure: Use current performance data (like call center numbers, grievance trends) to see where we stand
    - Analyze: Use tools like "5 Whys" and Fishbone Diagrams to find the real root causes
    - Improve: Work with different departments to build solutions together
    - Control: Track changes using dashboards and set up systems to keep improvements in place

4. **Member Engagement Deliverables:** We will help members better understand and use their benefits by making changes such as, but not limited to, the following:
    - Clearer, easy-to-read materials and online tools
    - More ways to reach us (calls, texts, website, portal)
    - Self-service tools that help members take action independently
    - Digital supports that guide members through their care
    - Outreach that respects cultural and language needs
    - Partnerships with Community Resource Centers (CRCs) and community groups for education
    - Focus groups to hear from members and adjust based on their feedback
    - Tailored outreach to different member groups, especially those needing extra help
    - Using data and AI to predict what members might need and reduce delays
    - Keeping the online provider directory accurate and up to date

5. **Network Alignment Deliverables:** We'll improve how the provider network works and make it easier for members to get care by taking steps such as, but not limited to, the following:
    - Adding more providers and improving how referrals are made
    - Using data to find and fix gaps in provider access
    - Supporting providers through better contracts and tools
    - Helping providers understand key processes like DME, Medi-Cal Rx, and carve-outs
    - Creating a provider advisory group to help build better solutions
    - Matching members to the right providers faster
    - Working closely with delegated provider groups (PPGs) to monitor and improve performance
    - Solving pharmacy problems by bringing together PBM and Medical Management
    - Launching regular meetings and dashboards to track provider group performance

6. **Operational Efficiency Deliverables:** We will make internal processes work better and reduce delays by making improvements like, but not limited to, the following:
    - Improving systems so member issues are handled in one call
    - Strengthening transportation support (NEMT) and fixing oversight gaps

- Tracking and using performance data to go beyond just compliance
- Enhancing Customer Solutions Center operations with live tracking tools
- Fixing grievance and appeals processes so issues don't repeat
- Improving care coordination between Utilization Management (UM), Care Management (CM), and Long-Term Services and Supports (LTSS)
- Making sure claims processing works well with Medical Management, Pharmacy, and Appeals & Grievances
- Automated functions that reduce calls and speed up service
- Integrated systems that improve backend workflow

Exclusions

The LASSO project is focused on improving how care is delivered and how members experience the system—but there are a few things not included in this work. These items are outside the project's scope:

- **Benefit Design & Coverage:** LASSO will not make any changes to what services are covered, who qualifies for coverage, or what benefits members receive.
- **Provider Contracts & Payments:** LASSO will not change how providers are paid or the terms of their contracts.
- **Regulatory & Policy Requirements:** LASSO will not change rules or policies from oversight agencies like DHCS, DMHC, CMS, or NCQA.
- **Major IT System Changes:** LASSO will not replace whole technology systems. It will only improve the tools we already use—except where we explore better digital tools for member experience.

Project Timeline & Milestones

LASSO will follow a step-by-step approach that moves quickly on urgent issues while also planning for long-term change. Some work will be done right away, and other efforts will continue through the rest of 2025 and beyond. Different parts of the project—fast fixes, deep research, and planning for future improvements—will happen at the same time to keep things moving forward.

Board Report Deliverable (Due June 2025)

The report will include:

- Project Charter
- Immediate Actions
- Initial Work Plan: Roadmap showing short term and long-term improvements

Project Phases: Key Activities & Milestones

These timelines are provisional, which means they may change. As we learn more or if new challenges come up, we may adjust the schedule to make sure we're staying on the right track.

Phase	Estimated Timeframe	Key Activities & Milestones
Initiation	Q1 2025	- Finalize project charter and governance structure - Align stakeholders and define what success looks like
Board Report	Q2 2025	- Submit the Board Report with the project charter, early actions, and roadmap
Immediate Actions	Q2-Q3 2025	- Compile recently started or planned quick-win improvements that respond to the member, provider, and system concerns - Complete improvements
Root Cause Analysis and Solution Development	Q2 2025	- Dig deeper into the problems while quick-fixes are underway - Gathewr and study data to find what is causing the issues - Organize solutions into short-and long-term priorities

Short-Term Implementation	Begins Q3 2025	- Begin putting early improvements into action - Finalize detailed plans, goals, and success measures (KPIs)
Long-Term Implementation	Begins Q3 2026	- Expand the big strategies across different areas of the organization

Risk & Mitigation (including significant Assumptions)

LASSO will manage risks early and often. We'll use live data, strong leadership, and flexible planning to spot problems before they grow—and work together across teams to fix them. Risks will be checked regularly through the project's leadership and planning groups.

Risk	Potential Impact	Mitigation Strategy
Low Member & Provider Engagement	If members or providers don't join in outreach, training, or feedback, early improvements might not work well or be noticed.	Use trusted community voices and simple, culturally appropriate messages. Reach people in multiple ways—online, in person, by phone.
Missing or Incomplete Data	If the data we collect is missing or unclear, we might misunderstand the problem or pick the wrong priorities.	Use many data sources, double-check findings with stakeholders, and keep improving data quality as we go.
Not Enough Staff or Time	If teams are too busy, don't have clear roles, or are working on too many things at once, progress may slow.	Fit LASSO into current efforts, make sure everyone knows their role, break tasks into manageable steps, and ask for help early when needed.
Technology Challenges	If members or providers don't use new tools like online help or self-service features, we may not see improvements.	Make tools easy to use, offer clear training, and always provide non-digital options too.
Policy or Regulatory Changes	If rules from the state or federal level change (like Medi-Cal or CMS policies), it could shift our timelines or plans.	Stay in close contact with compliance teams and build flexibility into the plan so we can adjust quickly.

Constraints

LASSO must work within certain limits. These constraints may affect how fast or how far we can go, but the project will adapt by staying focused, working together, and planning carefully.

- **Fixed Timeline for Board Reporting:** The deadline for the Board Report in June 2025 gives us only a short time to fully study problems and plan long-term fixes. The report will focus on what we've done so far and what we plan to do next.
- **Limited Budget: There is only so much money available.** This may slow down or limit work in areas like new technology, partnerships with community groups, or building support for members and providers. We'll focus on the most important work first and roll things out in phases.
- **Staffing and Workload:** Many teams are already busy with other projects. We may not be able to do everything at once. LASSO will work alongside existing efforts and share responsibilities across teams to stay on track.
- **Rules and Regulations:** Everything we do must follow rules from Medi-Cal, NCQA, and other government agencies. These rules may affect what we can do, when we do it, and how we do it.
- **Technology Limits:** Any new tools or system changes must work with our current technology setup. This includes vendor contracts and how well systems talk to each other. We'll look for smart solutions that fit within what we already have.

Leadership Stakeholders and Cross-Functional Partners

Name	Title	Business Unit
Sameer Amin	Chief Medical Officer	Health Services
Noah Paley	Chief of Staff	Provder Network Management
Acacia Reed	Chief Operations Officer	Managed Care Operations
Todd Gower	Chief Compliance Officer	Compliance
Thomas MacDougall	Chief Information and Technology Officer	Systems Information and Technology (IT)
Linda Greenfield	Chief Product Officer	Product

4. Governance & Communication

LASSO will be managed through a clear governance structure that supports collaboration, transparency, and accountability. Key groups include:

- A Core Project Team overseeing day-to-day work.
- Focus Workgroups guiding solutions in member, network, and system areas.
- An Executive Forum providing leadership oversight.
- The Board of Governors, receiving monthly updates
- Broader stakeholders like RCAC, ECAC, and provider groups engaged regularly.

Confluence, dashboards, and Microsoft tools will be used to track progress, manage communication, and support decision-making.

5. Sign-off

	Name	Signature	Date
CEO Authorization	Martha Santana-Chin		
Executive Sponsor	Sameer Amin		
Department Sponsor	David Kagan		
Project Manager	John Madrigal		

L.A. Care HEALTH PLAN

For All of L.A.

To the Board of Governors

LASSO: L.A. Care's Access, Service, and System Optimization Initiative

A Coordinated Response to Address Member Concerns and Strengthen Access, Service, and System Responsiveness to Elevate the Customer Experience

Executive Sponsor
Sameer Amin, MD
Chief Medical Officer, Health Services

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Contents

Introduction

L.A. Care Health Plan is working to make it easier for members to get care, help doctors and clinics work better together, and improve how things run behind the scenes. The goal is to give members a smoother, more helpful experience and make sure providers can deliver care more easily and on time.

Members who attend RCAC and ECAC meetings have shared important feedback. They told us about problems that affect both how they get care and how providers deliver it. Some of the main issues include, but are not limited to:

Table 1. RCAC Motions: Issue Areas

Issue Area	Description
Travel Distance to Doctors	Members said it can be hard to find in-network doctors or specialists nearby, especially in certain zip codes.
Appointment Availability for PCPs and Specialists	Some members say they wait too long for urgent or regular appointments.
Referrals to Out-of-Network Specialists	Some members were sent to doctors who aren't part of L.A. Care or didn't accept their insurance, leading to canceled visits or care denials.
Urgent Care Access	Members said they couldn't find urgent care centers, so they had to go to the ER for things that weren't emergencies.
Delays in Medical Equipment and Medications	Members waited a long time for needed equipment or prescriptions because of unclear steps or denied requests.
Transportation Problems	Rides to appointments and member meetings were missed or late. Members also said customer service wasn't always helpful.
Long Waits on the Phone	Members reported being on hold for too long when calling for help.
Customer Solution Center Can't Solve Problems Right Away	Many members said their issues were not fixed on the first call because staff did not have the right tools.
Confused about Plan Benefits and Navigating Care	Members felt confused about what their plan covers, how referrals work, and where to get help. They want clearer instructions.
Need for More Self-Service Options	Members want better tools to do things on their own—like switching doctors, checking authorizations, or booking a ride.

In response to member concerns, L.A. Care started LASSO—short for L.A. Care's Access, Service, and System Optimization initiative. The goal is to bring teams together, remove barriers to care, and make the member experience better.

LASSO follows a clear plan: we listen to members, look at our data to confirm the issues, identify the source of the problems, and then build a step-by-step strategy to improve them.

The remainder of this report explains how LASSO works and what progress has been made so far. It's organized into four parts:

- **Project Charter** – What LASSO is, what it covers, and how it's being managed across the organization.
- **Immediate Actions** – A look at the first changes already made to respond to member concerns.
- **Work Plan** – What we're planning to fix next, both in the short term and beyond.

1. LASSO Project Charter

To improve the member experience and address common concerns, LASSO follows a step-by-step strategy with three main objectives. The plan includes quick actions, short-term goals, and long-term improvements—all equally important and part of one unified effort.

Objectives

- **Member Engagement:** Help members better understand their health plan—like which doctors they can see, how referrals work, and when they need approvals. We'll use clear education, helpful tools, and outreach to make it easier for members to make smart choices and get care when they need it.
- **Network Alignment:** Make sure there are enough doctors and clinics in the network—and that they're easy to reach. Improve how members are referred to the right provider so care is smoother, more connected, and meets members' needs.
- **Operational Efficiency:** Make it easier for members and providers to get help quickly. This includes better self-service tools, faster service, and systems that work well together. We'll also improve how things like rides and support services are managed, so care happens with less hassle.

Initiative Phases: Key Activities & Milestones

Note: Timelines may change based on new information, changing needs, or risks that come up.

Table 2. LASSO Initiative Phases

Phase	Estimated Timeframe	Key Activities & Milestones
Initiation	Q1 2025	- Finalize project charter and governance structure - Align stakeholders and define what success looks like
Board Report	Q2 2025	- Submit the Board Report with the project charter, early actions, and roadmap
Immediate Actions	Q2-Q3 2025	- Compile recently started or planned quick-win improvements that respond to the member, provider, and system concerns - Complete immediate improvements
Root Cause Analysis and Solution Development	Q2 2025	- Dig deeper into the problems while quick-fixes are underway - Gather and study data to find what is causing the issues - Organize solutions into short-and long-term priorities
Short-Term Implementation	Begins Q3 2025	- Begin putting early improvements into action - Finalize detailed plans, goals, and success measures (KPIs)
Long-Term Implementation	Begins Q3 2026	- Expand the big strategies across different areas of the organization

👉 **For more details on the full plan—including goals, scope, and how the project will be managed—please see the full Project Charter in the Appendix.**

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2. Immediate Actions

These actions were recently completed or are now in progress to help fix problems that have made it hard for members to get care and support. Many of these issues were also shared at recent RCAC and ECAC meetings. Each step shows that L.A. Care is working quickly to make things better. Together, these early efforts help meet urgent needs and prepare us for bigger changes ahead.

Rapid Response Protocol for Member-Raised Issues

L.A. Care has launched a pilot **Rapid Response Protocol** to quickly address provider-specific concerns raised by members during RCAC and ECAC meetings. This new

process allows L.A. Care to take timely action—often before a formal motion is needed—so problems can be resolved faster.

The goal is to address members' concerns as quickly as possible by:

1. Engaging directly with the named provider to review the specific service issues raised by members; and
2. Working with that provider to make a clear plan and take steps to fix services and resolve the issue.

The Rapid Response Protocol has been tested in two areas where member concerns were shared:

- **RCAC 3 – East Valley Health Center**
- **RCAC 5 – Venice Family Clinic**

In both cases, the following actions were taken:

- L.A. Care met with clinic leadership to discuss member feedback
- Each clinic provided a written plan describing how they would address the concerns
- An update on the clinic's actions was shared back with RCAC 3 members

L.A. Care is currently refining how this process will be managed long-term, including how to measure results in ways that reflect the community's experience. Once finalized, the Rapid Response Protocol will provide a faster, more visible way to resolve issues raised by members—offering an alternative path to formal motions brought to the Board of Governors.

Understanding the Member Experience through the Member Voice

To make real improvements, L.A. Care is focused on better understanding what members go through when they try to get care. We're doing this in two main ways:

- **Member Journey Mapping** helps us see the full care experience through the eyes of our members. We started with our D-SNP members and found places where things could be clearer or easier. Now we're expanding this work to include Medi-Cal and Commercial members, so we can improve how services are coordinated and delivered across the whole plan.

- **Listening Sessions** are being held during RCAC and ECAC meetings to hear directly from members. These sessions give members the chance to share what matters most to them, talk about what's worked or hasn't, and give feedback on early LASSO actions. The first session took place in April, led by Dr. Sameer Amin (Chief Medical Officer) and more are planned beginning in May.

Together, these efforts help ensure that member voices guide our decisions, and that L.A. Care continues to design services that meet the real needs of the people we serve.

Improving Access to Primary and Specialty Care

In addition to our ongoing work to improve network access, including regular monitoring, provider recruitment, and oversight, L.A. Care is taking additional steps to support timely, local care for our members. Based on what members have shared, we're working to improve how providers are assigned, how quickly members can get appointments, and how we hold provider groups responsible when access standards are not met.

- **Reducing Travel Time to Doctors' Offices:** L.A. Care is taking steps to help members get care closer to home. In addition to our yearly efforts to improve network access, our teams are also updating primary care provider (PCP) assignments using the most recent member address and demographic information. This helps match members with providers who are located nearby and better meet their needs. Members can also request to change their PCP through the member portal, by phone, or during in-person support events.
- **Holding Providers Accountable for Appointment Availability:** L.A. Care checks every year to make sure providers are offering timely appointments for urgent care, routine visits, prenatal care, specialist services, and after-hours support. When provider groups don't meet the standards, L.A. Care requires them to submit a Corrective Action Plan (CAP) to fix the issue.

  In late 2024, over 30 provider groups received CAPs based on appointment delays found in the latest survey. Our teams reviewed each plan, gave feedback, and followed up to make sure changes were made. All CAPs from this cycle were closed by early 2025. This process helps ensure that providers continue improving so members can get the care they need, when they need it.

Educating Members on How to Use Their Health Plan

L.A. Care wants to make sure members not only understand their health plan but also feel confident using it. To help reduce confusion and support members in managing their care, we've created a variety of tools, resources, and support services—some already in place, and others still in progress. Key efforts include:

- **Easy-to-Understand Member Materials:** We provide education materials in many formats to help members learn about their benefits and how to get care:
  - **Welcome Kits** for new members with tips on benefits, getting care, using Medi-Cal Rx, and helpful reminders.
  - **Annual Mailers** for current members that explain how to get care, use the portal, and access key services.

  - **Member Handbooks & EOCs** that cover plan details and how to get services and referrals.
  - **Newsletters** with updates, tips, and how to use digital tools.
  - **Webpages** with current info on care access, benefits, FAQs, and resources.

- **Resource Guides on Expected Service Levels and Access:** We are developing new tip sheets and guides to help members know what to expect—like typical wait times, how referrals work, and when to use urgent care. These tools will be shared in mailings, orientations, and online.

- **Resource Guides for Health Visit Preparation:** We are also creating checklists and prompts to help members get ready for doctor visits—what to bring, what to ask, and how to follow up. We are working with clinics to make sure these tools are useful for both members and providers.

- **Resource Guides for Urgent Care Awareness:** We are developing simple guides to help members understand when and how to use urgent care services. These tools will explain the difference between urgent and emergency care, when to go to urgent care instead of the ER, and where to find nearby in-network urgent care centers. The goal is to help members make informed choices and avoid unnecessary delays or costs.

- **Live Support and Orientations at Community Resource Centers**
  We offer live orientations at our CRCs to guide new Medi-Cal members through choosing a doctor, using pharmacy benefits, accessing urgent care, and learning about behavioral health and transportation services. These sessions also explain member rights and how to get more support. An animated video is also in development to make this information more fun and easy to understand. It will launch by the end of 2025. Similar orientations are offered for Medicare members.

Empowering Members Through Self-Service and Digital Tools

L.A. Care has upgraded its digital tools so members can take more control of their care and get help when they need it—without long waits or paperwork.

- **New Member Portal:** L.A. Care has significantly upgraded its digital offerings to empower members in managing their health care. The **L.A. Care Connect member portal** provides a secure, user-friendly platform where members can:
  - Make changes to their provider assignment
  - Complete a Health Risk Assessment.
  - View and check health plan coverage and benefit details.
  - View and print your health plan documents such as your member handbook, evidence of coverage, and summary of benefits.
  - Check the status of Claims and Authorization Requests as they are received by L.A. Care for processing.

  - Request a new Member ID card and/or view and print your digital Member ID card.
  - Change information, such as mailing address, phone number and email.

  Additionally, members have access to **My Health In Motion™**, which offers personalized health education programs, interactive health workshops, expert health coaching, and wellness tracking.

- **Virtual Care Through Teladoc:** Members can get non-emergency care from home using Teladoc®, a telehealth service that offers convenient, flexible access to doctors by phone or video. To help more members use this option, L.A. Care is improving how Teladoc is promoted and supported. We are:
  - Training Customer Solutions Center (CSC) staff to talk about Teladoc during calls about access to care
  - Exploring ways to add Teladoc's toll-free number to member ID cards for easier access
  - Planning new outreach, digital messages, and provider communications to raise awareness

  These changes will help make Teladoc a more visible and trusted option for members who want fast, easy care without leaving home.

- **Toll-Free Number on ID Cards for Real-Time Support**: D-SNP member ID cards now include a dedicated toll-free number that connects members to urgent care support for non-emergency needs. This self-service feature helps members get help faster, without relying on the emergency room. L.A. Care is reviewing options to expand this benefit to other lines of business, depending on cost and system readiness.

These digital tools show L.A. Care's commitment to helping members take control of their care and find what they need more easily. We're working to bring these tools together into one simple, easy-to-use self-service experience.

Provider Education for Formulary Alignment

L.A. Care has created new tools and education to help providers better understand and follow Medi-Cal Rx rules. These efforts are designed to make sure members get their medications on time and do not face delays or denials because of confusion about the formulary. Key actions include:

- **Formulary Tip Sheet for Providers:** A new tip sheet (awaiting final approval) explains that the Medi-Cal formulary is not managed by L.A. Care. It shows providers how to use the official Medi-Cal Rx website for the most accurate information.

- **Improved Web Access to the Formulary**: Links to the Medi-Cal Rx formulary have been added across several provider and member webpages, including our search tools and pharmacy resource pages.

- **Escalation for Medication Delays:** When providers delay or block access to needed medications, the Pharmacy team submits a Provider Quality Improvement (PQI) form to follow up and support better care for members.

- **Member Refill Roadmap:** A new guide (awaiting final approval) helps members understand how to refill prescriptions and what to expect from their providers and pharmacies. This was created based on member feedback from member surveys.

- **Pharmacy Welcome Postcard for D-SNP Members:** A postcard (already approved) shares helpful information about finding covered medications, getting prior authorizations, and asking for exceptions. Providers are encouraged to order and share this postcard through the Health Education portal.

Improving the Customer Solution Center (CSC)

L.A. Care is making big improvements to how the Customer Solutions Center (CSC) works, based on member feedback about long wait times, repeated calls, and problems not being solved. The goal is to make sure members get help faster, more clearly, and in one call when possible. Key Improvements Include:

- **Member Experience Transformation (MET) Pilot**: A pilot project is running through April 2025 for the L.A. Care Covered (LACC) line of business. It includes:
    - "Super reps" who are trained to solve problems across different service areas
    - Proactive outreach to frequent callers to prevent repeat issues
    - A plan to expand the model to other product lines based on what we learn
- **New Intelligent Desktop (IDT):** The CSC now uses a desktop system that connects with L.A. Care's member and provider portals. This tool:
    - Centralizes answers and resources in one place
    - Uses updated job aids and policies to help staff give consistent support
    - Makes member help faster and more accurate

- **Cross-Department Training:** Member CSC staff are now trained with other departments like Appeals & Grievances (A&G) and Utilization Management (UM). This helps:
    - Cut down on call transfers
    - Reduce errors
    - Solve member problems more efficiently

- **Better Quality of Care Intake Process:** CSC representatives now gather more details during calls about provider quality concerns. This helps other teams respond faster and more accurately to ensure providers are delivering high-quality care.

- **Support at ECAC and Board Meetings**: L.A. Care's Member Relations team now attends Executive Community Advisory Committee (ECAC) and Board of Governors

meetings to assist members in real time. Job aids, workflows, and signage are being used to support this role.

- **Support at RCAC Meetings:** Member Relations staff are also available at Regional Community Advisory Committee (RCAC) meetings to offer on-the-spot help. Staff use a new Even MORE Navigator role to guide members with real-time assistance.

These changes are helping transform the CSC from a call center into a **member-focused hub** that can solve more complex issues right away—making the member experience faster, easier, and more helpful.

Faster Access to Medical Equipment and Supplies

L.A. Care is making it easier for members to get the durable medical equipment (DME) and supplies they need. These changes also help providers reduce delays and make the process more clear and efficient. Key Improvements Include:

- **Simplifying Authorization for Common Items:** We are reviewing our prior authorization (PA) rules for certain low-risk, high-use items—like walkers or crutches. When it is safe to do so, we will remove unnecessary PA requirements to help members get equipment faster.

- **Using Data to Close Network Gaps:** Our Advanced Analytics Lab (AAL) is studying cases where members use out-of-network (OON) vendors. The goal is to improve the network and reduce the need for special agreements with OON providers.

- **Training Vendors to Use the Provider Portal:** All DME vendors have completed their first round of provider portal training. Major vendors like Western Drug and Shield are now ready to submit requests online - making the process faster and more reliable.

- **Upgraded Website for Providers:** The Utilization Management (UM) website has been updated with:
  - Easier navigation
  - Clearer guidance
  - Helpful tools for submitting and tracking requests

  Providers can visit: www.lacare.org/providers/provider-resources/utilization-management

- **New DME Ordering Guides for Providers:** We are creating simple guides to help providers avoid mistakes when ordering equipment. These tools will:
  - Show how to check coding and authorization needs **(this is should be "Assist providers in using the correct and complete set of codes needed")**
  - Remind providers about the right place to send needed forms
  - Encourage using in-network vendors to prevent delays

- **Help for Members with Complex Needs:** For members who need more support, providers can refer them to Periscope—L.A. Care's partner for in-home assessments. This service helps choose the right equipment, such as wheelchairs, hospital beds, or orthotics.

These efforts are part of a larger plan to reduce paperwork, speed up service, and make it easier for members to get the care tools they need to stay healthy and safe at home.

Better Transportation for Our Members

L.A. Care is working with our transportation partner, **Call the Car (CTC)**, to improve ride services for members. These changes respond to concerns shared through member motions and aim to make transportation more reliable, on time, and easier to use. We are focusing on four main areas:

- **Improving the Member Experience:** We are making transportation smoother and more supportive for members by:
  - Assigning a new Transportation Experience Manager to help improve service and support members through the entire process.
  - Making it easier to schedule rides, especially for members attending RCAC, ECAC, and Board meetings, in addition to regular medical appointments.
  - Providing ongoing training for CTC customer service staff and drivers to improve how they communicate with and support members.
  - Strengthening vehicle maintenance to avoid breakdowns and ensure safe, clean rides.
  - Focusing on on-time pickups and drop-offs for both medical visits and member meetings.

- **Making Rides More Reliable and On-Time:** To make sure members can count on their rides, CTC is:
  - Tracking arrival and pickup times to make sure they meet promised schedules.
  - Improving routes, scheduling, and staffing during busy hours to reduce delays.
  - Bringing on a backup vendor (All Town) to avoid missed or delayed rides, especially for transfers that must happen within three hours.
  - Expanding the fleet with more branded L.A. Care vehicles, so there are more rides ready when members need them.

- **Listening to Member Feedback:** We are adding more ways for members to share feedback so we can keep improving:
  - Members can now take a quick survey after making a ride reservation to rate their experience.
  - The CTC-Go mobile app lets members give feedback about timeliness, driver service, and vehicle condition—and even write their own comments.

    - We're also working to improve the L.A. Care–CTC member portal to make it easier to use and more transparent.

- **Exploring More Ride Options:** To be ready for times when demand is high, we are:
    - Expanding our backup vendor network for better coverage
    - Reviewing our budget and partnerships to offer more transportation choices for members

In April 2025, the CEO and COO of Call the Car attended the ECAC meeting and shared updates with member leaders. They talked about new tools like the CTC-Go app, a Virtual Assistant, and the Transportation Experience Manager role. They also highlighted their commitment to better training and customer service. Members at the meeting shared positive feedback and noted that improvements are already being seen.

Working Together with Provider Groups

L.A. Care is working closely with its provider groups to improve how care is delivered and make sure members get the help they need on time. We hold regular meetings where we talk openly with providers, look at what's working and what needs to improve, and make sure everyone is following the same access and care standards.

These efforts are done in partnership with teams from Provider Network Management (PNM) and Health Services, including Medical Management and Quality Improvement.

In meetings like Joint Operating Meetings (JOMs), Provider Advisory Groups, and Provider Quality Improvement (PQI) Forums, we talk with provider groups about:

- How they're doing on quality goals and outcomes
- Which care gaps still need to be closed
- Whether referrals are being made properly
- Where access is limited by location or specialty
- If rules and care standards are being followed
- When services or supports are being underused
- How often members are going to the ER or hospital when it could have been avoided

Together, we review data, find root causes, and build plans to fix problems. This teamwork helps everyone stay on the same page, improves communication, and ensures that providers are part of the solution in making care better for members.

3. Phased Work Plan

Beyond the immediate actions above, L.A. Care's phased work plan organizes improvement efforts into two time periods: short-term and long-term. It builds on early actions, includes findings from our root cause analysis, and helps teams work together and stay aligned.

- **Short-term efforts** are planned between October 1, 2025, and September 30, 2026. These are smaller or more focused projects that can be launched and completed within that year.
- **Long-term efforts** begin October 1, 2026, and beyond. These efforts often involve more teams, more planning, and take longer to complete.

This plan helps us decide what to start now and what to build over time.

Note: Timelines, goals, and listed projects may change based on new information, changing needs, or risks that come up.

Short-Term Projects

The short-term work plan includes bigger changes that build on our immediate actions and require more teams, planning, and system-wide coordination. These projects are expected to begin in October 2025 and continue through September 2026. They will focus on helping members better understand their health plan and how to get care, improving how teams and partners work together, growing the provider network to expand access, making digital tools easier to use, and streamlining operations to support long-term improvements.

Table #3. Short Term Work Plan by Project

Project	Description
Analyze Root Causes and Plan Fixes	Use data to find where problems happen across teams and focus on the changes that matter most. This helps departments work together and improves how we fix issues.
Use Risk Tools to Match Members to Care	Use AI tools to sort members by health needs and match them to the right care. This helps us act early and improve health for members with higher needs.
Map Member Journeys Across All Plans	Expand journey mapping to see where members struggle across different plans. This helps us fix real problems and make services more personal and fair.
Improve Member Materials and Digital Tools	Update and test plain-language materials to make benefits easier to understand. This reduces confusion and helps members use their plans better.
Strengthen Communication Across Channels	Send clear messages through text, email, mail, or phone—based on what members prefer. This builds trust and helps close gaps in care.

Project	Description
Improve Portal and Self-Service Features	Add better tools to the member portal so members can do more on their own. This saves time and reduces the need for calls.
Explore Tools for Digital Communication	Try new tools to make digital outreach more organized and consistent. This lays the groundwork for a better digital experience.
Listen to Members in Real Time	Use focus groups and surveys to hear from members and respond quickly. This keeps changes connected to what members really need.
Use Member Personas to Tailor Services	Group members by health and social needs to better match them with care and communication. This makes services more effective.
Train Providers on Access and Quality	Provide training on access rules and pharmacy guidelines based on provider performance. This helps members get faster, better care.
Improve Provider Meetings and Feedback	Redesign provider meetings to solve problems, hear feedback, and follow through. This builds stronger partnerships and better results.
Use Dashboards to Guide Provider Work	Use dashboards in provider meetings to track access, quality, and experience. This keeps providers focused and supports improvement.
Fix Transportation Scheduling and Service	Work with our vendor to improve ride booking, reminders, and tracking. This makes it easier for members to get to their care on time.
Make Call Center Faster and More Helpful	Train staff and improve tools so members get the right help the first time. This reduces repeat calls and improves service.
Speed Up Grievances and Appeals	Make appeals and grievances easier to understand and faster to resolve. This improves trust and reduces delays in care.
Work with Delegated Care Partners	Coordinate with partners to support members with complex needs. This keeps care connected and consistent.
Partner with Community Groups	Build partnerships with food banks, shelters, and care centers to support members where they live. This helps remove barriers to care.

Long-Term Projects

The long-term work plan addresses more complex, cross-functional solutions that require additional planning, integration, or system change. Tentatively planned for rollout in 2026, these efforts will focus on strengthening care coordination, expanding access through provider network development, improving member-facing digital tools, and embedding operational efficiencies that drive sustainable improvement.

Project	Summary
Build a Full-Service Mobile App	Create a mobile app that lets members easily manage benefits, book rides, choose a doctor, and access care in one place.

Project	Summary
Use Community Health Connectors	Work with local partners to connect with hard-to-reach members and help them get care and support.
Offer Digital Rewards for Members	Use gift cards or digital rewards to encourage members to complete important health tasks like screenings or vaccines.
Grow Virtual Care Options	Expand virtual care options through Teladoc and others, especially for members with chronic needs or gaps in care.
Improve How Members Are Matched to Doctors	Use better tools to match members with doctors based on location, preference, and provider availability.
Keep the Provider Directory Up to Date	Make sure the provider directory is accurate and up to date, especially for delegated groups.
Add Providers in High-Need Areas	Recruit more doctors in areas with few providers or hard-to-access specialties.
Use Data to Predict Access Gaps	Use data to see where future provider shortages may happen and plan ahead.
Tie Payments to Provider Performance	Update contracts to reward providers for improving care, access, and member satisfaction.
Use Data to Improve Delegate Oversight	Track how delegated provider groups are doing using real-time data and feedback loops.
Make the Call Center Faster and More Helpful	Train and support call center staff to solve member issues more quickly and accurately.
Strengthen Medical Management Teamwork	Help teams across utilization, care, and long-term services work better together.
Connect Claims and Medical Management	Connect claims and care teams to reduce delays and prevent avoidable denials.

Conclusion

L.A. Care is working across departments to improve access to care, service, and support—based on concerns shared by members through RCAC and ECAC meetings. The LASSO initiative helps guide this work and keep teams aligned.

Early changes, like clearer member materials, faster help from the call center, and better provider follow-up, show progress is underway. More improvements are planned through a step-by-step work plan.

The goal is to make care easier to use, more connected, and focused on what members need most.

CHIEF FINANCIAL OFFICER REPORT

BOARD REPORT EXECUTIVE SUMMARY

Report Title: March 2025 Financial Performance (Unaudited)

Date: 05/23/2025

Prepared By: Afzal Shah, Chief Financial Officer

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1. Purpose of the Report

Per L.A Care's Annual Budgets and Board of Governors' Financial Oversight Policy, the Finance & Budget Committee is responsible for reviewing detailed financial statements prepared by L.A. Care Finance staff on a monthly basis.

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2. Background / Context

- Financial Statements should properly reflect the operational activities, financial status and transactions of the organization.
- Financial Statements will be prepared according to Generally Accepted Accounting Principles (GAAP), Government Accounting Standards Board (GASB) where applicable and Financial Accounting Standards Board (FASB) "Accounting Standards Codification (ASC).
- Variances from Budget and/or recent forecast will be adequately explained by L.A. Care staff.

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3. Key Considerations / Analysis

- For the month of March, L.A. Care has a net surplus of $4.5 million, which is unfavorable to forecast by $12 million.
- Year-to-date (YTD), L.A Care has a net surplus of $178.5 million, which is $54 million favorable to forecast.

4. Recommended Action / Decision Requested

Board Action Needed:
☐ For Information Only
☐ For Discussion
☒ For Approval / Decision (specify below)

Proposed Motion (if applicable): To approve the Financial Reports for March 2025, as submitted.

5. Next Steps / Timeline

The financial performance report will be presented to the full Board at the next Board meeting on June 5, 2025.

Attachments / Supporting Materials:
March 2025 Financial Performance Report (Unaudited)

Board of Governors Meeting

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

March 2025 YTD Financials & 6+6 Forecast Update

June 5, 2025

HEALTH PLAN NCQA ACCREDITATION ACCREDITED

Agenda

Financial Performance – March 2025 YTD

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

FY 2024-25 6+6 Forecast

- Membership
- Consolidated Financial Performance
- Operating Margin & MCR by Segment

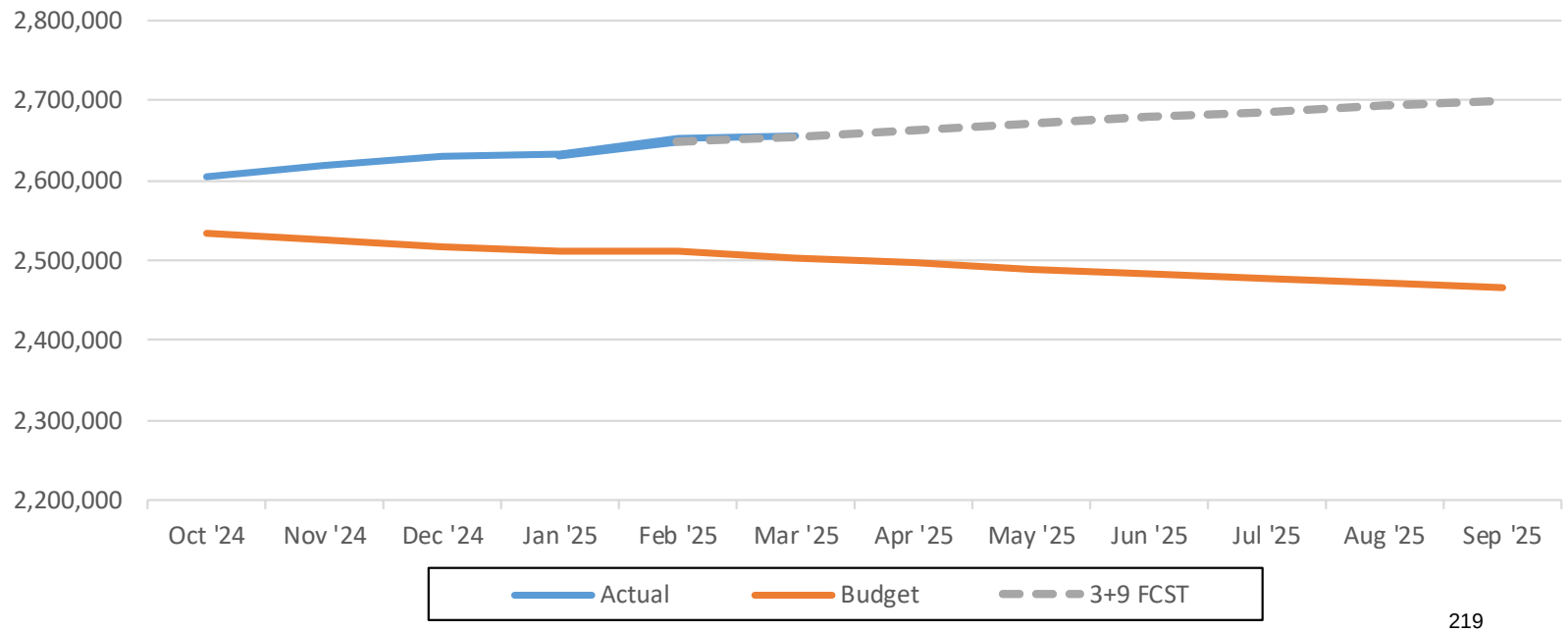
Financial Informational Updates

- Investment Transactions
- Quarterly Internal Policy Reports

Membership – March 2025 MTD & YTD

	March 2025			Year-to-Date		
Sub-Segment	**Actual**	**3+9 Fcst**	**Variance**	**Actual**	**3+9 Fcst**	**Variance**
Medi-Cal	2,383,701	2,378,153	5,548	14,243,374	14,233,772	9,602
D-SNP	25,738	24,138	1,600	135,362	133,084	2,278
LACC	220,598	226,708	(6,110)	1,246,558	1,253,846	(7,288)
PASC	50,429	50,262	167	300,007	299,733	274
***Elimination**	(25,738)	(24,138)	(1,600)	(135,362)	(133,084)	(2,278)
Consolidated	**2,654,728**	**2,655,122**	**(394)**	**15,789,939**	**15,787,350**	**2,589**

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



Consolidated Financial Performance – March 2025 YTD

($ in Thousands)	Actual	3+9 Forecast	Variance
Member Months	15,789,939	15,787,350	2,589
Total Revenues	$5,752,748	$5,855,549	($102,801)
Total Healthcare Expenses	$5,369,933	$5,492,839	$122,906
Operating Margin	$382,816	$362,710	$20,106
Total Admin Expenses	$349,050	$345,327	($3,723)
Income/(Loss) from Operations	$33,766	$17,383	$16,383
Non-Operating Income (Expense)	$74,813	$43,681	$31,132
Net Surplus/(Deficit)	**$108,579**	**$61,064**	**$47,515**
Net Surplus/(Deficit) less Investment Income	***$27,122***	***($11,570)***	***$38,692***

Note: Excludes HHIP & IPP

Operating Margin by Segment – March 2025 YTD

($ in Thousands)

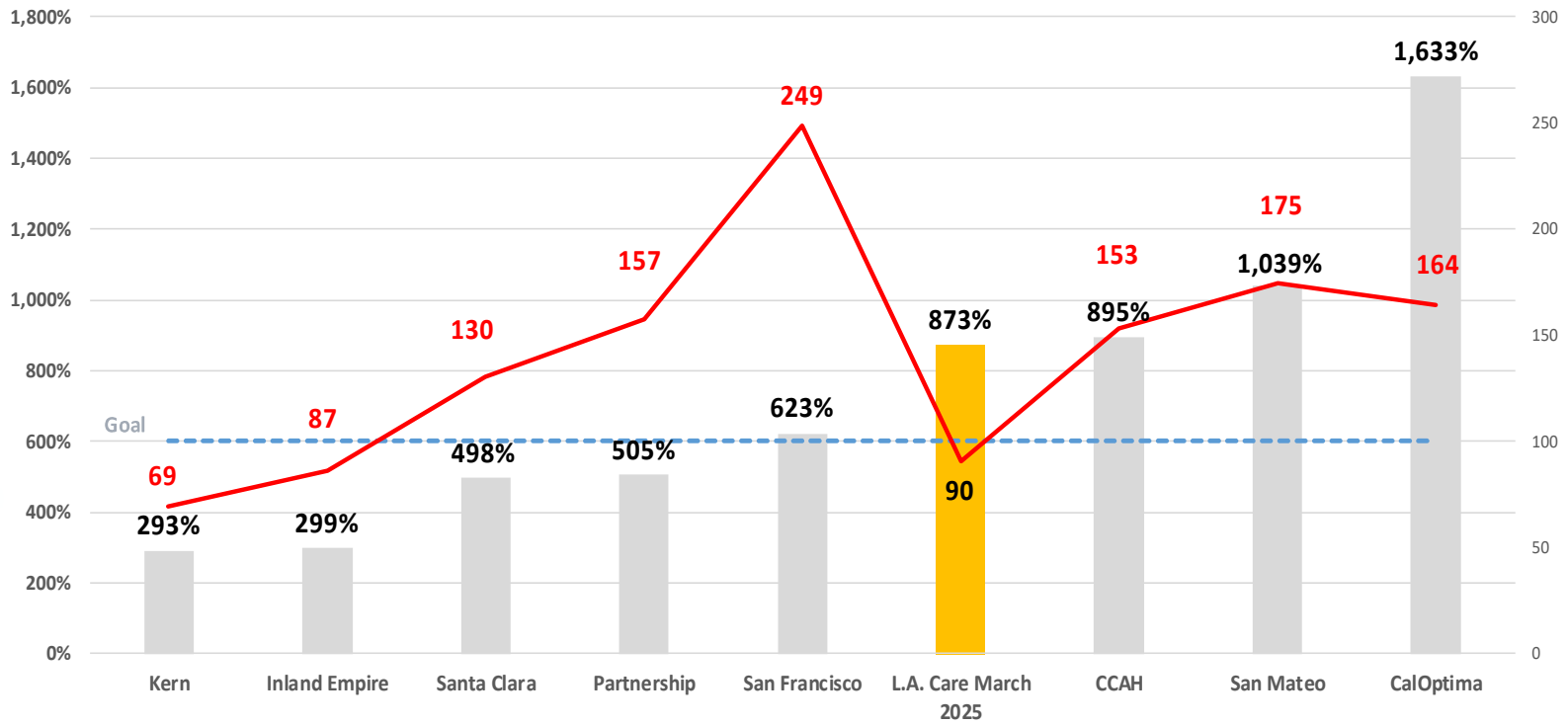
	Medi-Cal	D-SNP	LACC	PASC	Total *(excl HHIP/IPP)*
Revenue	$5,126,970	$213,495	$315,761	$94,796	$5,752,748
Healthcare Exp.	$4,817,168	$183,368	$272,849	$99,503	$5,369,933
Operating Margin	$309,802	$30,128	$42,912	($4,707)	$382,816
MCR %	94.0%	85.9%	86.4%	105.0%	93.3%
3+9 Forecast %	94.0%	91.5%	87.4%	113.7%	93.8%

Key Financial Ratios – March 2025 YTD

(Excl. HHIP/IPP)	Actual		3+9 Fcst	
MCR	93.3%	vs.	93.8%	✓
Admin Ratio	6.1%	vs.	5.9%	✗

	Actual		Benchmark	
Working Capital	1.42	vs.	1.00+	✓
Cash to Claims	1.16	vs.	0.75+	✓
Tangible Net Equity	8.58	vs.	1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

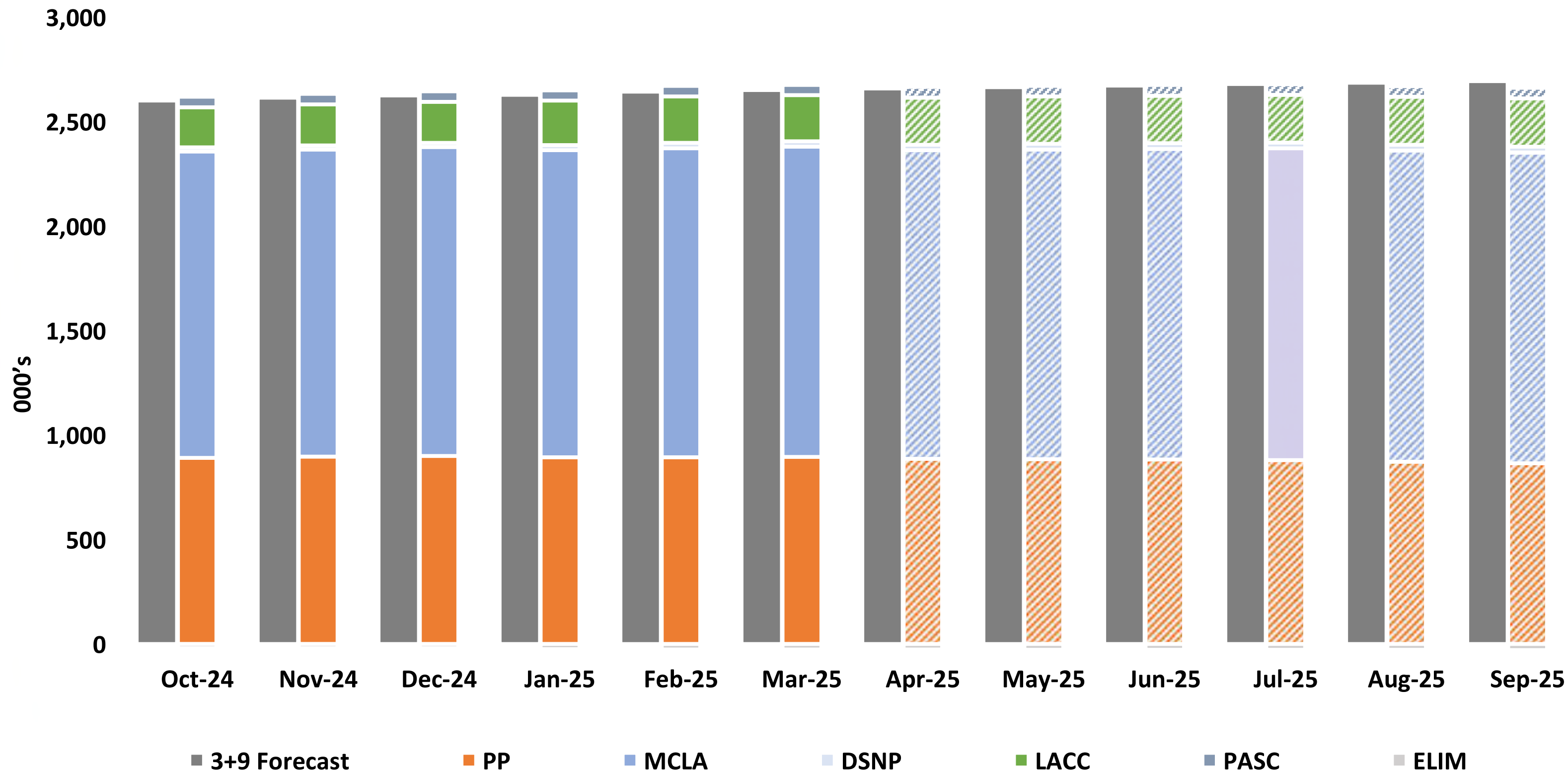


As of March 2025, unless noted otherwise.

Comparison Plan's days of cash on-hand calculated using all investments + cash & cash equivalents.

FY 2024-25 6+6 Forecast

FY 2024-25 6+6 Forecast vs 3+9 Forecast - Membership



LOB	Actual Oct-24	Actual Nov-24	Actual Dec-24	Actual Jan-25	Actual Feb-25	Actual Mar-25	Forecast Apr-25	Forecast May-25	Forecast Jun-25	Forecast Jul-25	Forecast Aug-25	Forecast Sep-25	Total	YoY Change
PP	881,190	888,286	[illegible]	[illegible]	[illegible]	[illegible]	887,817	885,835	883,538	[illegible]	[illegible]	[illegible]	10,660,261	[illegible]
MCLA	1,468,376	1,471,847	[illegible]	[illegible]	[illegible]	[illegible]	1,480,432	1,485,338	1,490,557	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
DSNP	20,810	20,984	[illegible]	[illegible]	[illegible]	[illegible]	16,389	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
LACC	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	225,522	[illegible]	228,103	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
PASC	48,617	48,688	[illegible]	[illegible]	[illegible]	[illegible]	50,542	50,655	50,768	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
ELIM	[illegible]	(20,504)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2,644,713	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
MoM		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	(10,018)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
MoM %		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	(0.38%)	0.14%	0.17%	[illegible]	[illegible]	[illegible]		
Var to 3+9	-			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

FY 2024-25 6+6 Forecast vs 3+9 Forecast P&L - Consolidated

(excl. HHIP/IPP)

	FY 2024-25 6+6 Forecast	PMPM	FY 2024-25 3+9 Forecast	PMPM	Current Fav/(Unfav)	PMPM
Membership						
Member Months	31,681,339		31,875,680		(194,340)	
Revenue						
Capitation Revenue	$ 11,760,554	$ 371.21	$ 12,006,235	$ 376.66	$ (245,682)	$ (5.44)
Total Revenues	**$ 11,760,554**	**$ 371.21**	**$ 12,006,235**	**$ 376.66**	**$ (245,682)**	**$ (5.44)**
Healthcare Expenses						
Capitation	$ 5,422,671	$ 171.16	$ 5,558,840	$ 174.39	$ 136,169	$ 3.23
Inpatient Claims	$ 1,688,059	$ 53.28	$ 1,713,025	$ 53.74	$ 24,967	$ 0.46
Outpatient Claims	$ 1,627,113	$ 51.36	$ 1,590,421	$ 49.89	$ (36,693)	$ (1.46)
Skilled Nurse Facility	$ 1,492,367	$ 47.11	$ 1,494,540	$ 46.89	$ 2,173	$ (0.22)
CBAS	$ 243,288	$ 7.68	$ 238,583	$ 7.48	$ (4,705)	$ (0.19)
Pharmacy	$ 217,513	$ 6.87	$ 277,690	$ 8.71	$ 60,177	$ 1.85
Shared Risk	$ 50,097	$ 1.58	$ 48,011	$ 1.51	$ (2,085)	$ (0.08)
Provider Incentive	$ 113,355	$ 3.58	$ 122,219	$ 3.83	$ 8,864	$ 0.26
Medical Administrative Expenses	$ 148,488	$ 4.69	$ 145,958	$ 4.58	$ (2,530)	$ (0.11)
Total Healthcare Expenses	**$ 11,002,952**	**$ 347.30**	**$ 11,189,287**	**$ 351.03**	**$ 186,335**	**$ 3.73**
MCR (%)	*93.6%*		*93.2%*		*(36bps)*	
Operating Margin	**$ 757,601**	**$ 23.91**	**$ 816,948**	**$ 25.63**	**$ (59,346)**	**$ (1.72)**

FY 2024-25 6+6 Forecast vs 3+9 Forecast P&L - Consolidated

(excl. HHIP/IPP)

	FY 2024-25 6+6 Forecast	PMPM	FY 2024-25 3+9 Forecast	PMPM	Current Fav/(Unfav)	PMPM
Operating Expenses						
Salaries and Benefits	$ 406,791	$ 12.84	$ 404,627	$ 12.69	$ (2,165)	$ (0.15)
Temporary Labor and Recruitment	$ 8,633	$ 0.27	$ 8,275	$ 0.26	$ (358)	$ (0.01)
Professional Fees	$ 37,666	$ 1.19	$ 33,499	$ 1.05	$ (4,167)	$ (0.14)
Purchased Services	$ 182,854	$ 5.77	$ 181,255	$ 5.69	$ (1,600)	$ (0.09)
Advertising and Promotions	$ 10,103	$ 0.32	$ 10,103	$ 0.32	$ (0)	$ (0.00)
Business Fees and Insurance	$ 64,099	$ 2.02	$ 64,079	$ 2.01	$ (20)	$ (0.01)
Occupancy and Leases	$ 14,535	$ 0.46	$ 14,535	$ 0.46	$ (0)	$ (0.00)
Employee Expense and Supplies	$ 42,050	$ 1.33	$ 42,769	$ 1.34	$ 719	$ 0.01
Other	$ 6,096	$ 0.19	$ 6,096	$ 0.19	$ (0)	$ (0.00)
Medical Administration Expenses - Admin	$ (141,826)	$ (4.48)	$ (140,034)	$ (4.39)	$ 1,792	$ 0.08
Depreciation and Amortization	$ 79,177	$ 2.50	$ 73,051	$ 2.29	$ (6,126)	$ (0.21)
Total Operating Expenses	**$ 710,179**	**$ 22.42**	**$ 698,255**	**$ 21.91**	**$ (11,923)**	**$ (0.51)**
Admin Ratio (%)	*6.0%*		*5.8%*		*(22bps)*	
Income (Loss) from Operations	**$ 47,423**	**$ 1.50**	**$ 118,693**	**$ 3.72**	**$ (71,270)**	**$ (2.23)**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*0.4%*		*1.0%*		*(59bps)*	
Interest Income,Net	$ 161,506	$ 5.10	$ 161,105	$ 5.05	$ 400	$ 0.04
Other Income (Expense),Net	$ (35,302)	$ (1.11)	$ (54,748)	$ (1.72)	$ 19,446	$ 0.60
Unrealized and Realized Gain/Loss, Net	$ (830)	$ (0.03)	$ (8,868)	$ (0.28)	$ 8,038	$ 0.25
Total Non-Operating Income/(Expense)	**$ 125,374**	**$ 3.96**	**$ 97,490**	**$ 3.06**	**$ 27,884**	**0.90**
Net Surplus/(Deficit)	**$ 172,797**	**$ 5.45**	**$ 216,183**	**$ 6.78**	**$ (43,386)**	**$ (1.33)**
Margin (%)	*1.5%*		*1.8%*		*(33bps)*	
Net Surplus/(Deficit) excl. Investment Activities	**$ 12,345**	**$ 0.39**	**$ 64,016**	**$ 2.01**	**$ (51,824)**	**$ (1.62)**
Margin (%)	*0.1%*		*0.5%*		*(43bps)*	

FY 2024-25 6+6 Forecast vs 3+9 Forecast – Margin & MCR

($ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total *(excl HHIP/IPP)*
Revenue	$10,361,415	$498,979	$707,277	$191,156	$11,760,554
Healthcare Exp.	$9,736,846	$435,944	$633,407	$199,710	$11,002,952
Operating Margin	$624,568	$63,035	$73,871	($8,554)	$757,601
6+6 Forecast MCR %	94.0%	87.4%	89.6%	104.5%	93.6%
3+9 Forecast MCR %	93.5%	92.3%	85.6%	108.9%	93.2%

Questions & Considerations

Motion

- To accept the Financial Report for the six months ended March 31, 2025.

Informational Items

Investment Transactions

- As of March 31, 2025, L.A. Care's total investment market value was $4.4B
  - $4.4B managed by Payden & Rygel and New England Asset Management (NEAM)
  - $11M in Los Angeles County Pooled Investment Fund
  - $6M in Local Agency Investment Fund
  - $0.3M in BlackRock Liquidity T-Fund

Quarterly Internal Policy Reports

L.A. Care HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 5, 2025 **Motion No. FIN 101.0625**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

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

Issue: Acceptance of the Financial Reports for the quarter ending March 2025.

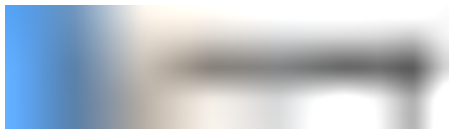
Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for quarter ending March 2025, as submitted.

Financial Performance
March 2025
(Unaudited)



Financial Performance Results - Year-to-Date Highlights

March 2025

Overall

L.A. Care total Year-to-Date (YTD) combined member months are 15.8M, +3K favorable versus 3+9 Forecast. YTD financial performance resulted in a surplus of $178.5M or 3.1% margin and is +$54.3M/+97bps favorable versus 3+9 Forecast. The YTD favorability is driven by lower capitation expense +$83.1M, lower pharmacy claims +$65.4M, timing of provider incentives and shared risk +$35.0M, higher net other income +$22.2M, and higher unrealized gains +$8.0M; partially offset by lower revenue ($102.8M), higher outpatient ($35.8M) and inpatient ($15.3M) claims, and higher operating expenses ($3.6M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). YTD member months are 14.2M, +10K favorable versus 3+9 Forecast. YTD financial performance resulted in a surplus of $160.3M or 3.1% margin, +$36.3M/+73bps favorable versus 3+9 Forecast. The YTD favorability is driven by lower capitation expense +$88.7M, timing of provider incentives and shared risk +$25.9M, higher net other income +$15.0M, higher net interest income +$8.0M, higher unrealized gains +$6.8M, and lower operating expenses +$5.8M; partially offset by lower revenue ($51.3M) and higher outpatient ($38.3M) and inpatient ($24.3M) claims.

D-SNP

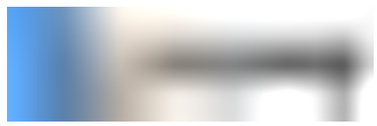
Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. YTD member months are 135K, +2K favorable versus 3+9 Forecast. YTD financial performance resulted in a surplus of $6.8M or 3.2% margin, +$9.9M/+468bps favorable versus 3+9 Forecast. The YTD favorability is driven by lower pharmacy +$15.2M, higher revenue +$3.5M, and lower outpatient +$2.1M and inpatient +$1.9M claims; partially offset by timing of provider incentives and shared risk ($7.8M), higher operating expenses ($3.2M) and higher skilled nurse facility claims ($2.4M).

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. YTD member months are 1.5M, (7K) unfavorable versus 3+9 Forecast. YTD financial performance resulted in a deficit of ($39.4M) or (9.6%) margin, ($8.7M)/(299bps) unfavorable versus 3+9 Forecast. The YTD unfavorability is driven by lower revenue ($54.6M), lower net interest income ($7.5M), higher operating expenses ($6.4M) and higher capitation expenses ($5.4M); partially offset by lower pharmacy +$50.3M and inpatient +$7.3M claims, and timing of provider incentives and shared risk +$7.0M.

Incentive Programs

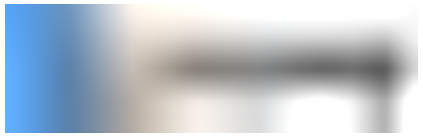
L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). YTD financial performance resulted in a surplus of $69.9M, $6.8M favorable versus 3+9 Forecast, primarily driven by timing of healthcare expenses +$6.6M.



Consolidated Operations Income Statement ($ in thousands)

March 2025

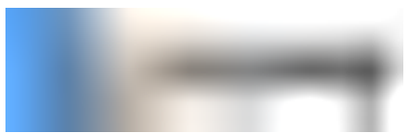
MTD Actual	PMPM	MTD 3+9 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 3+9 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
2,654,728		2,655,122		(394)		Member Months	15,789,939		15,787,350		2,589	
						Revenue						
$ 979,671	$ 369.03	$ 1,001,009	$ 377.01	$ (21,339)	$ (7.98)	Capitation Revenue	$ 5,839,612	$ 369.83	$ 5,942,413	$ 376.40	$ (102,801)	$ (6.57)
$ 979,671	**$ 369.03**	**$ 1,001,009**	**$ 377.01**	**$ (21,339)**	**$ (7.98)**	**Total Revenues**	**$ 5,839,612**	**$ 369.83**	**$ 5,942,413**	**$ 376.40**	**$ (102,801)**	**$ (6.57)**
						Healthcare Expenses						
$ 425,047	$ 160.11	$ 467,102	$ 175.92	$ 42,055	$ 15.82	Capitation	$ 2,719,344	$ 172.22	$ 2,802,453	$ 177.51	$ 83,110	$ 5.29
$ 152,863	$ 57.58	$ 144,387	$ 54.38	$ (8,476)	$ (3.20)	Inpatient Claims	$ 841,383	$ 53.29	$ 826,046	$ 52.32	$ (15,337)	$ (0.96)
$ 181,412	$ 68.34	$ 147,431	$ 55.53	$ (33,981)	$ (12.81)	Outpatient Claims	$ 887,563	$ 56.21	$ 851,796	$ 53.95	$ (35,768)	$ (2.26)
$ 128,066	$ 48.24	$ 125,875	$ 47.41	$ (2,191)	$ (0.83)	Skilled Nurse Facility	$ 728,008	$ 46.11	$ 725,789	$ 45.97	$ (2,220)	$ (0.13)
$ 24,047	$ 9.06	$ 22,763	$ 8.57	$ (1,284)	$ (0.48)	Pharmacy	$ 63,754	$ 4.04	$ 129,141	$ 8.18	$ 65,387	$ 4.14
$ 6,303	$ 2.37	$ 14,071	$ 5.30	$ 7,767	$ 2.93	Provider Incentive and Shared Risk	$ 71,551	$ 4.53	$ 106,559	$ 6.75	$ 35,008	$ 2.22
$ 12,860	$ 4.84	$ 12,393	$ 4.67	$ (466)	$ (0.18)	Medical Administrative Expenses	$ 74,135	$ 4.70	$ 73,441	$ 4.65	$ (695)	$ (0.04)
$ 930,599	**$ 350.54**	**$ 934,022**	**$ 351.78**	**$ 3,424**	**$ 1.24**	**Total Healthcare Expenses**	**$ 5,385,739**	**$ 341.09**	**$ 5,515,224**	**$ 349.34**	**$ 129,485**	**$ 8.26**
95.0%		*93.3%*		*(1.7%)*		*MCR (%)*	*92.2%*		*92.8%*		*0.6%*	
$ 49,072	**$ 18.48**	**$ 66,987**	**$ 25.23**	**$ (17,915)**	**$ (6.74)**	**Operating Margin**	**$ 453,874**	**$ 28.74**	**$ 427,190**	**$ 27.06**	**$ 26,684**	**$ 1.69**
$ 57,882	**$ 21.80**	**$ 58,808**	**$ 22.15**	**$ 926**	**$ 0.35**	**Total Operating Expenses**	**$ 350,177**	**$ 22.18**	**$ 346,626**	**$ 21.96**	**$ (3,551)**	**$ (0.22)**
5.9%		*5.9%*		*(0.0%)*		*Admin Ratio (%)*	*6.0%*		*5.8%*		*(0.2%)*	
$ (8,810)	**$ (3.32)**	**$ 8,179**	**$ 3.08**	**$ (16,988)**	**$ (6.40)**	**Income (Loss) from Operations**	**$ 103,696**	**$ 6.57**	**$ 80,564**	**$ 5.10**	**$ 23,133**	**$ 1.46**
(0.9%)		*0.8%*		*(1.7%)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*1.8%*		*1.4%*		*0.4%*	
$ 16,656	$ 6.27	$ 13,407	$ 5.05	$ 3,248	$ 1.22	Interest Income,Net	$ 82,512	$ 5.23	$ 81,573	$ 5.17	$ 939	$ 0.06
$ (4,138)	$ (1.56)	$ (5,147)	$ (1.94)	$ 1,009	$ 0.38	Other Income (Expense),Net	$ (6,869)	$ (0.44)	$ (29,024)	$ (1.84)	$ 22,155	$ 1.40
$ (134)	$ (0.05)	$ -	$ -	$ 134	$ 0.05	Realized Gain/Loss	$ (112)	$ (0.01)	$ (35)	$ (0.00)	$ 77	$ 0.00
$ 685	$ 0.26	$ -	$ -	$ 685	$ 0.26	Unrealized Gain/Loss	$ (942)	$ (0.06)	$ (8,903)	$ (0.56)	$ 7,961	$ 0.50
$ 13,337	**$ 5.02**	**$ 8,260**	**$ 3.11**	**$ 5,076**	**1.91**	**Total Non-Operating Income/(Expense)**	**$ 74,813**	**$ 4.74**	**$ 43,681**	**$ 2.77**	**$ 31,132**	**$ 1.97**
$ 4,527	**$ 1.71**	**$ 16,439**	**$ 6.19**	**$ (11,912)**	**$ (4.49)**	**Net Surplus/(Deficit)**	**$ 178,509**	**$ 11.31**	**$ 124,245**	**$ 7.87**	**$ 54,265**	**$ 3.44**
0.5%		*1.6%*		*(1.2%)*		*Margin (%)*	*3.1%*		*2.1%*		*1.0%*	



Total Medi-Cal Income Statement ($ in thousands)

March 2025

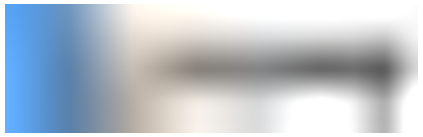
MTD Actual	PMPM	MTD 3+9 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 3+9 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
2,383,701		2,378,153		5,548		Member Months	14,243,374		14,233,772		9,602	
						Revenue						
$ 861,728	$ 361.51	$ 875,695	$ 368.22	$ (13,966)	$ (6.72)	Capitation Revenue	$ 5,126,970	$ 359.95	$ 5,178,274	$ 363.80	$ (51,304)	$ (3.85)
$ 861,728	**$ 361.51**	**$ 875,695**	**$ 368.22**	**$ (13,966)**	**$ (6.72)**	**Total Revenues**	**$ 5,126,970**	**$ 359.95**	**$ 5,178,274**	**$ 363.80**	**$ (51,304)**	**$ (3.85)**
						Healthcare Expenses						
$ 389,337	$ 163.33	$ 432,029	$ 181.67	$ 42,692	$ 18.33	Capitation	$ 2,518,401	$ 176.81	$ 2,607,087	$ 183.16	$ 88,687	$ 6.35
$ 129,510	$ 54.33	$ 118,248	$ 49.72	$ (11,262)	$ (4.61)	Inpatient Claims	$ 701,726	$ 49.27	$ 677,435	$ 47.59	$ (24,292)	$ (1.67)
$ 158,430	$ 66.46	$ 127,147	$ 53.46	$ (31,284)	$ (13.00)	Outpatient Claims	$ 778,142	$ 54.63	$ 739,806	$ 51.98	$ (38,336)	$ (2.66)
$ 127,148	$ 53.34	$ 125,875	$ 52.93	$ (1,273)	$ (0.41)	Skilled Nurse Facility	$ 722,401	$ 50.72	$ 722,750	$ 50.78	$ 349	$ 0.06
$ 6	$ 0.00	$ -	$ -	$ (6)	$ (0.00)	Pharmacy	$ 1,335	$ 0.09	$ 1,240	$ 0.09	$ (95)	$ (0.01)
$ (2,209)	$ (0.93)	$ 8,868	$ 3.73	$ 11,078	$ 4.66	Provider Incentive and Shared Risk	$ 32,553	$ 2.29	$ 58,462	$ 4.11	$ 25,908	$ 1.82
$ 10,816	$ 4.54	$ 10,275	$ 4.32	$ (541)	$ (0.22)	Medical Administrative Expenses	$ 62,605	$ 4.40	$ 62,282	$ 4.38	$ (323)	$ (0.02)
$ 813,038	**$ 341.08**	**$ 822,442**	**$ 345.83**	**$ 9,405**	**$ 4.75**	**Total Healthcare Expenses**	**$ 4,817,164**	**$ 338.20**	**$ 4,869,062**	**$ 342.08**	**$ 51,898**	**$ 3.87**
94.3%		*93.9%*		*(0.4%)*		*MCR (%)*	*94.0%*		*94.0%*		*0.1%*	
$ 48,691	**$ 20.43**	**$ 53,252**	**$ 22.39**	**$ (4,562)**	**$ (1.97)**	**Operating Margin**	**$ 309,806**	**$ 21.75**	**$ 309,212**	**$ 21.72**	**$ 594**	**$ 0.03**
$ 40,903	**$ 17.16**	**$ 42,840**	**$ 18.01**	**$ 1,937**	**$ 0.85**	**Total Operating Expenses**	**$ 243,100**	**$ 17.07**	**$ 248,875**	**$ 17.48**	**$ 5,775**	**$ 0.42**
4.7%		*4.9%*		*0.1%*		*Admin Ratio (%)*	*4.7%*		*4.8%*		*0.1%*	
$ 7,788	**$ 3.27**	**$ 10,412**	**$ 4.38**	**$ (2,624)**	**$ (1.11)**	**Income (Loss) from Operations**	**$ 66,706**	**$ 4.68**	**$ 60,337**	**$ 4.24**	**$ 6,369**	**$ 0.44**
0.9%		*1.2%*		*(0.3%)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*1.3%*		*1.2%*		*0.1%*	
$ 15,871	$ 6.66	$ 11,601	$ 4.88	$ 4,269	$ 1.78	Interest Income,Net	$ 78,622	$ 5.52	$ 70,586	$ 4.96	$ 8,036	$ 0.56
$ (3,912)	$ (1.64)	$ 242	$ 0.10	$ (4,154)	$ (1.74)	Other Income (Expense),Net	$ 15,771	$ 1.11	$ 727	$ 0.05	$ 15,044	$ 1.06
$ (127)	$ (0.05)	$ -	$ -	$ 127	$ 0.05	Realized Gain/Loss	$ (107)	$ (0.01)	$ (31)	$ (0.00)	$ 76	$ 0.01
$ 653	$ 0.27	$ -	$ -	$ 653	$ 0.27	Unrealized Gain/Loss	$ (898)	$ (0.06)	$ (7,705)	$ (0.54)	$ 6,807	$ 0.48
$ 12,739	**$ 5.34**	**$ 11,844**	**$ 4.98**	**$ 895**	**0.36**	**Total Non-Operating Income/(Expense)**	**$ 93,603**	**$ 6.57**	**$ 63,639**	**$ 4.47**	**$ 29,964**	**$ 2.10**
$ 20,527	**$ 8.61**	**$ 22,256**	**$ 9.36**	**$ (1,729)**	**$ (0.75)**	**Net Surplus/(Deficit)**	**$ 160,309**	**$ 11.25**	**$ 123,976**	**$ 8.71**	**$ 36,333**	**$ 2.54**
2.4%		*2.5%*		*(0.2%)*		*Margin (%)*	*3.1%*		*2.4%*		*0.7%*	



DSNP Income Statement ($ in thousands)

March 2025

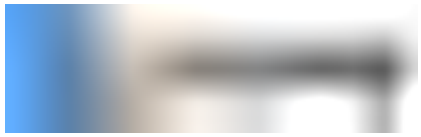
MTD Actual	PMPM	MTD 3+9 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 3+9 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
25,738		24,138		1,600		Member Months	135,362		133,084		2,278	
						Revenue						
$ 43,057	$ 1,672.91	$ 40,705	$ 1,686.38	$ 2,352	$ (13.47)	Capitation Revenue	$ 213,495	$ 1,577.22	$ 210,023	$ 1,578.12	$ 3,472	$ (0.91)
$ 43,057	**$ 1,672.91**	**$ 40,705**	**$ 1,686.38**	**$ 2,352**	**$ (13.47)**	**Total Revenues**	**$ 213,495**	**$ 1,577.22**	**$ 210,023**	**$ 1,578.12**	**$ 3,472**	**$ (0.91)**
						Healthcare Expenses						
$ 14,205	$ 551.90	$ 13,441	$ 556.83	$ (764)	$ 4.93	Capitation	$ 73,361	$ 541.96	$ 73,226	$ 550.22	$ (135)	$ 8.26
$ 10,115	$ 392.99	$ 9,009	$ 373.23	$ (1,106)	$ (19.76)	Inpatient Claims	$ 44,352	$ 327.65	$ 46,292	$ 347.84	$ 1,940	$ 20.18
$ 5,824	$ 226.27	$ 5,881	$ 243.64	$ 57	$ 17.37	Outpatient Claims	$ 27,350	$ 202.05	$ 29,441	$ 221.22	$ 2,092	$ 19.18
$ 803	$ 31.22	$ -	$ -	$ (803)	$ (31.22)	Skilled Nurse Facility	$ 5,040	$ 37.23	$ 2,689	$ 20.21	$ (2,351)	$ (17.03)
$ 5,335	$ 207.30	$ 5,478	$ 226.96	$ 143	$ 19.66	Pharmacy	$ 4,166	$ 30.78	$ 19,329	$ 145.24	$ 15,162	$ 114.46
$ 11,538	$ 448.28	$ 2,891	$ 119.77	$ (8,647)	$ (328.51)	Provider Incentive and Shared Risk	$ 24,774	$ 183.02	$ 16,957	$ 127.42	$ (7,817)	$ (55.61)
$ 676	$ 26.26	$ 917	$ 37.97	$ 241	$ 11.71	Medical Administrative Expenses	$ 4,324	$ 31.95	$ 4,301	$ 32.32	$ (23)	$ 0.37
$ 48,496	**$ 1,884.21**	**$ 37,616**	**$ 1,558.40**	**$ (10,880)**	**$ (325.81)**	**Total Healthcare Expenses**	**$ 183,368**	**$ 1,354.65**	**$ 192,236**	**$ 1,444.46**	**$ 8,868**	**$ 89.82**
112.6%		*92.4%*		*(20.2%)*		*MCR (%)*	*85.9%*		*91.5%*		*5.6%*	
$ (5,439)	**$ (211.30)**	**$ 3,089**	**$ 127.98**	**$ (8,528)**	**$ (339.28)**	**Operating Margin**	**$ 30,128**	**$ 222.57**	**$ 17,788**	**$ 133.66**	**$ 12,340**	**$ 88.91**
$ 4,149	**$ 161.22**	**$ 3,743**	**$ 155.05**	**$ (407)**	**$ (6.16)**	**Total Operating Expenses**	**$ 27,186**	**$ 200.84**	**$ 23,985**	**$ 180.22**	**$ (3,201)**	**$ (20.61)**
9.6%		*9.2%*		*(0.4%)*		*Admin Ratio (%)*	*12.7%*		*11.4%*		*(1.3%)*	
$ (9,588)	**$ (372.52)**	**$ (653)**	**$ (27.07)**	**$ (8,934)**	**$ (345.45)**	**Income (Loss) from Operations**	**$ 2,942**	**$ 21.73**	**$ (6,197)**	**$ (46.57)**	**$ 9,140**	**$ 68.30**
(22.3%)		*(1.6%)*		*(20.7%)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*1.4%*		*(3.0%)*		*4.3%*	
$ 784	$ 30.48	$ 568	$ 23.51	$ 217	$ 6.97	Interest Income,Net	$ 3,886	$ 28.71	$ 3,452	$ 25.94	$ 434	$ 2.77
$ -	$ -	$ -	$ -	$ -	$ -	Other Income (Expense),Net	$ 39	$ 0.29	$ 0	$ 0.00	$ 39	$ 0.29
$ (6)	$ (0.24)	$ -	$ -	$ 6	$ 0.24	Realized Gain/Loss	$ (5)	$ (0.04)	$ (2)	$ (0.01)	$ 4	$ 0.03
$ 32	$ 1.25	$ -	$ -	$ 32	$ 1.25	Unrealized Gain/Loss	$ (44)	$ (0.33)	$ (377)	$ (2.83)	$ 332	$ 2.50
$ 823	**$ 31.98**	**$ 568**	**$ 23.51**	**$ 255**	**8.46**	**Total Non-Operating Income/(Expense)**	**$ 3,886**	**$ 28.71**	**$ 3,077**	**$ 23.12**	**$ 809**	**$ 5.59**
$ (8,765)	**$ (340.54)**	**$ (86)**	**$ (3.56)**	**$ (8,679)**	**$ (336.98)**	**Net Surplus/(Deficit)**	**$ 6,828**	**$ 50.44**	**$ (3,121)**	**$ (23.45)**	**$ 9,948**	**$ 73.89**
(20.4%)		*(0.2%)*		*(20.1%)*		*Margin (%)*	*3.2%*		*(1.5%)*		*4.7%*	



Commercial Income Statement ($ in thousands)

March 2025

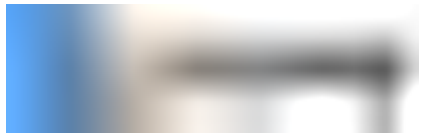
MTD Actual	PMPM	MTD 3+9 Forecast	PMPM	MTD Fav/(Unfav)	PMPM		YTD Actual	PMPM	YTD 3+9 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
						Membership						
271,027		276,969		(5,942)		Member Months	1,546,565		1,553,578		(7,013)	
						Revenue						
$ 77,932	$ 287.54	$ 84,609	$ 305.48	$ (6,677)	$ (17.94)	Capitation Revenue	$ 410,557	$ 265.46	$ 465,195	$ 299.43	$ (54,638)	$ (33.97)
$ 77,932	**$ 287.54**	**$ 84,609**	**$ 305.48**	**$ (6,677)**	**$ (17.94)**	**Total Revenues**	**$ 410,557**	**$ 265.46**	**$ 465,195**	**$ 299.43**	**$ (54,638)**	**$ (33.97)**
						Healthcare Expenses						
$ 21,505	$ 79.35	$ 21,632	$ 78.10	$ 127	$ (1.24)	Capitation	$ 127,584	$ 82.50	$ 122,140	$ 78.62	$ (5,444)	$ (3.88)
$ 13,244	$ 48.86	$ 17,130	$ 61.85	$ 3,887	$ 12.99	Inpatient Claims	$ 95,049	$ 61.46	$ 102,317	$ 65.86	$ 7,268	$ 4.40
$ 17,161	$ 63.32	$ 14,403	$ 52.00	$ (2,758)	$ (11.32)	Outpatient Claims	$ 82,055	$ 53.06	$ 82,533	$ 53.12	$ 478	$ 0.07
$ 117	$ 0.43	$ -	$ -	$ (117)	$ (0.43)	Skilled Nurse Facility	$ 582	$ 0.38	$ 351	$ 0.23	$ (231)	$ (0.15)
$ 18,706	$ 69.02	$ 17,285	$ 62.41	$ (1,421)	$ (6.61)	Pharmacy	$ 58,230	$ 37.65	$ 108,550	$ 69.87	$ 50,320	$ 32.22
$ (4,333)	$ (15.99)	$ 1,473	$ 5.32	$ 5,807	$ 21.31	Provider Incentive and Shared Risk	$ 1,768	$ 1.14	$ 8,798	$ 5.66	$ 7,030	$ 4.52
$ 1,325	$ 4.89	$ 1,202	$ 4.34	$ (123)	$ (0.55)	Medical Administrative Expenses	$ 7,083	$ 4.58	$ 6,814	$ 4.39	$ (269)	$ (0.19)
$ 67,725	**$ 249.88**	**$ 73,126**	**$ 264.02**	**$ 5,401**	**$ 14.14**	**Total Healthcare Expenses**	**$ 372,352**	**$ 240.76**	**$ 431,504**	**$ 277.75**	**$ 59,152**	**$ 36.99**
86.9%		*86.4%*		*(0.5%)*		*MCR (%)*	*90.7%*		*92.8%*		*2.1%*	
$ 10,207	**$ 37.66**	**$ 11,483**	**$ 41.46**	**$ (1,276)**	**$ (3.80)**	**Operating Margin**	**$ 38,204**	**$ 24.70**	**$ 33,690**	**$ 21.69**	**$ 4,514**	**$ 3.02**
$ 12,367	**$ 45.63**	**$ 11,652**	**$ 42.07**	**$ (715)**	**$ (3.56)**	**Total Operating Expenses**	**$ 77,468**	**$ 50.09**	**$ 71,039**	**$ 45.73**	**$ (6,429)**	**$ (4.36)**
15.9%		*13.8%*		*(2.1%)*		*Admin Ratio (%)*	*18.9%*		*15.3%*		*(3.6%)*	
$ (2,160)	**$ (7.97)**	**$ (169)**	**$ (0.61)**	**$ (1,991)**	**$ (7.36)**	**Income (Loss) from Operations**	**$ (39,263)**	**$ (25.39)**	**$ (37,348)**	**$ (24.04)**	**$ (1,915)**	**$ (1.35)**
(2.8%)		*(0.2%)*		*(2.6%)*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*(9.6%)*		*(8.0%)*		*(1.5%)*	
$ 0	$ 0.00	$ 1,239	$ 4.47	$ (1,238)	$ (4.47)	Interest Income,Net	$ 3	$ 0.00	$ 7,535	$ 4.85	$ (7,532)	$ (4.85)
$ (20)	$ (0.07)	$ -	$ -	$ (20)	$ (0.07)	Other Income (Expense),Net	$ (112)	$ (0.07)	$ (52)	$ (0.03)	$ (60)	$ (0.04)
$ -	$ -	$ -	$ -	$ -	$ -	Realized Gain/Loss	$ -	$ -	$ (3)	$ (0.00)	$ (3)	$ (0.00)
$ -	$ -	$ -	$ -	$ -	$ -	Unrealized Gain/Loss	$ -	$ -	$ (822)	$ (0.53)	$ 822	$ 0.53
$ (19)	**$ (0.07)**	**$ 1,239**	**$ 4.47**	**$ (1,258)**	**(4.54)**	**Total Non-Operating Income/(Expense)**	**$ (109)**	**$ (0.07)**	**$ 6,664**	**$ 4.29**	**$ (6,773)**	**$ (4.36)**
$ (2,179)	**$ (8.04)**	**$ 1,070**	**$ 3.86**	**$ (3,249)**	**$ (11.90)**	**Net Surplus/(Deficit)**	**$ (39,372)**	**$ (25.46)**	**$ (30,684)**	**$ (19.75)**	**$ (8,688)**	**$ (5.71)**
(2.8%)		*1.3%*		*(4.1%)*		*Margin (%)*	*(9.6%)*		*(6.6%)*		*(3.0%)*	



Incentive Programs Income Statement ($ in thousands)

March 2025

MTD Actual		MTD 3+9 Forecast		MTD Fav/(Unfav)			YTD Actual		YTD 3+9 Forecast		YTD Fav/(Unfav)	
	PMPM		PMPM		PMPM			PMPM		PMPM		PMPM
-		-		-		**Membership**						
						Member Months	-		-		-	
						Revenue						
$ -	$ -	$ -	$ -	$ -	$ -	Capitation Revenue	$ 86,864	$ -	$ 86,864	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**Total Revenues**	**$ 86,864**	**$ -**	**$ 86,864**	**$ -**	**$ -**	**$ -**
						Healthcare Expenses						
$ -	$ -	$ -	$ -	$ -	$ -	Capitation	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Inpatient Claims	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Outpatient Claims	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Skilled Nurse Facility	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -
$ 4,537	$ -	$ 838	$ -	$ (3,699)	$ -	Provider Incentive and Shared Risk	$ 15,685	$ -	$ 22,342	$ -	$ 6,657	$ -
$ 43	$ -	$ -	$ -	$ (43)	$ -	Medical Administrative Expenses	$ 122	$ -	$ 43	$ -	$ (79)	$ -
$ 4,580	**$ -**	**$ 838**	**$ -**	**$ (3,742)**	**$ -**	**Total Healthcare Expenses**	**$ 15,806**	**$ -**	**$ 22,385**	**$ -**	**$ 6,578**	**$ -**
0.0%		*0.0%*		*0.0%*		*MCR (%)*	*18.2%*		*25.8%*		*7.6%*	
$ (4,580)	**$ -**	**$ (838)**	**$ -**	**$ (3,742)**	**$ -**	**Operating Margin**	**$ 71,058**	**$ -**	**$ 64,479**	**$ -**	**$ 6,578**	**$ -**
$ 273	**$ -**	**$ 316**	**$ -**	**$ 44**	**$ -**	**Total Operating Expenses**	**$ 1,127**	**$ -**	**$ 1,299**	**$ -**	**$ 171**	**$ -**
0.0%		*0.0%*		*0.0%*		*Admin Ratio (%)*	*1.3%*		*201.5%*		*200.2%*	
$ (4,853)	**$ -**	**$ (1,154)**	**$ -**	**$ (3,699)**	**$ -**	**Income (Loss) from Operations**	**$ 69,930**	**$ -**	**$ 63,180**	**$ -**	**$ 6,750**	**$ -**
0.0%		*0.0%*		*0.0%*		*Margin before Non-Operating Inc/(Exp) Ratio (%)*	*80.5%*		*72.7%*		*7.8%*	
$ -	$ -	$ -	$ -	$ -	$ -	Interest Income,Net	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**-**	**Total Non-Operating Income/(Expense)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
$ (4,853)	**$ -**	**$ (1,154)**	**$ -**	**$ (3,699)**	**$ -**	**Net Surplus/(Deficit)**	**$ 69,930**	**$ -**	**$ 63,180**	**$ -**	**$ 6,750**	**$ -**
0.0%		*0.0%*		*0.0%*		*Margin (%)*	*80.5%*		*72.7%*		*7.8%*	



Balance Sheet ($ in thousands)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Assets						
Cash and Cash Equivalents	$ 1,314,646	$ 1,170,544	$ 1,482,560	$ 983,531	$ 1,196,550	$ 2,421,528
Short Term Investments, at fair value	$ 2,024,401	$ 2,005,819	$ 2,294,747	$ 2,188,477	$ 2,025,009	$ 1,935,427
Capitation Receivable	$ 3,054,918	$ 3,347,376	$ 3,060,015	$ 3,099,317	$ 3,152,325	$ 3,045,938
Interest and Non-Operating Receivables	$ 265,002	$ 139,762	$ 307,404	$ 326,713	$ 348,442	$ 84,606
Prepaids and Other Current Assets	$ 62,382	$ 71,894	$ 89,012	$ 103,216	$ 133,217	$ 86,672
Current Assets	**$ 6,721,349**	**$ 6,735,396**	**$ 7,233,738**	**$ 6,701,254**	**$ 6,855,543**	**$ 7,574,171**
Capitalized Assets - net	$ 268,022	$ 267,908	$ 268,774	$ 277,311	$ 332,653	$ 335,981
Non-Current Assets	$ 2,813	$ 3,476	$ 3,014	$ 2,864	$ 2,714	$ 2,593
Total Assets	**$ 6,992,184**	**$ 7,006,780**	**$ 7,505,526**	**$ 6,981,429**	**$ 7,190,910**	**$ 7,912,744**
Liabilities & Equity						
Liabilities						
Reserve for Claims	$ 711,683	$ 729,756	$ 708,158	$ 736,499	$ 761,466	$ 848,436
Accrued Medical Expenses	$ 167,349	$ 167,317	$ 177,140	$ 160,003	$ 167,309	$ 174,529
Reserve for Provider Incentives	$ 144,946	$ 153,104	$ 161,180	$ 144,970	$ 125,753	$ 104,725
Non-Operating Payables	$ 46,530	$ 29,303	$ 532,106	$ 28,783	$ (2,678)	$ 834,448
Grants Payable	$ 15,825	$ 17,841	$ 18,855	$ 16,463	$ 15,569	$ 15,432
Accounts Payable and Accrued Liabilities	$ 412,259	$ 539,455	$ 512,756	$ 436,019	$ 499,933	$ 348,859
Subcapitation Payable	$ 3,059,188	$ 2,859,020	$ 2,840,249	$ 2,809,780	$ 2,874,604	$ 2,895,568
Deferred Revenue	$ 67,414	$ 122,454	$ 78,915	$ 129,073	$ 125,229	$ 94,112
Deferred Rent	$ 126,177	$ 142,161	$ 142,551	$ 144,156	$ 189,726	$ 158,109
Accts Receivable - PP	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
Total Current Liabilities	**$ 4,751,372**	**$ 4,760,412**	**$ 5,171,912**	**$ 4,605,749**	**$ 4,756,912**	**$ 5,474,219**
Equity						
Invested in Capital Assets, Net of related dep	$ 118,174	$ 115,516	$ 121,242	$ 128,049	$ 137,812	$ 141,564
Restricted Equity	$ 23,327	$ 23,327	$ 23,327	$ 23,327	$ 23,327	$ 23,327
Minimum Tangible Net Equity	$ 251,076	$ 257,310	$ 272,468	$ 279,412	$ 279,346	$ 284,365
Board Designated Funds	$ 110,027	$ 103,481	$ 108,595	$ 129,643	$ 186,535	$ 183,753
Unrestricted Net Assets	$ 1,738,208	$ 1,746,734	$ 1,807,982	$ 1,815,249	$ 1,806,977	$ 1,805,516
Total Equity	**$ 2,240,812**	**$ 2,246,368**	**$ 2,333,614**	**$ 2,375,680**	**$ 2,433,998**	**$ 2,438,525**
Total Liabilities & Equity	**$ 6,992,184**	**$ 7,006,780**	**$ 7,505,526**	**$ 6,981,429**	**$ 7,190,910**	**$ 7,912,744**
Solvency Ratios						
Working Capital Ratio	1.45	1.46	1.44	1.50	1.50	1.42
Cash to Claims Ratio	0.89	0.89	1.06	0.89	0.89	1.16
Tangible Net Equity Ratio	8.92	8.73	8.56	8.50	8.71	8.58

Cash Flows Statement ($ in thousands) — March 2025

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
Cash Flows from Operating Activities:							
Capitation Revenue	$ 783,126	$ 943,020	$ 985,666	$ 984,372	$ 846,368	$ 1,041,427	$ 5,583,979
Other Income (Expense), net	$ 11,095	$ 8,548	$ 8,852	$ 10,269	$ 8,487	$ 15,359	$ 62,610
Healthcare Expenses	$ (724,243)	$ (1,076,858)	$ (848,802)	$ (921,897)	$ (730,553)	$ (824,131)	$ (5,126,484)
Operating Expenses	$ (83,498)	$ (56,475)	$ (81,302)	$ (80,372)	$ (76,019)	$ (5,650)	$ (383,316)
Net Cash Provided By Operating Activities	**$ (13,520)**	**$ (181,765)**	**$ 64,414**	**$ (7,628)**	**$ 48,283**	**$ 227,005**	**$ 136,789**
Cash Flows from Investing Activities							
Purchase of investments - Net	$ 317,054	$ 20,054	$ (292,509)	$ 106,120	$ 170,837	$ 90,401	$ 411,957
Purchase of Capital Assets	$ (3,403)	$ (5,752)	$ (6,662)	$ (14,982)	$ (8,300)	$ (10,238)	$ (49,337)
Net Cash Provided By Investing Activities	**$ 313,651**	**$ 14,302**	**$ (299,171)**	**$ 91,138**	**$ 162,537**	**$ 80,163**	**$ 362,620**
Cash Flows from Financing Activities:							
Lease Payment - Capital & ROU	$ (309)	$ (309)	$ (255)	$ (184)	$ (301)	$ (355)	$ (1,713)
SBITA Liability Increase / (Decrease)	$ (249)	$ (2,462)	$ 710	$ 1,914	$ (9,523)	$ (69)	$ (9,679)
Gross Premium Tax (MCO Sales Tax) - Net	$ (82,027)	$ 43,359	$ 43,515	$ (80,947)	$ 43,484	$ 81,109	$ 48,493
Pass through transactions (AB 85, IGT, etc.)	$ 77	$ (17,227)	$ 502,802	$ (503,322)	$ (31,461)	$ 837,125	$ 787,994
Net Cash Provided By Financing Activities	**$ (82,508)**	**$ 23,361**	**$ 546,772**	**$ (582,539)**	**$ 2,199**	**$ 917,810**	**$ 825,095**
Net Increase in Cash and Cash Equivalents	**$ 217,623**	**$ (144,102)**	**$ 312,015**	**$ (499,029)**	**$ 213,019**	**$ 1,224,978**	**$ 1,324,504**
Cash and Cash Equivalents, Beginning	$ 1,073,696	$ 1,291,319	$ 1,147,217	$ 1,459,232	$ 960,203	$ 1,173,222	$ 1,073,696
Cash and Cash Equivalents, Ending	**$ 1,291,319**	**$ 1,147,217**	**$ 1,459,232**	**$ 960,203**	**$ 1,173,222**	**$ 2,398,200**	**$ 2,398,200**
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:							
Excess of Revenues over Expenses	**$ (19,489)**	**$ 5,841**	**$ 87,246**	**$ 42,066**	**$ 58,318**	**$ 4,527**	**$ 178,509**
Adjustments to Excess of Revenues Over Expenses:							
Depreciation	$ 5,522	$ 5,580	$ 5,796	$ 6,445	$ 8,361	$ 6,910	$ 38,614
Realized and Unrealized (Gain)/Loss on Investments	$ 6,758	$ (1,472)	$ 3,582	$ 150	$ (7,369)	$ (819)	$ 830
Deferred Rent		$ -				$ 263	$ 263
Gross Premium Tax provision	$ 18	$ 17	$ 17	$ (16,762)	$ (2,920)	$ 3,932	$ (15,698)
Loss on Disposal of Capital Assets		$ -		$ -	$ -	$ -	$ -
Total Adjustments to Excess of Revenues over Expenses	**$ 12,298**	**$ 4,125**	**$ 9,395**	**$ (10,167)**	**$ (1,928)**	**$ 10,286**	**$ 24,009**
Changes in Operating Assets and Liabilities:							
Capitation Receivable	$ (145,768)	$ (55,413)	$ (50,638)	$ (54,806)	$ (62,940)	$ 110,448	$ (259,117)
Interest and Non-Operating Receivables	$ 7,183	$ 136	$ (1,296)	$ 2,450	$ 519	$ (1,244)	$ 7,748
Prepaid and Other Current Assets	$ (94,270)	$ (24,085)	$ 98,546	$ 1,450	$ (19,919)	$ 42,606	$ 4,328
Accounts Payable and Accrued Liabilities	$ (26,727)	$ 4,910	$ (13,845)	$ (912)	$ 527	$ (1,317)	$ (37,364)
Subcapitation Payable	$ 271,375	$ (200,535)	$ (18,771)	$ (30,470)	$ 64,824	$ 20,964	$ 107,387
Deferred Capitation Revenue	$ (2,345)	$ 54,991	$ (43,671)	$ 46,856	$ (3,655)	$ (48,692)	$ 3,484
Accrued Medical Expenses	$ (20,303)	$ 18	$ 9,955	$ (13,834)	$ 7,682	$ 23,622	$ 7,140
Reserve for Claims	$ 3,652	$ 18,073	$ (21,598)	$ 28,341	$ 24,967	$ 86,969	$ 140,404
Reserve for Provider Incentives	$ 7,216	$ 8,158	$ 8,077	$ (16,210)	$ (19,217)	$ (21,028)	$ (33,004)
Grants Payable	$ (6,342)	$ 2,016	$ 1,014	$ (2,392)	$ (895)	$ (136)	$ (6,735)
Net Changes in Operating Assets and Liabilities	**$ (6,329)**	**$ (191,731)**	**$ (32,227)**	**$ (39,527)**	**$ (8,107)**	**$ 212,192**	**$ (65,729)**
Net Cash Provided By Operating Activities	**$ (13,520)**	**$ (181,765)**	**$ 64,414**	**$ (7,628)**	**$ 48,283**	**$ 227,005**	**$ 136,789**

BOARD REPORT EXECUTIVE SUMMARY

Report Title: Monthly Investment Portfolio Securities Transaction Report - March 2025

Date: 05/23/2025

Prepared By: Afzal Shah, Chief Financial Officer

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1. Purpose of the Report

- To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607 as mentioned in L.A. Care's Investment Policy.

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2. Background / Context

- The report provides the month end investment balance of the investment portfolio and a list of investment transactions performed by L.A. Care's investment managers during the month.

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3. Key Considerations / Analysis

- The monthly investment report is simply for informational purposes.

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4. Recommended Action / Decision Requested

Board Action Needed:
☒ For Information Only
☐ For Discussion
☐ For Approval / Decision (specify below)

Proposed Motion (if applicable): N/A.

5. Next Steps / Timeline

None

Attachments / Supporting Materials:

- Monthly Transactions Report – March 2025
- L.A. Care's Investment Transactions

DATE: May 23, 2025

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for March 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 March 1 to March 31, 2025.

L.A. Care's investment market value as of March 31, 2025, was $4.4 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 $0.3 million invested with the BlackRock Liquidity T-Fund. L.A. Care terminated its investment in the BlackRock Liquidity T-Fund on April 1, 2025.

The remainder as of March 31, 2025, of $4.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

Account Name: L.A. CARE HEALTH PLAN

03/01/2025 through 03/31/2025

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
03/03/25	03/03/25	Buy	20,000,000.000	NATL SEC CLEARING CP 144A MAT 05/14/25 Cpn 63763PSE0	(19,827,600.00)		0.00	0.00	(19,827,600.00)
03/04/25	03/04/25	Buy	20,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn 912797NT0	(19,934,067.78)		0.00	0.00	(19,934,067.78)
03/04/25	03/04/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn 912797NT0	(49,835,169.44)		0.00	0.00	(49,835,169.44)
03/04/25	03/04/25	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 03/05/25 Cpn 22533TQ58	(39,995,233.33)		0.00	0.00	(39,995,233.33)
03/05/25	03/05/25	Buy	11,000,000.000	CA TRUSTEES CAL STATE UNIV CP MAT 06/04/25 Cpn 4.38 13080YAB7	(11,000,000.00)		0.00	0.00	(11,000,000.00)
03/04/25	03/05/25	Buy	4,733,000.000	FORDL 2024-B A3 LEASE MAT 12/15/27 Cpn 4.99 345279AD5	(4,773,674.22)	(13,120.93)	0.00	0.00	(4,786,795.15)
03/04/25	03/05/25	Buy	5,630,000.000	HALST 2024-A A3 LEASE 144A MAT 03/15/27 Cpn 5.02 448988AD7	(5,657,050.39)	(15,701.44)	0.00	0.00	(5,672,751.83)
03/05/25	03/05/25	Buy	10,000,000.000	MA BAY TRANSPORTATION AUTH MAT 05/01/25 Cpn 4.40 57559LAG3	(10,000,000.00)		0.00	0.00	(10,000,000.00)
03/05/25	03/05/25	Buy	8,098,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 05/01/25 Cpn 4.40 83708BEA0	(8,098,000.00)		0.00	0.00	(8,098,000.00)
03/04/25	03/05/25	Buy	5,085,000.000	TLOT 2024-A A3 LEASE 144A MAT 04/20/27 Cpn 5.25 89238GAD3	(5,128,103.32)	(11,123.44)	0.00	0.00	(5,139,226.76)
03/11/25	03/11/25	Buy	25,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 04/10/25 Cpn 00915SRA2	(24,909,791.67)		0.00	0.00	(24,909,791.67)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,988,194.44)		0.00	0.00	(49,988,194.44)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,988,194.44)		0.00	0.00	(49,988,194.44)

Account Name: L.A. CARE HEALTH PLAN

03/01/2025 through 03/31/2025

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
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,988,194.44)		0.00	0.00	(49,988,194.44)
03/11/25	03/11/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(24,994,082.64)		0.00	0.00	(24,994,082.64)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,988,165.28)		0.00	0.00	(49,988,165.28)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,988,165.28)		0.00	0.00	(49,988,165.28)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,753.47)		0.00	0.00	(49,958,753.47)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,753.47)		0.00	0.00	(49,958,753.47)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,753.47)		0.00	0.00	(49,958,753.47)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,714.58)		0.00	0.00	(49,958,714.58)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,714.58)		0.00	0.00	(49,958,714.58)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(49,958,714.58)		0.00	0.00	(49,958,714.58)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	(49,946,860.00)		0.00	0.00	(49,946,860.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	(49,946,860.00)		0.00	0.00	(49,946,860.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	(49,946,860.00)		0.00	0.00	(49,946,860.00)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn	912797KJ5	(49,946,812.50)		0.00	0.00	(49,946,812.50)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn	912797KJ5	(49,946,812.50)		0.00	0.00	(49,946,812.50)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn	912797KJ5	(49,946,812.50)		0.00	0.00	(49,946,812.50)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,750.00)		0.00	0.00	(49,917,750.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,750.00)		0.00	0.00	(49,917,750.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,750.00)		0.00	0.00	(49,917,750.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,633.33)		0.00	0.00	(49,917,633.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,633.33)		0.00	0.00	(49,917,633.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,633.33)		0.00	0.00	(49,917,633.33)
03/11/25	03/11/25	Buy	35,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(34,942,248.06)		0.00	0.00	(34,942,248.06)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,497.22)		0.00	0.00	(49,917,497.22)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,497.22)		0.00	0.00	(49,917,497.22)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,917,497.22)		0.00	0.00	(49,917,497.22)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn	912797NT0	(49,877,004.17)		0.00	0.00	(49,877,004.17)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn	912797NT0	(49,877,004.17)		0.00	0.00	(49,877,004.17)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn	912797NT0	(49,877,004.17)		0.00	0.00	(49,877,004.17)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/03/25 Cpn	912797MV6	(49,865,354.17)		0.00	0.00	(49,865,354.17)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/03/25 Cpn	912797MV6	(49,865,354.17)		0.00	0.00	(49,865,354.17)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/06/25 Cpn	912797PC5	(49,672,166.67)		0.00	0.00	(49,672,166.67)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/06/25 Cpn	912797PC5	(49,672,166.67)		0.00	0.00	(49,672,166.67)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/15/25 Cpn	912797LB1	(49,620,833.33)		0.00	0.00	(49,620,833.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/15/25 Cpn	912797LB1	(49,620,833.33)		0.00	0.00	(49,620,833.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/03/25 Cpn	912797PL5	(49,512,333.33)		0.00	0.00	(49,512,333.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/03/25 Cpn	912797PL5	(49,512,333.33)		0.00	0.00	(49,512,333.33)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn	912797MU8	(49,906,100.00)		0.00	0.00	(49,906,100.00)
03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn	912797MU8	(49,906,100.00)		0.00	0.00	(49,906,100.00)

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03/11/25	03/11/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,906,100.00)		0.00	0.00	(49,906,100.00)
03/11/25	03/11/25	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 03/12/25 Cpn 22533TQC3	(49,994,027.78)		0.00	0.00	(49,994,027.78)
03/11/25	03/11/25	Buy	16,175,000.000	CA STATE GO/ULT CP TXB MAT 04/08/25 Cpn 4.40 13068BLM7	(16,175,000.00)		0.00	0.00	(16,175,000.00)
03/11/25	03/11/25	Buy	30,000,000.000	CUMMINS INC CP 144A MAT 04/24/25 Cpn 23102URQ7	(29,841,233.33)		0.00	0.00	(29,841,233.33)
03/11/25	03/11/25	Buy	46,800,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(46,794,592.00)		0.00	0.00	(46,794,592.00)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(49,994,222.22)		0.00	0.00	(49,994,222.22)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(49,994,222.22)		0.00	0.00	(49,994,222.22)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(49,994,222.22)		0.00	0.00	(49,994,222.22)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(49,994,222.22)		0.00	0.00	(49,994,222.22)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	(49,994,222.22)		0.00	0.00	(49,994,222.22)
03/11/25	03/11/25	Buy	44,400,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(44,332,179.00)		0.00	0.00	(44,332,179.00)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,923,625.00)		0.00	0.00	(49,923,625.00)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,923,625.00)		0.00	0.00	(49,923,625.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,923,625.00)		0.00	0.00	(49,923,625.00)
03/11/25	03/11/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,923,625.00)		0.00	0.00	(49,923,625.00)
03/11/25	03/11/25	Buy	20,000,000.000	CA LA WASTEWTR CP TXB MAT 05/01/25 Cpn 4.40 54466DBU8	(20,000,000.00)		0.00	0.00	(20,000,000.00)
03/11/25	03/11/25	Buy	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 03/25/25 Cpn 6698M4QR6	(39,933,266.67)		0.00	0.00	(39,933,266.67)
03/11/25	03/11/25	Buy	28,500,000.000	NATL SEC CLEARING CP 144A MAT 03/28/25 Cpn 63763PQU6	(28,442,129.17)		0.00	0.00	(28,442,129.17)
03/11/25	03/11/25	Buy	12,356,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 05/14/25 Cpn 4.39 83708BEB8	(12,356,000.00)		0.00	0.00	(12,356,000.00)
03/11/25	03/11/25	Buy	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/07/25 Cpn 86563GS78	(29,794,800.00)		0.00	0.00	(29,794,800.00)
03/11/25	03/11/25	Buy	25,000,000.000	TVA DISCOUNT NOTE MAT 03/26/25 Cpn 880590DN1	(24,955,843.75)		0.00	0.00	(24,955,843.75)
03/11/25	03/11/25	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 03/26/25 Cpn 880590DN1	(49,911,687.50)		0.00	0.00	(49,911,687.50)
03/11/25	03/11/25	Buy	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/12/25 Cpn 91058TQC3	(49,993,986.11)		0.00	0.00	(49,993,986.11)
03/12/25	03/12/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(24,997,042.01)		0.00	0.00	(24,997,042.01)
03/12/25	03/12/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	(49,994,084.03)		0.00	0.00	(49,994,084.03)
03/12/25	03/12/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	(24,982,375.00)		0.00	0.00	(24,982,375.00)

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03/12/25	03/12/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn	912797NR4	(49,964,750.00)		0.00	0.00	(49,964,750.00)
03/12/25	03/12/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn	912797KJ5	(24,976,500.00)		0.00	0.00	(24,976,500.00)
03/12/25	03/12/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn	912797KJ5	(49,953,000.00)		0.00	0.00	(49,953,000.00)
03/12/25	03/12/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(24,961,722.22)		0.00	0.00	(24,961,722.22)
03/12/25	03/12/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,923,444.44)		0.00	0.00	(49,923,444.44)
03/12/25	03/12/25	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 03/24/25 Cpn	22533TQQ2	(39,942,666.67)		0.00	0.00	(39,942,666.67)
03/11/25	03/12/25	Buy	40,000,000.000	CATERPILLAR FIN CP MAT 04/03/25 Cpn	14912DR35	(39,894,155.56)		0.00	0.00	(39,894,155.56)
03/12/25	03/12/25	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/25 Cpn	313385CZ7	(39,995,333.33)		0.00	0.00	(39,995,333.33)
03/12/25	03/12/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/25 Cpn	313385CZ7	(49,994,166.67)		0.00	0.00	(49,994,166.67)
03/04/25	03/12/25	Buy	2,300,000.000	VFET 2025-1A A2 EQP 144A MAT 11/15/27 Cpn 4.41	92887TAB7	(2,299,890.06)		0.00	0.00	(2,299,890.06)
03/13/25	03/13/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,929,483.33)		0.00	0.00	(49,929,483.33)
03/13/25	03/13/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,929,483.33)		0.00	0.00	(49,929,483.33)
03/13/25	03/13/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	(49,929,483.33)		0.00	0.00	(49,929,483.33)

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03/13/25	03/13/25	Buy	25,000,000.000	CREDIT AGRICOLE CP MAT 03/14/25 Cpn 22533TQE9	(24,997,013.89)		0.00	0.00	(24,997,013.89)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/12/25	03/13/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	(49,935,375.00)		0.00	0.00	(49,935,375.00)
03/06/25	03/13/25	Buy	6,400,000.000	INTER-AMERICAN DEV BANK FRN MAT 03/13/30 Cpn 4.75 4581X0ET1	(6,400,000.00)		0.00	0.00	(6,400,000.00)
03/14/25	03/14/25	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	(19,993,033.33)		0.00	0.00	(19,993,033.33)
03/14/25	03/14/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	(49,982,583.33)		0.00	0.00	(49,982,583.33)
03/14/25	03/14/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	(49,982,583.33)		0.00	0.00	(49,982,583.33)
03/14/25	03/14/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	(49,982,583.33)		0.00	0.00	(49,982,583.33)
03/17/25	03/17/25	Buy	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 03/28/25 Cpn 00915SQU9	(19,973,416.67)		0.00	0.00	(19,973,416.67)

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03/11/25	03/17/25	Buy	4,500,000.000	CRVNA 2025-P1 A2 CAR MAT 06/12/28 Cpn 4.50 14689MAB6	(4,499,936.10)		0.00	0.00	(4,499,936.10)
03/17/25	03/17/25	Buy	45,000,000.000	FHLMC DISCOUNT NOTE MAT 04/15/25 Cpn 313397EJ6	(44,846,662.50)		0.00	0.00	(44,846,662.50)
03/17/25	03/17/25	Buy	25,000,000.000	HONEYWELL INTL CP 144A MAT 04/15/25 Cpn 43851TRF5	(24,913,000.00)		0.00	0.00	(24,913,000.00)
03/17/25	03/17/25	Buy	10,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 05/19/25 Cpn 4523ELSK2	(9,924,400.00)		0.00	0.00	(9,924,400.00)
03/17/25	03/17/25	Buy	20,000,000.000	JOHNSON & JOHNSON CP 144A MAT 06/13/25 Cpn 47816FTD3	(19,790,755.56)		0.00	0.00	(19,790,755.56)
03/17/25	03/17/25	Buy	10,000,000.000	KENVUE CP 144A MAT 04/17/25 Cpn 49177FRH5	(9,962,541.67)		0.00	0.00	(9,962,541.67)
03/17/25	03/17/25	Buy	30,000,000.000	PACCAR FINANCIAL CP MAT 04/23/25 Cpn 69372ARP9	(29,866,491.67)		0.00	0.00	(29,866,491.67)
03/18/25	03/18/25	Buy	19,000,000.000	U.S. TREASURY BILL MAT 06/20/25 Cpn 912797NV5	(18,792,253.47)		0.00	0.00	(18,792,253.47)
03/18/25	03/18/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/20/25 Cpn 912797NV5	(49,453,298.61)		0.00	0.00	(49,453,298.61)
03/18/25	03/18/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/20/25 Cpn 912797NV5	(49,453,298.61)		0.00	0.00	(49,453,298.61)
03/18/25	03/18/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/20/25 Cpn 912797NV5	(49,453,298.61)		0.00	0.00	(49,453,298.61)
03/18/25	03/18/25	Buy	1,750,000.000	CENTURY HOUSING TXB CP MAT 04/15/25 Cpn 4.75 15654WBE5	(1,750,000.00)		0.00	0.00	(1,750,000.00)
03/19/25	03/19/25	Buy	7,500,000.000	CITY OF HOPE CP TXB MAT 05/13/25 Cpn 17859PSD3	(7,447,864.58)		0.00	0.00	(7,447,864.58)

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03/20/25	03/20/25	Buy	39,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	(38,977,133.54)		0.00	0.00	(38,977,133.54)
03/20/25	03/20/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	(49,970,684.03)		0.00	0.00	(49,970,684.03)
03/20/25	03/20/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	(49,970,684.03)		0.00	0.00	(49,970,684.03)
03/20/25	03/21/25	Buy	50,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 03/28/25 Cpn 19416EQU4	(49,958,194.44)		0.00	0.00	(49,958,194.44)
03/20/25	03/21/25	Buy	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/24/25 Cpn 91058TQQ2	(49,981,958.33)		0.00	0.00	(49,981,958.33)
03/24/25	03/24/25	Buy	50,000,000.000	AUTOMATIC DATA CP 144A MAT 03/25/25 Cpn 0530A2QR4	(49,993,986.11)		0.00	0.00	(49,993,986.11)
03/24/25	03/24/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/15/25 Cpn 912797NZ6	(24,935,581.25)		0.00	0.00	(24,935,581.25)
03/24/25	03/24/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/15/25 Cpn 912797NZ6	(49,871,162.50)		0.00	0.00	(49,871,162.50)
03/24/25	03/24/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/15/25 Cpn 912797NZ6	(49,871,162.50)		0.00	0.00	(49,871,162.50)
03/24/25	03/24/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/01/25 Cpn 912797ND5	(24,888,744.44)		0.00	0.00	(24,888,744.44)
03/24/25	03/24/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/01/25 Cpn 912797ND5	(49,777,488.89)		0.00	0.00	(49,777,488.89)
03/24/25	03/24/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/01/25 Cpn 912797ND5	(49,777,488.89)		0.00	0.00	(49,777,488.89)
03/24/25	03/24/25	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 03/25/25 Cpn 22533TQR0	(49,994,027.78)		0.00	0.00	(49,994,027.78)

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03/21/25	03/24/25	Buy	30,000,000.000	KENVUE CP 144A MAT 04/21/25 Cpn 49177FRM4	(29,898,500.00)		0.00	0.00	(29,898,500.00)
03/25/25	03/25/25	Buy	40,000,000.000	ADVANCED MICRO DEVICES CP 14 MAT 04/04/25 Cpn 00791UR40	(39,951,777.78)		0.00	0.00	(39,951,777.78)
03/25/25	03/25/25	Buy	30,000,000.000	U.S. TREASURY BILL MAT 04/22/25 Cpn 912797PA9	(29,901,766.67)		0.00	0.00	(29,901,766.67)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(24,994,236.11)		0.00	0.00	(24,994,236.11)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	(49,988,472.22)		0.00	0.00	(49,988,472.22)
03/25/25	03/25/25	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 03/31/25 Cpn 22533TQX7	(49,964,083.33)		0.00	0.00	(49,964,083.33)
03/25/25	03/25/25	Buy	50,000,000.000	ELI LILLY & CO CP 144A MAT 03/27/25 Cpn 53245PQT8	(49,988,027.78)		0.00	0.00	(49,988,027.78)
03/18/25	03/25/25	Buy	4,100,000.000	VALET 2025-1 A2A CAR MAT 01/20/28 Cpn 4.51 92868MAB5	(4,099,870.44)		0.00	0.00	(4,099,870.44)

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03/27/25	03/27/25	Buy	24,350,000.000	MARS INC CP 144A MAT 05/28/25 Cpn 57167ESU3	(24,168,836.00)		0.00	0.00	(24,168,836.00)
03/27/25	03/27/25	Buy	35,000,000.000	NOVARTIS FINANCE CP 144A MAT 05/13/25 Cpn 6698M4SD5	(34,803,056.94)		0.00	0.00	(34,803,056.94)
03/26/25	03/27/25	Buy	22,000,000.000	TVA DISCOUNT NOTE MAT 04/02/25 Cpn 880590DV3	(21,984,416.67)		0.00	0.00	(21,984,416.67)
03/26/25	03/27/25	Buy	45,417,000.000	TVA DISCOUNT NOTE MAT 04/02/25 Cpn 880590DV3	(45,384,905.32)		0.00	0.00	(45,384,905.32)
03/28/25	03/28/25	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/03/25 Cpn 912797MV6	(24,982,368.75)		0.00	0.00	(24,982,368.75)
03/28/25	03/28/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/03/25 Cpn 912797MV6	(49,964,737.50)		0.00	0.00	(49,964,737.50)
03/28/25	03/28/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/08/25 Cpn 912797NY9	(49,935,283.33)		0.00	0.00	(49,935,283.33)
03/28/25	03/28/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/08/25 Cpn 912797NY9	(49,935,283.33)		0.00	0.00	(49,935,283.33)
03/28/25	03/28/25	Buy	8,250,000.000	CENTURY HOSUING TXB CP MAT 04/25/25 Cpn 4.75 15654WBF2	(8,250,000.00)		0.00	0.00	(8,250,000.00)
03/28/25	03/28/25	Buy	32,000,000.000	FHLB DISCOUNT NOTE MAT 04/04/25 Cpn 313385DX1	(31,973,680.00)		0.00	0.00	(31,973,680.00)
03/28/25	03/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/04/25 Cpn 313385DX1	(49,958,875.00)		0.00	0.00	(49,958,875.00)
03/28/25	03/28/25	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/04/25 Cpn 313385DX1	(49,958,875.00)		0.00	0.00	(49,958,875.00)
03/31/25	03/31/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/08/25 Cpn 912797NE3	(49,776,868.75)		0.00	0.00	(49,776,868.75)

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03/31/25	03/31/25	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/08/25 Cpn 912797NE3	(49,776,868.75)		0.00	0.00	(49,776,868.75)
			6,279,344,000.000		(6,266,905,334.69)	(39,945.81)	0.00	0.00	(6,266,945,280.50)
03/04/25	03/04/25	Coupon		TORONTO-DOMINION BANK YCD F MAT 05/29/25 Cpn 4.61 89115BZM5		126,624.69	0.00	0.00	126,624.69
03/05/25	03/05/25	Coupon		MA BAY TRANSPORTATION AUTH MAT 03/05/25 Cpn 4.38 57559LAF5		18,250.00	0.00	0.00	18,250.00
03/05/25	03/05/25	Coupon		SC SOUTH CAROLINA PUB SVC CP MAT 03/05/25 Cpn 4.39 83708BDY9		25,675.16	0.00	0.00	25,675.16
03/07/25	03/07/25	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 4.96 17305EGX7		19,370.01	0.00	0.00	19,370.01
03/07/25	03/07/25	Coupon		SKANDINAVISKA BK YCD FRN SOF MAT 03/07/25 Cpn 83050P5X3		175,800.00	0.00	0.00	175,800.00
03/10/25	03/10/25	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		983.23	0.00	0.00	983.23
03/10/25	03/10/25	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		2,486.61	0.00	0.00	2,486.61
03/10/25	03/10/25	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		8,494.01	0.00	0.00	8,494.01
03/10/25	03/10/25	Coupon		CRVNA 2024-P4 A2 CAR MAT 02/10/28 Cpn 4.62 14076LAB9		9,625.00	0.00	0.00	9,625.00
03/11/25	03/11/25	Coupon		CA STATE GO/ULT CP TXB MAT 03/11/25 Cpn 4.41 13068CJL0		111,639.45	0.00	0.00	111,639.45
03/11/25	03/11/25	Coupon		CA LA WASTEWTR CP TXB MAT 03/11/25 Cpn 4.42 54466DBT1		49,847.78	0.00	0.00	49,847.78

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03/11/25	03/11/25	Coupon		CA LA WASTEWTR CP TXB MAT 03/11/25 Cpn 4.42 54466DBT1		17,188.89	0.00	0.00	17,188.89
03/11/25	03/11/25	Coupon		SC SOUTH CAROLINA PUB SVC CP MAT 03/11/25 Cpn 4.44 83708BDV5		77,741.44	0.00	0.00	77,741.44
03/13/25	03/13/25	Coupon		JPMORGAN SEC FRN SOFRRATE C MAT 06/13/25 Cpn 4.61 46650WBP9		35,688.89	0.00	0.00	35,688.89
03/13/25	03/13/25	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		7,416.22	0.00	0.00	7,416.22
03/14/25	03/14/25	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		1,681.27	0.00	0.00	1,681.27
03/15/25	03/15/25	Coupon		ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4		12,700.83	0.00	0.00	12,700.83
03/15/25	03/15/25	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		446.84	0.00	0.00	446.84
03/15/25	03/15/25	Coupon		BAAT 2023-1A A3 CAR 144A MAT 02/15/28 Cpn 5.53 06428AAC2		26,497.92	0.00	0.00	26,497.92
03/15/25	03/15/25	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		284.86	0.00	0.00	284.86
03/15/25	03/15/25	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		6,809.95	0.00	0.00	6,809.95
03/15/25	03/15/25	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		16,097.01	0.00	0.00	16,097.01
03/15/25	03/15/25	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		19,808.58	0.00	0.00	19,808.58
03/15/25	03/15/25	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		44,000.00	0.00	0.00	44,000.00

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03/15/25	03/15/25	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		2,601.21	0.00	0.00	2,601.21
03/15/25	03/15/25	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		2,167.67	0.00	0.00	2,167.67
03/15/25	03/15/25	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		13,928.49	0.00	0.00	13,928.49
03/15/25	03/15/25	Coupon		CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5		8,716.69	0.00	0.00	8,716.69
03/15/25	03/15/25	Coupon		CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5		705.16	0.00	0.00	705.16
03/15/25	03/15/25	Coupon		COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		2,105.23	0.00	0.00	2,105.23
03/15/25	03/15/25	Coupon		COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		25,554.77	0.00	0.00	25,554.77
03/15/25	03/15/25	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		9,102.72	0.00	0.00	9,102.72
03/15/25	03/15/25	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		44,801.79	0.00	0.00	44,801.79
03/15/25	03/15/25	Coupon		FORDL 2024-B A3 LEASE MAT 12/15/27 Cpn 4.99 345279AD5		19,681.39	0.00	0.00	19,681.39
03/15/25	03/15/25	Coupon		FORDL 2025-A A2A LEASE MAT 08/15/27 Cpn 4.57 345282AB3		28,562.50	0.00	0.00	28,562.50
03/15/25	03/15/25	Coupon		FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8		25,977.45	0.00	0.00	25,977.45
03/15/25	03/15/25	Coupon		FORDO 2024-D A2A C MAT 10/15/27 Cpn 4.59 34535VAB0		19,890.00	0.00	0.00	19,890.00

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03/15/25	03/15/25	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		15,529.21	0.00	0.00	15,529.21
03/15/25	03/15/25	Coupon		GALC 2023-1 A3 EQP 144A MAT 07/15/27 Cpn 5.15 39154TCC0		18,025.00	0.00	0.00	18,025.00
03/15/25	03/15/25	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		8,606.11	0.00	0.00	8,606.11
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4		23,719.68	0.00	0.00	23,719.68
03/15/25	03/15/25	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		5,031.33	0.00	0.00	5,031.33
03/15/25	03/15/25	Coupon		HALST 2024-A A3 LEASE 144A MAT 03/15/27 Cpn 5.02 448988AD7		23,552.17	0.00	0.00	23,552.17
03/15/25	03/15/25	Coupon		HALST 2025-A A2A LEASE 144A MAT 06/15/27 Cpn 4.60 44935WAB3		21,850.00	0.00	0.00	21,850.00
03/15/25	03/15/25	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		3,597.88	0.00	0.00	3,597.88
03/15/25	03/15/25	Coupon		HAROT 2024-4 A2 CAR MAT 03/15/27 Cpn 4.56 43816DAB1		5,700.00	0.00	0.00	5,700.00
03/15/25	03/15/25	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		61.78	0.00	0.00	61.78
03/15/25	03/15/25	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		1,998.01	0.00	0.00	1,998.01
03/15/25	03/15/25	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		3,727.95	0.00	0.00	3,727.95

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03/15/25	03/15/25	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		10,495.44	0.00	0.00	10,495.44
03/15/25	03/15/25	Coupon		HUNT 2024-1A A2 CAR 144A MAT 03/15/27 Cpn 5.50 446144AC1		5,466.28	0.00	0.00	5,466.28
03/15/25	03/15/25	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		19,529.60	0.00	0.00	19,529.60
03/15/25	03/15/25	Coupon		LADAR 2025-1A A2 CAR 144A MAT 12/15/27 Cpn 4.60 505712AB5		16,445.00	0.00	0.00	16,445.00
03/15/25	03/15/25	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		3,054.52	0.00	0.00	3,054.52
03/15/25	03/15/25	Coupon		NALT 2024-B A3 LEASE MAT 11/15/27 Cpn 4.92 65481DAD4		33,533.90	0.00	0.00	33,533.90
03/15/25	03/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		15,434.68	0.00	0.00	15,434.68
03/15/25	03/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		13,142.48	0.00	0.00	13,142.48
03/15/25	03/15/25	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		5,163.40	0.00	0.00	5,163.40
03/15/25	03/15/25	Coupon		TAOT 2022-D A3 CAR MAT 09/15/27 Cpn 5.30 89239HAD0		5,608.53	0.00	0.00	5,608.53
03/15/25	03/15/25	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		7,445.96	0.00	0.00	7,445.96
03/15/25	03/15/25	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		10,313.27	0.00	0.00	10,313.27
03/15/25	03/15/25	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		19,475.30	0.00	0.00	19,475.30

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03/15/25	03/15/25	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		10,325.83	0.00	0.00	10,325.83
03/15/25	03/15/25	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		1,779.23	0.00	0.00	1,779.23
03/16/25	03/16/25	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		391.13	0.00	0.00	391.13
03/16/25	03/16/25	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		1,754.06	0.00	0.00	1,754.06
03/16/25	03/16/25	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		22,964.95	0.00	0.00	22,964.95
03/16/25	03/16/25	Coupon		GMCAR 2025-1 A2A CAR MAT 01/18/28 Cpn 4.44 362955AB2		9,250.00	0.00	0.00	9,250.00
03/17/25	03/17/25	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 5.10 34528QJB1		38,164.80	0.00	0.00	38,164.80
03/17/25	03/17/25	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 5.10 361886DB7		5,343.07	0.00	0.00	5,343.07
03/17/25	03/17/25	Coupon		GFORT 2024-3A A2 FLOOR 144A MAT 11/15/28 Cpn 4.80 361886DL5		31,245.88	0.00	0.00	31,245.88
03/17/25	03/17/25	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 4.75 36268GAC9		2,075.63	0.00	0.00	2,075.63
03/17/25	03/17/25	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 4.80 44934FAC9		21,804.31	0.00	0.00	21,804.31
03/17/25	03/17/25	Coupon		INTER-AMERICAN DEV BANK FRN MAT 09/16/26 Cpn 4.52 4581X0DY1		178,940.13	0.00	0.00	178,940.13
03/17/25	03/17/25	Coupon		INTL BANK RECON & DEVELOP SO MAT 06/15/27 Cpn 4.62 459058LH4		60,911.08	0.00	0.00	60,911.08

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03/17/25	03/17/25	Coupon		NATIXIS NY YCD FRN SOFRRATE MAT 08/15/25 Cpn 4.61 63873Q6U3		35,955.11	0.00	0.00	35,955.11
03/17/25	03/17/25	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 4.77 58770JAC8		9,065.21	0.00	0.00	9,065.21
03/17/25	03/17/25	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 5.20 69335PFL4		51,032.87	0.00	0.00	51,032.87
03/18/25	03/18/25	Coupon		CENTURY HOUSING TXB CP MAT 03/18/25 Cpn 4.75 15654WBA3		6,465.28	0.00	0.00	6,465.28
03/20/25	03/20/25	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		24,212.34	0.00	0.00	24,212.34
03/20/25	03/20/25	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		3,584.81	0.00	0.00	3,584.81
03/20/25	03/20/25	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		1,884.10	0.00	0.00	1,884.10
03/20/25	03/20/25	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		24,881.56	0.00	0.00	24,881.56
03/20/25	03/20/25	Coupon		EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2		4,595.73	0.00	0.00	4,595.73
03/20/25	03/20/25	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		1,962.91	0.00	0.00	1,962.91
03/20/25	03/20/25	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
03/20/25	03/20/25	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		29,574.89	0.00	0.00	29,574.89
03/20/25	03/20/25	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		5,560.89	0.00	0.00	5,560.89

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03/20/25	03/20/25	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		13,074.07	0.00	0.00	13,074.07
03/20/25	03/20/25	Coupon		GMALT 2025-1 A2A LEASE MAT 05/20/27 Cpn 4.54 36271VAB3		17,252.00	0.00	0.00	17,252.00
03/20/25	03/20/25	Coupon		PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 4.78 73328NAC5		10,795.04	0.00	0.00	10,795.04
03/20/25	03/20/25	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
03/20/25	03/20/25	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		6,038.55	0.00	0.00	6,038.55
03/20/25	03/20/25	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		15,667.40	0.00	0.00	15,667.40
03/20/25	03/20/25	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		4,494.20	0.00	0.00	4,494.20
03/20/25	03/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		1,006.48	0.00	0.00	1,006.48
03/20/25	03/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		4,468.78	0.00	0.00	4,468.78
03/20/25	03/20/25	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		2,616.86	0.00	0.00	2,616.86
03/20/25	03/20/25	Coupon		TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9		15,061.92	0.00	0.00	15,061.92
03/20/25	03/20/25	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 4.86 881943AC8		9,970.11	0.00	0.00	9,970.11
03/20/25	03/20/25	Coupon		TLOT 2024-A A3 LEASE 144A MAT 04/20/27 Cpn 5.25 89238GAD3		22,246.88	0.00	0.00	22,246.88

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03/20/25	03/20/25	Coupon		TLOT 2025-A A2A LEASE 144A MAT 07/20/27 Cpn 4.58 89239NAB1		10,686.67	0.00	0.00	10,686.67
03/20/25	03/20/25	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		1,188.76	0.00	0.00	1,188.76
03/20/25	03/20/25	Coupon		VALET 2024-1 A2A CAR MAT 11/22/27 Cpn 4.65 92868RAB4		26,737.50	0.00	0.00	26,737.50
03/20/25	03/20/25	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		9,750.17	0.00	0.00	9,750.17
03/20/25	03/20/25	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
03/20/25	03/20/25	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 4.99 92348KCM3		7,370.61	0.00	0.00	7,370.61
03/21/25	03/21/25	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
03/22/25	03/22/25	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
03/22/25	03/22/25	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
03/24/25	03/24/25	Coupon		BANK OF AMERICA CD FRN SOFRR MAT 08/22/25 Cpn 4.57 06053RAA1		17,641.67	0.00	0.00	17,641.67
03/24/25	03/24/25	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 4.66 459058KK8		16,306.82	0.00	0.00	16,306.82
03/24/25	03/24/25	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 4.66 459058KK8		52,277.76	0.00	0.00	52,277.76
03/25/25	03/25/25	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		5,994.03	0.00	0.00	5,994.03

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03/25/25	03/25/25	Coupon		BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 4.76 05613MAC3		13,732.78	0.00	0.00	13,732.78
03/25/25	03/25/25	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		151.83	0.00	0.00	151.83
03/25/25	03/25/25	Coupon		CHAOT 2022-AA A3 CAR 144A MAT 06/25/27 Cpn 3.98 16144JAC5		2,349.30	0.00	0.00	2,349.30
03/25/25	03/25/25	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		5,339.78	0.00	0.00	5,339.78
03/25/25	03/25/25	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		11,561.20	0.00	0.00	11,561.20
03/25/25	03/25/25	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		28,458.34	0.00	0.00	28,458.34
03/25/25	03/25/25	Coupon		FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 4.96 3137FPHF5		10,231.86	0.00	0.00	10,231.86
03/25/25	03/25/25	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 4.52 3137H3KA9		19,851.04	0.00	0.00	19,851.04
03/25/25	03/25/25	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 4.55 3137H4RC6		6,392.88	0.00	0.00	6,392.88
03/25/25	03/25/25	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 4.82 3137FCK52		46,017.28	0.00	0.00	46,017.28
03/25/25	03/25/25	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 4.75 3136ANLN5		624.60	0.00	0.00	624.60
03/28/25	03/28/25	Coupon		CENTURY HOUSING TXB CP MAT 03/28/25 Cpn 4.75 15654WBB1		30,479.17	0.00	0.00	30,479.17
03/31/25	03/31/25	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 4.60 13606K7D2		59,266.67	0.00	0.00	59,266.67

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03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 09/30/26	Cpn 3.50	91282CLP4		875,000.00	0.00	0.00	875,000.00
								3,442,721.13	0.00	0.00	3,442,721.13
03/01/25	03/01/25	Income	158,676.740	ADJ NET INT MAT	Cpn	USD		158,676.74	0.00	0.00	158,676.74
03/01/25	03/01/25	Income	1,032,360.620	STIF INT MAT	Cpn	USD		1,032,360.62	0.00	0.00	1,032,360.62
			1,191,037.360					1,191,037.36	0.00	0.00	1,191,037.36
03/11/25	03/11/25	Contributn	2,705,000,000.000	NM MAT	Cpn	USD	2,705,000,000.00		0.00	0.00	2,705,000,000.00
03/21/25	03/21/25	Contributn	50,000,000.000	NM MAT	Cpn	USD	50,000,000.00		0.00	0.00	50,000,000.00
			2,755,000,000.000				2,755,000,000.00		0.00	0.00	2,755,000,000.00
03/05/25	03/05/25	Sell Long	17,000,000.000	U.S. TREASURY BILL MAT 03/06/25	Cpn	912797MM6	16,986,043.00	11,987.83	28.80	0.00	16,998,030.83
03/26/25	03/26/25	Sell Long	12,500,000.000	U.S. TREASURY BILL MAT 03/27/25	Cpn	912797MU8	12,374,987.26	123,574.65	15.73	0.00	12,498,561.91
03/26/25	03/26/25	Sell Long	32,500,000.000	U.S. TREASURY BILL MAT 03/27/25	Cpn	912797MU8	32,174,966.87	321,294.10	40.90	0.00	32,496,260.97
03/26/25	03/26/25	Sell Long	17,500,000.000	U.S. TREASURY BILL MAT 03/27/25	Cpn	912797MU8	17,324,982.16	173,004.51	22.02	0.00	17,497,986.67

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03/26/25	03/26/25	Sell Long	32,500,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	32,439,040.66	57,220.31	75.66	0.00	32,496,260.97
03/28/25	03/28/25	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn 912797NT0	19,934,158.89	56,513.33	91.11	0.00	19,990,672.22
03/28/25	03/28/25	Sell Long	12,000,000.000	U.S. TREASURY BILL MAT 04/01/25 Cpn 912797NT0	11,960,495.34	33,908.00	54.67	0.00	11,994,403.34
			144,000,000.000		143,194,674.17	777,502.74	328.89	0.00	143,972,176.91
03/10/25	03/10/25	Pay Princpl	176,941.281	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9	176,941.28		3,602.74	0.00	176,941.28
03/10/25	03/10/25	Pay Princpl	520,874.289	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0	520,874.29		4,936.69	0.00	520,874.29
03/10/25	03/10/25	Pay Princpl	271,377.691	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	271,377.69		7.40	0.00	271,377.69
03/13/25	03/13/25	Pay Princpl	55,043.108	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0	55,043.11		0.00	0.09	55,043.11
03/14/25	03/14/25	Pay Princpl	399,488.843	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	399,488.84		(0.00)	0.00	399,488.84
03/15/25	03/15/25	Pay Princpl	389,752.488	ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4	389,752.49		19.08	0.00	389,752.49
03/15/25	03/15/25	Pay Princpl	91,974.122	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	91,974.12		0.00	0.34	91,974.12
03/15/25	03/15/25	Pay Princpl	233,634.327	BAAT 2023-1A A3 CAR 144A MAT 02/15/28 Cpn 5.53 06428AAC2	233,634.33		(2,049.66)	0.00	233,634.33
03/15/25	03/15/25	Pay Princpl	231,163.388	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	231,163.39		0.00	1,148.79	231,163.39

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03/15/25	03/15/25	Pay Princpl	187,945.757	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	187,945.76		0.00	1,393.70	187,945.76
03/15/25	03/15/25	Pay Princpl	444,256.784	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	444,256.78		0.00	3,071.27	444,256.78
03/15/25	03/15/25	Pay Princpl	347,961.328	CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3	347,961.33		2,041.66	0.00	347,961.33
03/15/25	03/15/25	Pay Princpl	75,753.514	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	75,753.51		0.00	1.41	75,753.51
03/15/25	03/15/25	Pay Princpl	63,127.929	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	63,127.93		146.95	0.00	63,127.93
03/15/25	03/15/25	Pay Princpl	313,464.848	CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0	313,464.85		7.29	0.00	313,464.85
03/15/25	03/15/25	Pay Princpl	140,035.240	CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5	140,035.24		716.02	0.00	140,035.24
03/15/25	03/15/25	Pay Princpl	11,328.529	CNH 2022-B A3 EQP MAT 11/15/27 Cpn 3.89 12663JAC5	11,328.53		60.75	0.00	11,328.53
03/15/25	03/15/25	Pay Princpl	320,553.143	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	320,553.14		3.35	0.00	320,553.14
03/15/25	03/15/25	Pay Princpl	1,182,879.421	FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2	1,182,879.42		(2,081.28)	0.00	1,182,879.42
03/15/25	03/15/25	Pay Princpl	414,684.527	FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8	414,684.53		(93.72)	0.00	414,684.53
03/15/25	03/15/25	Pay Princpl	315,975.968	GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7	315,975.97		0.00	714.35	315,975.97
03/15/25	03/15/25	Pay Princpl	175,105.789	GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9	175,105.79		0.00	7.75	175,105.79

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03/15/25	03/15/25	Pay Princpl	1,045,035.225	HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4	1,045,035.23		(1,069.65)	0.00	1,045,035.23
03/15/25	03/15/25	Pay Princpl	131,487.640	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	131,487.64		0.00	0.15	131,487.64
03/15/25	03/15/25	Pay Princpl	337,803.190	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	337,803.19		0.00	2.49	337,803.19
03/15/25	03/15/25	Pay Princpl	100,185.647	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	100,185.65		0.00	192.08	100,185.65
03/15/25	03/15/25	Pay Princpl	206,045.592	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	206,045.59		0.00	0.53	206,045.59
03/15/25	03/15/25	Pay Princpl	118,540.722	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	118,540.72		0.00	1.85	118,540.72
03/15/25	03/15/25	Pay Princpl	240,495.907	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	240,495.91		1.40	0.00	240,495.91
03/15/25	03/15/25	Pay Princpl	156,048.563	HUNT 2024-1A A2 CAR 144A MAT 03/15/27 Cpn 5.50 446144AC1	156,048.56		(346.41)	0.00	156,048.56
03/15/25	03/15/25	Pay Princpl	683,781.375	LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4	683,781.37		19.79	0.00	683,781.37
03/15/25	03/15/25	Pay Princpl	246,068.558	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	246,068.56		0.00	3.59	246,068.56
03/15/25	03/15/25	Pay Princpl	255,020.485	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	255,020.48		(489.50)	0.00	255,020.48
03/15/25	03/15/25	Pay Princpl	217,147.453	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	217,147.45		(416.80)	0.00	217,147.45
03/15/25	03/15/25	Pay Princpl	85,312.608	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	85,312.61		(163.75)	0.00	85,312.61

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03/15/25	03/15/25	Pay Princpl	79,477.541	TAOT 2022-D A3 CAR MAT 09/15/27 Cpn 5.30 89239HAD0	79,477.54		(399.90)	0.00	79,477.54
03/15/25	03/15/25	Pay Princpl	224,966.490	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	224,966.49		0.00	1.14	224,966.49
03/15/25	03/15/25	Pay Princpl	240,264.561	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	240,264.56		(168.32)	0.00	240,264.56
03/15/25	03/15/25	Pay Princpl	562,996.124	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	562,996.12		0.00	5,339.98	562,996.12
03/15/25	03/15/25	Pay Princpl	182,628.223	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	182,628.22		(140.95)	0.00	182,628.22
03/15/25	03/15/25	Pay Princpl	31,468.438	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	31,468.44		(24.28)	0.00	31,468.44
03/16/25	03/16/25	Pay Princpl	174,629.661	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	174,629.66		0.00	1,800.47	174,629.66
03/16/25	03/16/25	Pay Princpl	153,088.986	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	153,088.99		0.00	0.47	153,088.99
03/16/25	03/16/25	Pay Princpl	618,460.851	GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4	618,460.85		21.16	0.00	618,460.85
03/17/25	03/17/25	Pay Princpl	83,273.941	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 4.75 36268GAC9	83,273.94		0.00	(0.00)	83,273.94
03/17/25	03/17/25	Pay Princpl	411,359.900	HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 4.80 44934FAC9	411,359.90		(0.00)	0.00	411,359.90
03/17/25	03/17/25	Pay Princpl	200,429.267	MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 4.77 58770JAC8	200,429.27		0.00	0.00	200,429.27
03/20/25	03/20/25	Pay Princpl	278,335.574	DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2	278,335.57		18.96	0.00	278,335.57

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03/20/25	03/20/25	Pay Princpl	421,087.010	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	421,087.01		(0.00)	0.00	421,087.01
03/20/25	03/20/25	Pay Princpl	72,128.801	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	72,128.80		0.00	0.08	72,128.80
03/20/25	03/20/25	Pay Princpl	405,279.022	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	405,279.02		479.50	0.00	405,279.02
03/20/25	03/20/25	Pay Princpl	69,944.036	EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2	69,944.04		(467.91)	0.00	69,944.04
03/20/25	03/20/25	Pay Princpl	286,776.854	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	286,776.85		(0.00)	0.00	286,776.85
03/20/25	03/20/25	Pay Princpl	1,087,542.693	GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1	1,087,542.69		493.39	0.00	1,087,542.69
03/20/25	03/20/25	Pay Princpl	185,762.308	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	185,762.31		0.00	7.90	185,762.31
03/20/25	03/20/25	Pay Princpl	237,338.608	GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5	237,338.61		6.32	0.00	237,338.61
03/20/25	03/20/25	Pay Princpl	112,634.768	PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 4.78 73328NAC5	112,634.77		0.00	0.00	112,634.77
03/20/25	03/20/25	Pay Princpl	520,470.278	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	520,470.28		0.00	8.34	520,470.28
03/20/25	03/20/25	Pay Princpl	388,916.308	SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4	388,916.31		0.96	0.00	388,916.31
03/20/25	03/20/25	Pay Princpl	177,210.113	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	177,210.11		0.00	4.49	177,210.11
03/20/25	03/20/25	Pay Princpl	39,338.938	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	39,338.94		0.00	1.55	39,338.94

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03/20/25	03/20/25	Pay Princpl	174,664.884	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	174,664.88		(223.82)	0.00	174,664.88
03/20/25	03/20/25	Pay Princpl	102,281.238	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	102,281.24		(131.06)	0.00	102,281.24
03/20/25	03/20/25	Pay Princpl	331,311.816	TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9	331,311.82		20.44	0.00	331,311.82
03/20/25	03/20/25	Pay Princpl	293,782.828	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 4.86 881943AC8	293,782.83		0.00	0.00	293,782.83
03/20/25	03/20/25	Pay Princpl	78,936.494	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	78,936.49		0.00	0.71	78,936.49
03/20/25	03/20/25	Pay Princpl	160,983.572	VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5	160,983.57		2.66	0.00	160,983.57
03/21/25	03/21/25	Pay Princpl	53,052.484	HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8	53,052.48		2.82	0.00	53,052.48
03/22/25	03/22/25	Pay Princpl	178,379.525	DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8	178,379.53		(905.83)	0.00	178,379.53
03/22/25	03/22/25	Pay Princpl	409,790.802	DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8	409,790.80		(2,136.41)	0.00	409,790.80
03/25/25	03/25/25	Pay Princpl	227,513.521	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	227,513.52		0.00	1.97	227,513.52
03/25/25	03/25/25	Pay Princpl	46,314.170	BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 4.76 05613MAC3	46,314.17		0.00	0.00	46,314.17
03/25/25	03/25/25	Pay Princpl	31,853.463	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	31,853.46		0.00	(0.00)	31,853.46
03/25/25	03/25/25	Pay Princpl	83,712.869	CHAOT 2022-AA A3 CAR 144A MAT 06/25/27 Cpn 3.98 16144JAC5	83,712.87		254.88	0.00	83,712.87

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03/25/25	03/25/25	Pay Princpl	168,268.910	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	168,268.91		6.80	0.00	168,268.91
03/25/25	03/25/25	Pay Princpl	246,001.386	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	246,001.39		(703.16)	0.00	246,001.39
03/25/25	03/25/25	Pay Princpl	605,541.872	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	605,541.87		(1,730.88)	0.00	605,541.87
03/25/25	03/25/25	Pay Princpl	4,834.460	FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 4.96 3137FPHF5	4,834.46		(3.35)	0.00	4,834.46
03/25/25	03/25/25	Pay Princpl	168,784.155	FNA 2015-M6 FA MAT 01/25/26 Cpn 4.75 3136ANLN5	168,784.16		27.64	0.00	168,784.16
			20,798,113.025		20,798,113.02		(848.00)	13,705.51	20,798,113.02
03/03/25	03/03/25	Mature Long	20,000,000.000	NOVARTIS FINANCE CP 144A MAT 03/03/25 Cpn 6698M4Q39	19,952,222.22	47,777.78	0.00	0.00	20,000,000.00
03/04/25	03/04/25	Mature Long	16,000,000.000	U.S. TREASURY BILL MAT 03/04/25 Cpn 912797NK9	15,990,643.11	9,356.89	(0.00)	0.00	16,000,000.00
03/04/25	03/04/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/04/25 Cpn 912797NK9	49,970,759.72	29,240.28	0.00	0.00	50,000,000.00
03/04/25	03/04/25	Mature Long	40,000,000.000	CHEVRON CP 144A MAT 03/04/25 Cpn 16677JQ41	39,932,955.56	67,044.44	0.00	0.00	40,000,000.00
03/04/25	03/04/25	Mature Long	10,000,000.000	PACCAR FINANCIAL CP MAT 03/04/25 Cpn 69372AQ47	9,960,400.00	39,600.00	0.00	0.00	10,000,000.00
03/05/25	03/05/25	Mature Long	15,000,000.000	APPLE CP 144A MAT 03/05/25 Cpn 03785DQ58	14,938,941.67	61,058.33	0.00	0.00	15,000,000.00
03/05/25	03/05/25	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 03/05/25 Cpn 22533TQ58	39,995,233.33	4,766.67	0.00	0.00	40,000,000.00

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03/05/25	03/05/25	Mature Long	10,000,000.000	MA BAY TRANSPORTATION AUTH MAT 03/05/25 Cpn 4.38 57559LAF5	10,000,000.00		0.00	0.00	10,000,000.00
03/05/25	03/05/25	Mature Long	8,000,000.000	NATL SEC CLEARING CP 144A MAT 03/05/25 Cpn 63763PQ51	7,967,360.00	32,640.00	0.00	0.00	8,000,000.00
03/05/25	03/05/25	Mature Long	8,098,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 03/05/25 Cpn 4.39 83708BDY9	8,098,000.00		0.00	0.00	8,098,000.00
03/06/25	03/06/25	Mature Long	3,000,000.000	U.S. TREASURY BILL MAT 03/06/25 Cpn 912797MM6	2,997,531.92	2,468.08	0.00	0.00	3,000,000.00
03/06/25	03/06/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/06/25 Cpn 912797MM6	49,958,865.28	41,134.72	0.00	0.00	50,000,000.00
03/07/25	03/07/25	Mature Long	15,000,000.000	SKANDINAVISKA BK YCD FRN SOF MAT 03/07/25 Cpn 83050P5X3	15,000,000.00		0.00	0.00	15,000,000.00
03/10/25	03/10/25	Mature Long	18,000,000.000	UNILEVER CAPITAL CP 144A MAT 03/10/25 Cpn 90477DQA7	17,928,390.00	71,610.00	0.00	0.00	18,000,000.00
03/11/25	03/11/25	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	14,903,291.67	96,708.33	0.00	0.00	15,000,000.00
03/11/25	03/11/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	49,677,638.89	322,361.11	0.00	0.00	50,000,000.00
03/11/25	03/11/25	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	14,950,300.00	49,700.00	0.00	0.00	15,000,000.00
03/11/25	03/11/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	49,834,333.33	165,666.67	0.00	0.00	50,000,000.00
03/11/25	03/11/25	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	4,992,948.33	7,051.67	0.00	0.00	5,000,000.00
03/11/25	03/11/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/11/25 Cpn 912797NQ6	49,929,483.33	70,516.67	0.00	0.00	50,000,000.00

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03/11/25	03/11/25	Mature Long	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
03/11/25	03/11/25	Mature Long	14,500,000.000	CA LA WASTEWTR CP TXB MAT 03/11/25 Cpn 4.42 54466DBT1	14,500,000.00		0.00	0.00	14,500,000.00
03/11/25	03/11/25	Mature Long	5,000,000.000	CA LA WASTEWTR CP TXB MAT 03/11/25 Cpn 4.42 54466DBT1	5,000,000.00		0.00	0.00	5,000,000.00
03/11/25	03/11/25	Mature Long	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
03/12/25	03/12/25	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 03/12/25 Cpn 22533TQC3	49,994,027.78	5,972.22	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	46,800,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	46,794,592.00	5,408.00	0.00	0.00	46,800,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	49,994,222.22	5,777.78	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	49,994,222.22	5,777.78	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	49,994,222.22	5,777.78	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	49,994,222.22	5,777.78	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/25 Cpn 313385CY0	49,994,222.22	5,777.78	0.00	0.00	50,000,000.00
03/12/25	03/12/25	Mature Long	25,000,000.000	MARS INC CP 144A MAT 03/12/25 Cpn 57167EQC5	24,937,000.00	63,000.00	0.00	0.00	25,000,000.00
03/12/25	03/12/25	Mature Long	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/12/25 Cpn 91058TQC3	49,993,986.11	6,013.89	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/13/25	03/13/25	Mature Long	45,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	44,515,425.00	484,575.00	0.00	0.00	45,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,461,583.33	538,416.67	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,461,583.33	538,416.67	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,461,583.33	538,416.67	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,461,583.33	538,416.67	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,461,583.33	538,416.67	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,988,194.44	11,805.56	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,988,194.44	11,805.56	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,988,194.44	11,805.56	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	24,994,082.64	5,917.36	0.00	0.00	25,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,988,165.28	11,834.72	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	49,988,165.28	11,834.72	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn	912797MT1	24,997,042.01	2,957.99	0.00	0.00	25,000,000.00

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/13/25	03/13/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/13/25 Cpn 912797MT1	49,994,084.03	5,915.97	0.00	0.00	50,000,000.00
03/13/25	03/13/25	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/25 Cpn 313385CZ7	39,995,333.33	4,666.67	0.00	0.00	40,000,000.00
03/13/25	03/13/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/25 Cpn 313385CZ7	49,994,166.67	5,833.33	0.00	0.00	50,000,000.00
03/14/25	03/14/25	Mature Long	25,000,000.000	CREDIT AGRICOLE CP MAT 03/14/25 Cpn 22533TQE9	24,997,013.89	2,986.11	0.00	0.00	25,000,000.00
03/17/25	03/17/25	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	19,993,033.33	6,966.67	0.00	0.00	20,000,000.00
03/17/25	03/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	49,982,583.33	17,416.67	0.00	0.00	50,000,000.00
03/17/25	03/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	49,982,583.33	17,416.67	0.00	0.00	50,000,000.00
03/17/25	03/17/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/17/25 Cpn 313385DD5	49,982,583.33	17,416.67	0.00	0.00	50,000,000.00
03/17/25	03/17/25	Mature Long	20,000,000.000	NOVARTIS FINANCE CP 144A MAT 03/17/25 Cpn 6698M4QH8	19,935,500.00	64,500.00	0.00	0.00	20,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,753.47	41,246.53	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,753.47	41,246.53	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,753.47	41,246.53	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,714.58	41,285.42	0.00	0.00	50,000,000.00

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Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,714.58	41,285.42	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,958,714.58	41,285.42	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	24,982,375.00	17,625.00	0.00	0.00	25,000,000.00
03/18/25	03/18/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/18/25 Cpn 912797NR4	49,964,750.00	35,250.00	0.00	0.00	50,000,000.00
03/18/25	03/18/25	Mature Long	1,750,000.000	CENTURY HOUSING TXB CP MAT 03/18/25 Cpn 4.75 15654WBA3	1,750,000.00		0.00	0.00	1,750,000.00
03/19/25	03/19/25	Mature Long	3,850,000.000	CITY OF HOPE CP TXB MAT 03/19/25 Cpn 17859PQK9	3,823,119.51	26,880.49	0.00	0.00	3,850,000.00
03/19/25	03/19/25	Mature Long	21,150,000.000	KENVUE CP 144A MAT 03/19/25 Cpn 49177FQK9	21,076,738.75	73,261.25	0.00	0.00	21,150,000.00
03/19/25	03/19/25	Mature Long	18,500,000.000	PACCAR FINANCIAL CP MAT 03/19/25 Cpn 69372AQK1	18,420,080.00	79,920.00	0.00	0.00	18,500,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,860.00	53,140.00	0.00	0.00	50,000,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,860.00	53,140.00	0.00	0.00	50,000,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,860.00	53,140.00	0.00	0.00	50,000,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,812.50	53,187.50	0.00	0.00	50,000,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,812.50	53,187.50	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,946,812.50	53,187.50	0.00	0.00	50,000,000.00
03/20/25	03/20/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	24,976,500.00	23,500.00	0.00	0.00	25,000,000.00
03/20/25	03/20/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/20/25 Cpn 912797KJ5	49,953,000.00	47,000.00	0.00	0.00	50,000,000.00
03/21/25	03/21/25	Mature Long	10,000,000.000	KENVUE CP 144A MAT 03/21/25 Cpn 49177FQM5	9,973,538.89	26,461.11	0.00	0.00	10,000,000.00
03/21/25	03/21/25	Mature Long	2,000,000.000	MEMORIAL HERMANN HEALTH CP MAT 03/21/25 Cpn 58604FQM9	1,989,025.00	10,975.00	0.00	0.00	2,000,000.00
03/21/25	03/21/25	Mature Long	25,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 03/21/25 Cpn 60682WQM	24,934,000.00	66,000.00	0.00	0.00	25,000,000.00
03/24/25	03/24/25	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 03/24/25 Cpn 22533TQQ2	39,942,666.67	57,333.33	0.00	0.00	40,000,000.00
03/24/25	03/24/25	Mature Long	44,400,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	44,332,179.00	67,821.00	0.00	0.00	44,400,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,923,625.00	76,375.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,923,625.00	76,375.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,923,625.00	76,375.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,923,625.00	76,375.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/24/25 Cpn 313385DL7	49,935,375.00	64,625.00	0.00	0.00	50,000,000.00
03/24/25	03/24/25	Mature Long	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/24/25 Cpn 91058TQQ2	49,981,958.33	18,041.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	AUTOMATIC DATA CP 144A MAT 03/25/25 Cpn 0530A2QR4	49,993,986.11	6,013.89	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,750.00	82,250.00	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,750.00	82,250.00	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,750.00	82,250.00	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,633.33	82,366.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,633.33	82,366.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn 912797NS2	49,917,633.33	82,366.67	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/25/25	03/25/25	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	34,942,248.06	57,751.94	0.00	0.00	35,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,917,497.22	82,502.78	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,917,497.22	82,502.78	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,917,497.22	82,502.78	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	24,961,722.22	38,277.78	0.00	0.00	25,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,923,444.44	76,555.56	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,929,483.33	70,516.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,929,483.33	70,516.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,929,483.33	70,516.67	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	39,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	38,977,133.54	22,866.46	0.00	0.00	39,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,970,684.03	29,315.97	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/25/25 Cpn	912797NS2	49,970,684.03	29,315.97	0.00	0.00	50,000,000.00
03/25/25	03/25/25	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 03/25/25 Cpn	22533TQR0	49,994,027.78	5,972.22	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/25/25	03/25/25	Mature Long	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 03/25/25 Cpn 6698M4QR6	39,933,266.67	66,733.33	0.00	0.00	40,000,000.00
03/26/25	03/26/25	Mature Long	25,000,000.000	TVA DISCOUNT NOTE MAT 03/26/25 Cpn 880590DN1	24,955,843.75	44,156.25	0.00	0.00	25,000,000.00
03/26/25	03/26/25	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 03/26/25 Cpn 880590DN1	49,911,687.50	88,312.50	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	17,500,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	17,467,135.00	32,865.00	0.00	0.00	17,500,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,906,100.00	93,900.00	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,906,100.00	93,900.00	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	24,994,236.11	5,763.89	0.00	0.00	25,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00
03/27/25	03/27/25	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/27/25 Cpn 912797MU8	49,988,472.22	11,527.78	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/27/25	03/27/25	Mature Long	50,000,000.000	ELI LILLY & CO CP 144A MAT 03/27/25 Cpn 53245PQT8	49,988,027.78	11,972.22	0.00	0.00	50,000,000.00
03/28/25	03/28/25	Mature Long	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 03/28/25 Cpn 00915SQU9	19,973,416.67	26,583.33	0.00	0.00	20,000,000.00
03/28/25	03/28/25	Mature Long	8,250,000.000	CENTURY HOUSING TXB CP MAT 03/28/25 Cpn 4.75 15654WBB1	8,250,000.00		0.00	0.00	8,250,000.00
03/28/25	03/28/25	Mature Long	50,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 03/28/25 Cpn 19416EQU4	49,958,194.44	41,805.56	0.00	0.00	50,000,000.00
03/28/25	03/28/25	Mature Long	28,500,000.000	NATL SEC CLEARING CP 144A MAT 03/28/25 Cpn 63763PQU6	28,442,129.17	57,870.83	0.00	0.00	28,500,000.00
03/31/25	03/31/25	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 03/31/25 Cpn 22533TQX7	49,964,083.33	35,916.67	0.00	0.00	50,000,000.00
			5,087,054,000.000		5,078,740,455.16	8,313,544.85	0.00	0.00	5,087,054,000.00
03/03/25	03/03/25	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
03/05/25	03/05/25	Withdrawal	(60,000,000.000)	WD MAT Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
03/07/25	03/07/25	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
03/13/25	03/13/25	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
03/17/25	03/17/25	Withdrawal	(30,000,000.000)	WD MAT Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
03/19/25	03/19/25	Withdrawal	(220,000,000.000)	WD MAT Cpn USD	(220,000,000.00)		(220,000,000.00)	0.00	(220,000,000.00)

Account Name: L.A. CARE HEALTH PLAN

03/01/2025 through 03/31/2025

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
03/20/25	03/20/25	Withdrawal	(180,000,000.000)	WD MAT	Cpn	USD	(180,000,000.00)		(180,000,000.00)	0.00	(180,000,000.00)
03/24/25	03/24/25	Withdrawal	(440,000,000.000)	WD MAT	Cpn	USD	(440,000,000.00)		(440,000,000.00)	0.00	(440,000,000.00)
03/25/25	03/25/25	Withdrawal	(140,000,000.000)	WD MAT	Cpn	USD	(140,000,000.00)		(140,000,000.00)	0.00	(140,000,000.00)
03/26/25	03/26/25	Withdrawal	(220,000,000.000)	WD MAT	Cpn	USD	(220,000,000.00)		(220,000,000.00)	0.00	(220,000,000.00)
03/27/25	03/27/25	Withdrawal	(120,000,000.000)	WD MAT	Cpn	USD	(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)
03/31/25	03/31/25	Withdrawal	(20,000,000.000)	WD MAT	Cpn	USD	(20,000,000.00)		(20,000,000.00)	0.00	(20,000,000.00)
			(1,560,000,000.000)				(1,560,000,000.00)		(1,560,000,000.00)	0.00	(1,560,000,000.00)

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

03/01/2025 through 03/31/2025

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
03/04/25	03/05/25	Buy	1,475,000.000	U.S. TREASURY NOTE MAT 02/15/28 Cpn 4.25 91282CMN8	(1,487,906.25)	(3,117.06)	0.00	0.00	(1,491,023.31)
03/05/25	03/06/25	Buy	1,670,000.000	U.S. TREASURY NOTE MAT 02/28/27 Cpn 4.13 91282CMP3	(1,673,783.59)	(1,123.17)	0.00	0.00	(1,674,906.76)
03/04/25	03/12/25	Buy	300,000.000	GALC 2025-1 A3 EQP 144A MAT 04/16/29 Cpn 4.49 39154GAJ5	(299,970.42)		0.00	0.00	(299,970.42)
03/18/25	03/26/25	Buy	1,000,000.000	GFORT 2025-2A A1 FLOOR 144A MAT 03/15/30 Cpn 4.64 361886EB6	(999,759.60)		0.00	0.00	(999,759.60)
03/28/25	03/31/25	Buy	1,720,000.000	U.S. TREASURY NOTE MAT 02/28/30 Cpn 4.00 91282CGQ8	(1,722,150.00)	(5,795.65)	0.00	0.00	(1,727,945.65)
			6,165,000.000		(6,183,569.86)	(10,035.88)	0.00	0.00	(6,193,605.74)
03/15/25	03/15/25	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
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
03/15/25	03/15/25	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		36.08	0.00	0.00	36.08
03/15/25	03/15/25	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
03/15/25	03/15/25	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
03/15/25	03/15/25	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00

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

03/01/2025 through 03/31/2025

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
03/15/25	03/15/25	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
03/15/25	03/15/25	Coupon		CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3		2,852.50	0.00	0.00	2,852.50
03/15/25	03/15/25	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
03/15/25	03/15/25	Coupon		JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5		2,893.33	0.00	0.00	2,893.33
03/15/25	03/15/25	Coupon		JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2		3,033.33	0.00	0.00	3,033.33
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6		3,103.33	0.00	0.00	3,103.33

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

03/01/2025 through 03/31/2025

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
03/15/25	03/15/25	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
03/15/25	03/15/25	Coupon		NY STATE DORM AUTH PERS INC T MAT 03/15/25 Cpn 0.89 64990FD43		3,015.80	0.00	0.00	3,015.80
03/15/25	03/15/25	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
03/15/25	03/15/25	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
03/17/25	03/17/25	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
03/20/25	03/20/25	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
03/20/25	03/20/25	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
03/25/25	03/25/25	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		2,905.00	0.00	0.00	2,905.00
03/25/25	03/25/25	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
03/25/25	03/25/25	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
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		2,265.63	0.00	0.00	2,265.63
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		28,818.75	0.00	0.00	28,818.75
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		37,065.63	0.00	0.00	37,065.63

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

03/01/2025 through 03/31/2025

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
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63	91282CGT2		71,050.00	0.00	0.00	71,050.00
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 03/31/29 Cpn 4.13	91282CKG5		9,590.63	0.00	0.00	9,590.63
03/31/25	03/31/25	Coupon		U.S. TREASURY NOTE MAT 09/30/28 Cpn 4.63	91282CJA0		41,856.25	0.00	0.00	41,856.25
							265,067.92	0.00	0.00	265,067.92
03/01/25	03/01/25	Income	1,672.040	STIF INT MAT Cpn	USD		1,672.04	0.00	0.00	1,672.04
03/03/25	03/04/25	Sell Long	450,000.000	CCCIT 2023-A1 A1 CARD MAT 12/08/27 Cpn 5.23	17305EGW	452,478.52	5,622.25	0.00	2,503.98	458,100.77
03/04/25	03/05/25	Sell Long	600,000.000	FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23	344930AD4	604,781.25	1,743.33	0.00	4,785.66	606,524.58
03/04/25	03/05/25	Sell Long	750,000.000	JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18	477920AC6	755,302.73	2,158.33	0.00	5,372.27	757,461.06
03/04/25	03/05/25	Sell Long	300,000.000	U.S. TREASURY NOTE MAT 11/30/27 Cpn 3.88	91282CFZ9	299,472.66	3,034.00	0.00	(116.27)	302,506.66
03/18/25	03/19/25	Sell Long	1,000,000.000	U.S. TREASURY NOTE MAT 07/15/27 Cpn 4.38	91282CKZ3	1,007,695.31	7,613.95	3,305.25	0.00	1,015,309.26
03/28/25	03/31/25	Sell Long	1,455,000.000	U.S. TREASURY NOTE MAT 12/31/26 Cpn 4.25	91282CME8	1,462,331.84	15,373.96	6,395.14	0.00	1,477,705.80
			4,555,000.000			4,582,062.31	35,545.82	9,700.39	12,545.64	4,617,608.13

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

03/01/2025 through 03/31/2025

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
03/15/25	03/15/25	Pay Princpl	29,280.696	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	29,280.70		0.00	0.32	29,280.70
03/15/25	03/15/25	Mature Long	680,000.000	NY STATE DORM AUTH PERS INC T MAT 03/15/25 Cpn 0.89 64990FD43	680,000.00		0.00	0.00	680,000.00

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 03/01/2025 To 03/31/2025

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
03/05/25	03/03/25	03/05/25	TNT77	02665WFX4	AMERICAN HONDA FINANCE	5,000,000.00	0.00	(4,994,350.00)	0.00	(4,994,350.00)
03/05/25	03/03/25	03/05/25	TNT77	02665WFY2	AMERICAN HONDA FINANCE	5,450,000.00	0.00	(5,445,204.00)	0.00	(5,445,204.00)
03/12/25	03/05/25	03/12/25	TNT77	571676AY1	MARS INC	1,000,000.00	0.00	(998,920.00)	0.00	(998,920.00)
03/12/25	03/07/25	03/12/25	TNT77	571676AY1	MARS INC	1,250,000.00	0.00	(1,252,975.00)	0.00	(1,252,975.00)
03/12/25	03/11/25	03/12/25	TNT77	17275RBX9	CISCO SYSTEMS INC	6,500,000.00	(15,437.50)	(6,565,000.00)	0.00	(6,580,437.50)
03/13/25	03/12/25	03/13/25	TNT77	375558CB7	GILEAD SCIENCES INC	7,500,000.00	(113,000.00)	(7,523,400.00)	0.00	(7,636,400.00)
03/14/25	03/13/25	03/14/25	TNT77	06051GHQ5	BANK OF AMERICA CORP	2,500,000.00	(10,210.97)	(2,414,200.00)	0.00	(2,424,410.97)
03/14/25	03/13/25	03/14/25	TNT77	74340XCG4	PROLOGIS LP	4,000,000.00	(48,208.33)	(4,031,600.00)	0.00	(4,079,808.33)
03/17/25	03/17/25	03/17/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	482,564.16	0.00	(482,564.16)	0.00	(482,564.16)
03/19/25	03/18/25	03/19/25	TNT77	693475BK0	PNC FINANCIAL SERVICES	5,000,000.00	(79,566.39)	(5,084,150.00)	0.00	(5,163,716.39)
03/21/25	03/17/25	03/21/25	TNT77	05565ECY9	BMW US CAPITAL LLC	2,400,000.00	0.00	(2,399,376.00)	0.00	(2,399,376.00)
03/26/25	03/25/25	03/26/25	TNT77	00287YDY2	ABBVIE INC	5,000,000.00	(19,375.00)	(5,035,550.00)	0.00	(5,054,925.00)
03/26/25	03/25/25	03/26/25	TNT77	341081GN1	FLORIDA POWER & LIGHT CO	3,650,000.00	(58,440.55)	(3,650,584.00)	0.00	(3,709,024.55)
03/31/25	03/28/25	03/31/25	TNT77	74456QBX3	PUBLIC SERVICE ELECTRIC	5,000,000.00	(15,208.33)	(4,883,950.00)	0.00	(4,899,158.33)
TOTAL BUY						54,732,564.16	(359,447.07)	(54,761,823.16)	0.00	(55,121,270.23)
DIVIDEND										
03/03/25	03/03/25	03/03/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	24,362,109.00	49,713.24	0.00	0.00	49,713.24
TOTAL DIVIDEND						24,362,109.00	49,713.24	0.00	0.00	49,713.24
INTEREST										
03/01/25	03/01/25	03/01/25	TNT77	010392FY9	ALABAMA POWER CO	7,000,000.00	131,250.00	0.00	0.00	131,250.00
03/01/25	03/01/25	03/01/25	TNT77	20030NBS9	COMCAST CORP	3,500,000.00	55,125.00	0.00	0.00	55,125.00
03/01/25	03/01/25	03/01/25	TNT77	210518DS2	CONSUMERS ENERGY CO	4,650,000.00	108,112.50	0.00	0.00	108,112.50
03/01/25	03/01/25	03/01/25	TNT77	29157TAC0	EMORY UNIVERSITY	4,305,000.00	33,708.15	0.00	0.00	33,708.15
03/01/25	03/01/25	03/01/25	TNT77	875127BM3	TAMPA ELECTRIC CO	5,000,000.00	122,500.00	0.00	0.00	122,500.00
03/02/25	03/02/25	03/02/25	TNT77	14913R2K2	CATERPILLAR FINL SERVICE	5,000,000.00	22,500.00	0.00	0.00	22,500.00
03/03/25	03/03/25	03/03/25	TNT77	04636NAF0	ASTRAZENECA FINANCE LLC	5,000,000.00	121,875.00	0.00	0.00	121,875.00
03/05/25	03/05/25	03/05/25	TNT77	02665WFQ9	AMERICAN HONDA FINANCE	3,000,000.00	66,000.00	0.00	0.00	66,000.00
03/09/25	03/09/25	03/09/25	TNT77	771196CP5	ROCHE HOLDINGS INC	1,250,000.00	26,268.75	0.00	0.00	26,268.75
03/10/25	03/10/25	03/10/25	TNT77	771196BV3	ROCHE HOLDINGS INC	7,500,000.00	86,775.00	0.00	0.00	86,775.00
03/12/25	03/12/25	03/12/25	TNT77	64105MAA9	NESTLE CAPITAL CORP	1,500,000.00	34,875.00	0.00	0.00	34,875.00

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 03/01/2025 To 03/31/2025

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
03/15/25	03/15/25	03/15/25	TNT77	26442UAH7	DUKE ENERGY PROGRESS LLC	1,500,000.00	25,875.00	0.00	0.00	25,875.00
03/15/25	03/15/25	03/15/25	TNT77	29736RAJ9	ESTEE LAUDER CO INC	1,500,000.00	23,625.00	0.00	0.00	23,625.00
03/15/25	03/15/25	03/15/25	TNT77	74456QCF1	PUBLIC SERVICE ELECTRIC	9,000,000.00	42,750.00	0.00	0.00	42,750.00
03/17/25	03/17/25	03/17/25	TNT77	931142ER0	WALMART INC	5,000,000.00	26,250.00	0.00	0.00	26,250.00
03/20/25	03/20/25	03/20/25	TNT77	89236TKJ3	TOYOTA MOTOR CREDIT CORP	3,000,000.00	68,250.00	0.00	0.00	68,250.00
03/22/25	03/22/25	03/22/25	TNT77	49177JAF9	KENVUE INC	2,000,000.00	50,500.00	0.00	0.00	50,500.00
03/30/25	03/30/25	03/30/25	TNT77	58769JAG2	MERCEDES-BENZ FIN NA	2,000,000.00	48,000.00	0.00	0.00	48,000.00
TOTAL INTEREST						71,705,000.00	1,094,239.40	0.00	0.00	1,094,239.40
SELL										
03/13/25	03/13/25	03/13/25	TNT77	91282CKR1	UNITED STATES TREASURY NOTE	5,000,000.00	73,342.54	5,049,983.25	0.00	5,123,325.79
03/14/25	03/13/25	03/14/25	TNT77	91282CKR1	UNITED STATES TREASURY NOTE	10,000,000.00	147,928.18	10,099,575.88	0.00	10,247,504.06
03/17/25	03/17/25	03/17/25	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	24,362,109.00	0.00	24,362,109.00	0.00	24,362,109.00
03/20/25	03/19/25	03/20/25	TNT77	91282CLR0	UNITED STATES TREASURY NOTE	5,000,000.00	79,765.19	5,002,912.94	0.00	5,082,678.13
03/26/25	03/25/25	03/26/25	TNT77	91282CLY5	UNITED STATES TREASURY NOTE	5,000,000.00	67,719.78	5,016,389.50	0.00	5,084,109.28
03/31/25	03/31/25	03/31/25	TNT77	91282CLY5	UNITED STATES TREASURY NOTE	4,000,000.00	56,510.99	4,021,080.35	0.00	4,077,591.34
TOTAL SELL						53,362,109.00	425,266.68	53,552,050.92	0.00	53,977,317.60
WITHDRAW										
03/14/25	03/14/25	03/14/25	TNT77	CASHCASH6	C-07 DIFF ON TRADE AT SETTLEMENT 06051(	0.00	0.00	0.00	(0.01)	(0.01)
TOTAL WITHDRAW						0.00	0.00	0.00	(0.01)	(0.01)
GRAND TOTAL						204,161,782.16	1,209,772.25	(1,209,772.24)	(0.01)	0.00

Avg Date 17

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 2nd Quarter Report for FY 2025*

Date: *05/14/2025*

Prepared By: *David Inglese, Director, Contracting and Procurement, Finance for Afzal Shah, Chief Financial Officer*

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1. Purpose of the Report

To provide the Finance & Budget Committee with the 2nd quarter FY 2025 report on compliance with AFS-006 and AFS-007 policies. This report ensures transparency and oversight of executed vendor contracts and sole source purchases over established thresholds.

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2. Background / Context

- *AFS-006 requires reporting on all executed vendor contracts and expenditures.*
- *AFS-007 requires reporting on sole source purchases over $250,000.*
- *These reports are submitted quarterly and Fiscal Year End to the Finance & Budget Committee as part of financial oversight.*
- *This report covers the period for the 2nd quarter of FY 2025.*

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3. Key Considerations / Analysis

- *All executed vendor contracts during the quarter were reviewed and are included per AFS-006 requirements.*
- *Sole source purchases exceeding $250,000 have been documented and included in compliance with AFS-007.*
- *There are no variances or policy exceptions to report for this period.*
- *Continued adherence supports the organization's fiscal accountability and audit readiness.*

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4. Recommended Action / Decision Requested

Board Action Needed:
X - For Information Only
For Discussion
For Approval / Decision (specify below)

Proposed Motion (if applicable):
N/A – This item is for informational purposes only and are reported as part of CFO Report.

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5. Next Steps / Timeline

- *Include the report in the Board's quarterly review package as part of CFO report.*
- *Continue quarterly and fiscal year end reporting cycle with updates due at the end of each fiscal quarter.*
- *Ensure alignment with evolving procurement and contract oversight policies as directed by executive leadership.*

Attachments / Supporting Materials:

AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 2nd Quarter Report for FY 2025 Memo

AFS-006 (Authorization and Approval Limits) Quarterly Report Q2 FY 2025

AFS-007 (Procurement Policy) Sole Source Report Q2 FY 2025

May 14, 2025

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 2nd Quarter Report for FY 2025

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

1. Policy AFS-006 (Authorization and Approval Limits) requires reports for executed vendor contracts for all expenditures.

2. Policy AFS-007 (Procurement Policy) requires reports for all sole source purchases over $250,000.

Attached are the reports for 2nd Quarter Report for FY 2025.

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2025 - March 2025

New POs and Contracts	
Vendor Name	**PO and Contract Total**
ABF Data Systems, Inc	$ 34,750.00
ABMS Solutions, LLC	$ 16,397.00
Absolute Ops LLC	$ 36,045.00
Actum II, LLC	$ 1,000,000.00
Advantage Mailing, LLC	$ 34,792.10
Aerick Brien Luckie	$ 14,050.00
Alexandra Rodriguez	$ 21,216.00
All Day AcquisitionCo LLC	$ 2,500.00
Altec Products, Inc.	$ 4,381.82
Amazon Capital Services, Inc.	$ 47,286.67
Andrues/Podberesky, APLC	$ 300,000.00
Angela P. Ahmu	$ 4,160.00
Angelique Chaparro	$ 4,580.00
Antelope Valley Partners for Health	$ 80,240.00
Anthony Peter Lopez, Jr.	$ 18,698.85
Arent Fox LLP	$ 1,000,000.00
Articulate Global, Inc.	$ 15,522.54
Ashley Mills Monaghan	$ 17,400.00
ASSI Security	$ 3,598.00
ATTAC Consulting Group, LLC	$ 607,400.00
Aunt Flow Corp.	$ 1,090.00
Bahareh Rabii	$ 6,000.00
Baila Baila	$ 21,600.00
Best Best & Krieger LLP	$ 200,000.00
Birthworkers of Color Collective	$ 28,000.00
Blackbaud, Inc.	$ 190,973.19
Bootstrap Software Partners, LLC	$ 7,662.05
BrandFuse, inc.	$ 275,292.25
Business Training Works, Inc.	$ 2,500.00
Cactus Software LLC	$ 30,120.71
California Hospital Assessment and Reporting Task Force (CHART)	$ 45,000.00
CANON U.S.A., INC.	$ 282,600.00
Center for the Study of Services	$ 1,652,843.10
Cequel Data Centers, L.P.	$ 221,500.00
ClarisHealth, Inc.	$ 7,680,000.00
Clearpol Inc.	$ 262,500.00
Concur Technologies, Inc.	$ 213,000.00
Costas Healthcare Solutions, LLC	$ 23,100.00
CrowdStrike, Inc.	$ 13,430.00
Crowell & Moring LLP	$ 200,000.00
Daponde Simpson Rowe PC	$ 2,700,000.00
Davis Wright Tremaine LLP	$ 600,000.00
Deloitte & Touche LLP	$ 220,000.00
Deloitte LLP	$ 250,000.00
Earth Print Inc.	$ 556,734.62

New POs and Contracts	
Vendor Name	**PO and Contract Total**
Edifecs, Inc.	$ 24,132,701.82
Edmund Jung & Associates Inc.	$ 90,000.00
Environics Analytics Inc.	$ 39,500.00
Epstein Becker & Green, P.C.	$ 900,000.00
Everest Trading Corporation	$ 105,000.00
Footage Firm, Inc	$ 31,000.00
Fortra, LLC	$ 158,865.00
Freeman-Thomas Early Education Consulting, LLC	$ 13,976.00
Galan Cultural Center Inc.	$ 99,600.00
Gartner, Inc.	$ 103,200.00
Gender Health Center	$ 50,400.00
Getty Images (US), Inc.	$ 2,400.00
GoAnimate, Inc.	$ 4,945.50
Gomez Research Inc.	$ 153,800.00
HALO Branded Solutions, Inc.	$ 99,842.00
Hanson Bridgett LLP	$ 200,000.00
Health Management Associates Inc.	$ 1,014,920.00
Health Management Associates, Inc. (dba Wakely Consulting Group, LLC)	$ 50,000.00
Healthy Cooking LLC	$ 72,820.00
Homeboy Industries	$ 90,000.00
I Color Printing & Mailing Inc	$ 8,666,381.83
Informatica LLC	$ 17,321.91
Infosys Limited	$ 2,890,000.00
Instant InfoSystems, Inc.	$ 151,750.00
Integrated Healthcare Association	$ 1,000,000.00
Isaacs Friedberg Zill LLP	$ 900,000.00
ISI Telemanagement Solutions, LLC	$ 11,220.00
Jemmott Rollins Group, Inc.	$ 125,000.00
Jennifer Baez	$ 46,200.00
John Baackes	$ 250,000.00
Kendall Brill & Kelly, LLP	$ 300,000.00
Kimberley Carruthers	$ 33,280.00
Kinema Fitness, Inc.	$ 126,720.00
Lakeshore Equipment Company	$ 96.79
Lands' End, Inc	$ 9,615.79
Lean Healthcare Associates, Inc	$ 60,000.00
Live Art Plantscapes, Inc.	$ 156,575.24
Lorenzo Campos-Marquez	$ 3,625,615.00
Luxor Printing Inc.	$ 16,961.43
MCKESSON MEDICAL-SURGICAL INC.	$ 2,931.15
MediKeeper, Inc.	$ 5,000.00
Metalcraft, Inc	$ 4,189.50
Meyers, Nave, Riback, Silver & Wilson	$ 400,000.00
Michael Moldofsky	$ 10,000.00
Mintz Levin Cohn Ferris Glovsky and Popeo P.C.	$ 369,103.50
Momentum Telecom, Inc.	$ 160,020.00
mPulse Mobile, Inc.	$ 1,222,858.00
National Health Foundation	$ 161,273.28
Nexry LLC	$ 299,357.66

New POs and Contracts	
Vendor Name	**PO and Contract Total**
Ntooitive Digital LLC	$ 15,189,396.00
Office Depot, Inc.	$ 44,620.03
Ollivier Corporation	$ 78,384.83
Omar Sanchez Barreras	$ 350.00
Optiv Security, Inc.	$ 510,666.65
Orbach Huff & Henderson LLP	$ 300,000.00
Paradise Signs, Inc.	$ 7,881.00
Payspan, Inc.	$ 999,999.00
Pearl Meyer & Partners LLC	$ 182,000.00
Phalanx Group Inc.	$ 275,000.00
PPT Holdings I, LLC	$ 19,361.96
Providence Health & Services Foundation / San Fernando and Santa Clarita Valley	$ 48,000.00
Providence Little Company of Mary Foundation	$ 48,000.00
Quorum Analytics, Inc	$ 75,945.24
Rebecca E. Lynch	$ 10,400.00
Resources Connection Inc.	$ 388,480.00
Rita Lisa Sinkoski	$ 11,700.00
Samuel Roman	$ 28,450.00
Sandpipers Philanthropy Fund, Inc.	$ 5,000.00
SAP America, Inc.	$ 1,399,767.07
SciQuest, Inc.	$ 259,923.86
SHI International Corp.	$ 1,863,436.46
Sierra Pacific Constructors, Inc.	$ 336,356.00
SKKN, INC.	$ 201,400.18
SNOWFLAKE INC.	$ 142,500.00
Solugenix Corporation	$ 44,000.00
Sonia P. Guzman	$ 51,500.00
Southern California Edison Company	$ 105,666.00
Sprinklr, Inc.	$ 34,366.36
Stella Ilran Han	$ 21,400.00
Tania Hernandez	$ 964.00
The Prophet Corporation	$ 2,815.00
The Silicon Partners Inc.	$ 236,000.00
Toss It Up, Inc.	$ 8,400.00
Training Connection LLC	$ 13,255.00
Uline, Inc.	$ 18,481.54
Unidos Por La Musica	$ 57,600.00
UserWay Inc.	$ 50,200.00
Verizon Business Network Services Inc	$ 80,000.00
Vicki Bolsega	$ 15,600.00
VideoGuard, LLC	$ 123,000.00
Virginia Medina	$ 17,680.00
Wavestone Consulting US Inc.	$ 280,000.00
WIPRO US BRANCH IT SERVICES	$ 9,813,834.00
Young Men's Christian Association of Metropolitan Los Angele	$ 32,800.00
Zipari, Inc.	$ 786,120.00
Zones, LLC (Wholly Owned by Zones IT Solutions Inc.)	$ 93,219.96
Zoom Video Communications, Inc.	$ 11,294.00
Sunnyside 5 (Grantee)	$ 125,000.00

New POs and Contracts	
Vendor Name	**PO and Contract Total**
CCF Community Initiatives Fund (Grantee)	$ 150,000.00
Public Health Foundation Enterprises, Inc. (Grantee)	$ 150,000.00
Jemmott Rollins Group, Inc. (Grantee)	$ 125,000.00
CANON U.S.A., INC. (Lease)	$ 242,500.00
HRRP Garland LLC (Lease)	$ 105,541,065.00
AltaMed Health Services Corporation (Grantee)	$ 74,220.00
Arroyo Vista Family Health Foundation (Grantee)	$ 125,000.00
Chinatown Service Center (Grantee)	$ 125,000.00
National Health Foundation (Grantee)	$ 150,000.00
The R.O.A.D.S. Foundation, Inc. (Grantee)	$ 125,000.00
University Muslim Medical Association, Inc. (Grantee)	$ 125,000.00
Via Care Community Health Center (Grantee)	$ 125,000.00
California Association of Food Banks	$ 1,358,000.00
Clinica Msr. Oscar A. Romero (Investment Agreement)	$ 1,995,000.00
County of Los Angeles, Department of Health Services (Investment Agreement)	$ 7,000,000.00
East Valley Community Health Center, Inc. (Investment Agreement)	$ 1,995,000.00
JWCH Institute, Inc. (Investment Agreement)	$ 1,995,000.00
Kedren Community Health Center, Inc. (Investment Agreement)	$ 1,995,000.00
Los Angeles Christian Health Centers (Investment Agreement)	$ 1,995,000.00
San Fernando Community Hospital (Investment Agreement)	$ 1,995,000.00
University of Southern California (Investment Agreement)	$ 400,000.00
Grand Total	**$ 229,617,404.44**

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2025 - March 2025

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
A.O. Reed & Co., LLC	$ 246,444.00	$ 42,121.00	$ 288,565.00	10/31/2027
Advize Health LLC	$ 292,000.00	$ 62,500.00	$ 354,500.00	2/3/2026
Blackbaud, Inc.	$ 18,112.50	$ 20,000.00	$ 38,112.50	10/31/2026
Brent Powell	$ 71,680.00	$ 2,080.00	$ 73,760.00	9/30/2026
Community Clinic Association of Los Angeles County	$ 15,400.00	$ 670.00	$ 16,070.00	12/31/2025
Cognizant TriZetto Software Group, Inc.	$ 2,154,009.98	Time	$ 2,154,009.98	6/30/2025
Cognizant TriZetto Software Group, Inc.	$ 114,200.06	Time	$ 114,200.06	5/31/2025
EPI-USE America Inc	$ 440,000.00	$ 100,000.00	$ 540,000.00	12/31/2025
ePlus Technology, inc.	$ 3,461,711.30	$ 1,308,798.66	$ 4,770,509.96	3/1/2029
Esperanza Community Housing Corporation	$ 35,360.00	$ 6,290.00	$ 41,650.00	11/30/2025
EVERFI INC	$ 74,880.00	$ 57,148.42	$ 132,028.42	3/5/2027
FanelliPM	$ 274,306.00	$ 61,200.00	$ 335,506.00	10/31/2025
FanelliPM	$ 92,817.00	$ 5,852.00	$ 98,669.00	4/30/2025
Gomez Research Inc.	$ 87,200.00	$ 66,600.00	$ 153,800.00	10/31/2025
Health Management Associates, Inc. (dba Leavitt Partners, LLC)	$ 220,800.00	$ 33,000.00	$ 253,800.00	12/31/2025
Homeboy Industries	$ 90,000.00	Time	$ 90,000.00	12/17/2026
HRRP Garland LLC	$ 105,541,065.00	Scope	$ 105,541,065.00	3/1/2035
Hyland Software, Inc.	$ 723,562.50	$ 790,637.50	$ 1,514,200.00	12/31/2026
IX Layer Inc	$ 5,400,000.00	Scope	$ 5,400,000.00	10/13/2026
M. Arthur Gensler, Jr. & Associates, Inc	$ 1,346,421.50	Time	$ 1,346,421.50	12/31/2025
MetaSoftTech Solutions LLC	$ 1,350,000.00	$ 205,000.00	$ 1,555,000.00	6/30/2025
MG Dance Foundation	$ 19,320.00	$ 8,280.00	$ 27,600.00	5/31/2025
Milliman Inc	$ 1,999,000.00	$ 400,000.00	$ 2,399,000.00	12/31/2025
Milliman Inc	$ 2,200,000.00	$ 500,000.00	$ 2,700,000.00	12/31/2025
New England Asset Management, Inc.	$ 3,000,000.00	Scope	$ 3,000,000.00	No Expiration
Oliver Tate Brooks	$ 990,000.00	$ 150,000.00	$ 1,140,000.00	12/31/2025
O'Neil Digital Solutions LLC	$ 3,000,000.00	$ 2,000,000.00	$ 5,000,000.00	6/30/2026
OptumInsight, Inc.	$ 500,000.00	$ 493,802.00	$ 993,802.00	12/31/2027
OptumInsight, Inc.	$ 550,000.00	Time	$ 550,000.00	4/30/2028
Panhealth Inc.	$ 670,000.00	$ 150,000.00	$ 820,000.00	12/31/2025
PPT Holdings I, LLC	$ 15,487.62	$ 3,874.34	$ 19,361.96	5/31/2025
Project Joy, Inc.	$ 12,000.00	$ 16,830.00	$ 28,830.00	7/31/2025
RELX Inc.	$ 267,472.48	$ 71,648.88	$ 339,121.36	12/31/2025
Resources Connection Inc.	$ 281,000.00	Time	$ 281,000.00	4/30/2025
Ricardo Ramos	$ 95,000.00	$ 75,000.00	$ 170,000.00	12/31/2028
RightStar, Inc.	$ 25,480.00	Time	$ 25,480.00	4/2/2026
Safety Net Connect, Inc.	$ 298,000.00	$ 70,000.00	$ 368,000.00	12/31/2026
SAI360 Inc.	$ 240,100.00	$ 42,630.00	$ 282,730.00	4/30/2025
Saviynt, Inc.	$ 984,000.00	Time	$ 984,000.00	4/25/2025
Sierra Pacific Constructors, Inc.	$ 3,445,954.00	Time	$ 3,445,954.00	8/1/2025
SNOWFLAKE INC.	$ 1,626,000.00	Time	$ 1,626,000.00	1/12/2028
Solugenix Corporation	$ 45,031,522.00	$ 5,900,000.00	$ 50,931,522.00	9/30/2025
Toney HealthCare Consulting, LLC	$ 2,386,000.00	$ 530,244.00	$ 2,916,244.00	12/31/2025
Toney HealthCare Consulting, LLC	$ 3,763,584.00	Time	$ 3,763,584.00	5/31/2025
WEX Health, Inc.	$ 1,146,675.00	Scope	$ 1,146,675.00	6/16/2027
Zipari, Inc.	$ 1,436,400.00	$ 135,000.00	$ 1,571,400.00	2/28/2025
Resources Connection Inc.	$ 300,000.00	$ 382,400.00	$ 682,400.00	1/31/2025
Resources Connection Inc.	$ 1,489,160.00	$ 62,000.00	$ 1,551,160.00	1/31/2025
Galan Cultural Center Inc.	$ 38,000.00	$ 11,800.00	$ 49,800.00	2/28/2025
Deloitte LLP	$ 7,500,000.00	$ 1,900,000.00	$ 9,400,000.00	2/28/2025
Resources Connection Inc.	$ 2,142,800.00	$ 458,000.00	$ 2,600,800.00	1/31/2025
mPulse Mobile, Inc.	$ 449,782.00	$ 107,843.00	$ 557,625.00	1/31/2025
Resources Connection Inc.	$ 1,551,160.00	$ 137,000.00	$ 1,688,160.00	2/28/2025
Milliman Inc	$ 2,050,000.00	$ 150,000.00	$ 2,200,000.00	12/31/2024
Resources Connection Inc.	$ 2,142,800.00	Scope	$ 2,142,800.00	12/31/2024
Cynthia ReedCarmona	$ 181,500.00	Time	$ 181,500.00	3/31/2025
Deloitte LLP	$ 9,400,000.00	$ 150,000.00	$ 9,550,000.00	3/14/2025
Resources Connection Inc.	$ 1,688,160.00	$ 202,000.00	$ 1,890,160.00	3/31/2025

L.A. Care Health Plan
AFS-007 Authorization and Approval Limits Quarterly Report
January 2025 - March 2025

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of 4/7/25	Vendor Selection
WIPRO US BRANCH IT SERVICES	$ 9,813,834.00	$ 9,813,834.00	Sole Source
O'Neil Digital Solutions LLC	$ 5,000,000.00	$ 2,000,000.00	Sole Source
Lorenzo Campos-Marquez	$ 3,625,615.00	$ 157,531.22	Sole Source
Center for the Study of Services	$ 1,652,843.10	$ 1,652,843.10	Sole Source
mPulse Mobile, Inc.	$ 965,475.00	$ 567,675.00	Sole Source
Health Management Associates Inc.	$ 500,000.00	$ -	Sole Source
University of Southern California	$ 400,000.00	$ -	Sole Source
A.O. Reed & Co., LLC	$ 288,565.00	$ 28,532.79	Sole Source
Clearpol Inc.	$ 262,500.00	$ 15,000.00	Sole Source
John Baackes	$ 250,000.00	$ 60,000.00	Sole Source

BOARD REPORT EXECUTIVE SUMMARY

Report Title: AFS-027 Travel and Other Expenses Report

Date: 05/23/2025

Prepared By: Afzal Shah, Chief Financial Officer

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1. Purpose of the Report

L.A. Care's Travel and Other Expenses Policy requires that all expenditures covered under this policy are to be reported to the Finance & Budget Committee on a quarterly basis.

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2. Background / Context

- Expenses to be reported include business-related travel and non-travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees (PACs).

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3. Key Considerations / Analysis

- The quarterly travel and other expenses report is informational only and does not require a motion or approval by the Board.

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4. Recommended Action / Decision Requested

Board Action Needed:

☒ For Information Only

☐ For Discussion

☐ For Approval / Decision (specify below)

Proposed Motion (if applicable): No motion required

5. Next Steps / Timeline

- The quarterly travel and other expenses report will be presented to the full Board at the next Board meeting on June 5, 2025.

Attachments / Supporting Materials:

Q2 FY 2024-25 AFS-027 Travel and Other Expenses Memo - Final

Q2 2024-25 AFS-027 Quarterly Report

DATE: May 23, 2025

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-027 Travel and Other Expenses Report

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

Travel Related Expenses covered under the policy:

Travel and training expenditures, such as:

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

Other Expenses covered under the policy:

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

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

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

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

In order to keep the Committee apprised of L.A. Care's necessary expenditures and to comply with the internal policy, presented herein are the travel and non-travel related expenses for the second quarter of Fiscal Year 2024-2025, January through March 2025.

AFS-027 Travel Expenses Report Q2 FY 2024-25

Division	Jan - Mar 2025	Description
Chief Product Officer	$ 19,141	Expenses are related to attendance of Adobe Max conference and L.A. Care staff mileage reimbursement.
Clinical Operations	$ 19,282	Expenses are related to attendance of American Health Insurance (AHIP) Conference & L.A. Care Community Health Worker (CHW) staff mileage reimbursement.
Compliance	$ 16,581	Expenses are related to attendance of Healthcare Compliance Assn (HCCA) Conference & LA Care staff mileage reimbursement
Executive Services	$ 2,920	Expenses are related to the All Plan CEO meeting 2025, the Local Health Plans of California (LHPC) retreat
Finance Services	$ 1,179	Expenses are related to Government Investment Officers Association (GIOA) conference and mileage reimbursement
Health Services	$ 22,232	Expenses are related to Field Service (FSR) visits, Clinical Leaders Retreat, Healthcare Information Mgmt System Society (HIMSS) Conference, RISE Star Master Class, Teaching, Learning and Assessment (TLA) practice onsite meetings and staff mileage reimbursement
Human Resources	$ 2,612	Expenses are related to attendance of Association for Talent Development (ATD) Conference and L.A Care staff mileage reimbursement.
Information Technology	$ 8,065	Expenses are related to attendance of Gartner Data & Analytics Summit 2025, CATO CRCs deployment (Continuous Authorization to Operate Security) and LA Care staff mileage reimbursement.
Legal Services	$ 1,991	Expenses are related to attendance to AHLA Fundamentals of Health Law conference and taxi reimbursement
Operations	$ 2,175	Expenses are related to Health Care Compliance (HCCA) Conference and staff mileage reimbursement
Strategic Services	$ 57,060	Expenses are related to Community Outreach & Engagement Call the Car (CTC) for RCAC and ECAC, attendance of Department of Health Care Services (DHCS) conference, California Association of Health Plans (CAHP) conference, and Local Health Plans of California (LHPC) board retreat, support fees for CRC workshops and Outreach events, and approved L.A. Care staff mileage transportation reimbursement for site visits and meetings.
Total Travel Expenses	**$ 153,238**	

AFS-027 Other Expenses Report Q2 FY 2024-25

Division	Jan - Mar 2025	Description
Chief Product Officer	$ 1,051	Expenses are related to on-site team building meetings
Clinical Operations	$ 520	Expenses are related to on-site team building meetings
Compliance	$ 6,209	Expenses are related to on-site team building meetings
Executive Services	$ 9,646	Expenses are related refreshments for the L.A. County Health Equity Officers meeting and on-site team building meetings.
Finance Services	$ 9,233	Expenses are related to on-site team building meetings.
Health Services	$ 34,964	Expenses are related to deposits for the upcoming L.A. Care Cervical Cancer Screening and HPV Vaccination CME Dinner, L.A. Care Children's Health Conference CME Dinner, and Quarterly Appreciation Day for Transform LA and Team building meetings.
Human Resources	$ 9,512	Expenses are related to refreshments for New Hire Orientation events, Management Certification Program events, and on-site team building meetings.
Information Technology	$ 2,099	Expenses are relate to on-site team building meetings
Legal Services	$ 8,821	Expenses are related to refreshments for the committee meetings.
Operations	$ 4,722	Expenses are relate to on-site team building meetings
Strategic Services	$ 19,607	Expenses are related to refreshments for RCAC/ECAC meetings and on-site team building meetings.
Total Other Expenses	**$ 106,384**	

Performance Monitoring

Board of Governors Monthly Meeting

Performance Monitoring
May 2025

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Table of Contents (cont)

Medical Management

Commentary for general awareness (Medical Management)

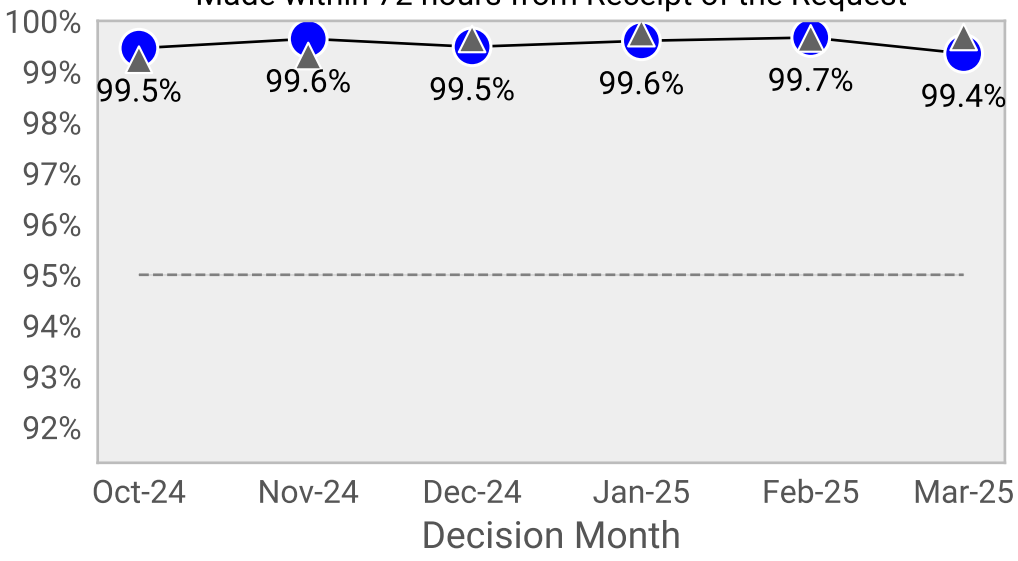
- **MCLA Authorization Processing Timelines:**
  - Expedited/Urgent Pre-Service or Concurrent Requests: Decisions were consistently made within 72 hours, with compliance rates ranging from 99.5% to 100% between October 2024 and March 2025.
  - Standard/Routine Pre-Service Requests: These were completed within 5 business days, maintaining a compliance range of 99.7% to 100% over the same period.
  - Post-Service Requests: Decisions were finalized within 30 calendar days, with performance ranging from 99.2% to 100% during the stated timeframe.
- **Utilization Monitoring, MCLA Line of Business**
  - We continue close monitoring of Total Inpatient, Non-OB Inpatient Admissions, ED utilization, Avoidable ED visits, and Readmissions.
  - No significant month-over-month shifts were observed in these utilization patterns as of October 2024.
  - A new three-way partnership initiative is underway with facilities and a vendor, following a successful pilot, to embed CHW-like vendor FTEs within hospitals. These embedded staff members work to build rapport with admitted members, coordinate timely post-discharge home visits, and address immediate care needs in the home setting, with the overall goal of reducing the risk of readmissions.
- **PPG Comparisons & U-Charts, MCLA Utilization Metrics**
  - Monthly Medical Management Joint Operating Meetings (MM JOMs) with PPGs remain a key engagement tool.
  - Shared face sheets and integrated data sets have empowered PPGs to identify drivers of overutilization and partner in co-developing targeted strategies with LA Care.
  - Outlier PPGs are being prioritized for focused interventions through these collaborative meetings.
- **Expansion of Metrics and Initiatives Across Additional Lines of Business**
  - The same core utilization metrics are now being applied to DSNP, LACC, and PASC lines of business.
  - Data for these LOBs is being reviewed with the same rigor as MCLA to derive actionable insights.
  - A telephonic outreach based home visit initiative post-hospital discharge has launched for DSNP members, aimed at improving follow-up care and reducing readmission rates.
  - PPG comparisons and U-charts have also been created for LACC and DSNP. For PASC, these were not included due to the limited number of PPGs and lack of statistical significance for comparative analysis.

Cal-AIM Community Supports & ECM Enrollment

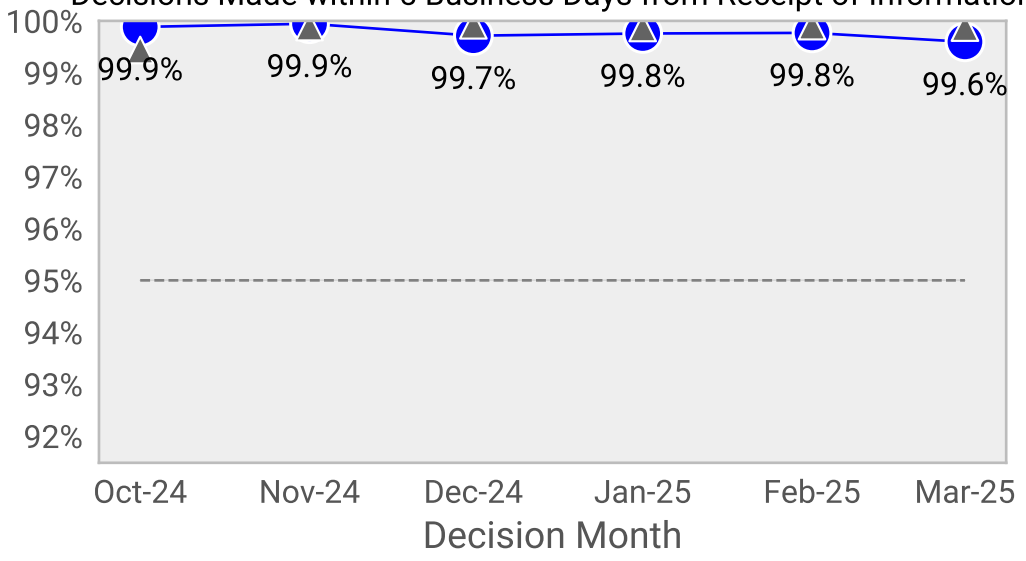
- ECM enrollment continues to grow steadily month over month, in line with our strategic targets and expectations. We have initiated ROI analysis on ECM and CS services to identify high-impact investment areas and to strengthen our advocacy efforts with the state.

MCLA Authorization Processing Timeliness

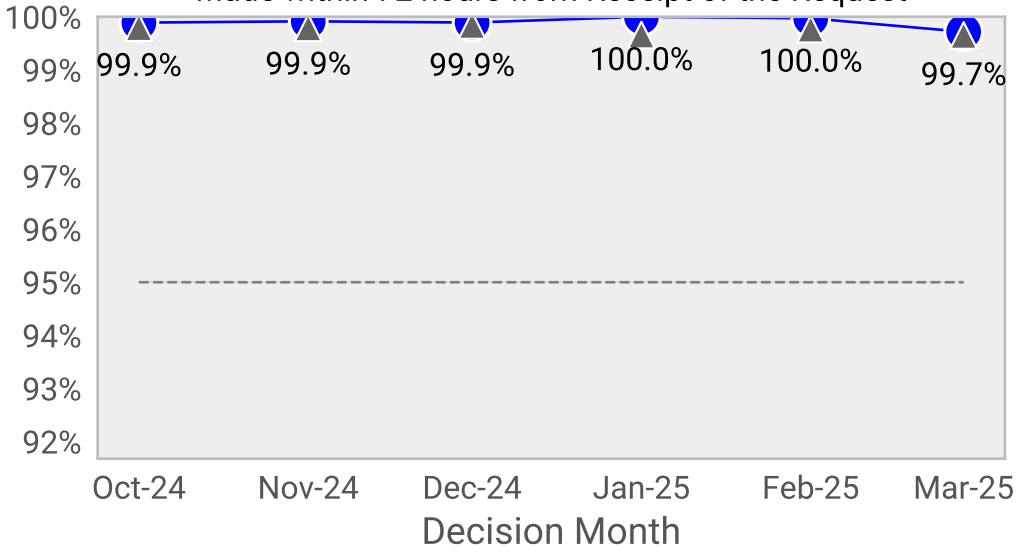
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



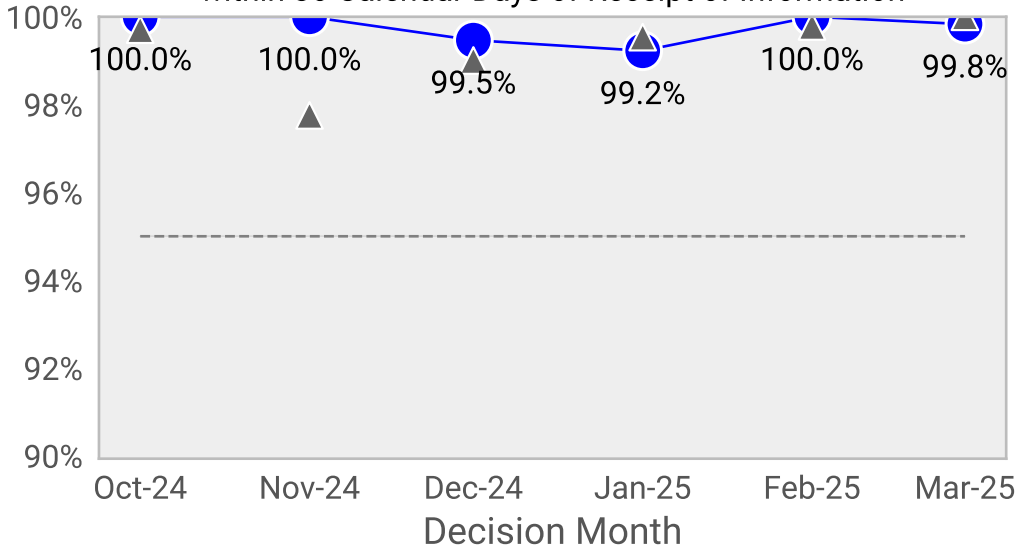
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



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



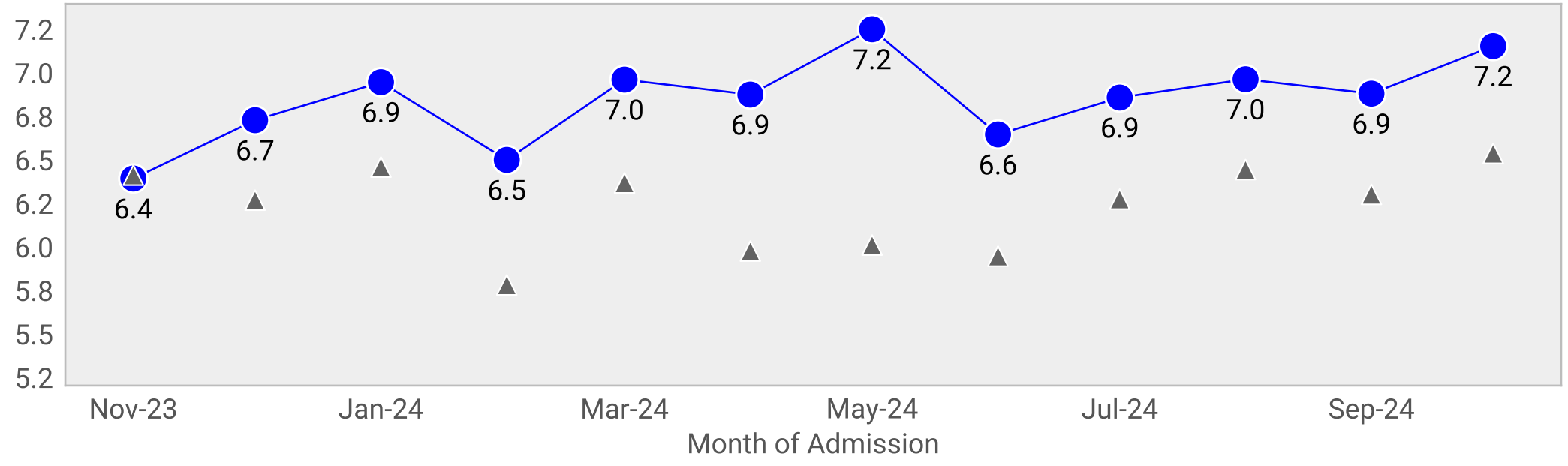
Post Service Request Decisions within 30 Calendar Days of Receipt of Information



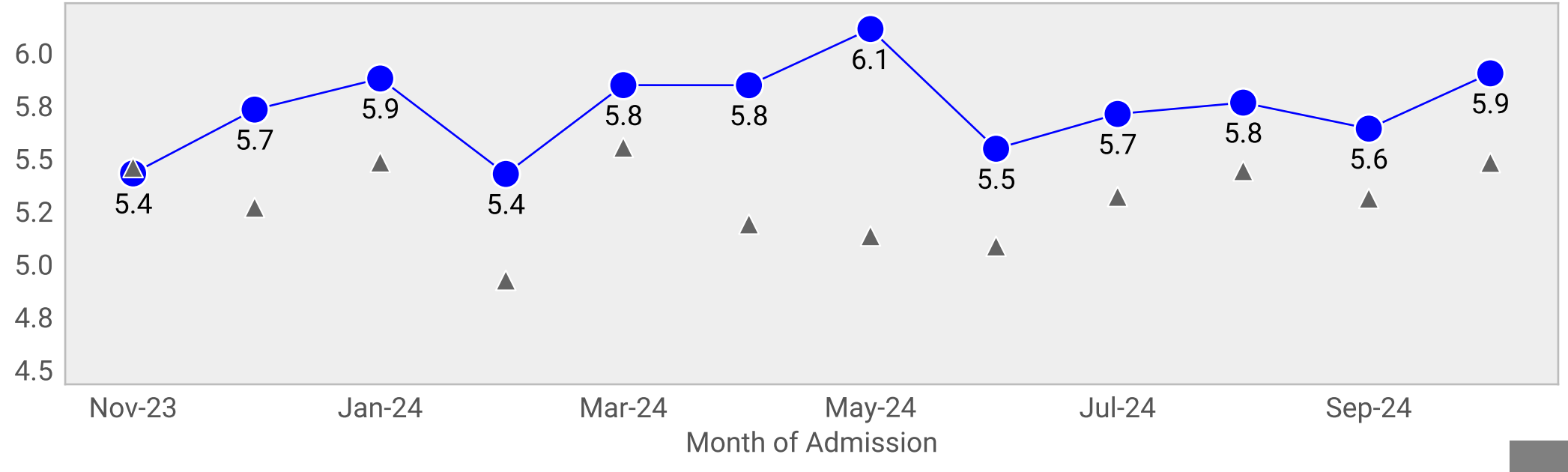
Triangles display the previous year's performance for the same month.

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

Total MCLA In-Patient Hospital Admissions PTMPM

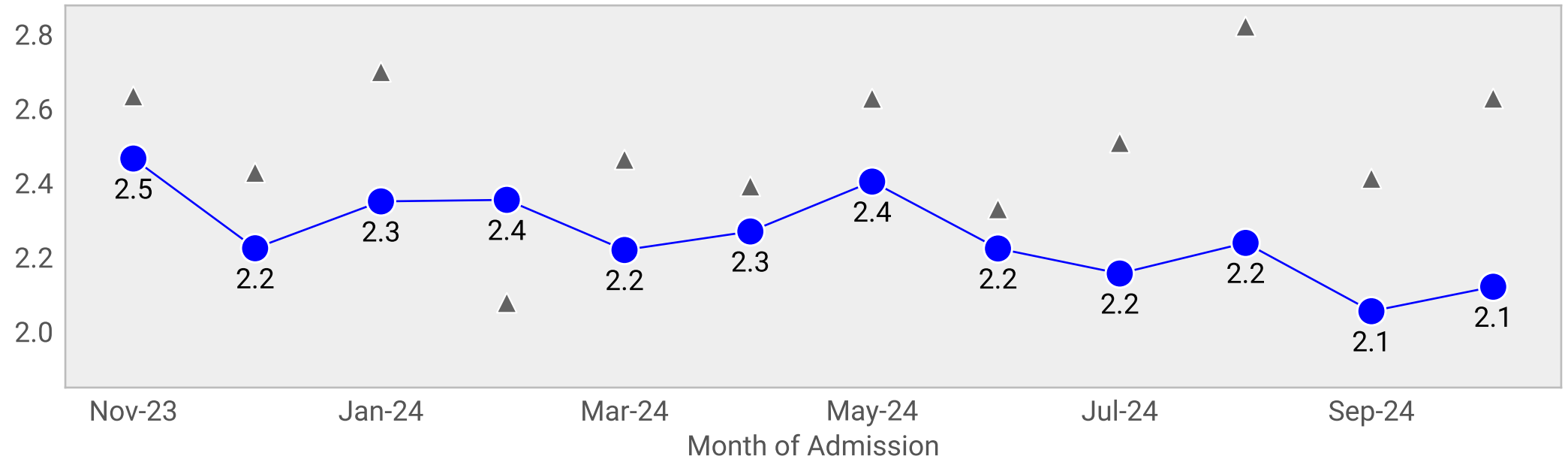


Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM

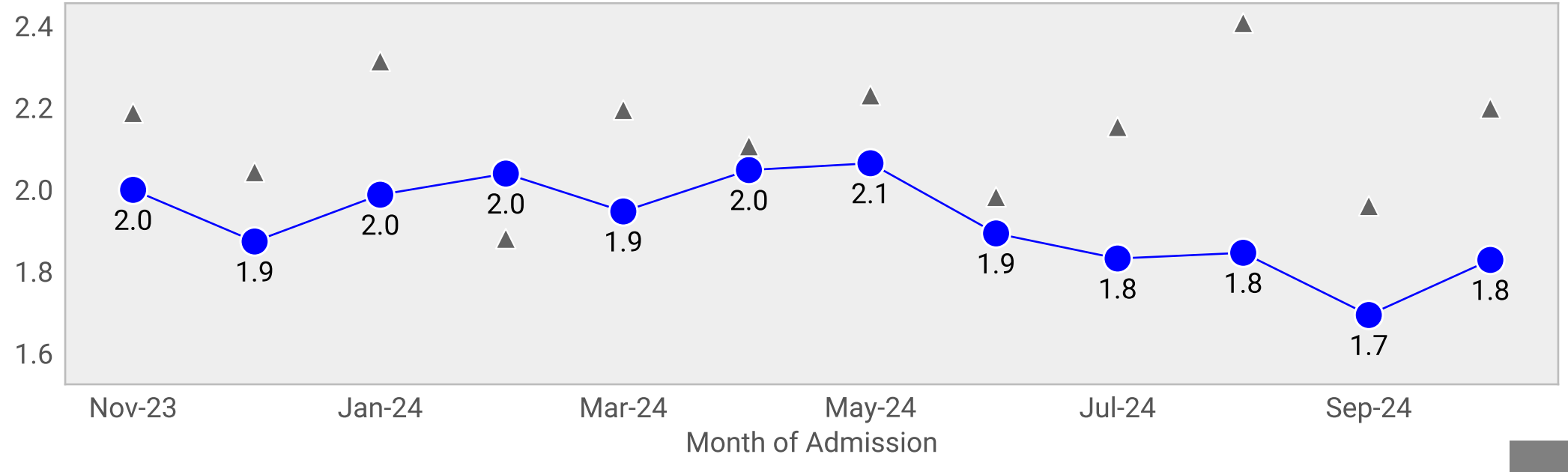


Triangles display the previous year's performance for the same month.

Total LACC In-Patient Hospital Admissions PTMPM

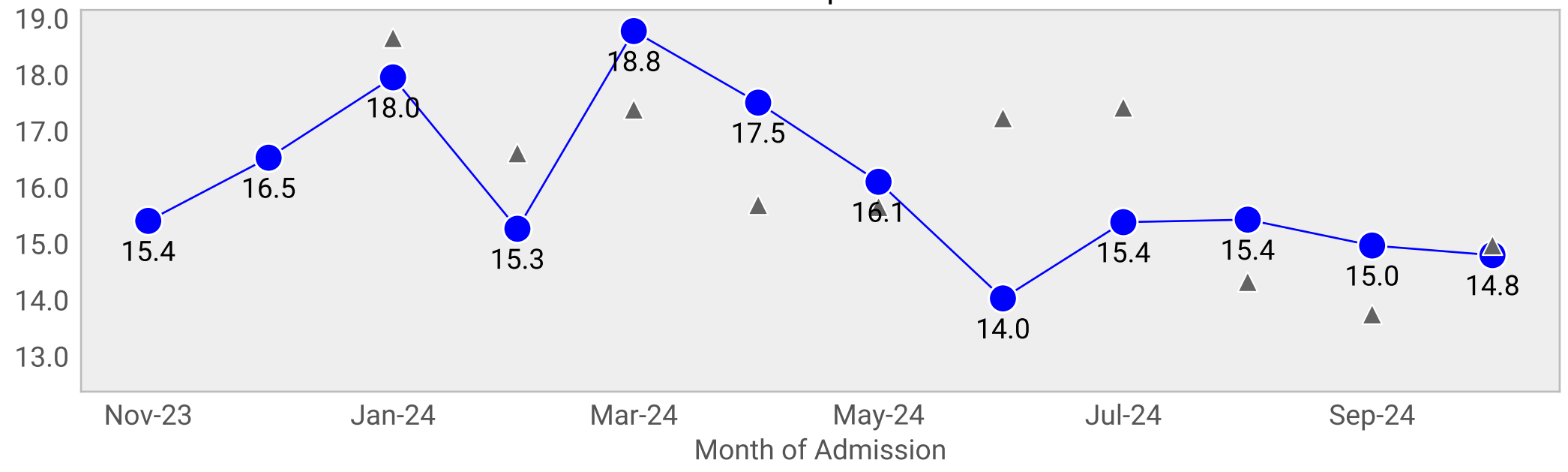


Non-Obstetrics LACC In-Patient Hospital Admissions PTMPM

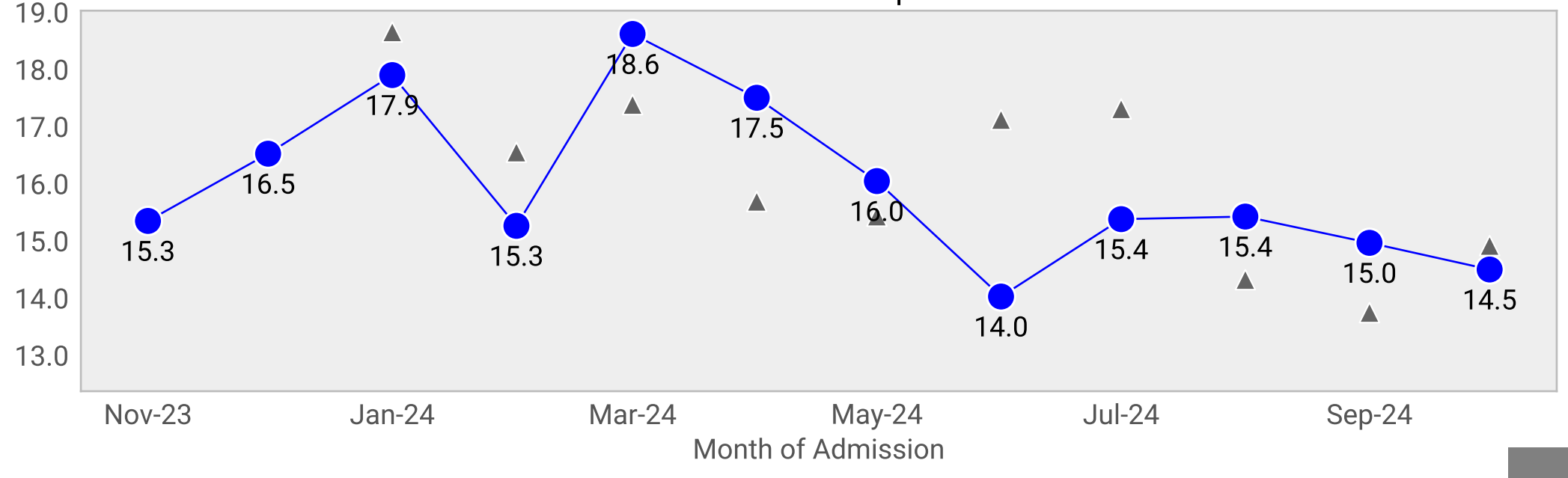


Triangles display the previous year's performance for the same month.

Total DSNP In-Patient Hospital Admissions PTMPM

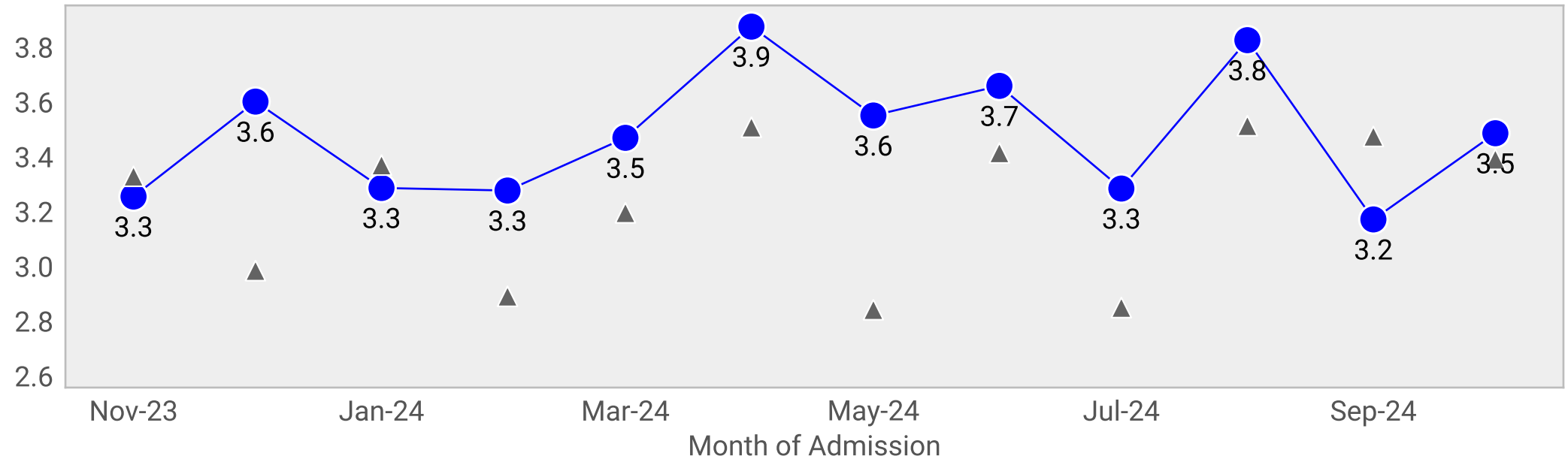


Non-Obstetrics DSNP In-Patient Hospital Admissions PTMPM

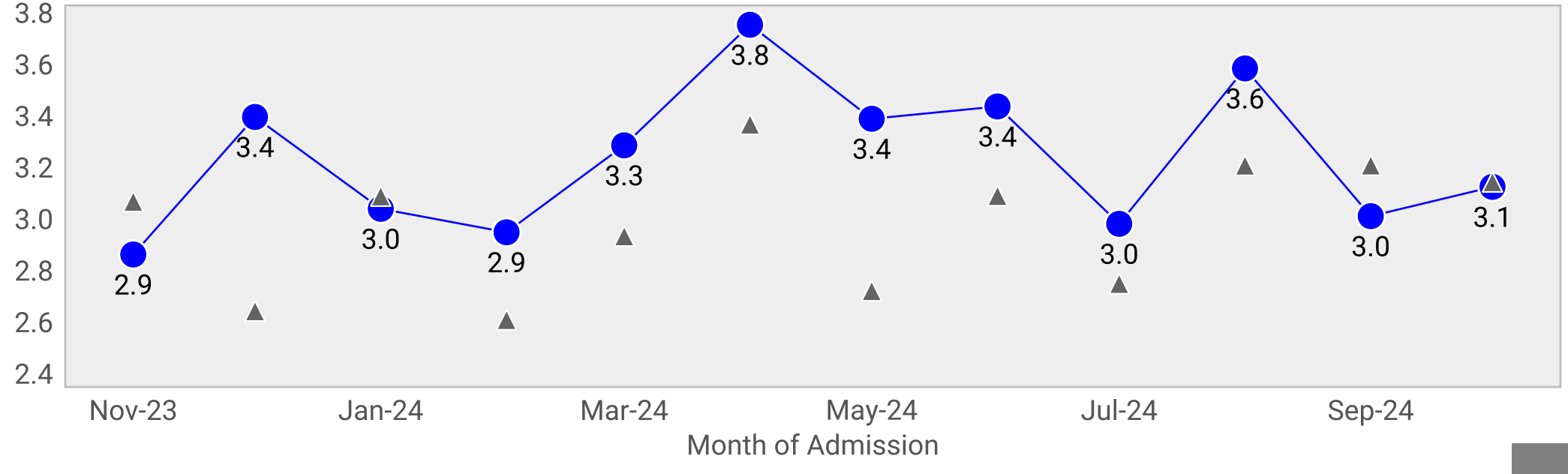


Triangles display the previous year's performance for the same month.

Total PASC In-Patient Hospital Admissions PTMPM



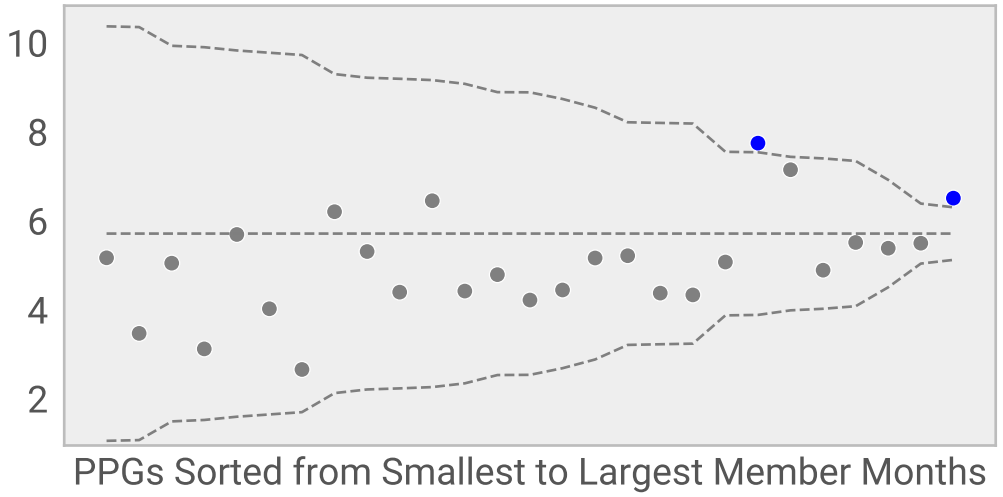
Non-Obstetrics PASC In-Patient Hospital Admissions PTMPM



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

MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024

MCE



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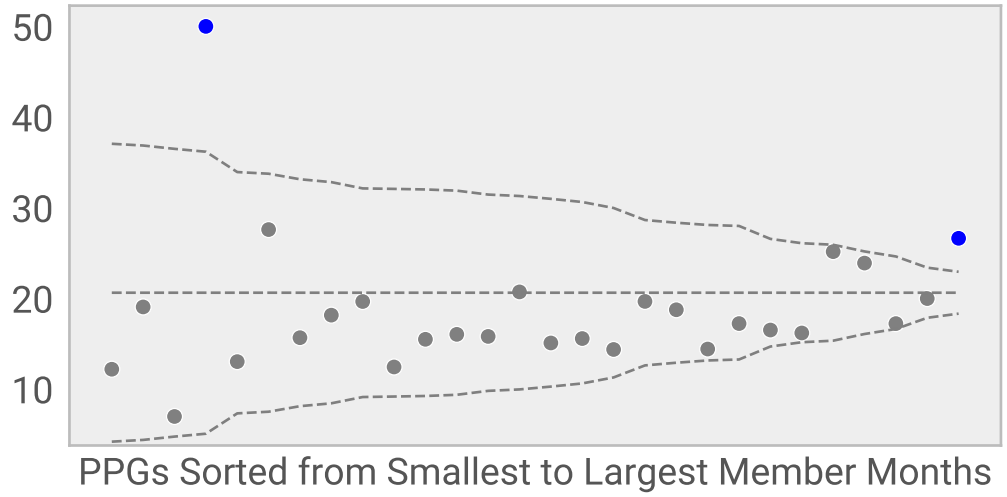
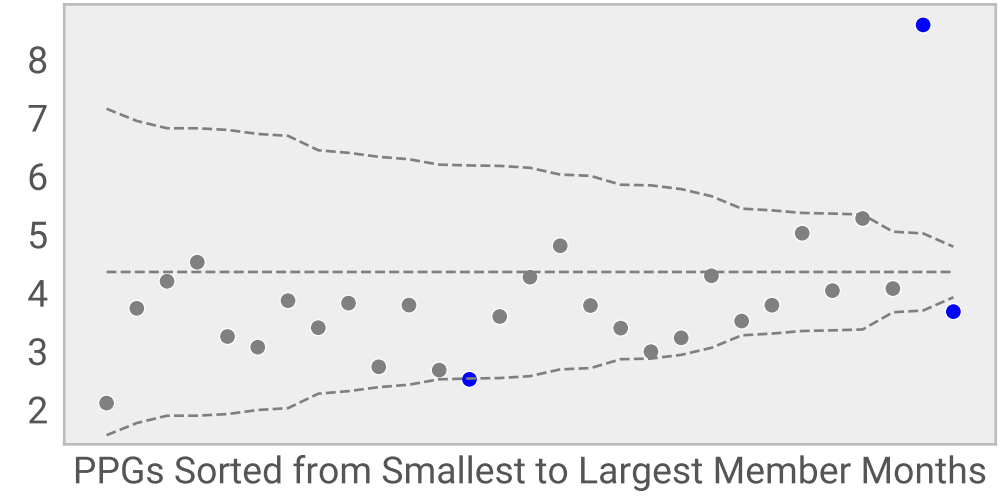
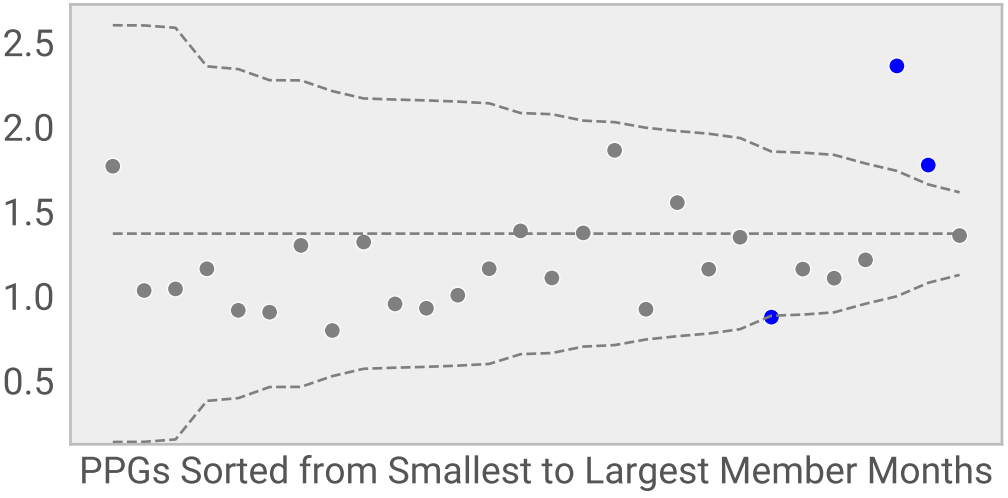


TANF - Adult

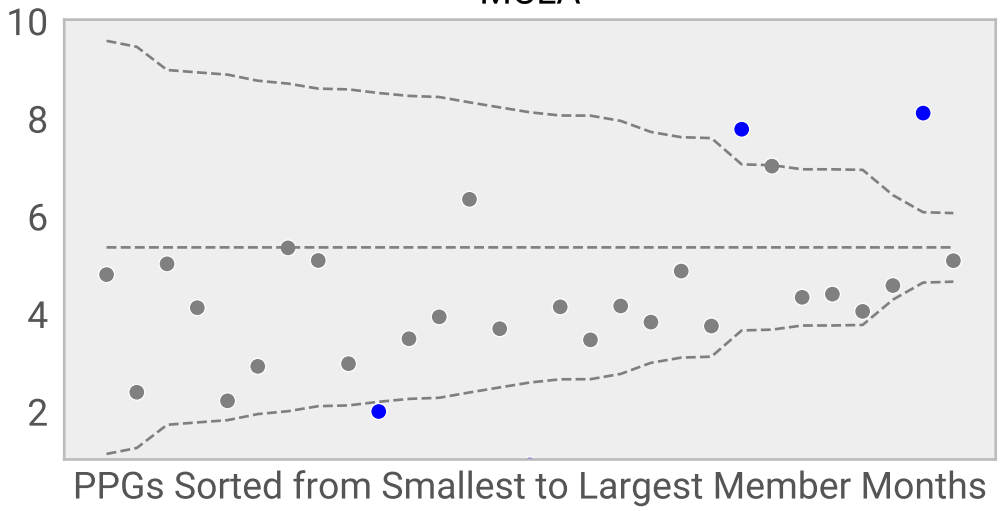


TANF - Child



Non-Obstetrics In-Patient Admissions PMTPM by LOB and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024

MCLA



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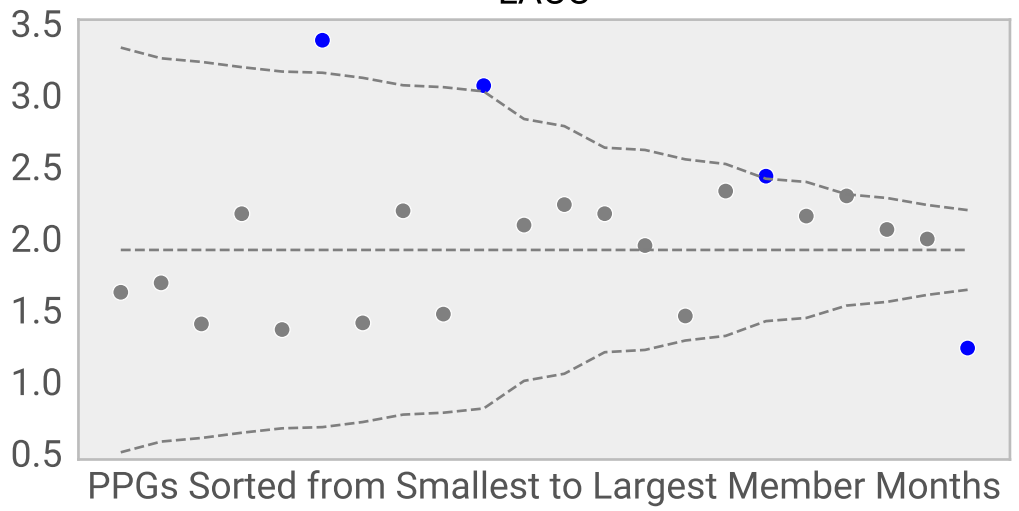

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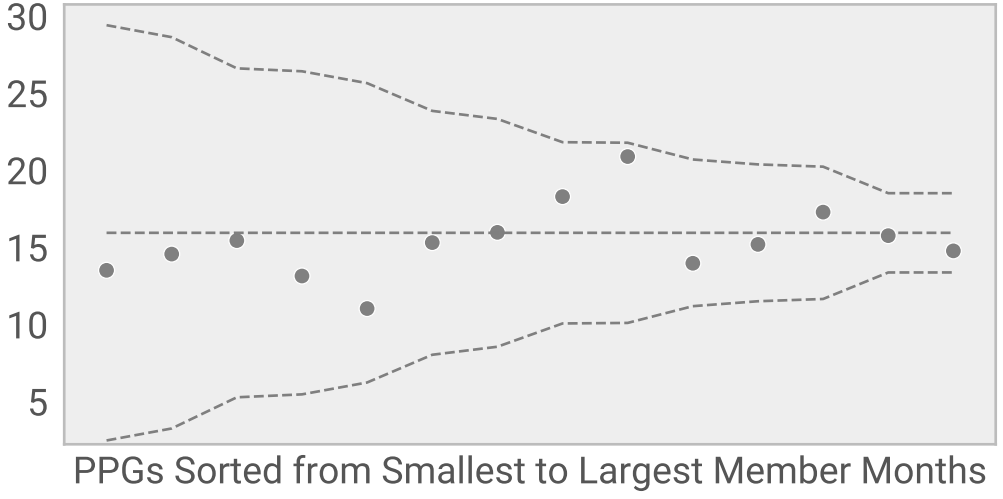

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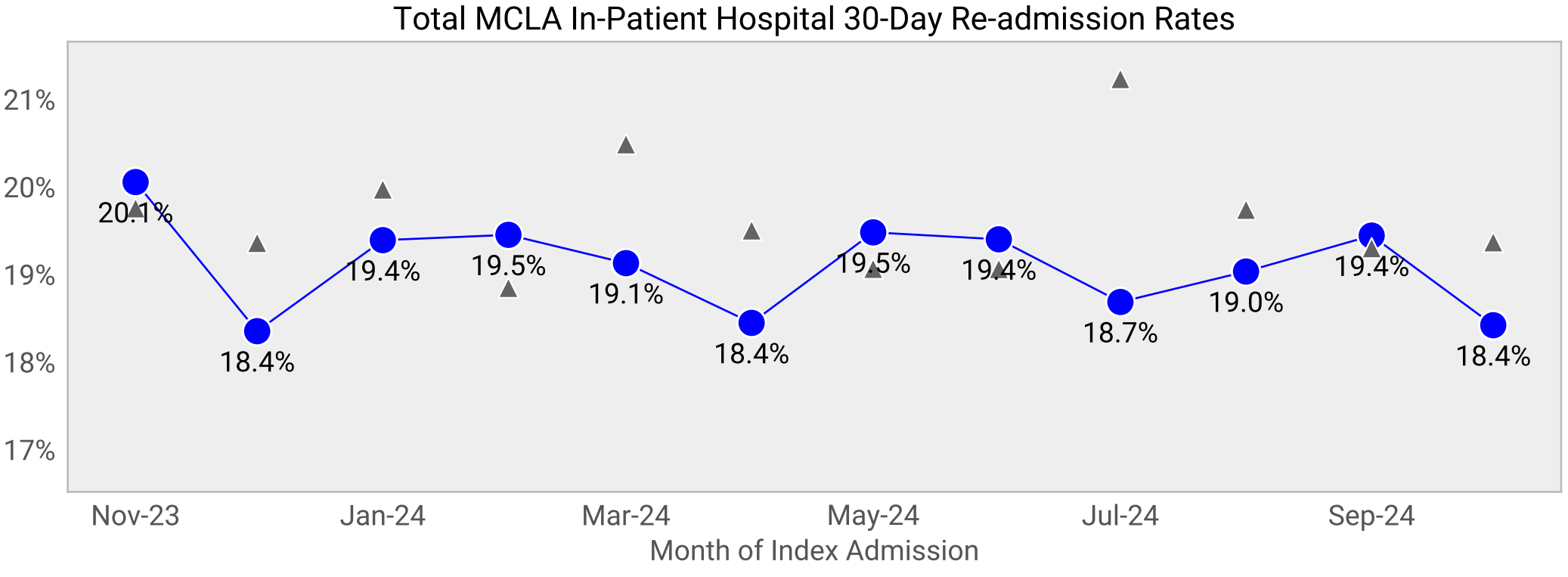
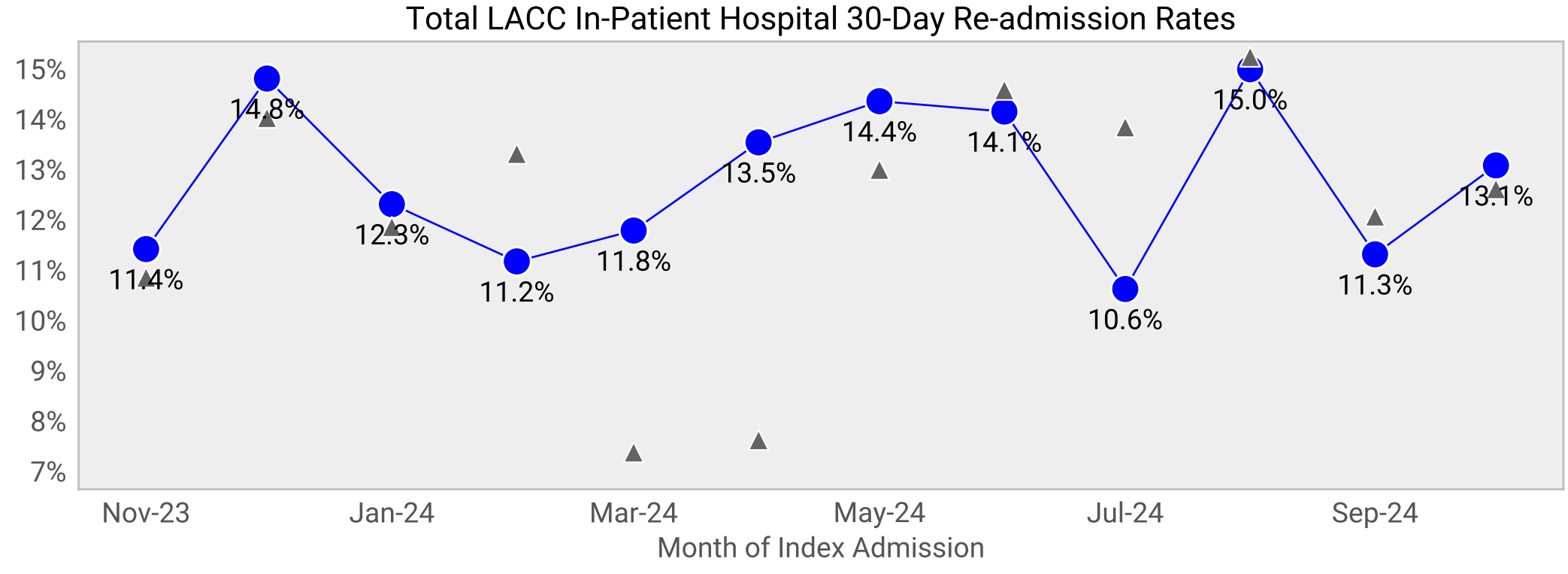
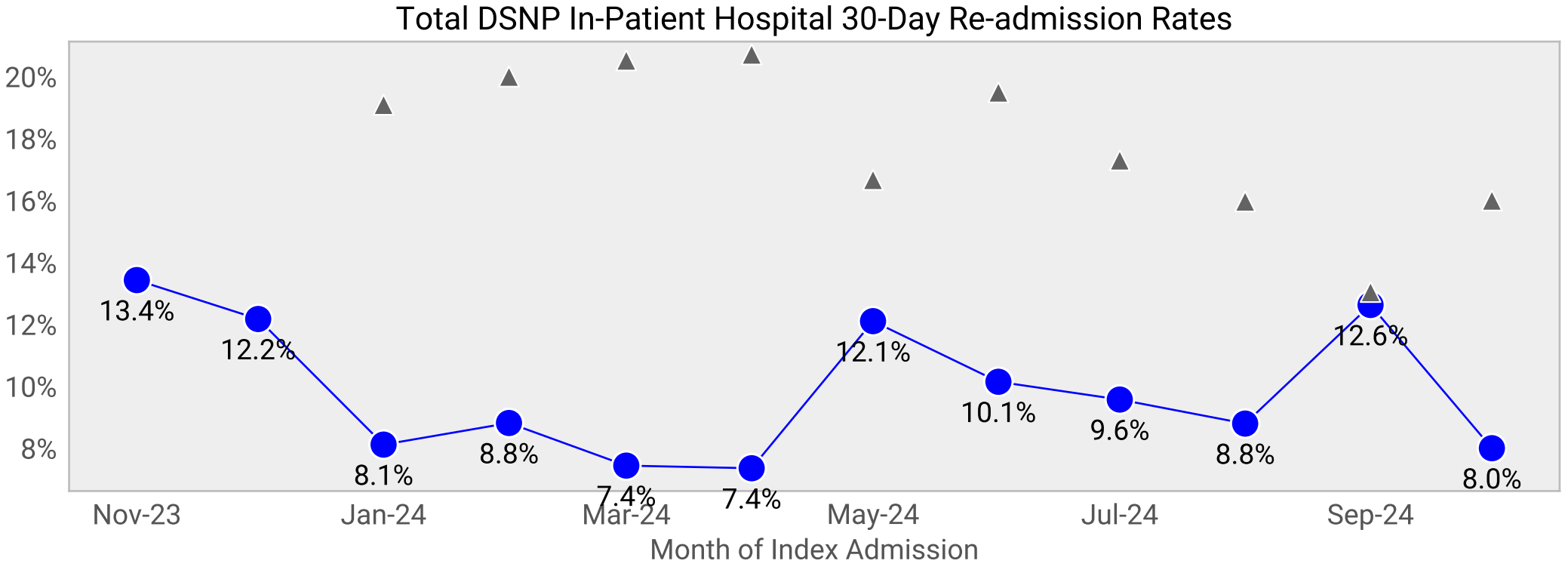


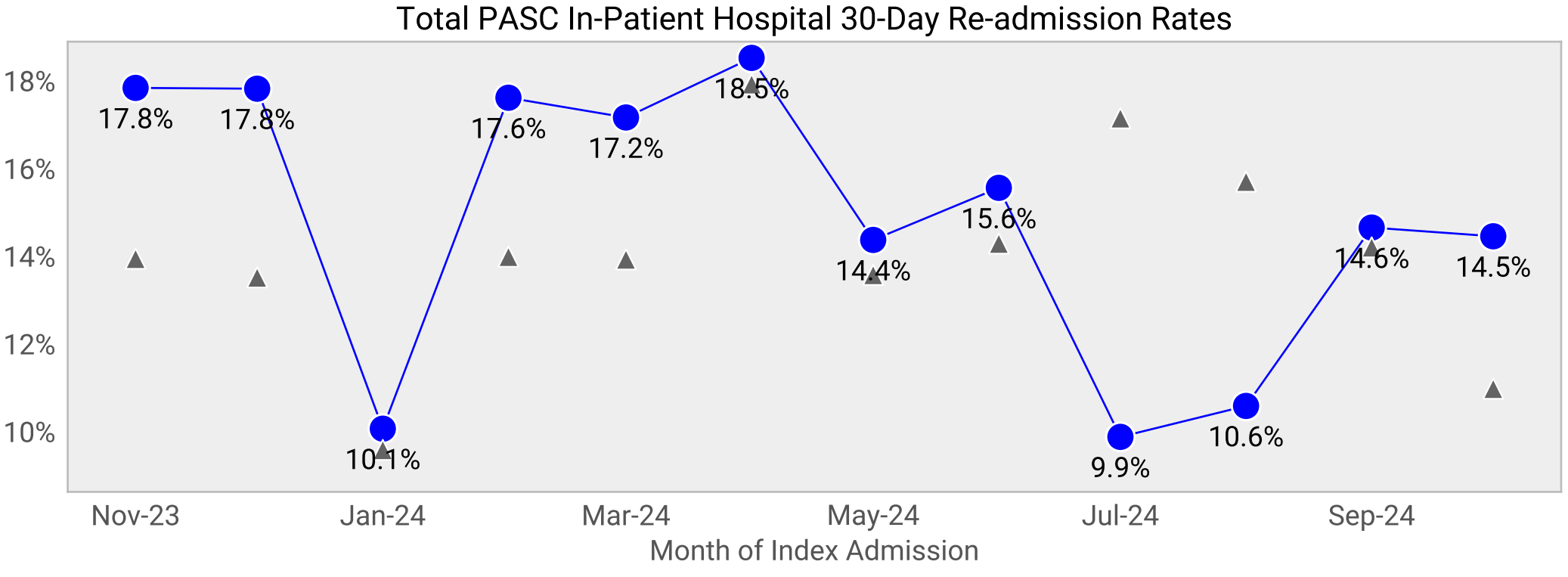
Triangles display the previous year's performance for the same month.



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

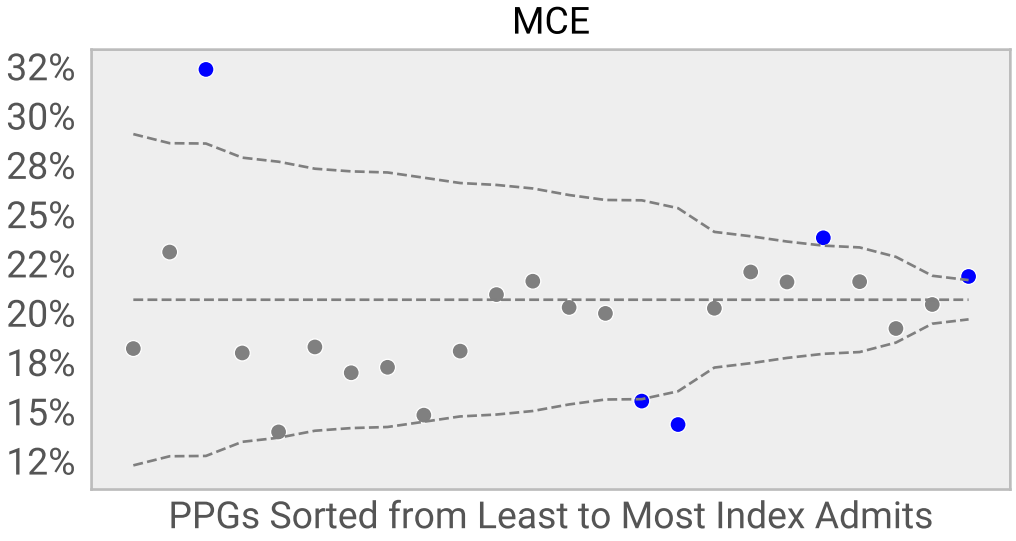


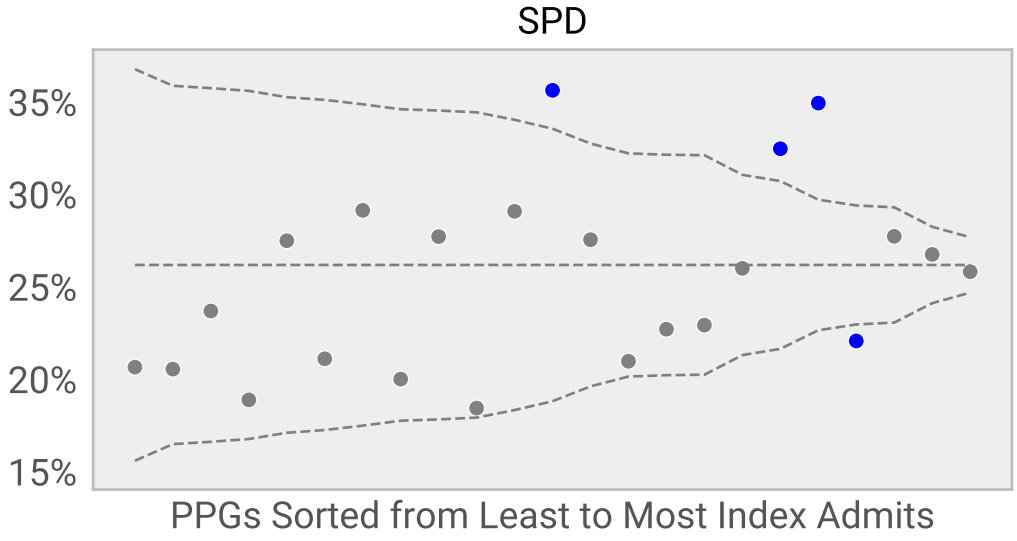
Triangles display the previous year's performance for the same month.

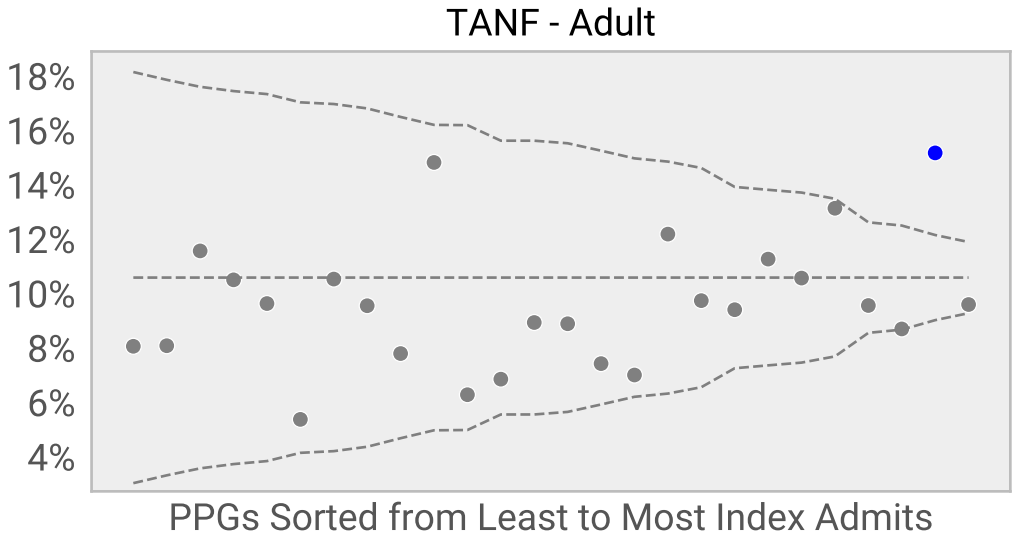


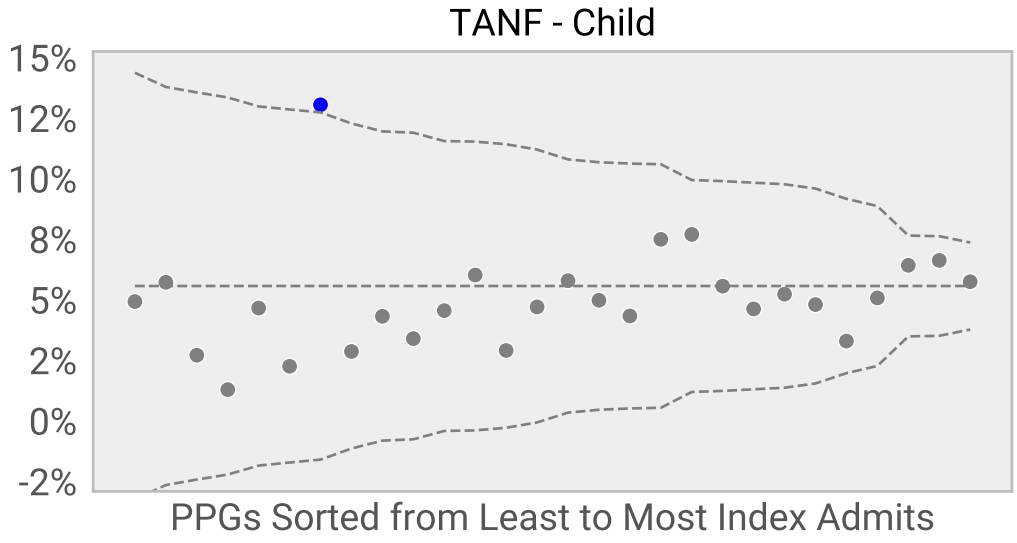
Triangles display the previous year's performance for the same month.

MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG
P Charts
Assessment Period: Nov 2023 through Oct 2024



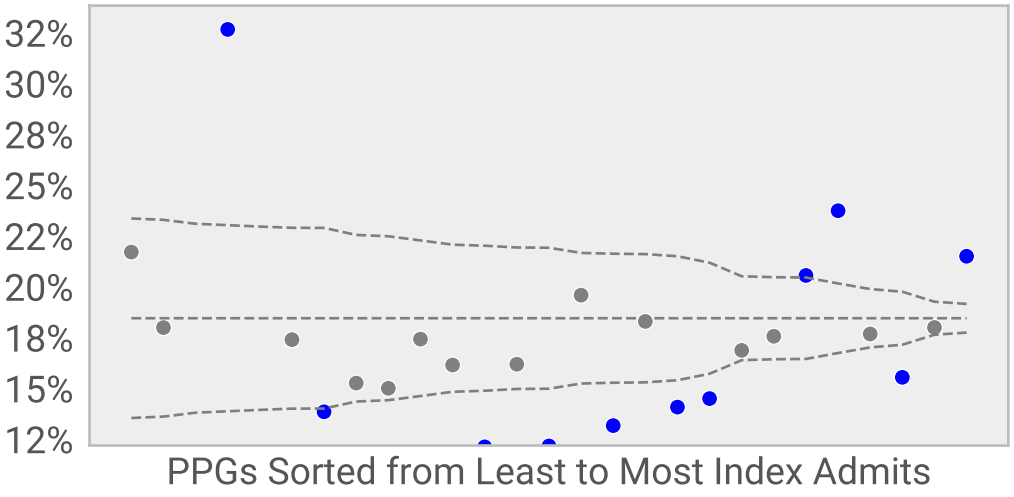






In-Patient Hospital 30-Day Readmission Rates by LOB and PPG
P Charts
Assessment Period: Nov 2023 through Oct 2024

MCLA



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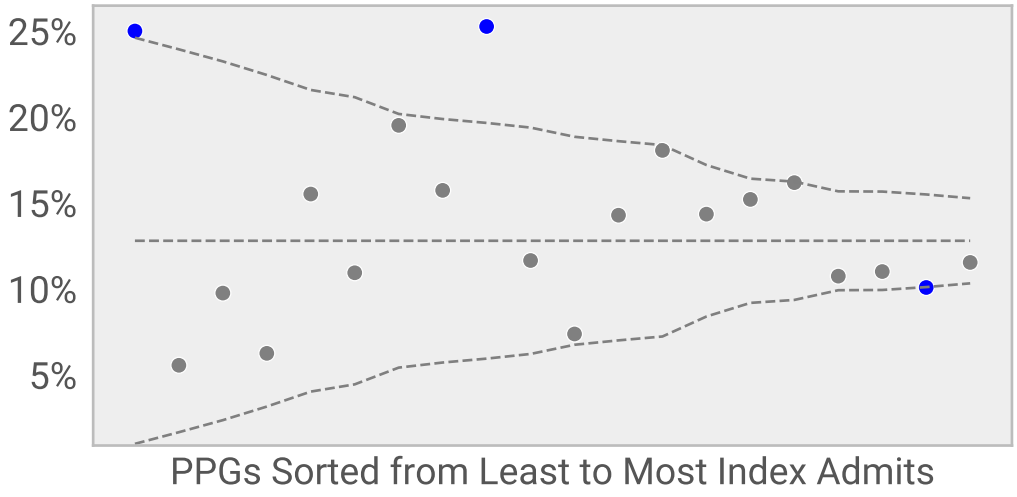
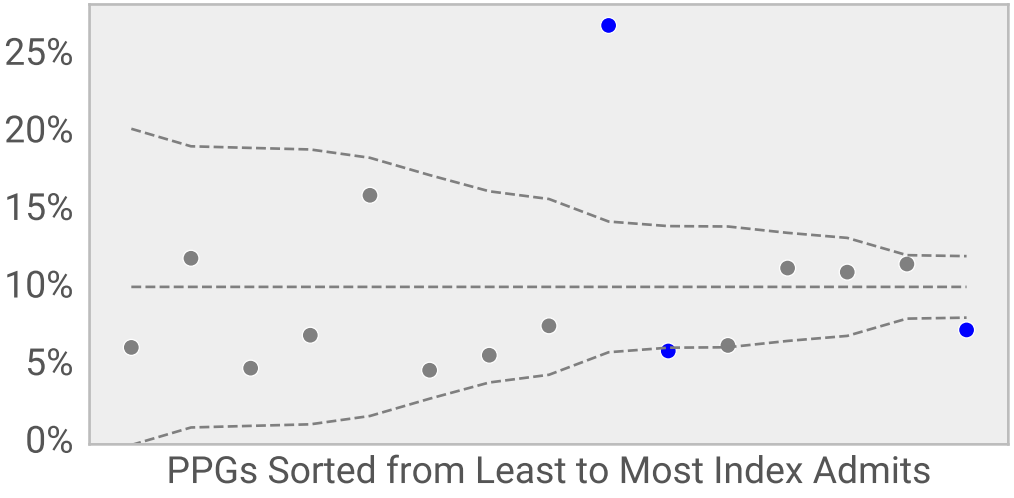
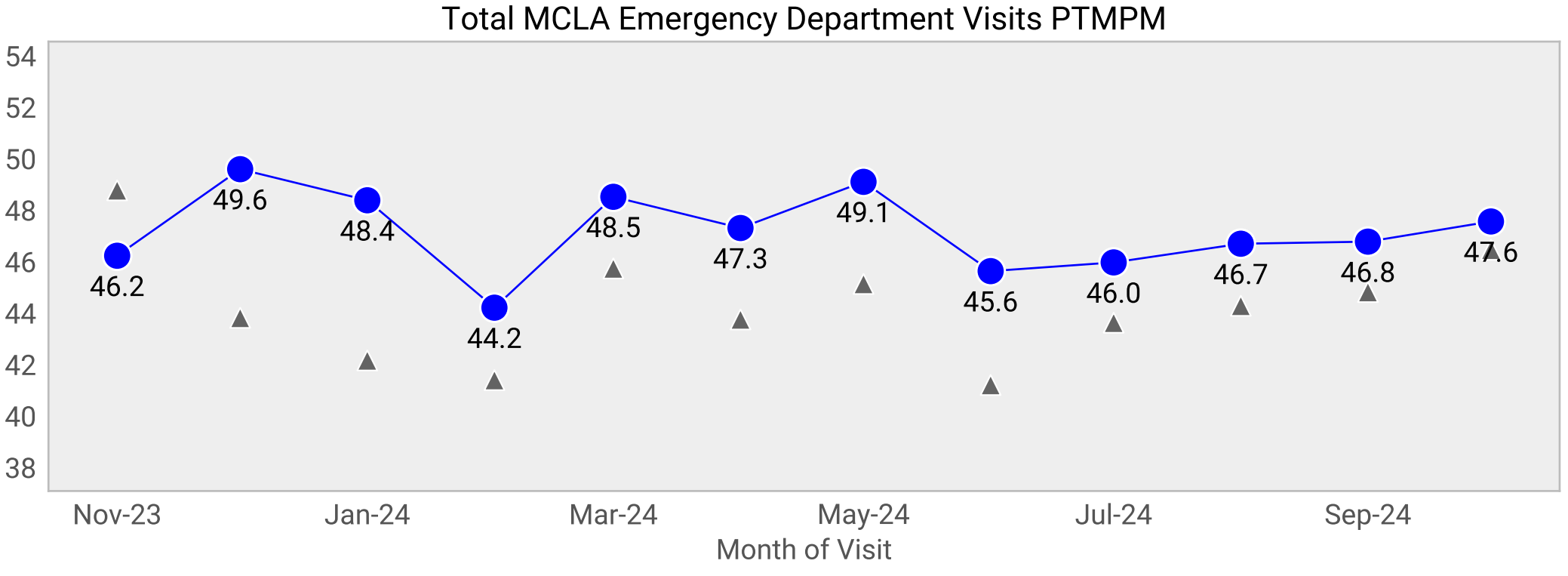


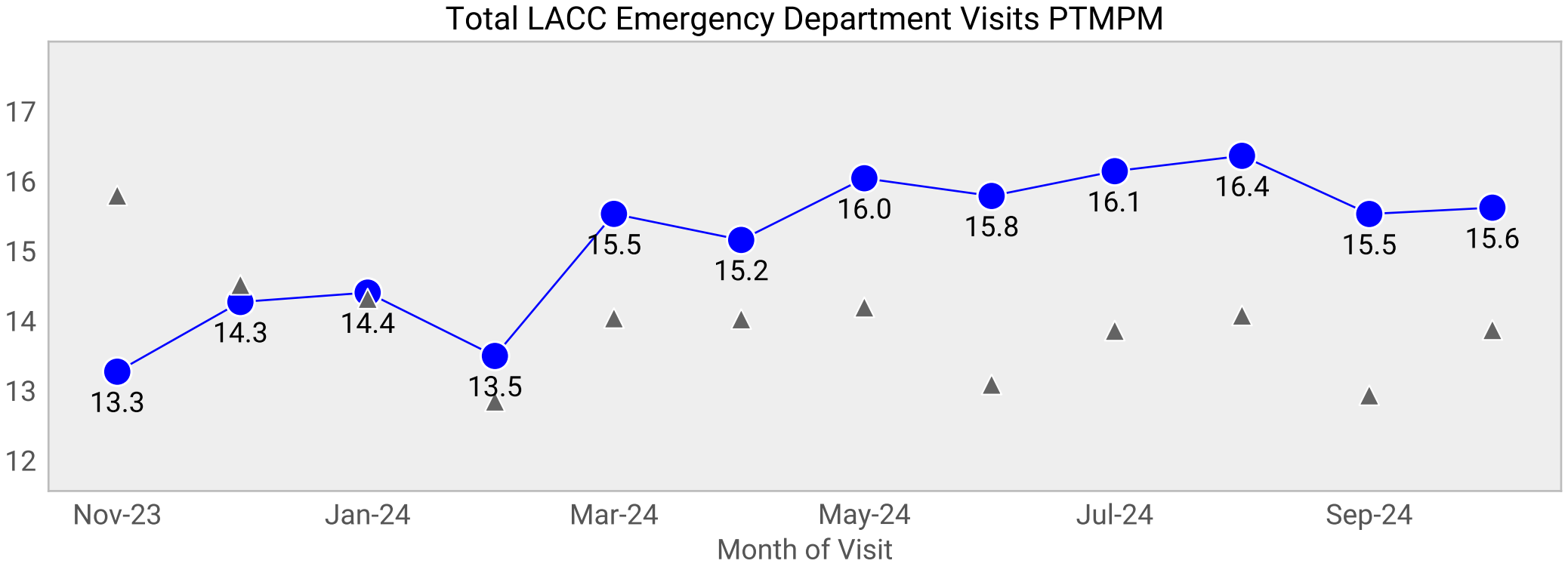
DSNP





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.



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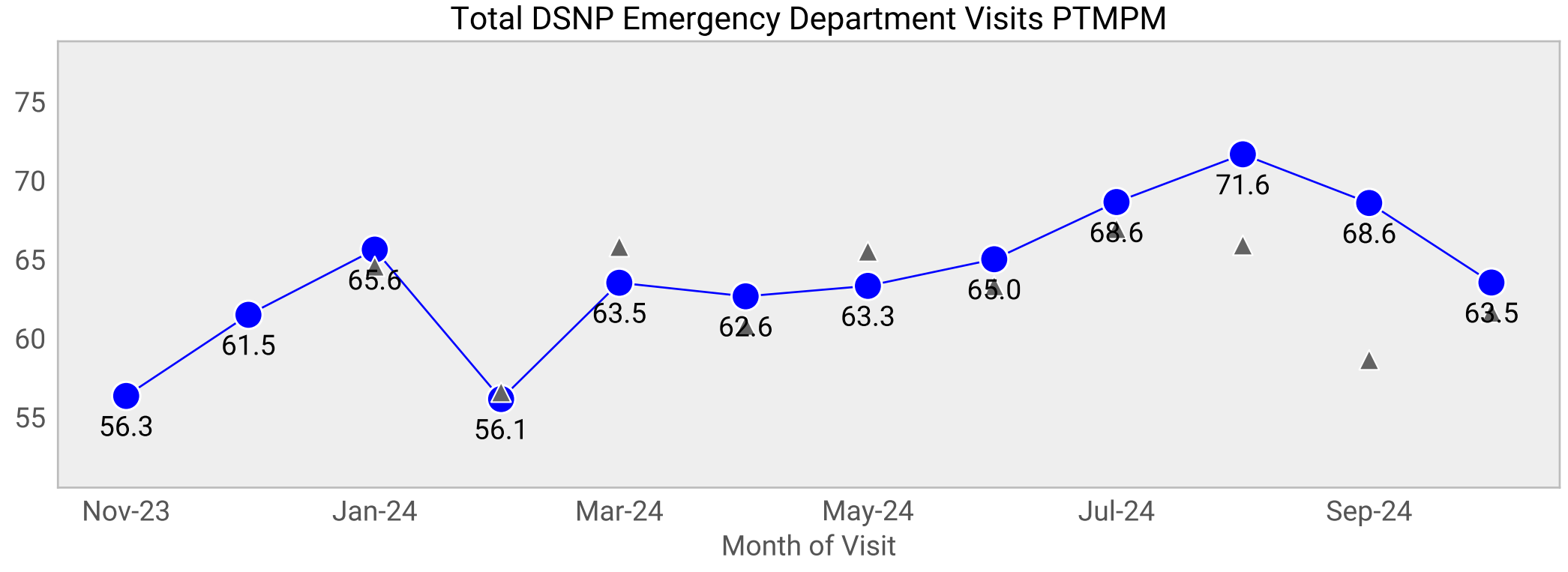

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

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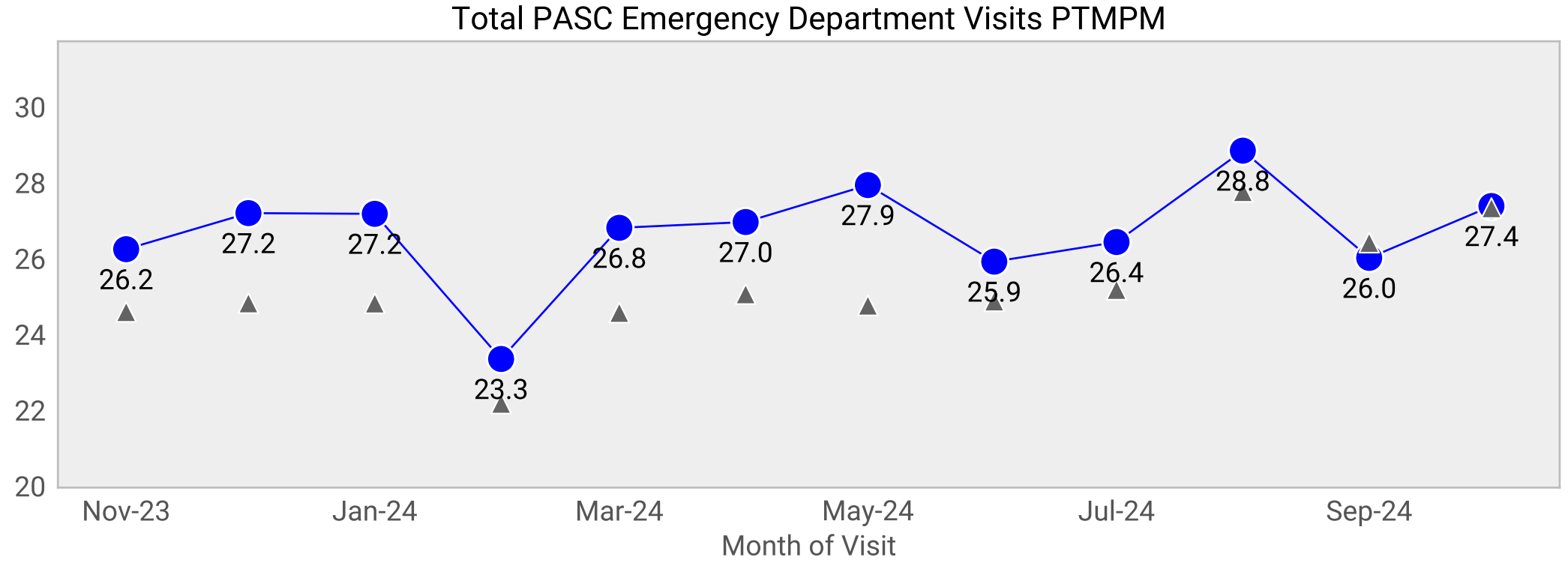
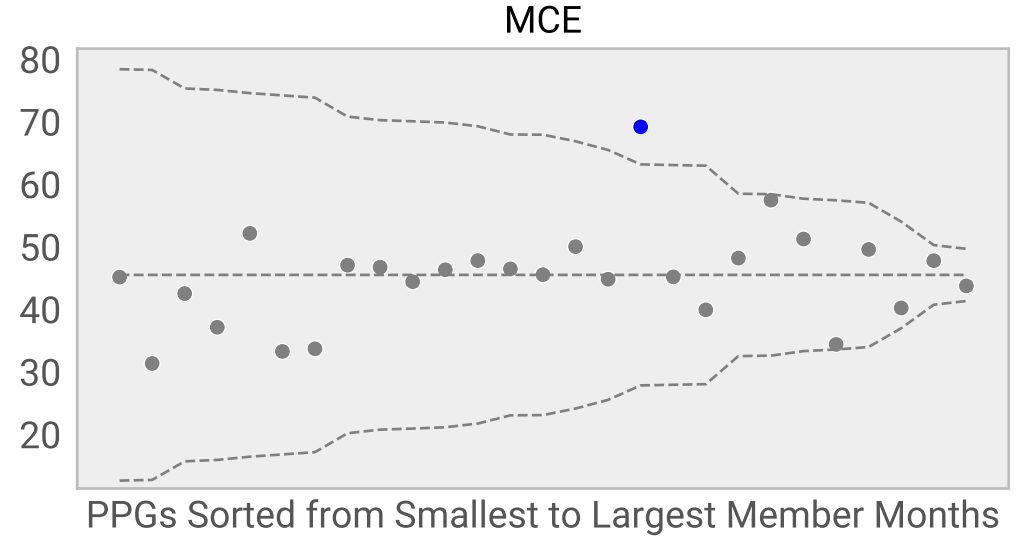
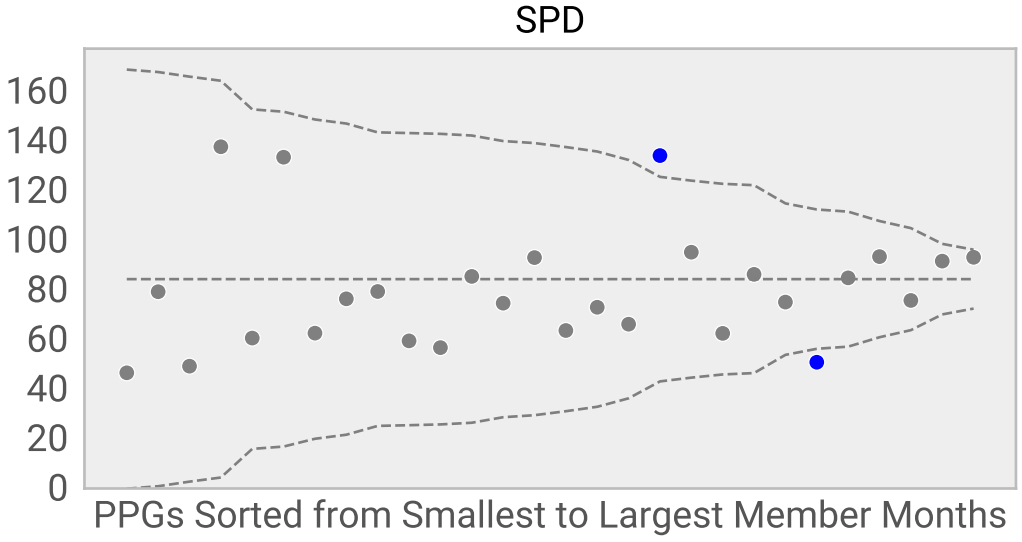


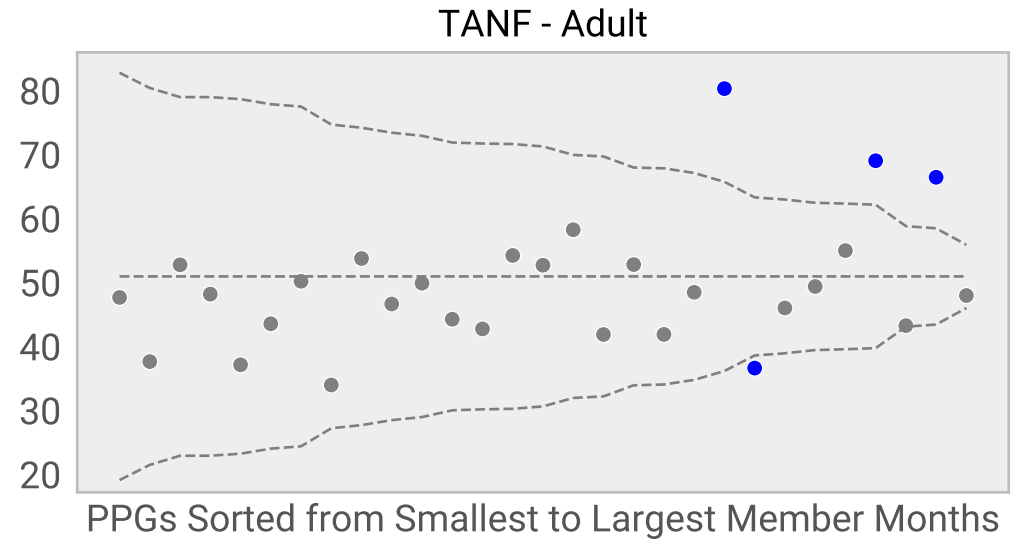
Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

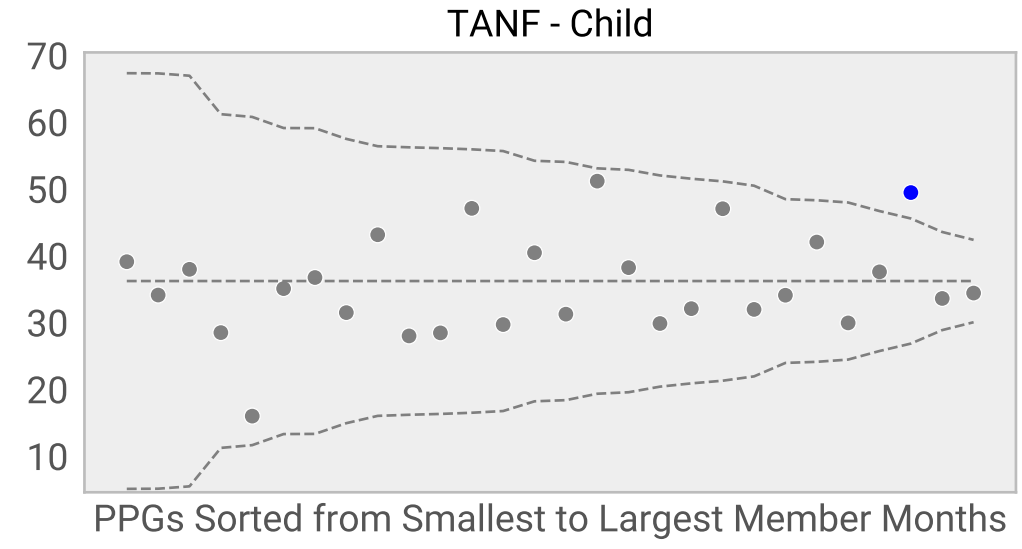
Triangles display the previous year's performance for the same month.

Total MCLA Emergency Department Visits PTMPM by Segment and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024



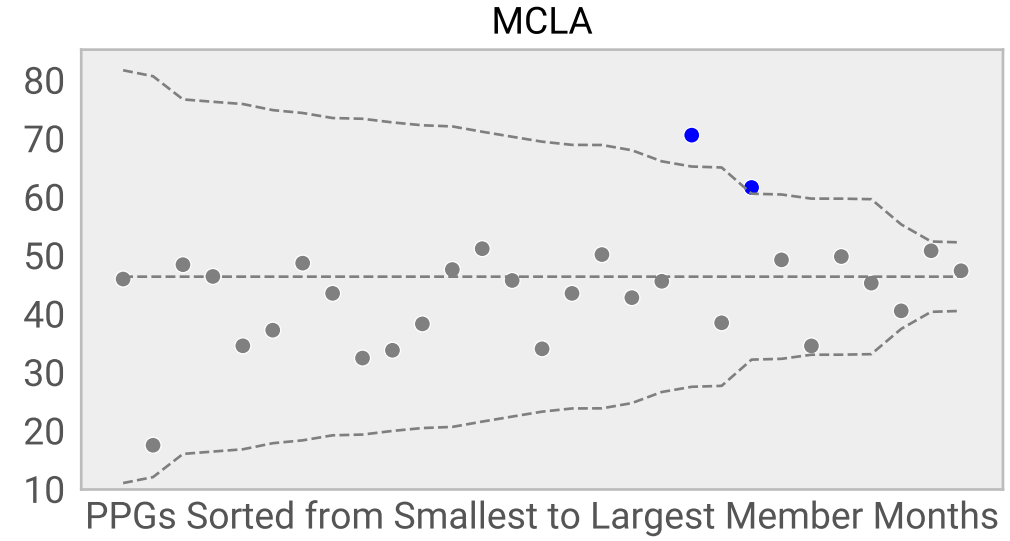


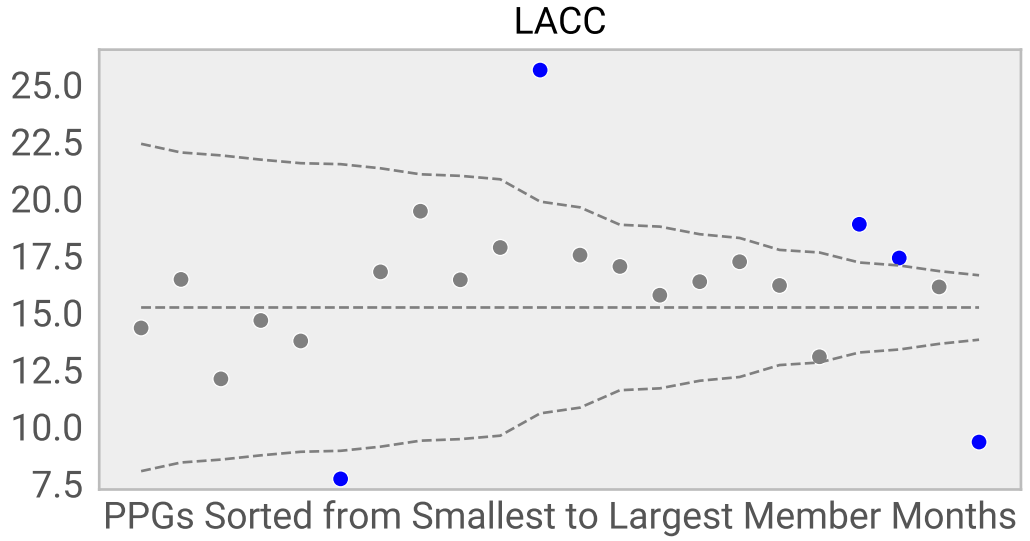


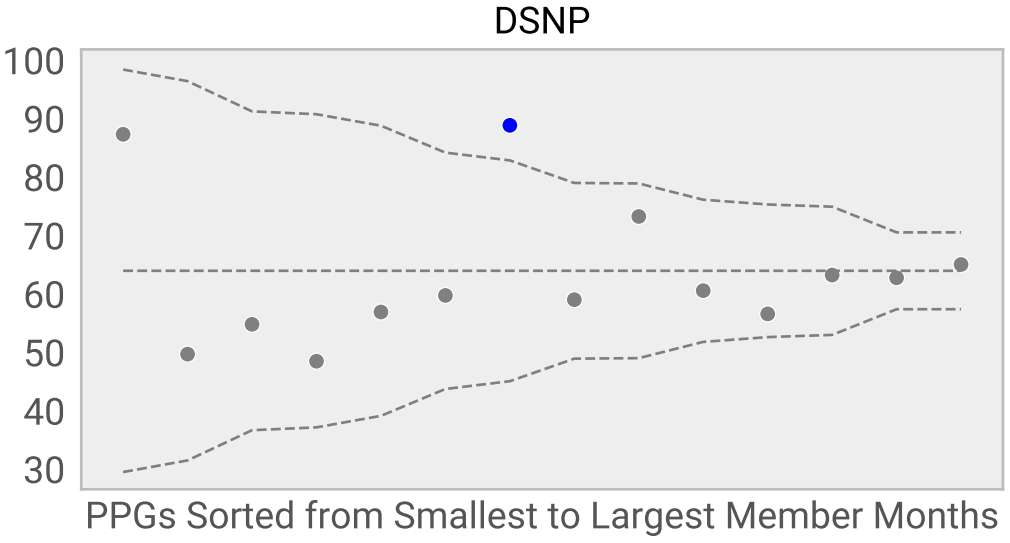


Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

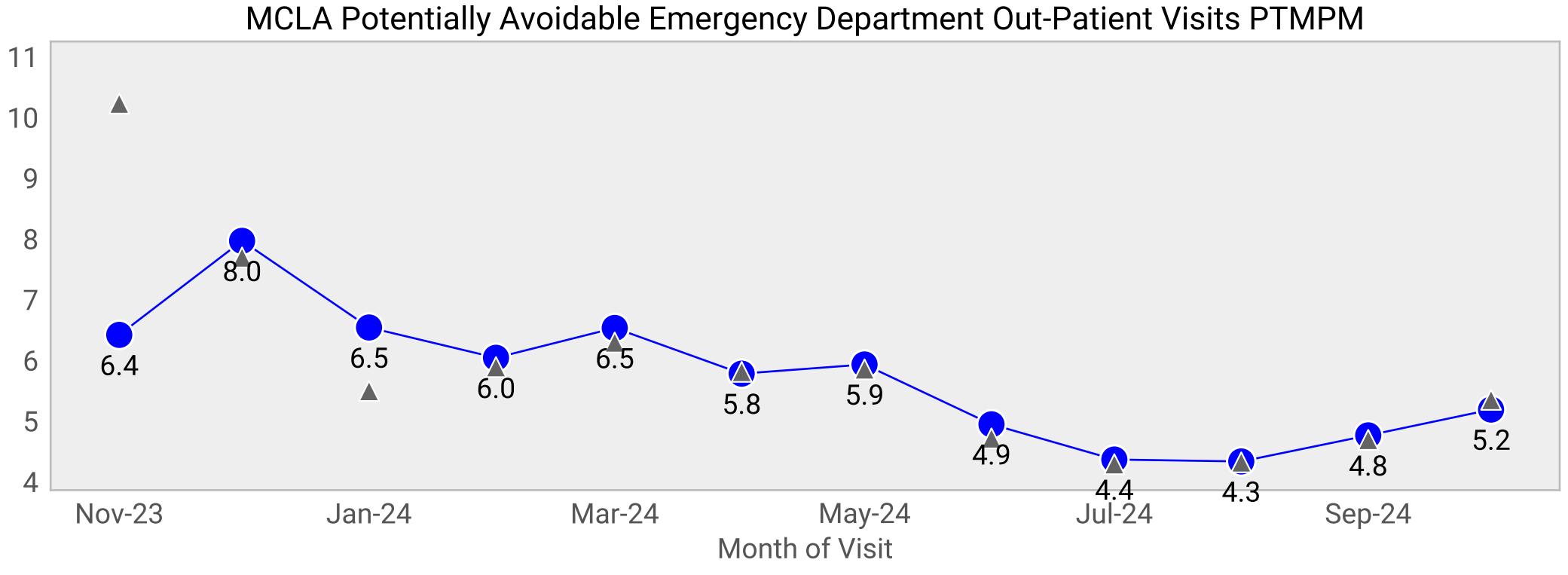
Total Emergency Department Visits PTMPM by LOB and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024





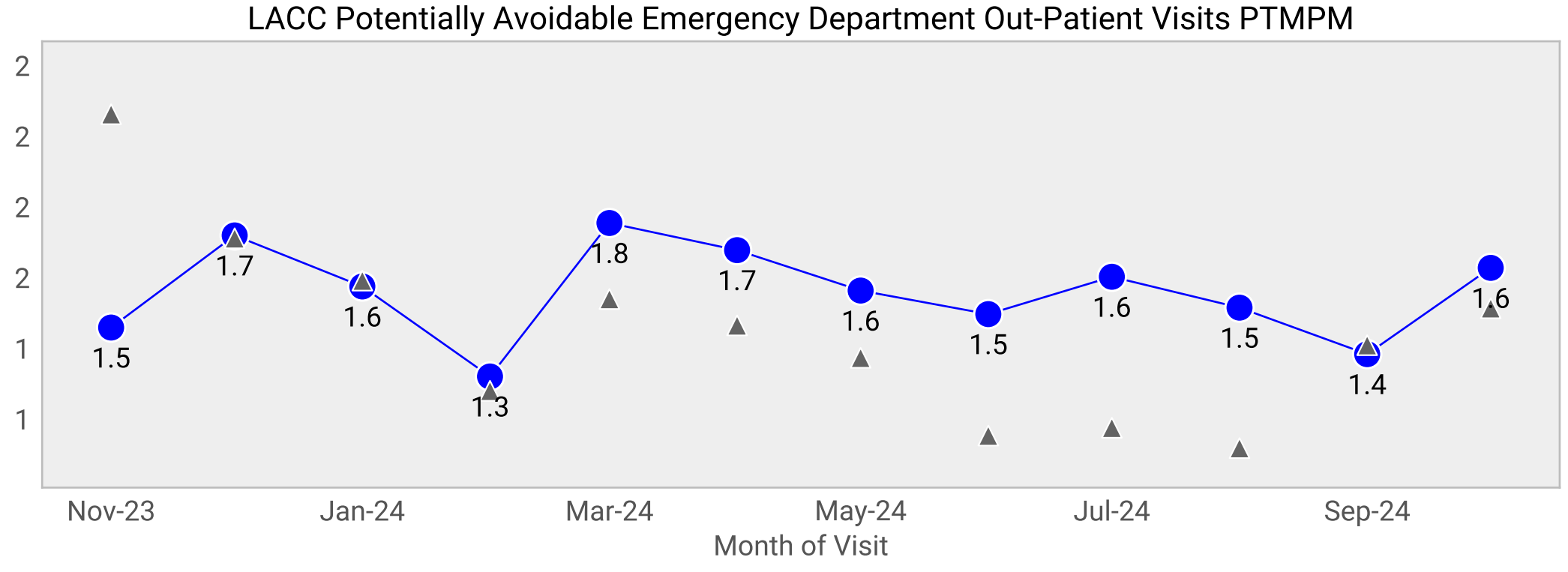


Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.



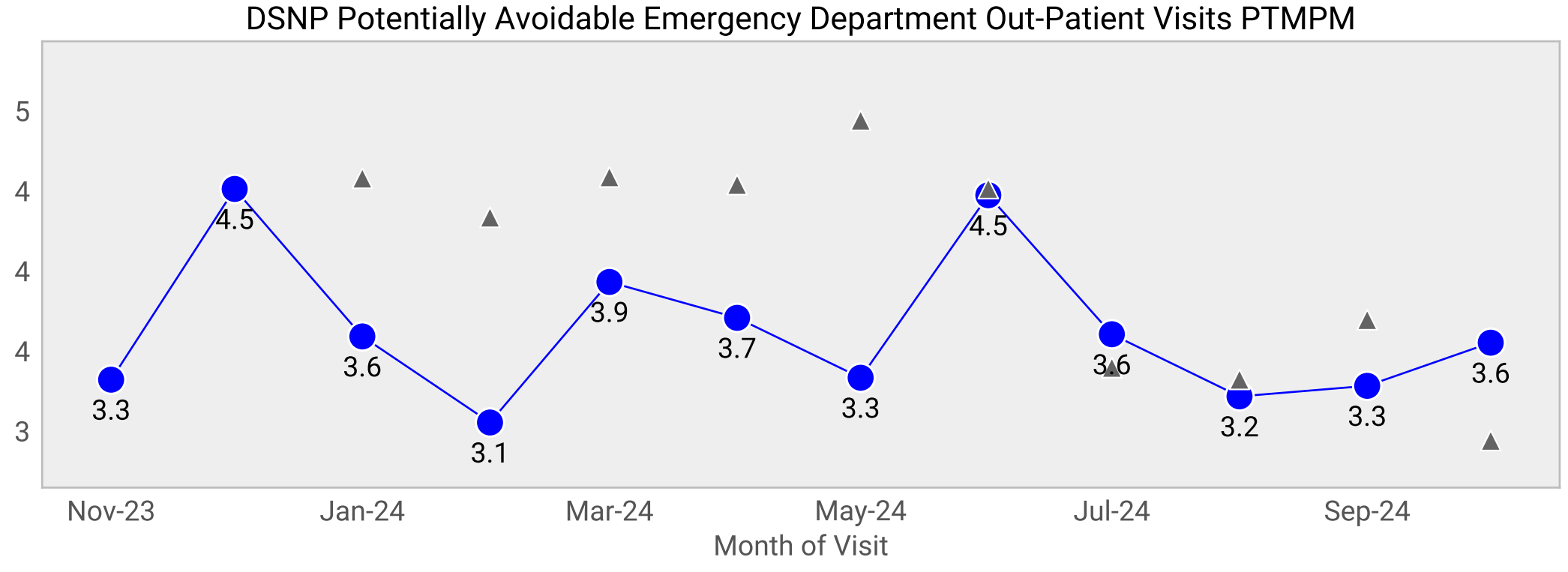
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

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



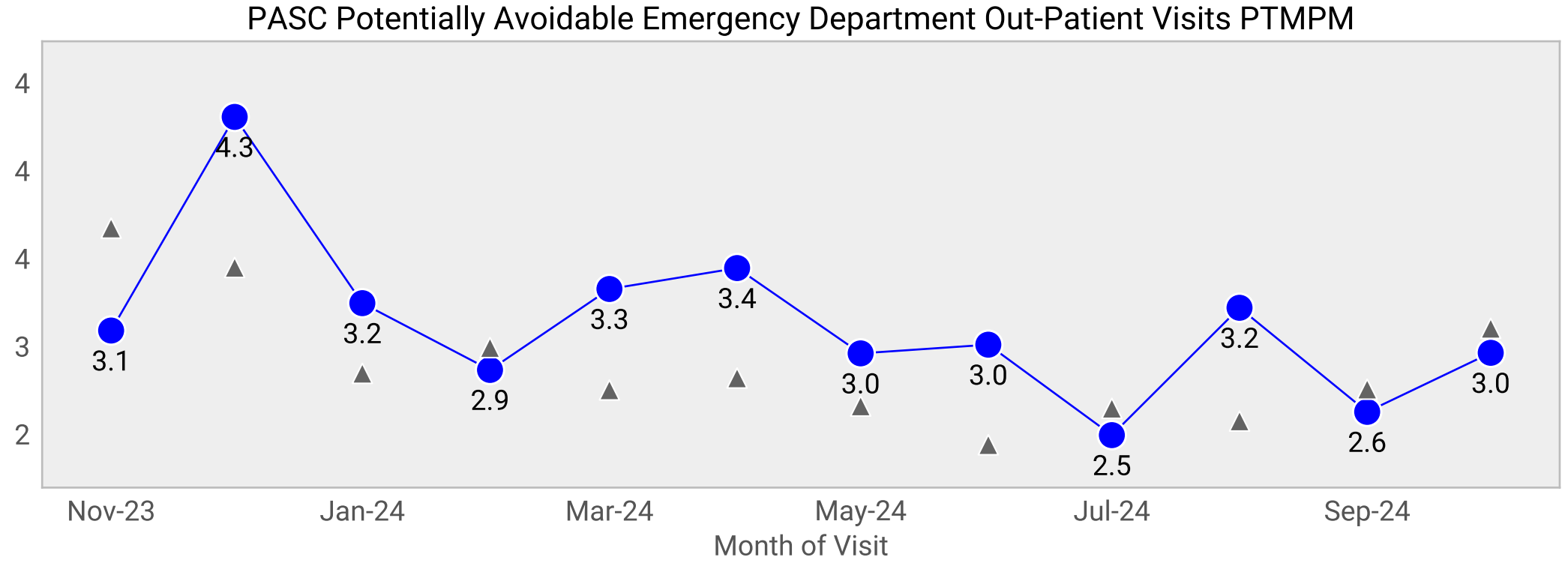
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

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



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

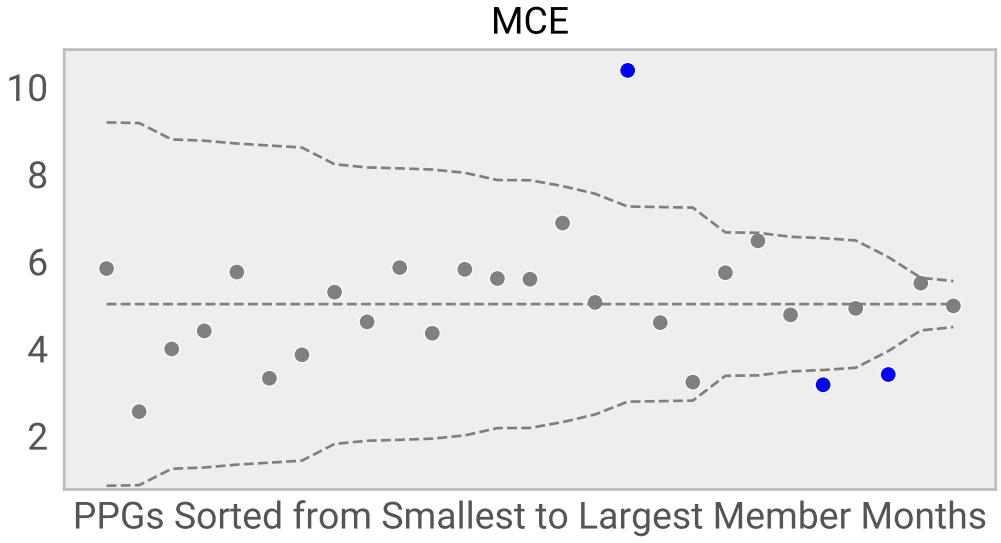
Triangles display the previous year's performance for the same month.

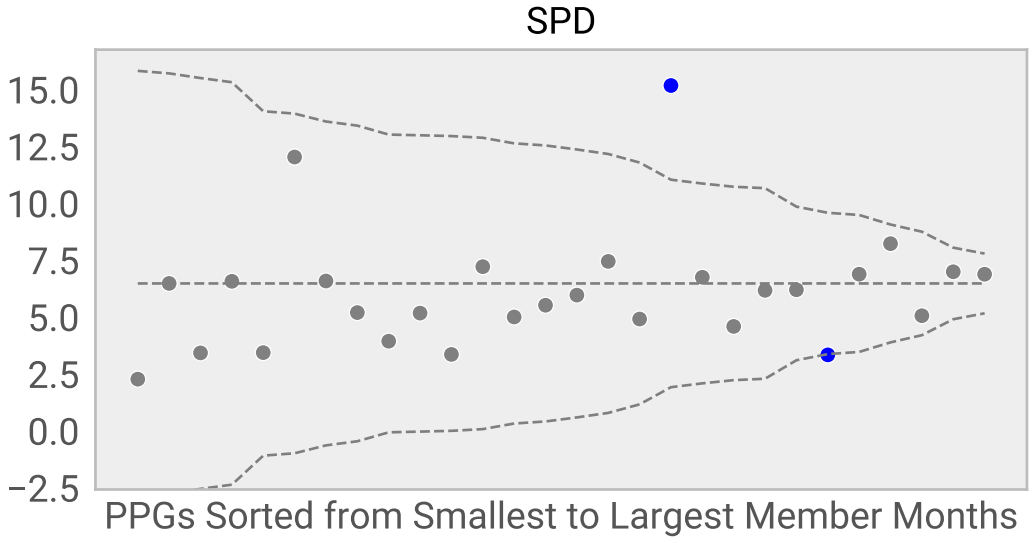


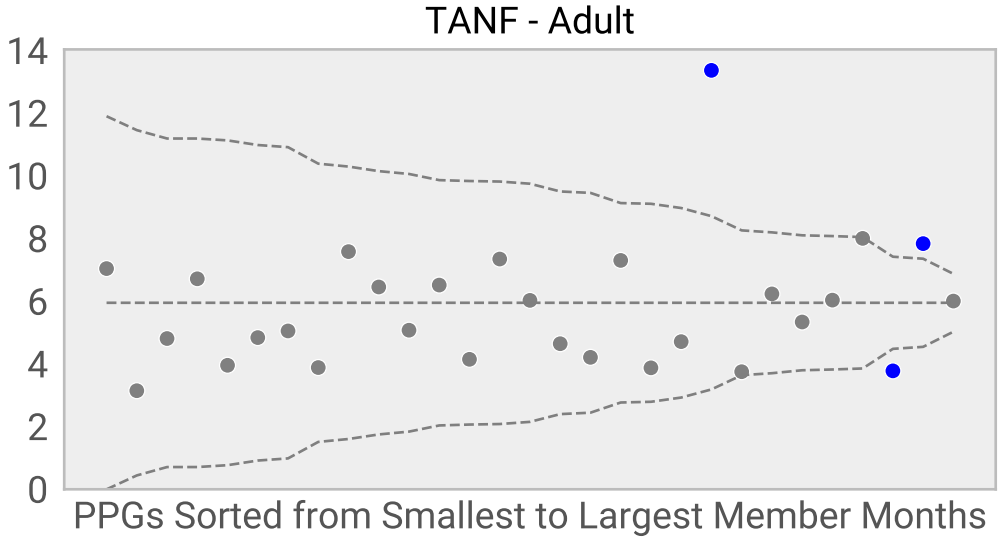
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

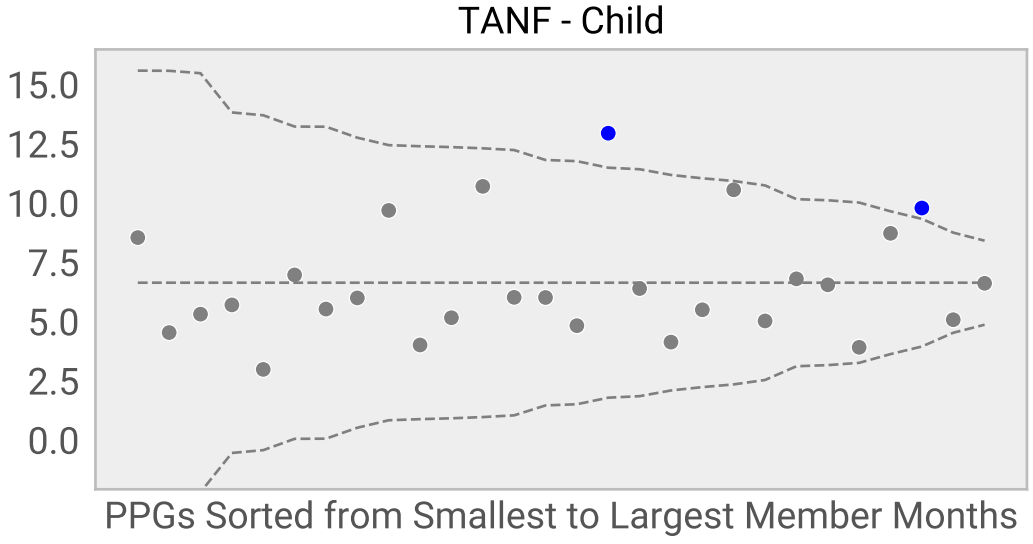
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024





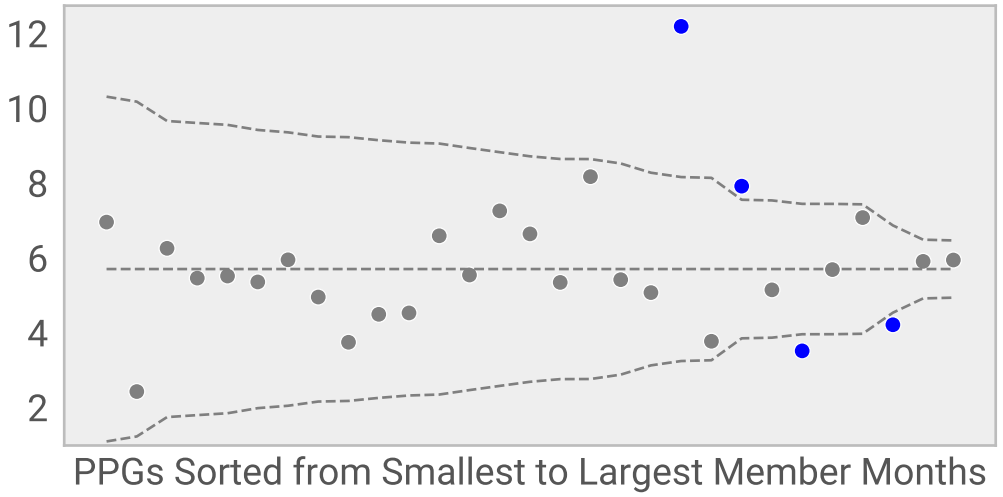




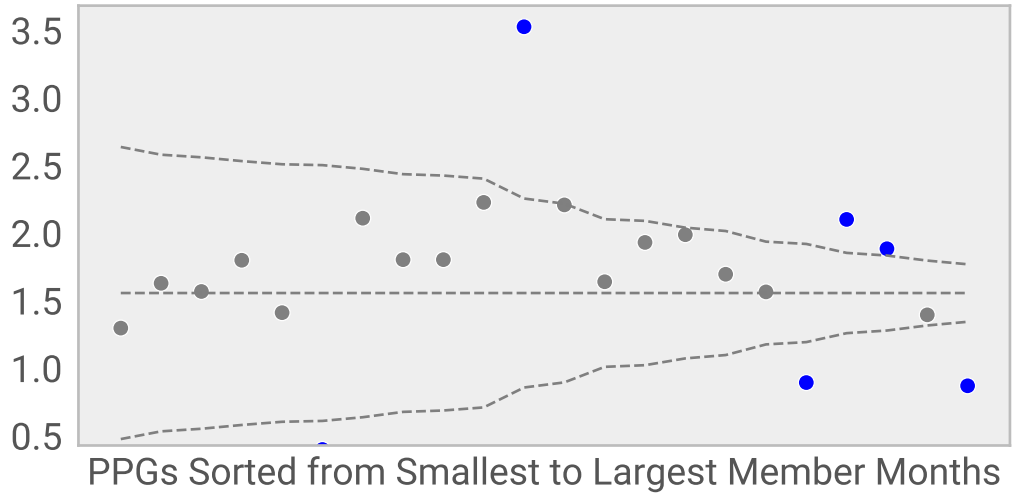
"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

Potentially Avoidable Emergency Department Visits PTMPM by LOB and PPG
U' Charts
Assessment Period: Nov 2023 through Oct 2024

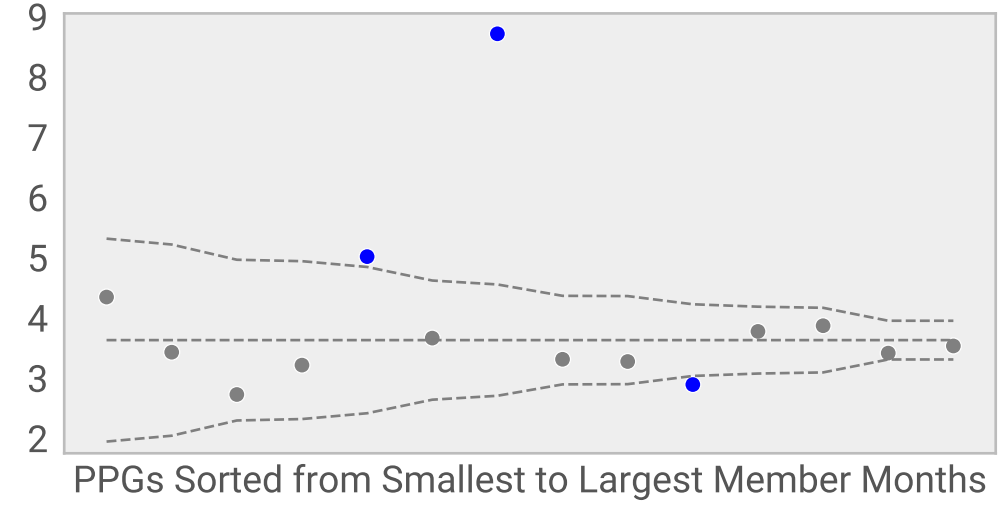
MCLA



LACC



DSNP



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

Community Supports Quarterly Utilization Snapshot

Q1 2025

Total Members Served[1]: 20,440[2]

Community Supports Service	Members Served	Other Service Metric(s)
Housing Transition Navigation Services[3]	5,110	Months of Service Provided 9,059
Housing Tenancy and Sustaining Services[3]	8,459	Months of Service Provided 22,322
Housing Deposits	218	Average Dollars Distributed $2,631
Recuperative Care[3]	540	Days of Care Provided 16,181
Short Term Post Hospitalization Housing	23	Days of Care Provided 2,492
Nursing Facility Transition/Diversion to Assisted Living Facilities	503	Days of Care Provided 45,840
Community Transition Services	8	Days of Care Provided 360

1. Total does not reflect unique members served - members can receive more than one service if eligible/as needed
2. Preliminary data – subject to change
3. Reporting methodology changed in the reporting period

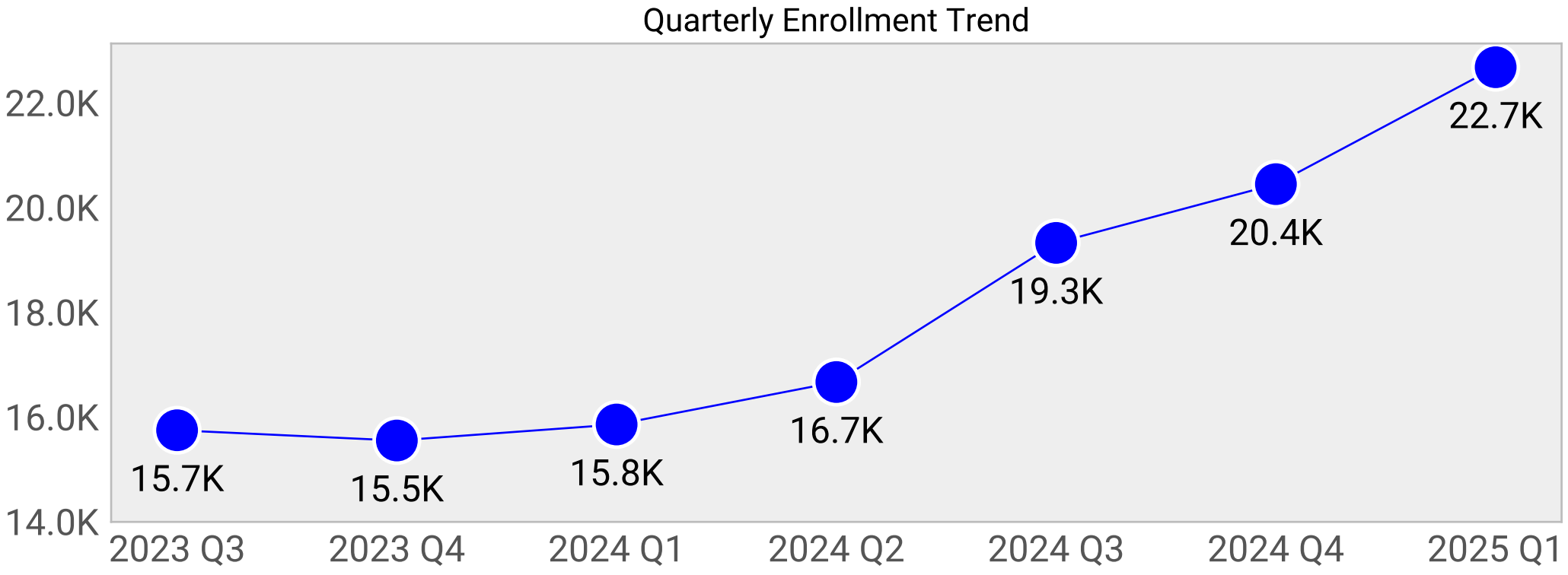
Community Supports Quarterly Utilization Snapshot (Continued)

Q1 2025

Community Supports Service	Members Served	Other Service Metric(s)
Personal Care & Homemaker Services	554	Hours of Care Provided 167,246
Respite Services	127	Hours of Care Provided 29,383
Environmental Accessibility Adaptations	258	Adaptations Provided 258
Medically Tailored Meals	4,424	Meals Provided 264,996 Produce/Dry Goods Boxes Provided 5,888
Asthma Remediation	29	N/A
Sobering Centers	170	Days of Care Provided 170
Day Habilitation	17	N/A

Total Members Enrolled in Enhanced Care Management in 2025: 23K

Total Contracted Providers: 103



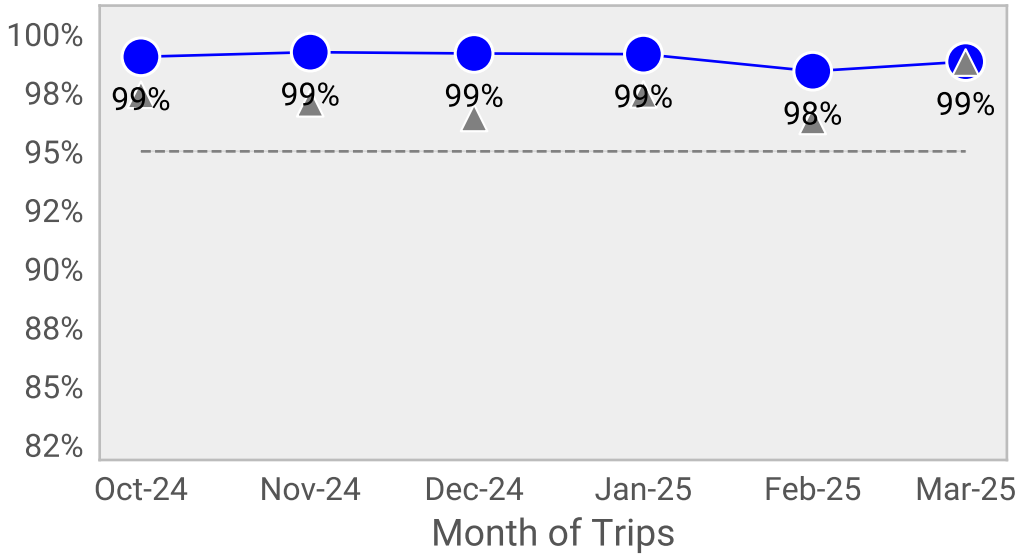
Call the Car

Commentary for general awareness (Transportation)

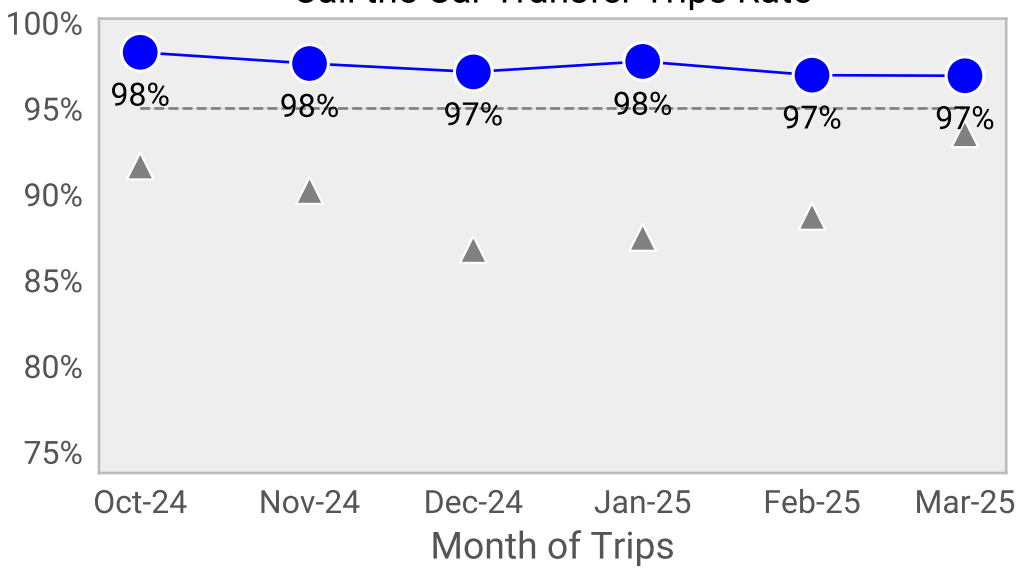
- **Call the Car On-Time Performance:**
  - Call the Car (CTC) is maintaining compliance with the following SLAs:
    - Telecom-Speed to Answer
    - Telecom-Abandonment Rate
    - Missed Pick-ups
    - Grievances
    - Routine Trips
    - Will-call Unscheduled Trips
  - CTC has been missing the established targets for the following categories:
    - Hospital Discharge: CTC has maintained an average of 99% of compliance for 2025
    - Hospital Transfer: CTC has an average of 98% in this category from January-April.
    - We have contracted with an additional NEMT vendor All Town effective May 1, 2025.
      - All Town is providing up to 40 NEMT trips per day to improve capacity and to reach 100% compliance with hospital discharges and transfers.
      - In the month of May, hospital transfer SLA has increased from 98% to 99%.

Call the Car On-Time Pick-Up Performance

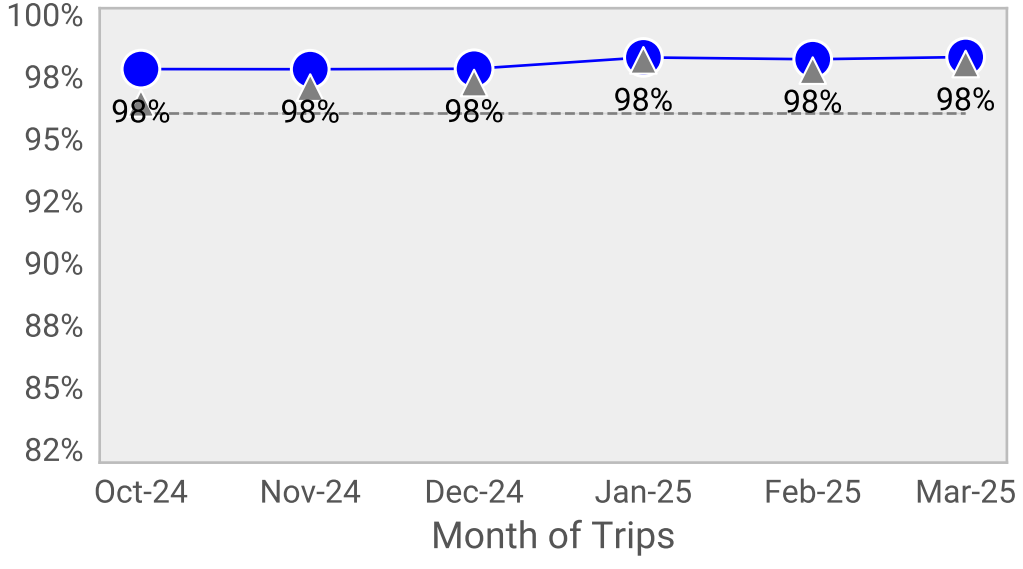
Call the Car Discharge Trips Rate



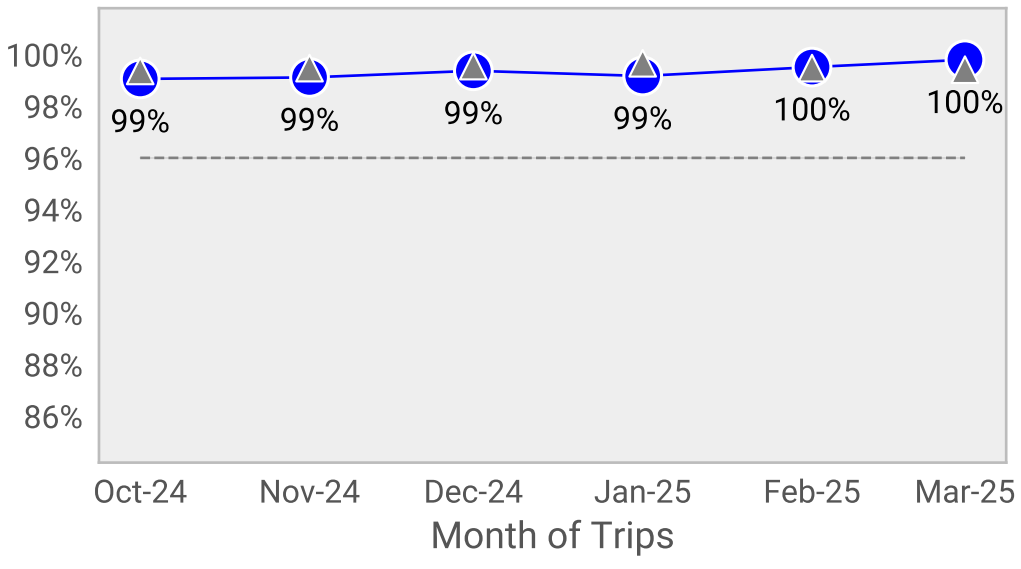
Call the Car Transfer Trips Rate



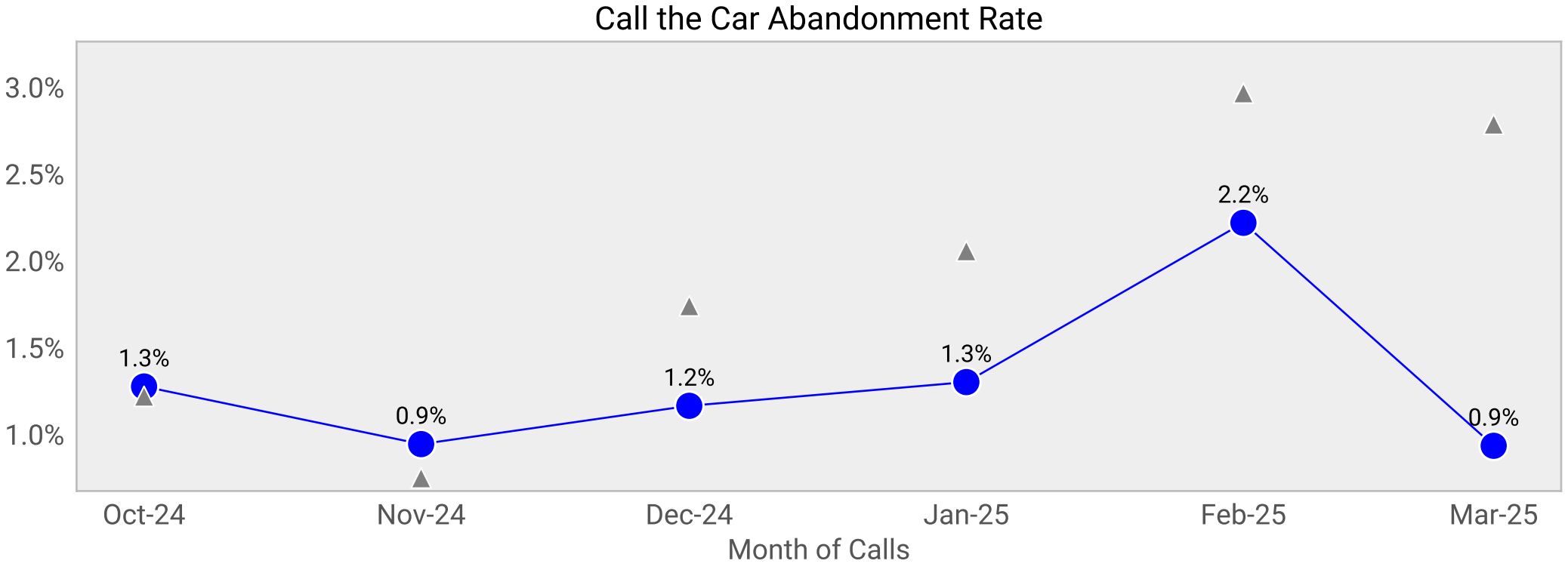
Call the Car Scheduled Trips Rate



Call the Car Will Call Trips Rate



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



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

Claims Operations

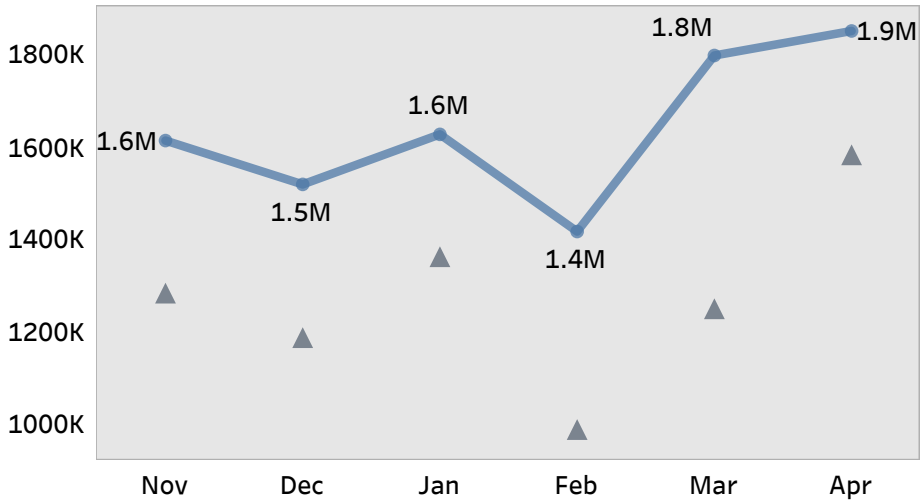
- **Commentary for General Awareness**
  - This deck now includes claims information for the Medi-Cal, Covered California (LACC), and PASC-SEIU product lines. The latter two are newly added.
  - April contained 22 working days compared to March's 21 working days.
  - Claim payment system issues that occurred on March 28th and March 31st caused claims for those days to be paid on the April 3rd check run and affected the metrics below:
    - **Total Paid** - noticeable increase in April when compared to other months.
    - **Total First-pass Adjudicated Claims Volume** - noticeable increase in April when compared to other months.
    - **Total Claims Processed** - noticeable increase in April when compared to other months.

- **All LOBs Claims Received**
  - Claims received (a.k.a. "Receipts") were slightly higher in April due to one additional working day in April (1.90M) over March (1.85M).

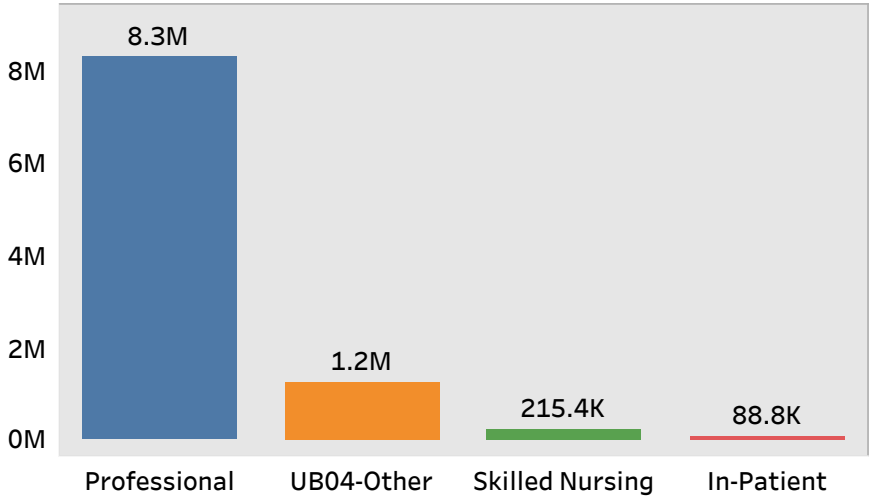
- **All LOBs Payment Processing**
  - Total Paid (including Interest)
    - Professional Receipts up slightly causing ~$10M more in paid vs March.
    - The following Service Types experienced a significant month over month increase in paid amounts due to the Claim payment system issue mentioned above:
      - Skilled Nursing - $24M
      - UB-04 (related to Hospice) - $13M

All LOBs Claims Received

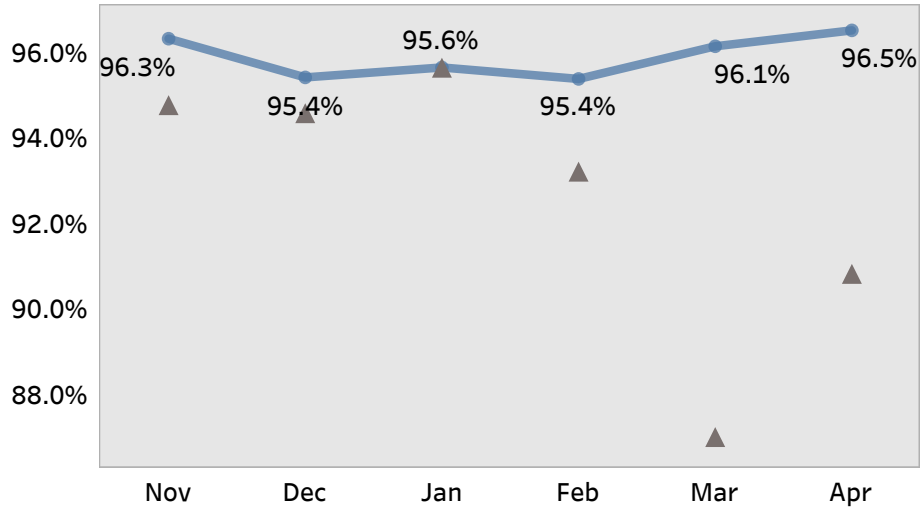
Total Claims Volume Received Nov-2024 to Apr-2025



Most Recent 6 months' Volume by Service Type Nov-2024 to Apr-2025



% of Claims Submitted Electronically Nov-2024 to Apr-2025



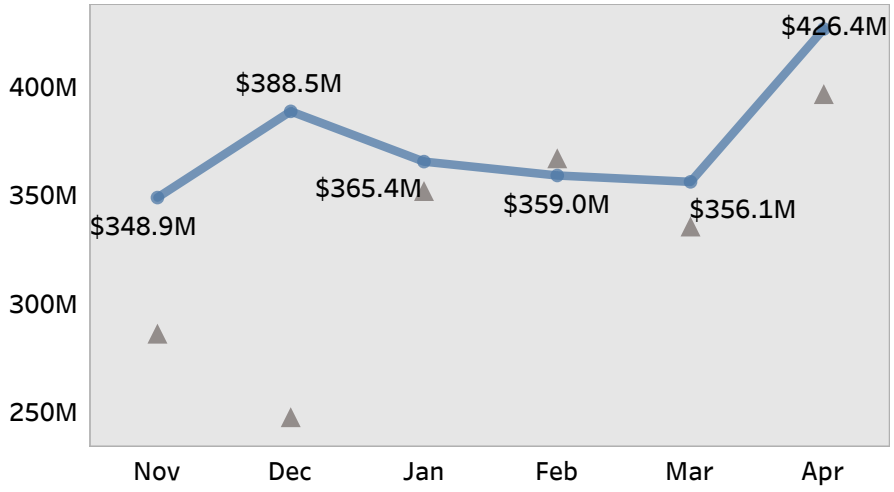
Triangles display the previous year's performance for the same month.

Charts based on Month of Receipt
All LOBs=MCLA/LACC/PASC

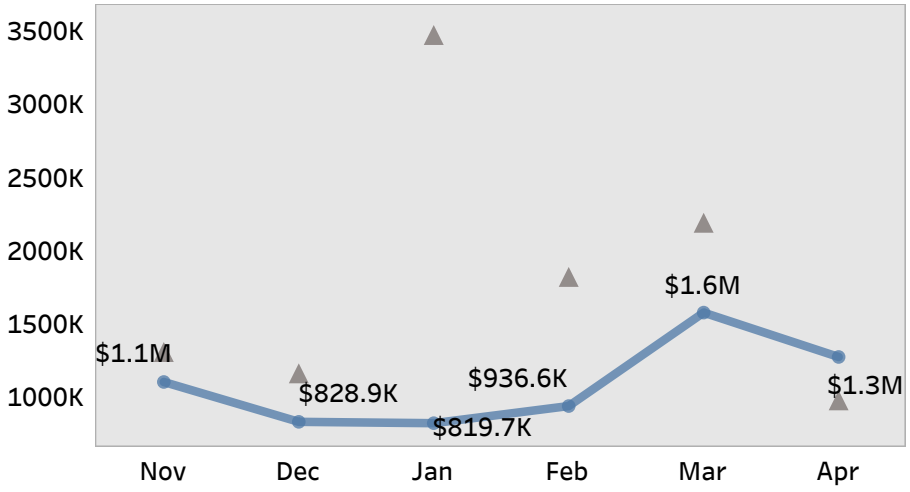
Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.

All LOBs Payment Processing

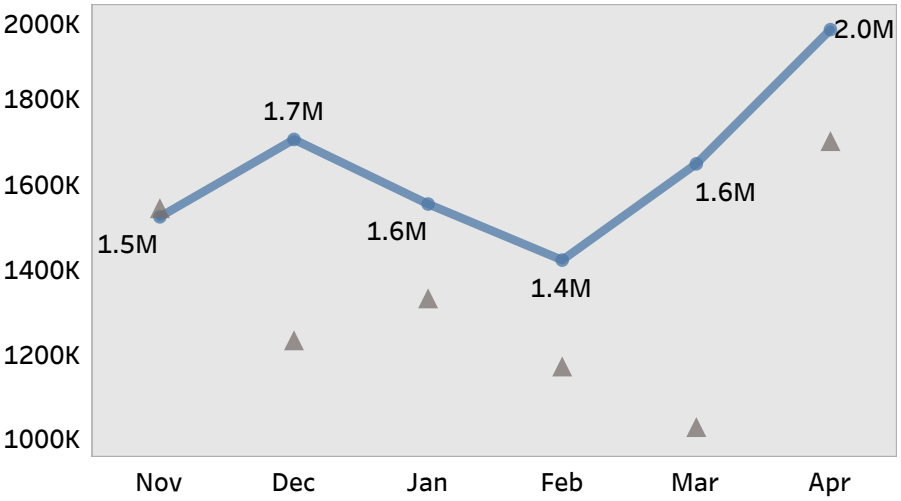
Total Paid (including Interest) Nov-2024 to Apr-2025



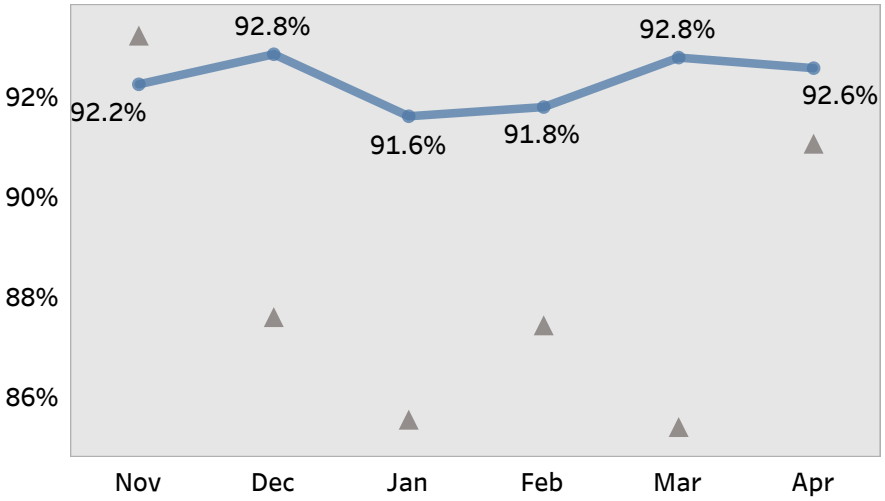
Total Interest Paid Nov-2024 to Apr-2025



Total First-Pass Adjudicated Claims Volume Nov-2024 to Apr-2025



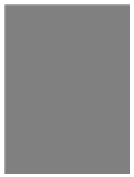
% of First-Pass Claims Auto-Adjudicated Nov-2024 to Apr-2025



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

Charts are based on Month of Process.

All LOBs=MCLA/LACC/PASC



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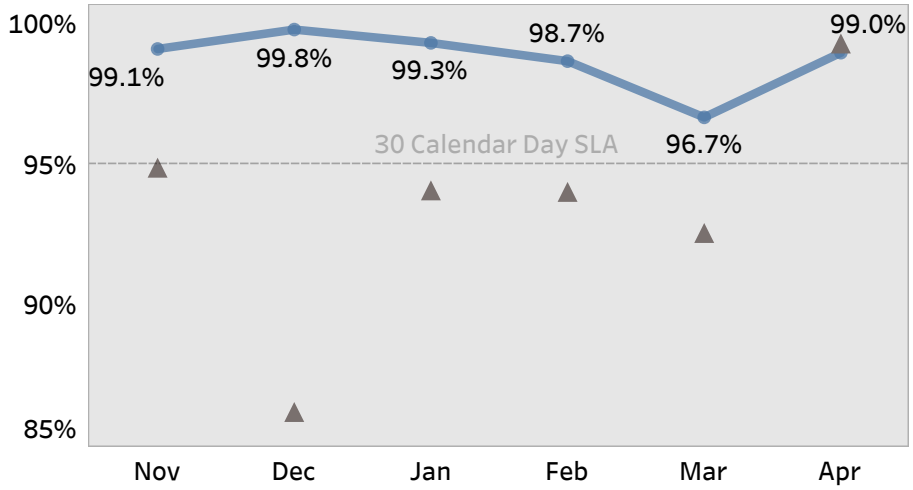
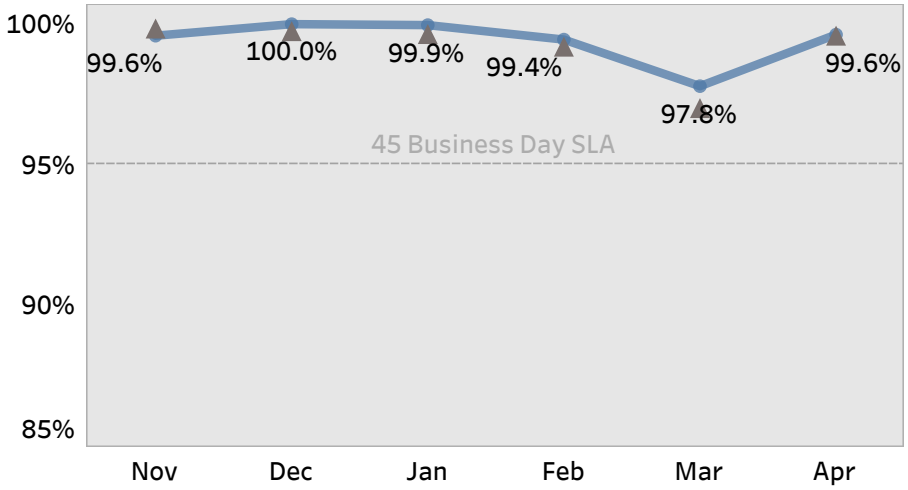
All LOBs Claims Processing Timeliness - by Process Date

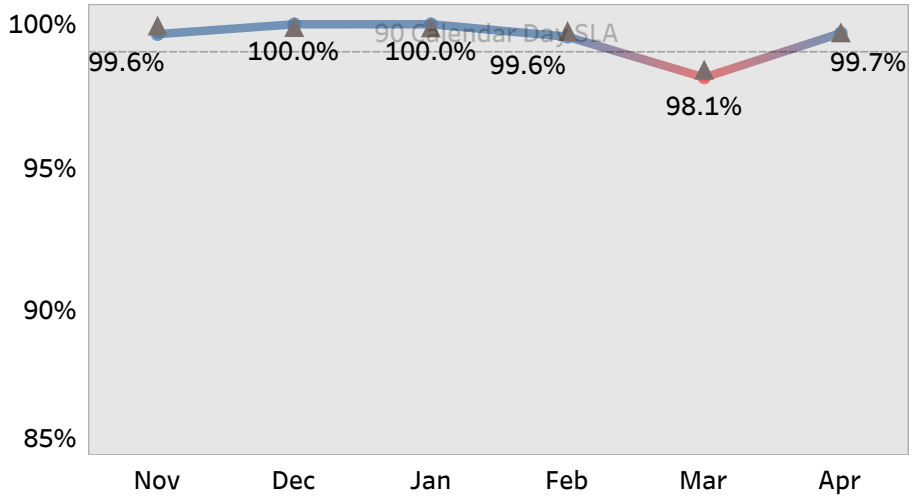
% Processed within 30 Calendar Days Nov-2024 to Apr-2025



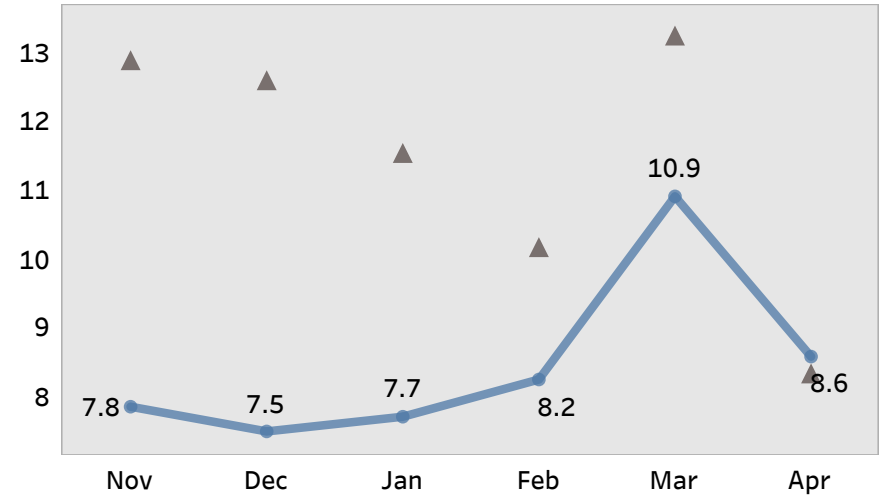
% Processed within 45 Business Days Nov-2024 to Apr-2025



% Processed within 90 Calendar Days Nov-2024 to Apr-2025



Average Calendar Days to Process Nov-2024 to Apr-2025



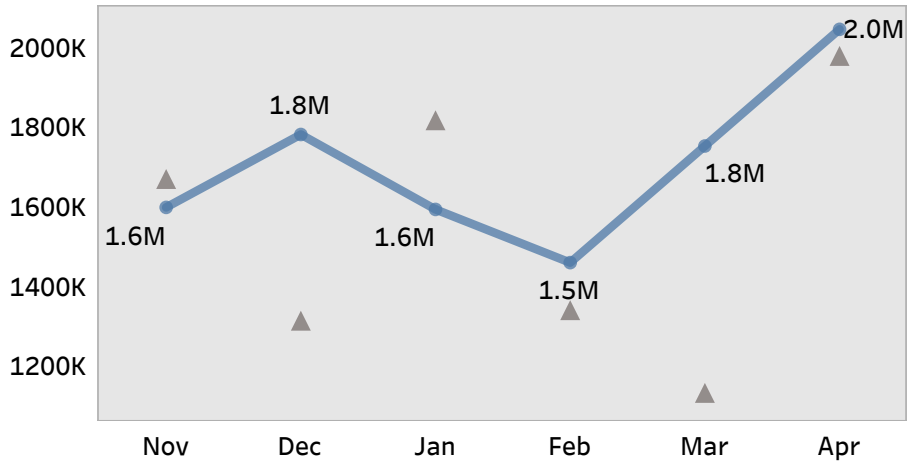
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

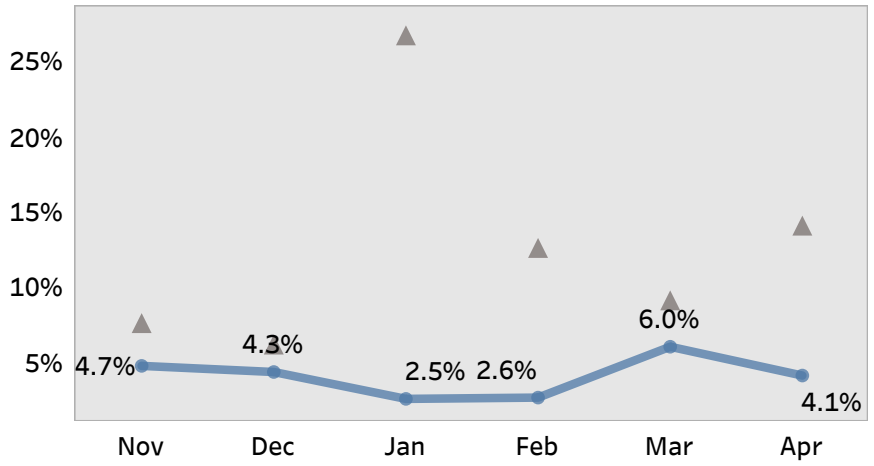
All LOBs=MCLA/LACC/PASC

All LOBs Claims Denials and Adjustments

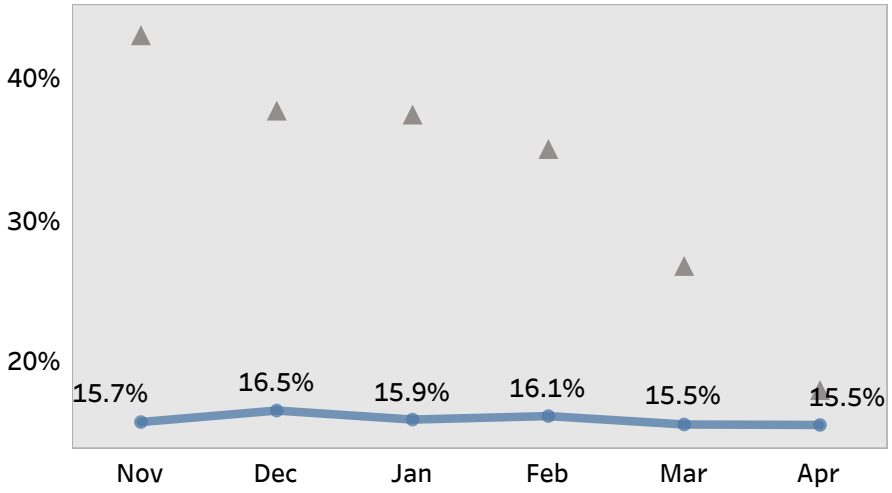
Total Claims Processed (Originals + Adjustments) Nov-2024 to Apr-2025



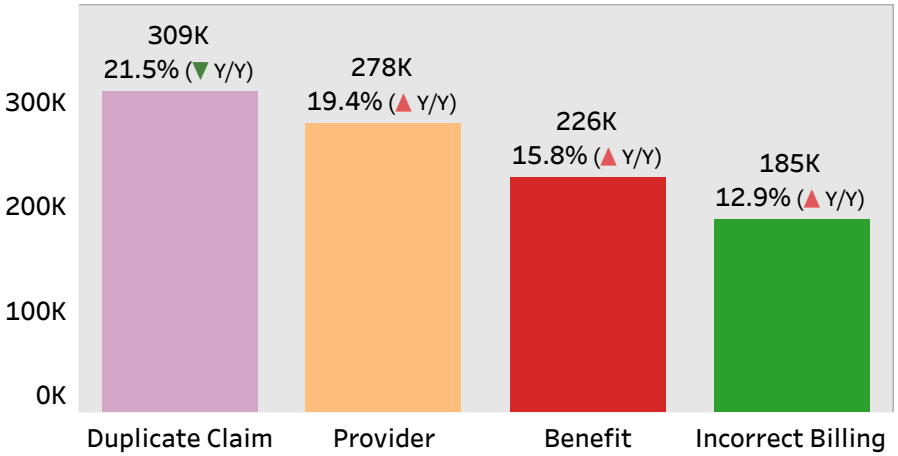
% of Total Claims Processed that are Adjustments Nov-2024 to Apr-2025



First-Pass Claims Denial Rate Nov-2024 to Apr-2025



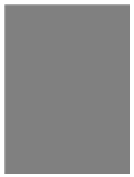
Most Recent 6 months' Denial Volume by Reason Nov-2024 to Apr-2025



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

Charts are based on Month of Process.

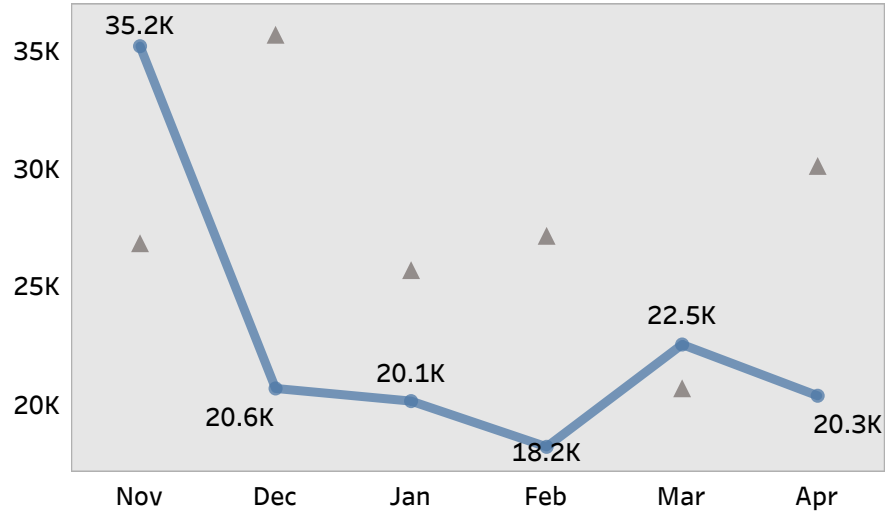
All LOBs=MCLA/LACC/PASC



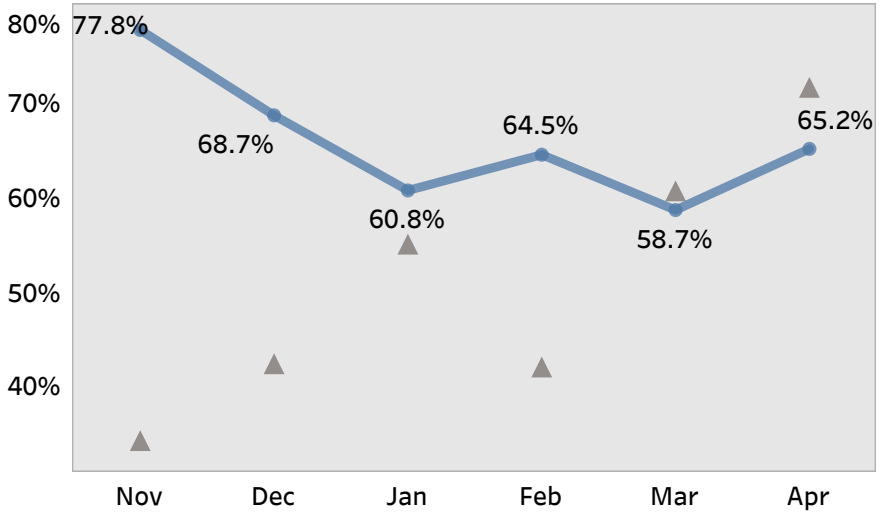
351

All LOBs Provider Dispute Resolution Processing

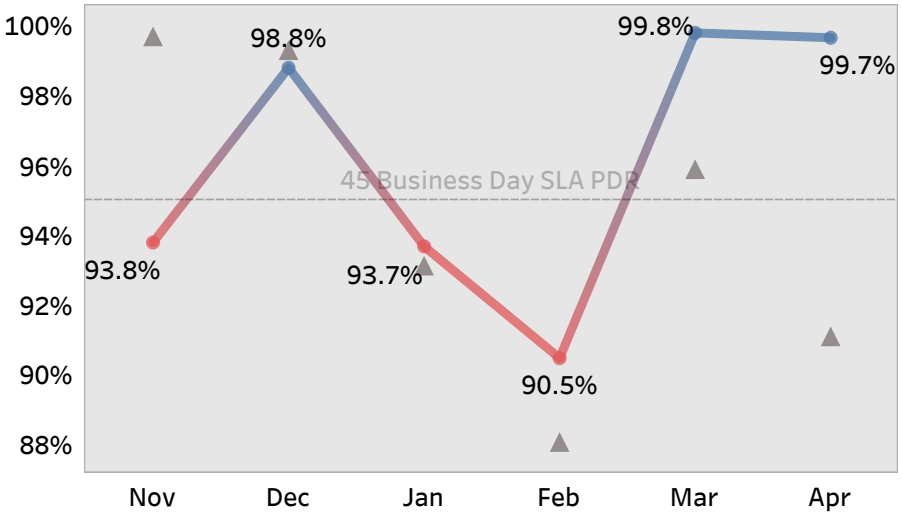
PDR Volume Received **Nov-2024 to Apr-2025**



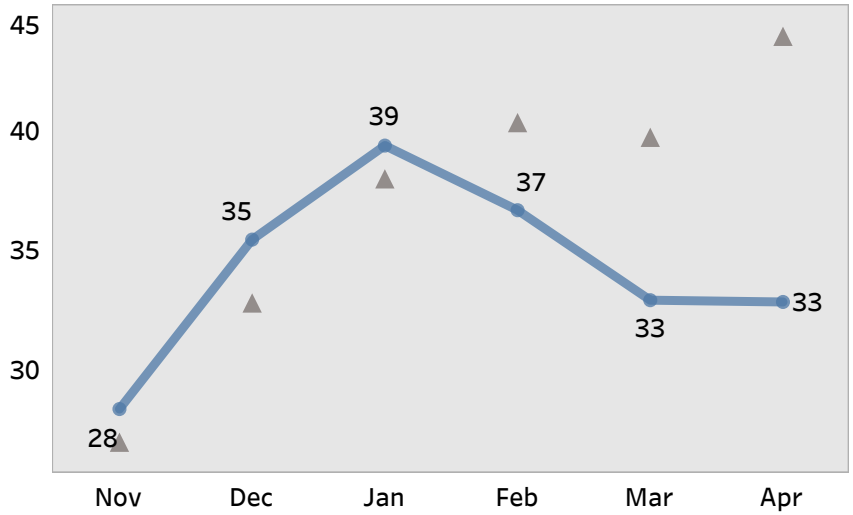
% of Closed PDR Cases that are Upheld **Nov-2024 to Apr-2025**



% Closed within 45 Business Days **Nov-2024 to Apr-2025**



Average Business Days to Process PDRs **Nov-2024 to Apr-2025**



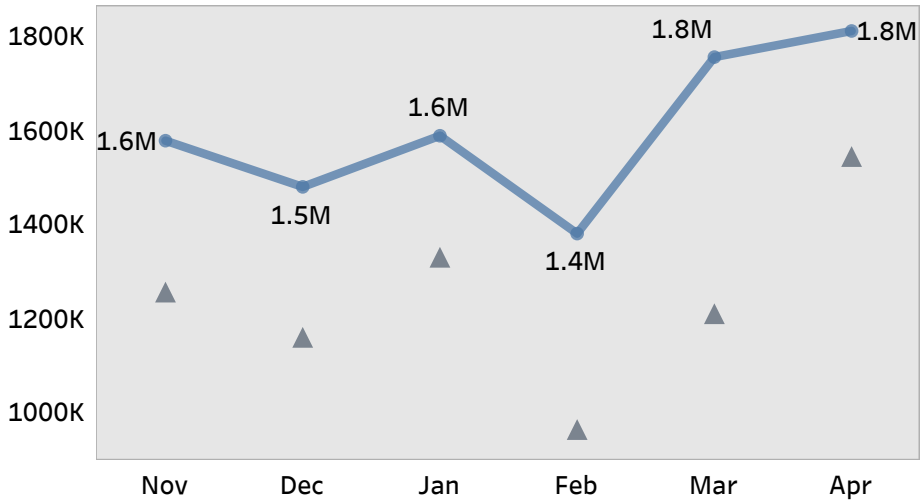
Triangles display the previous year's performance for the same month.

PDR Volume based on Month Received; All Other Charts based on Month Processed

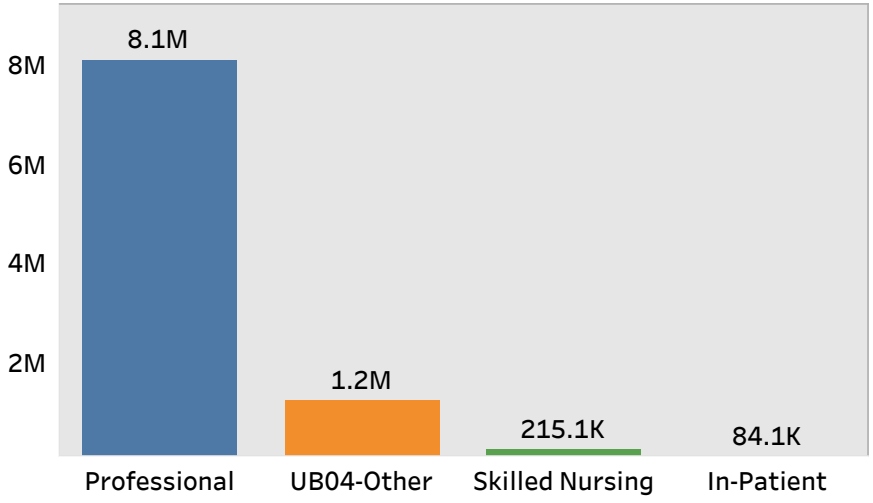
All LOBs=MCLA/LACC/PASC

MCLA Claims Received

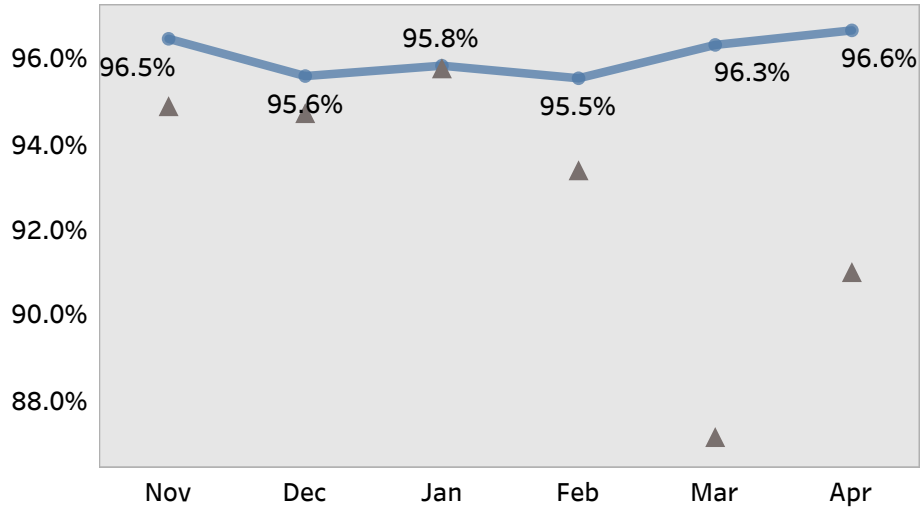
Total Claims Volume Received Nov-2024 to Apr-2025



Most Recent 6 months' Volume by Service Type Nov-2024 to Apr-2025



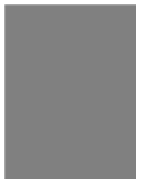
% of Claims Submitted Electronically Nov-2024 to Apr-2025



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

Charts based on Month of Receipt

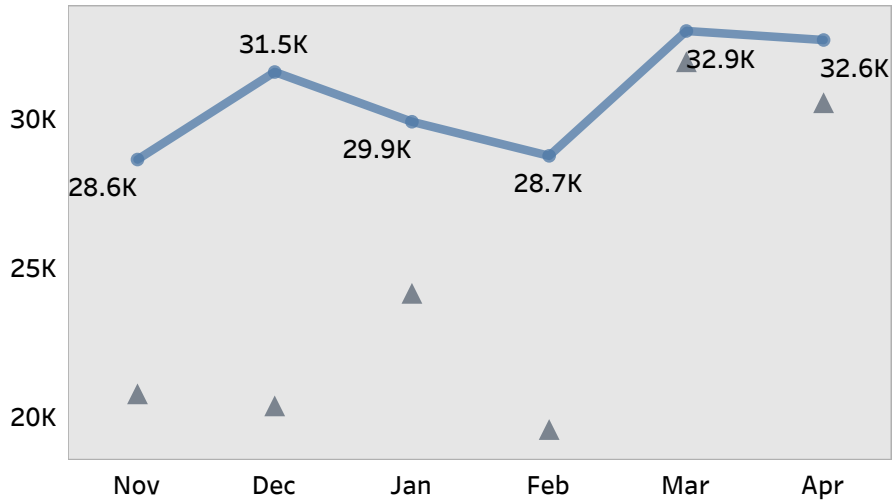
Skilled Nursing: UB-04 claims submitted with a facility code of 2, which include skilled days, long-term care days, and hospital sub-acute days.



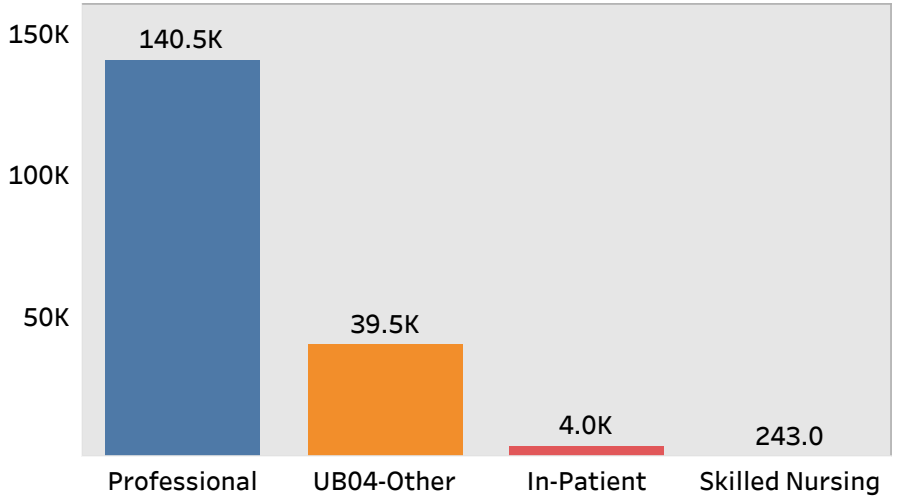
353

LACC Claims Received

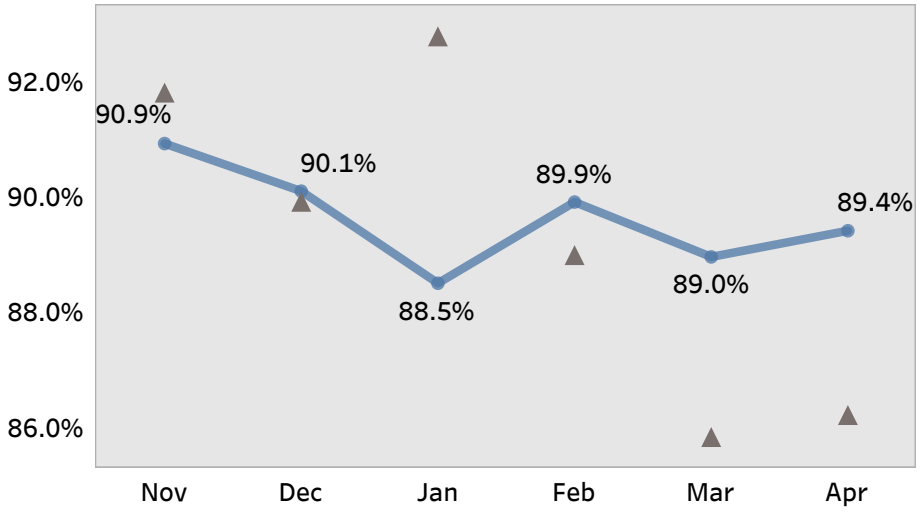
Total Claims Volume Received Nov-2024 to Apr-2025



Most Recent 6 months' Volume by Service Type Nov-2024 to Apr-2025



% of Claims Submitted Electronically Nov-2024 to Apr-2025



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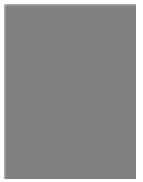
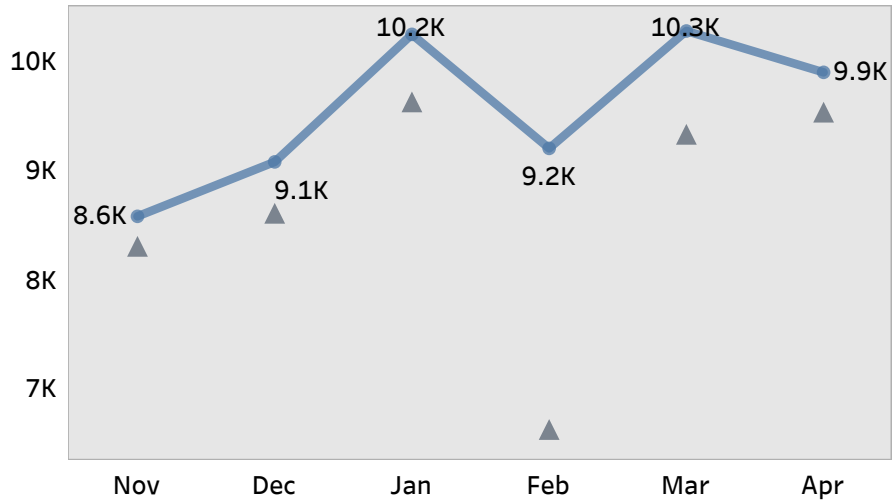


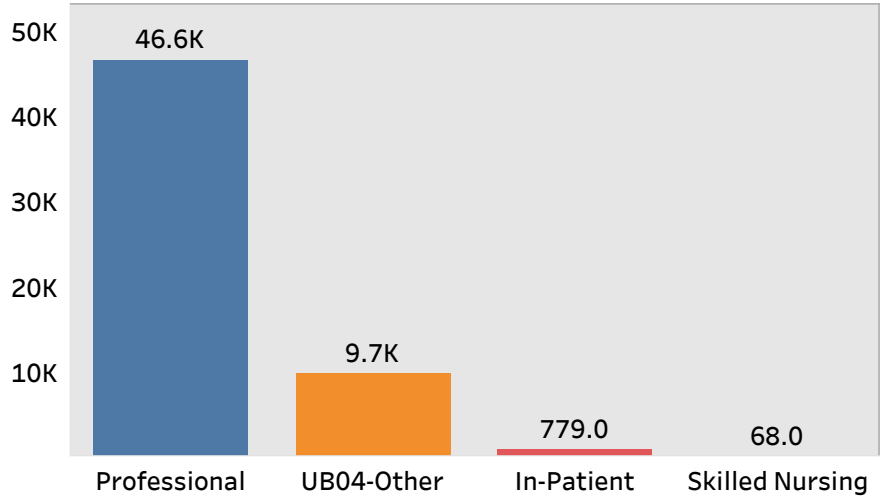
354

PASC Claims Received

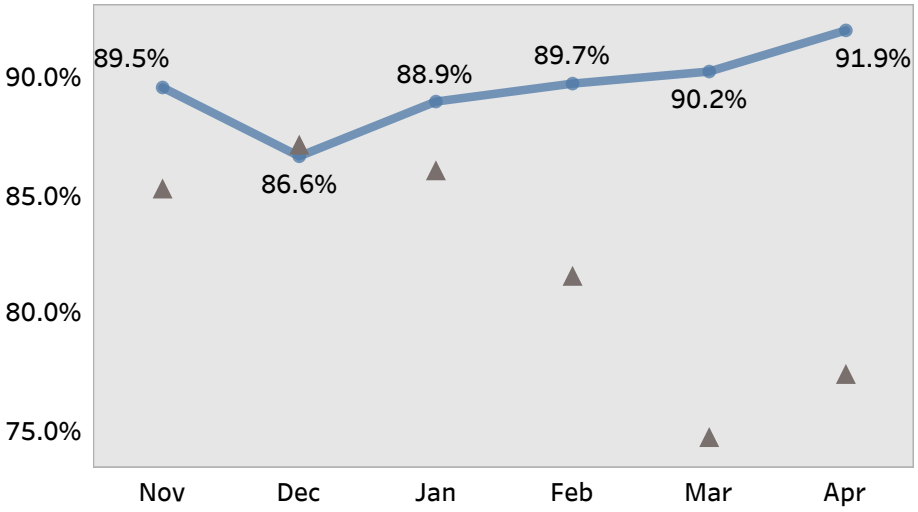
Total Claims Volume Received Nov-2024 to Apr-2025



Most Recent 6 months' Volume by Service Type Nov-2024 to Apr-2025



% of Claims Submitted Electronically Nov-2024 to Apr-2025



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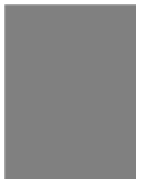
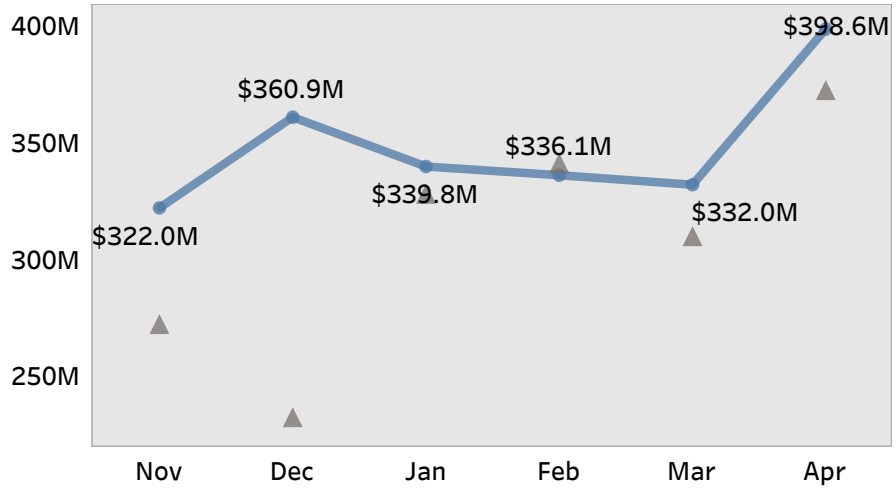


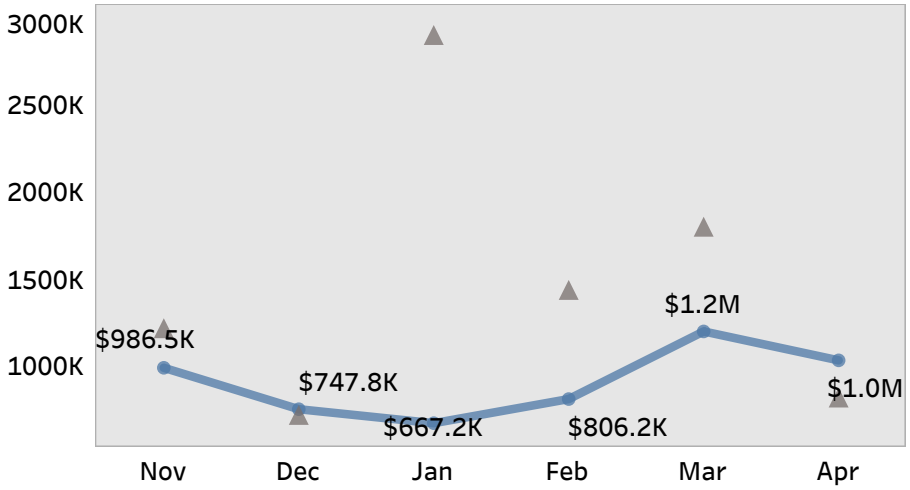
355

MCLA Payment Processing

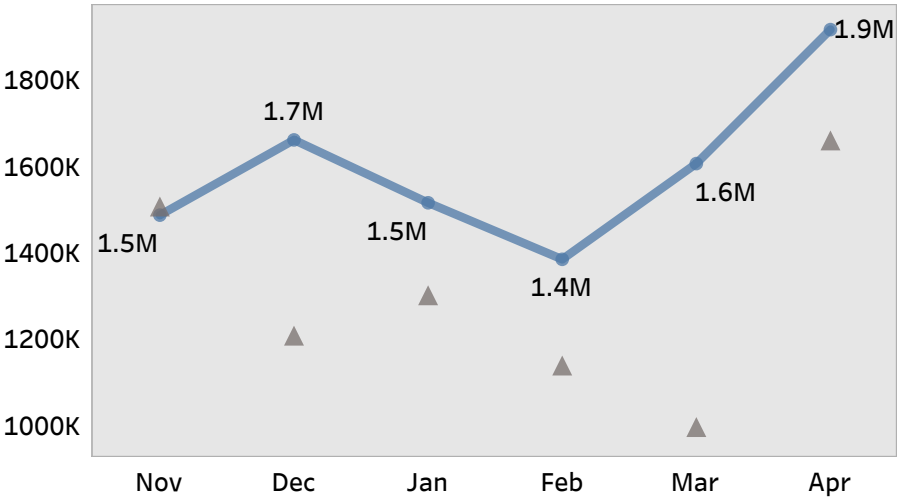
Total Paid (including Interest) Nov-2024 to Apr-2025



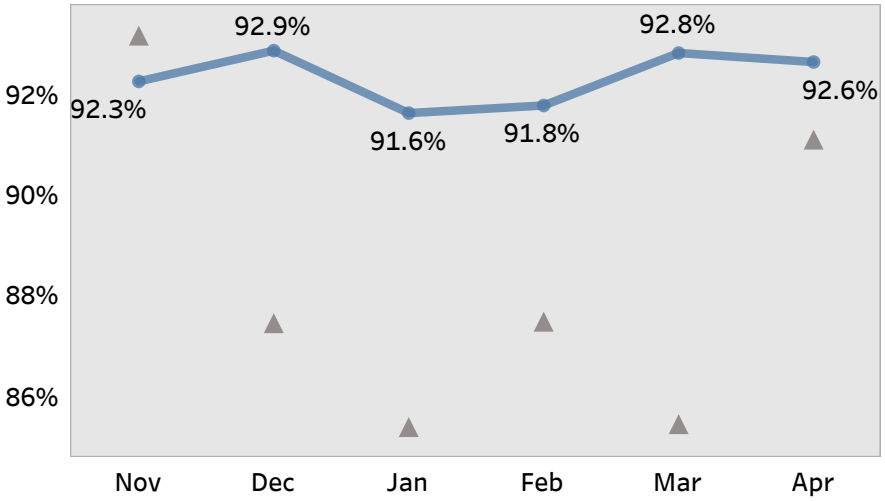
Total Interest Paid Nov-2024 to Apr-2025



Total First-Pass Adjudicated Claims Volume Nov-2024 to Apr-2025

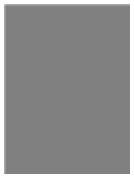


% of First-Pass Claims Auto-Adjudicated Nov-2024 to Apr-2025



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

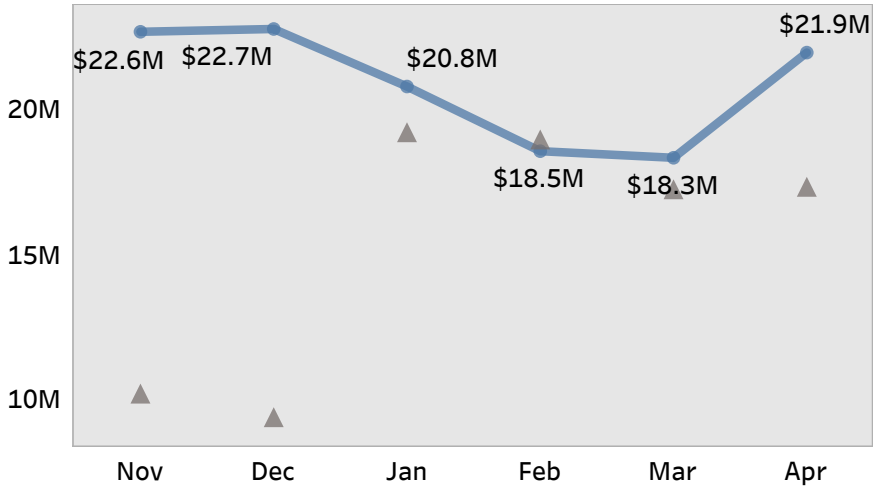
Charts are based on Month of Process.



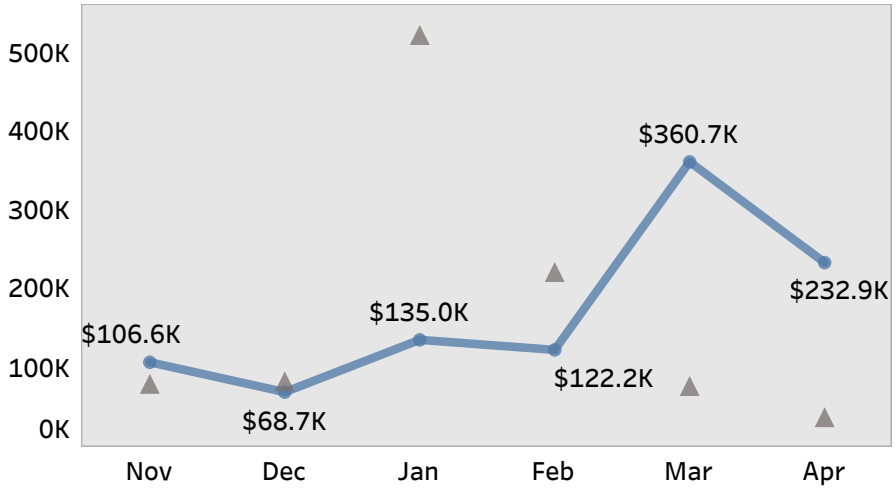
356

LACC Payment Processing

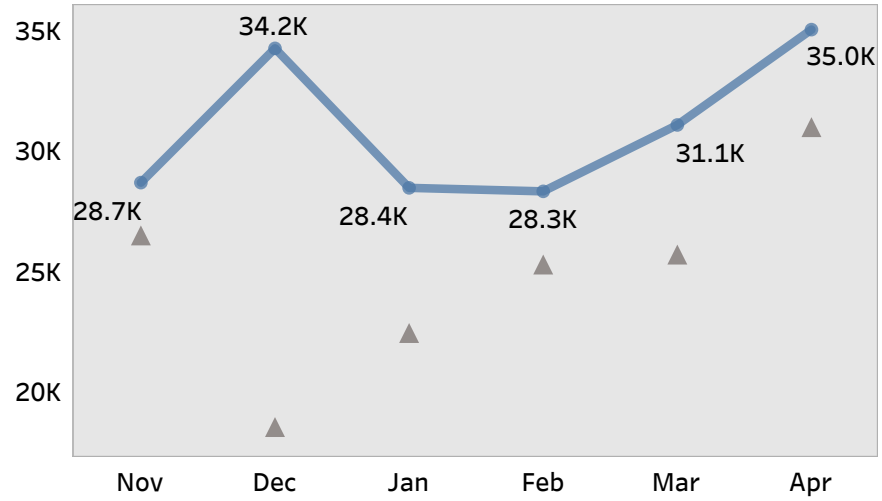
Total Paid (including Interest) **Nov-2024 to Apr-2025**



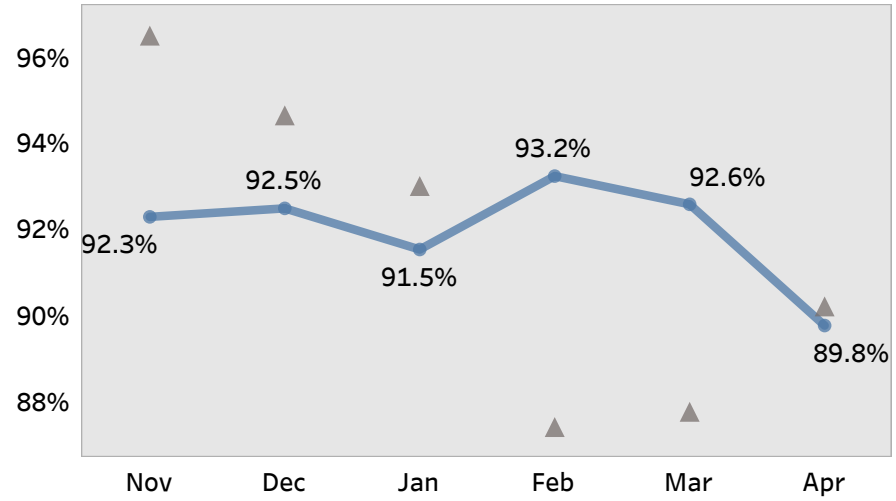
Total Interest Paid **Nov-2024 to Apr-2025**



Total First-Pass Adjudicated Claims Volume **Nov-2024 to Apr-2025**



% of First-Pass Claims Auto-Adjudicated **Nov-2024 to Apr-2025**

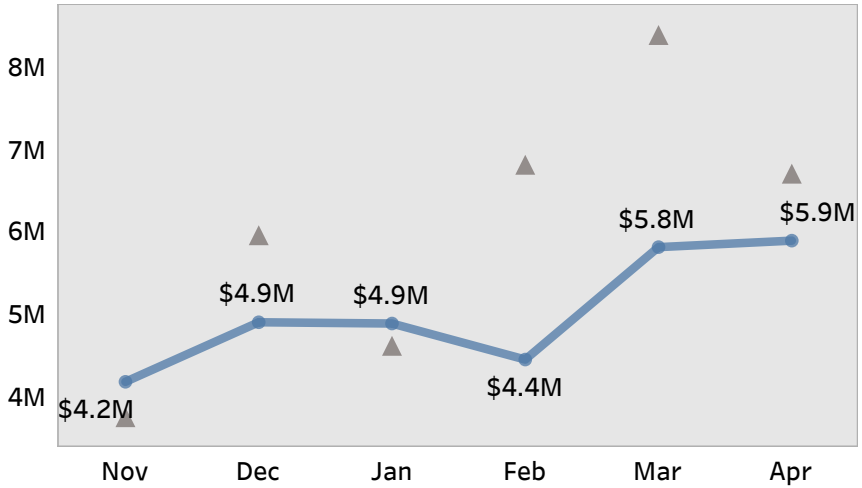


Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

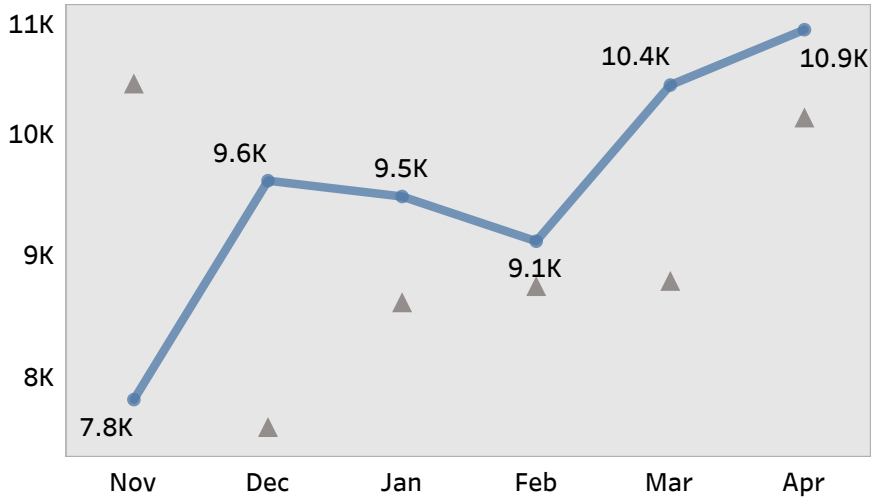
PASC Payment Processing

Total Paid (including Interest) Nov-2024 to Apr-2025

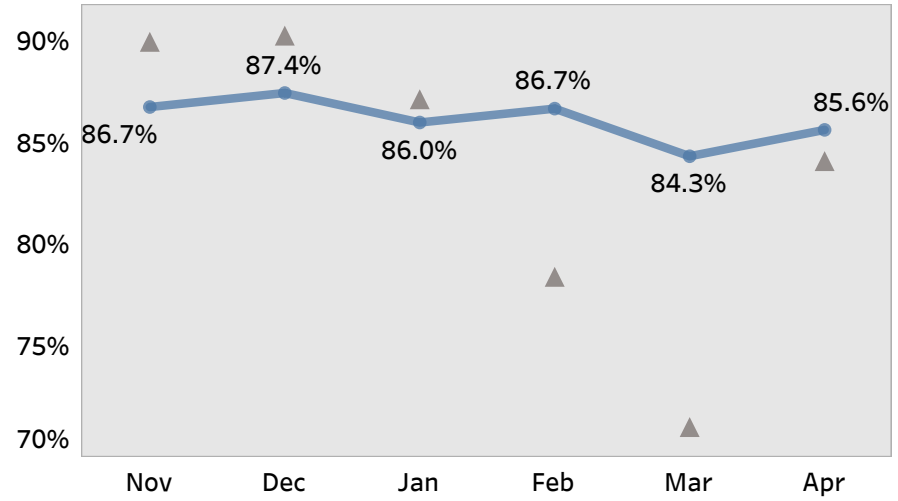


Total Interest Paid Nov-2024 to Apr-2025

Total First-Pass Adjudicated Claims Volume Nov-2024 to Apr-2025



% of First-Pass Claims Auto-Adjudicated Nov-2024 to Apr-2025



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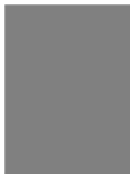
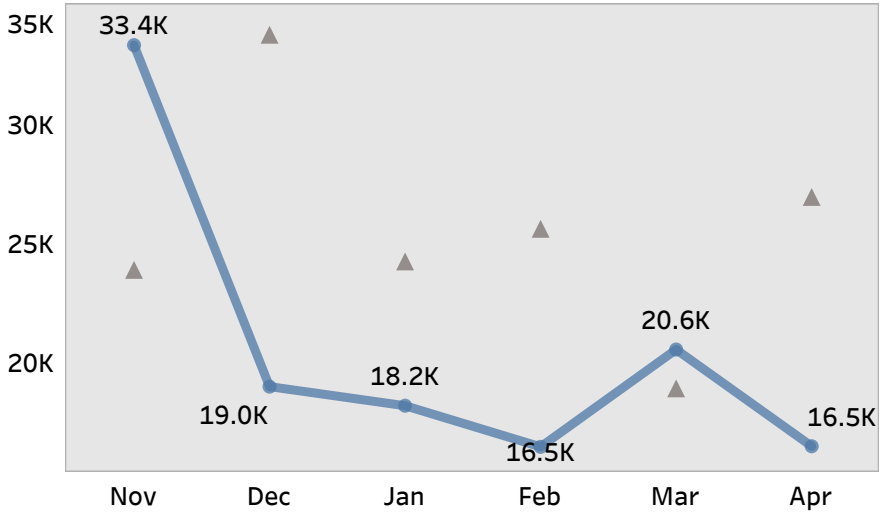
Charts are based on Month of Process.



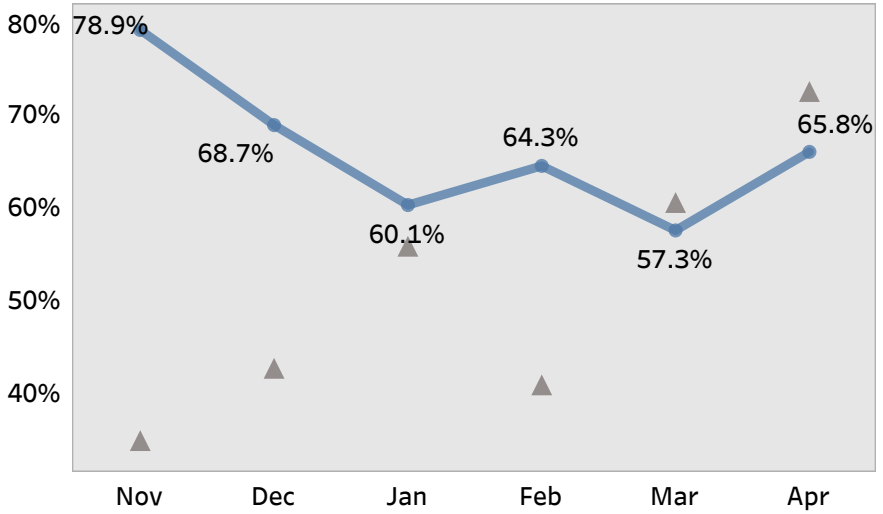
358

MCLA Provider Dispute Resolution Processing

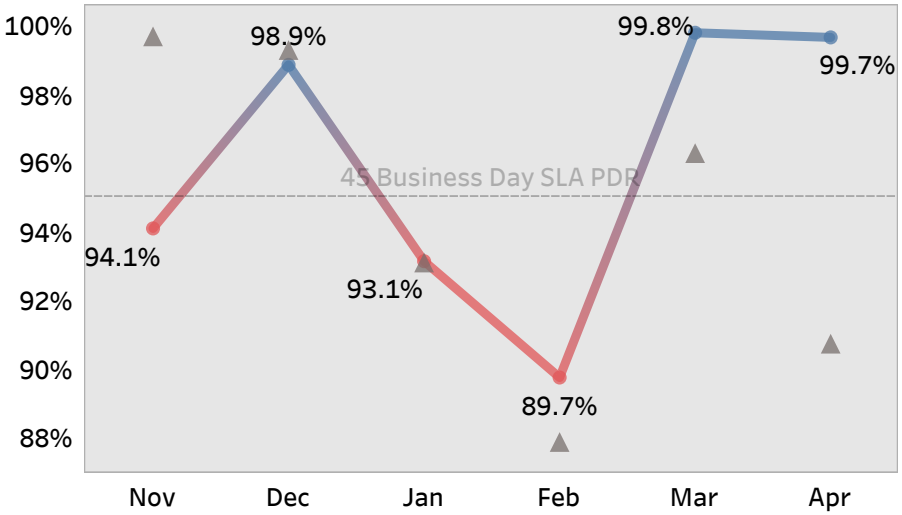
PDR Volume Received **Nov-2024 to Apr-2025**



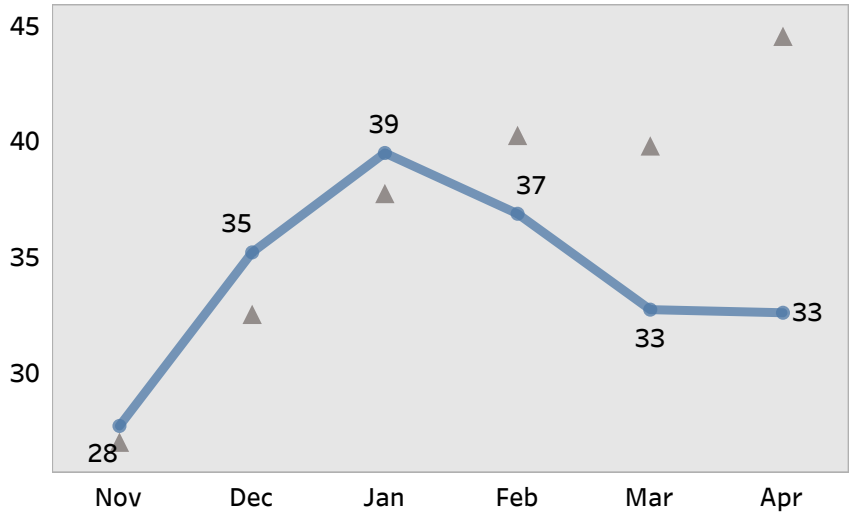
% of Closed PDR Cases that are Upheld **Nov-2024 to Apr-2025**



% Closed within 45 Business Days **Nov-2024 to Apr-2025**



Average Business Days to Process PDRs **Nov-2024 to Apr-2025**

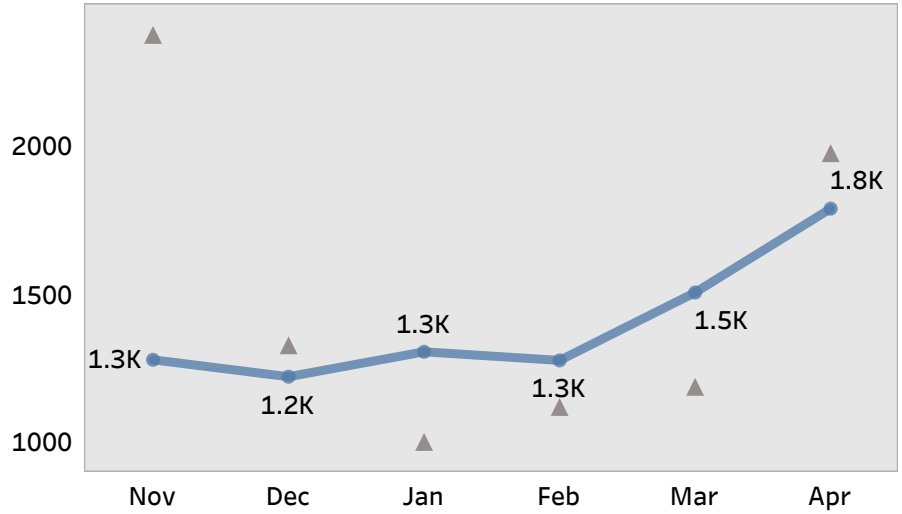


Triangles display the previous year's performance for the same month.

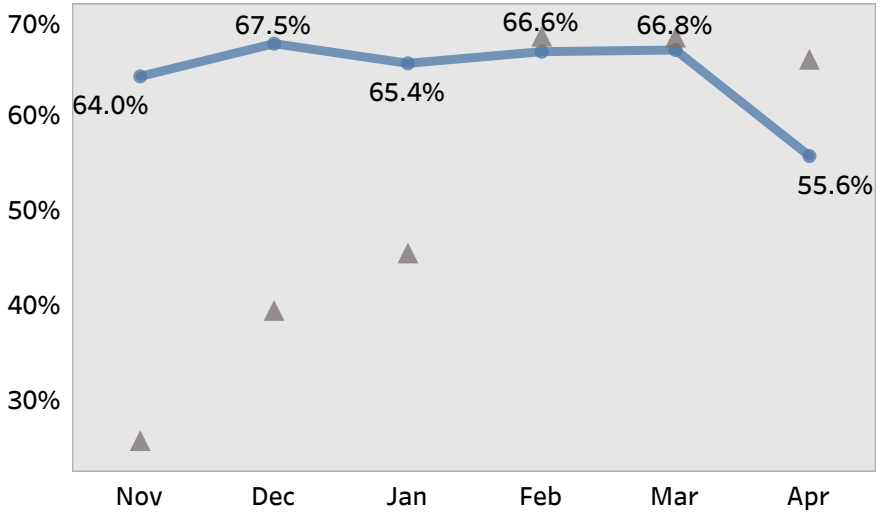
PDR Volume based on Month Received; All Other Charts based on Month Processed

LACC Provider Dispute Resolution Processing

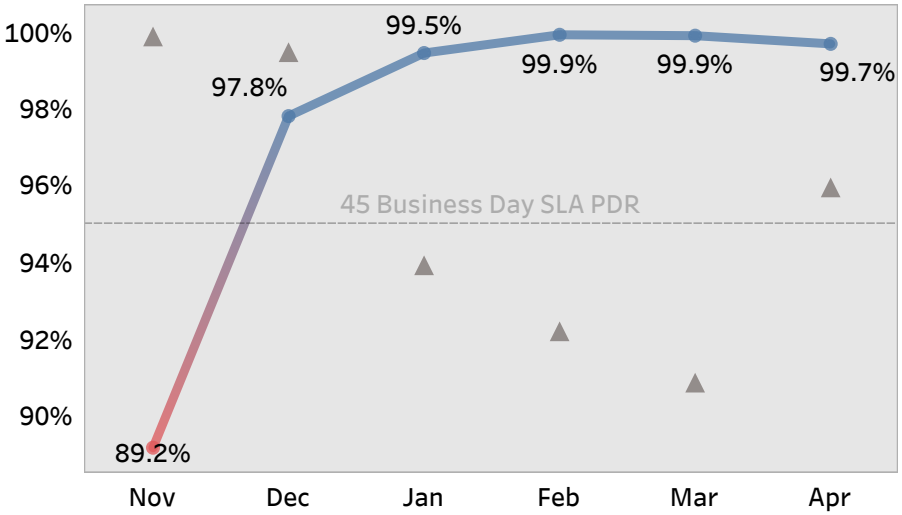
PDR Volume Received **Nov-2024 to Apr-2025**



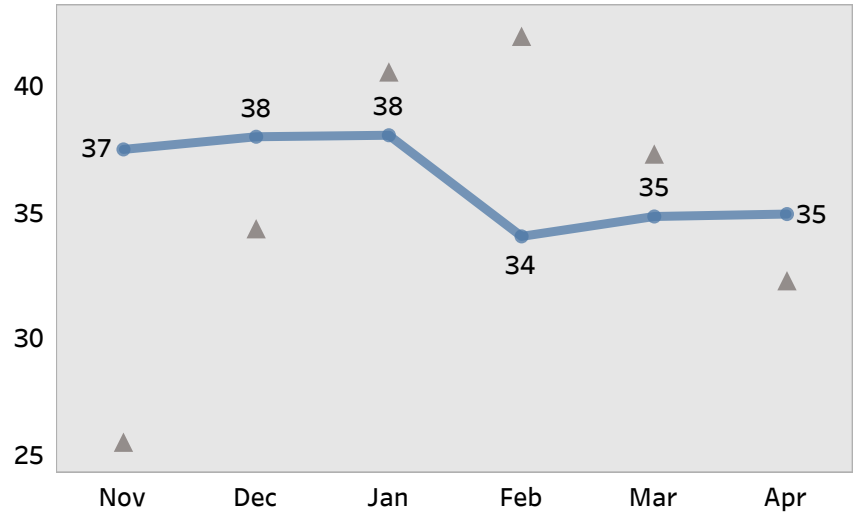
% of Closed PDR Cases that are Upheld **Nov-2024 to Apr-2025**



% Closed within 45 Business Days **Nov-2024 to Apr-2025**



Average Business Days to Process PDRs **Nov-2024 to Apr-2025**



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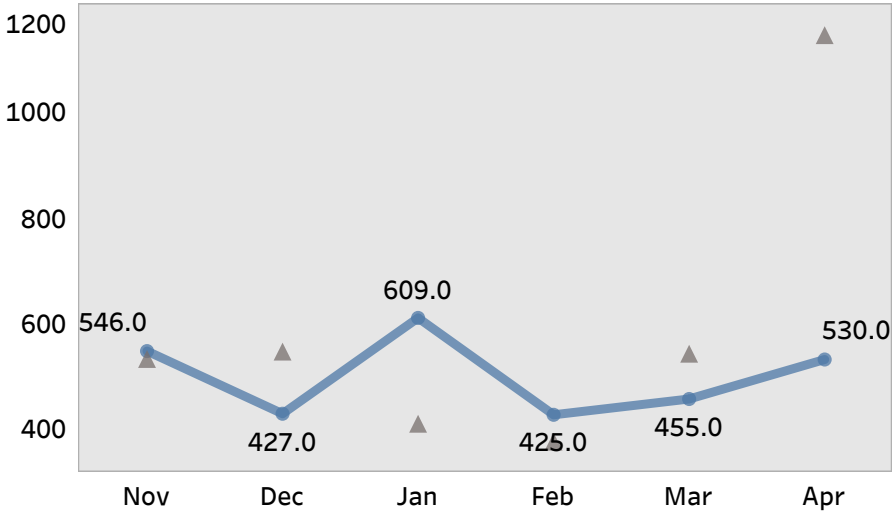
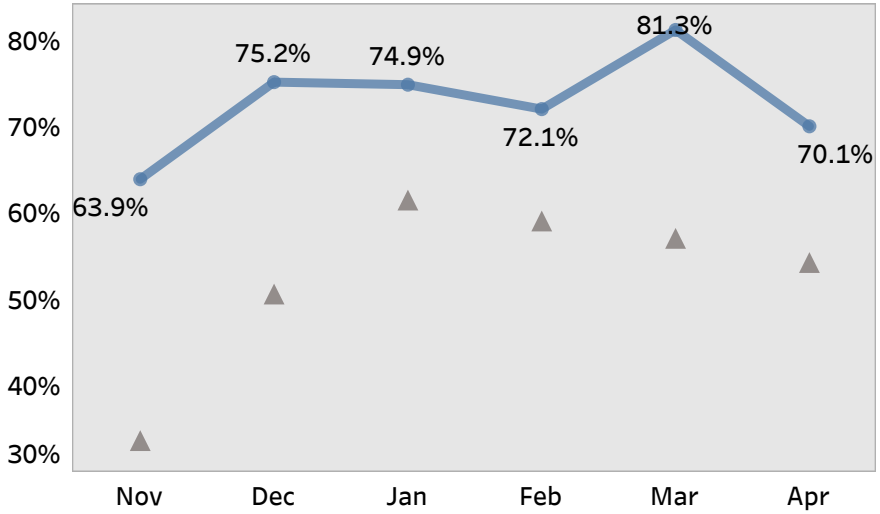
PDR Volume based on Month Received; All Other Charts based on Month Processed

PASC Provider Dispute Resolution Processing

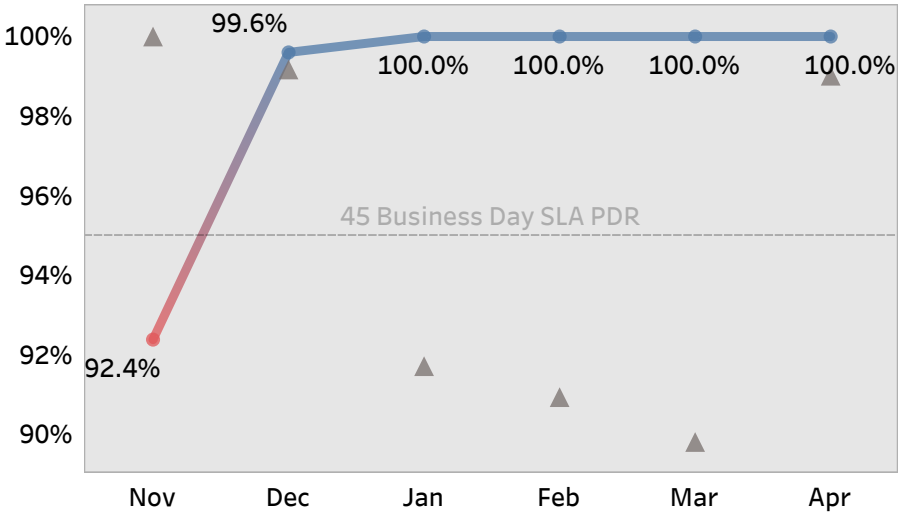
PDR Volume Received **Nov-2024 to Apr-2025**



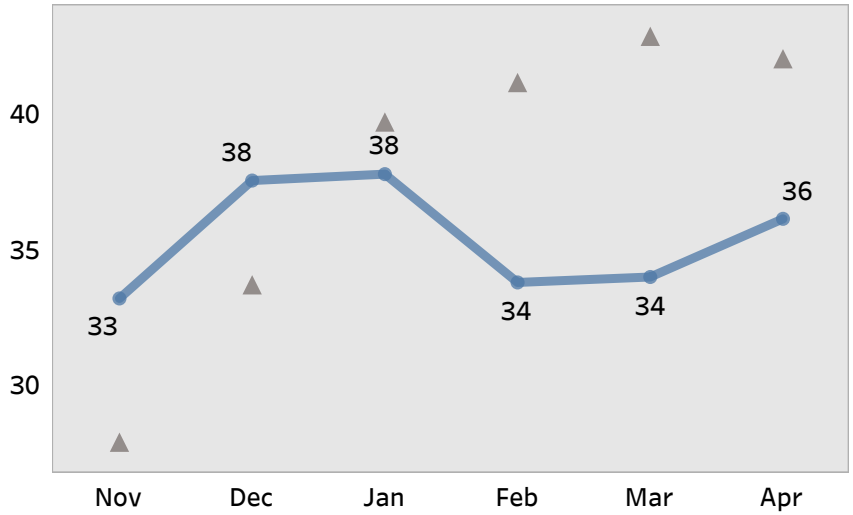
% of Closed PDR Cases that are Upheld **Nov-2024 to Apr-2025**



% Closed within 45 Business Days **Nov-2024 to Apr-2025**



Average Business Days to Process PDRs **Nov-2024 to Apr-2025**



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

PDR Volume based on Month Received; All Other Charts based on Month Processed

MOTION FOR CONSIDERATION

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *Department of Health Care Services (DHCS) Medi-Cal Contract Amendments (A06 and A07)*

Date: *05/29/2025*

Prepared By: *Nadia Grochowski, Associate Counsel III, Legal Services*

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1. Purpose of the Report

L.A. Care requests Board approval of Amendments A06 and A07 to the DHCS Medi-Cal Contract with L.A. Care

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2. Background / Context

- Amendment A06 includes revisions to various sections of the contract, including language related to Population Health Management Service, Community Supports, and Special Contract Provisions Related to Payment, among others.
- Amendment A07 consists of revisions to various sections of the contract, including language related to Medical Loss Ratio, Member Information related to Minor Consent, Network Adequacy Standards, and Children's Hospital Directed Program, among others

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3. Key Considerations / Analysis

- L.A. Care's internal business units reviewed the revisions in both A06 and A07 and indicated they have no concerns related to L.A. Care's ability to comply with the contract revisions.

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4. Recommended Action / Decision Requested

L.A. Care requests that the Board approve Amendments A06 and A07 and delegate authority to the CEO to negotiate and sign the Amendments.

Board Action Needed:
☐ For Information Only
☐ For Discussion
X For Approval / Decision (specify below)

Proposed Motion (if applicable):
Motion to approve Medi-Cal Contract Amendments A06 and A07 and delegate authority to the CEO to negotiate and sign the Amendments, as submitted.

5. Next Steps / Timeline

- Approve motion
- L.A. Care to submit signed Amendments A06 and A07 to DHCS on or before June 6, 2025

Attachments / Supporting Materials:
(1) L.A. Care Medi-Cal Primary Contract (23-30232) (2024-B) A06
(2) A06 2024-B Contract Revision Grid
(3) L.A. Care Medi-Cal Primary Contract (23-30232) (2024-C) A07
(4) A07 2024-C Significant Changes Table

L.A. Care HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 5, 2025 **Motion No. BOG 100.0625**

Committee: **Chairperson:** Ilan Shapiro, MD

Issue: Staff requests the Board to delegate authority to negotiate and execute the following amendments to the L.A. Care Medi-Cal Primary Contract (23-30232):

(1) A06: This Amendment (2024-B) consists of revisions to various provisions, including language related to Population Health Management Service, Community Supports, and Special Contract Provisions Related to Payment, among others (see A06 2024-B Contract Revision Grid).
(2) A07: This Amendment (2024-C) consists of revisions to various provisions, including language related to Medical Loss Ratio, Member Information related to Minor Consent, Network Adequacy Standards, and Children's Hospital Directed Program, among others (see A07 2024-C Significant Changes Table – note that revisions to Exhibit L are listed in the Table but are not applicable to L.A. Care and are not included in L.A. Care's version of A07)

(Due to the volume of the Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services Amendments A06 and A07 will be posted separately on L.A. Care website. A copy can also be obtained by contacting Board Services.)

The revisions have been reviewed by relevant business units to identify concerns and/or to approve; staff will follow up with the business units and Department of Healthcare Services (DHCS) regarding any concerns that have been identified. At this time, there are no concerns that would require delaying execution of the amendments; if needed, the Plan will execute subject to a reservation of rights.

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

Background:
The Plan received Amendment A06 from the Department of Health Care Services on April 22, 2025; the Plan received Amendment A07 on May 16, 2025. The due date for submission of both executed amendments to DHCS is June 6, 2025.

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

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

Motion: **To delegate authority to L.A. Care Chief Executive Officer, Martha Santana-Chin, to negotiate and execute Amendments A06 and A07 to the Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services.**

Amendment A07 (2024-C) Significant Changes Table

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
Exhibit A, Attachment I, Section 1.0	Definitions	**Add**: Definition for California Children Services Provider. The definition was removed from Exhibit L and placed in the main contract	Applicable to the CCS Program and is not dependent upon participation in the WCM Program	• Health Education • Utilization Management • Population	
Exhibit A, Attachment I, Section 1.0	Definitions	**Add**: Definition of CCS Liaison	To differentiate between CCS Liaison and CCS Care Manager, as clarification was needed.	• Health Education • Utilization Management •	
Exhibit A, Attachment I, Section 1.0	Definitions	**Add:** New aid code, E8. E8 is available for all Plans except for SCAN and AHF and is only available for SIS Members	Adding new aid code per policy change.	• Population Health Management	
Exhibit A, Attachment III, Subsection 1.2.5	Medical Loss Ratio	**Add:** Language addressing incentive and bonus payments to Network Providers that are tied to measurable clinical or quality improvement standards; provider payments made under State-directed payment arrangements per 42 CFR 438.6(c); activities conducted by contractors, subcontractors, and downstream subcontractors that meet the requirements of 45 CFR	Added language per regulatory changes in 42 CFR section 438.6(c), 45 CFR section 158.150(a), (b), and (c), 42 CFR section 438.6(c), and 45 CFR section 158.170(b)	• Provider Incentives • MPSS • Financial Compliance • PNM-CRM	

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
		158.150(a) and (b), excluding those under 158.150(c); contractor expenditures associated with State-directed payments under 42 CFR 438.6(c); and the methodology for allocating expenditures, including incurred claims, quality improvement costs, taxes, licensing fees, and other non-claims costs, in accordance with 45 CFR 158.170(b).			
Exhibit A, Attachment III, Subsection 2.3.2	Timelines for Medical Authorization	**Add**: Language regarding Physician Administered Drugs	To align with 42 USC section 1396r-8, 42 CFR sections 438.210 and 438.3, and W&I section 141.85.	• Utilization Management • Population Health Management	
Exhibit A, Attachment III, Subsection 4.3.24	Managed Care Liaisons	**Add**: Language regarding CCS Liaisons	Regulatory change to state differentiation between CCS Liaison and CCS Care Manager, per AB 118 and APL 23-029.	• Health Education • Quality Improvement • Utilization Management • Population Health Management • PNM-CRM	
Exhibit A, Attachment III, Subsection 5.1.3	Member Information	**Add**: Language on how to obtain Minor Consent Services through Contractor's Network, and explanation of those services, and how to obtain	To align with AB 665	• PHM • Utilization Management • Care Management	Care Management Approved – No concerns

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
		services from out-of-Network Providers without requiring Prior Authorization			
Exhibit A, Attachment III, Subsection 5.2.5	Network Adequacy Standards	**Add**: Language stating Contractors must ensure provider participation in DHCS surveys and network adequacy activities and document non-compliance with time/distance standards if not using an AAS request.	Adjusted to meet CSA recommendation	• PDM	
Exhibit A, Attachment III, Subsection 5.2.8	Specific Requirements for Access to Programs and Covered Services	**Remove**: Language that no longer aligned with AB 665 FC 6924 (b)	To align with AB 665 FC 6924 (b) and to ensure consistency with Exhibit A, Attachment I, Section 1.0 (*Definitions*)	• Utilization Management	
Exhibit A, Attachment III, Subsection 5.2.8	Specific Requirements for Access to Programs and Covered Services	**Add**: Language regarding Pregnancy-related, family planning, and sexual assault services for Members under age 12. Language stating that services for Members ages 12-21 Includes the above plus STD treatment, substance abuse care, mental health services, shelter, and intimate partner violence support.	To align with AB 665 FC 6924 (b) and to ensure consistency with Exhibit A, Attachment I, Section 1.0 (*Definitions*)	• Utilization Management • Behavior Health	BH: Concerns/Risk: "Shelter" is not included as part of the Minor Consent Service in the DHCS Contract 23-30232 A07 (document shared in the attached email). Therefore, this type of service is not included in the 2026 EOC. In fact, DHCS struck out this service from the EOC template

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
					prior to sending for the Plan to review. Approve: 1. substance abuse care 2. mental health services 3. Sexual assault services
Exhibit B, Subsection 1.1.14.B.16 & B.17 **(Note: there is no B.17; both B.15 and B.16 are new language)**	Special Contract Provisions Related to Payment	**Add:** Language explaining that the Children's Hospital Directed Program (CHDP) requires contractors to make uniform dollar increase payments to children's hospitals for each qualifying service, in accordance with DHCS guidance, including APL 21-018 and Welfare and Institutions Code Section 10727. Additionally, include language stating that the FQHC Alternative Payment Methodology (APM) mandates capitated payments to participating FQHCs for each assigned member, as outlined in Welfare and Institutions Code Section 14138 and the California Medicaid State Plan, as specified by DHCS.	Policy that implements a new directed payment for Children's hospitals and FQHCs for each facility participating.	• MPSS • Financial Compliance	

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
Exhibit L • *Kaiser GMC & COHS Contracts* ***Not applicable to L.A. Care***	Specialty Mental Health Services	**Add:** Effective 7/1/2024, Contractor will refer Members needing SMHS to the County MHP. Members currently receiving SMHS from Contractor can continue to receive SMHS from Contractor.	Kaiser's members requesting SMHS on or after 7/1/2024 will be served by the County Mental Health Plan. SMHS updates can be found in Exhibit L, Section 4.0 in Kaiser's COHS contract, and in Section 2.0 in their GMC contract.	• Behavioral Health • Care Management • Utilization Management	Not applicable
Exhibit L, Section 1.0 ***Not applicable to L.A. Care***	Definitions – California Children Services (CCS) Provider	**Remove:** Definition removed from Exhibit L and placed in main contract.	CCS provider is applicable to the CCS program and is not dependent upon participation in the WCM program.	• Health Education • Utilization Management	Not applicable
Exhibit L, Section 2.0 ***Not applicable to L.A. Care***	Operational Readiness Deliverables and Requirements, Exhibit L1	**Add:** Language outlining the transfer of case management responsibilities, member communications, and processes to ensure all Whole Child Model (WCM) members have a primary point of care and receive required pediatric risk assessments. It also includes procedures for completing Individual Care Plans (ICPs), verifying compliance of Fully Delegated Subcontractors, resolving disputes, and confirming collaboration with the county CCS Program	To align with the WCM Expansion 2025 work plan.	• Health Education • Utilization Management • Materials Review	Not applicable

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
Exhibit L, Section 2.0 ***Not applicable to L.A. Care***	Operational Readiness Deliverables and Requirements), Exhibit L 5 – L 27	**Revised:** Revisions were made to the deliverable list that includes modifications, additions, and removals for multiple deliverables.	Per Policy and APL 21-015, 23-022 and 23-034.	• Health Education • Regulatory Affairs • Materials Review	Not applicable
Exhibit L, Subsection 3.1.1 & 3.1.2 ***Not applicable to L.A. Care***	Whole Child Model Program Compliance & Annual Medical Eligibility Redeterminations	**Add:** APL 23-034 and legislation impacting program along with provisions requiring Contractors to abide by policies and procedures.	Policy and requirements found in APL 23-034, AB 118, CCR section 41515.1, and the WCM MOU.	• Health Education • Utilization Management	Not applicable
Exhibit L, Subsection 3.1.3 & Subsection 3.1.4 ***Not applicable to L.A. Care***	WCM Advisory Committees & CCS Provider Network	**Add:** W&I section 14094.17(a)(b) and APL 23-034.	Align with W&I Code section 14094.17(a)(b), APL 23-034, and APL 22-013, which replaced APL 19-004.	• Health Education • Utilization Management • PNM-CRM	Not applicable
Exhibit L, Subsection 3.1.7 ***Not applicable to L.A. Care***	Continuity of Care	**Add:** Language requiring the Contractor to maintain a continuity of care process for up to 12 months following a WCM Member's transition between CCS Providers. If no agreement is reached with the current Provider, the Contractor must offer the Member an alternative Network Provider.	APL 23-034, W&I Code section 14094.13(a)(2) and AB118.	• Utilization Management • QI • Population Health Management	Not applicable

Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change	Impacted BU	BU Comments and Approvals
Exhibit L, Subsection 3.1.9 ***Not applicable to L.A. Care***	Care Management and Coordination of Care	**Add:** Language requiring the Contractor to designate at least one CCS Case Manager, assess Member eligibility for CCM and ECM, continue services with a county CCS Program Public Health Nurse, and conduct Risk Stratification and Segmentation (RSS).	APL 23-034, W&I Code section 14094.13(e) and AB118.	• Care Management • Utilization Management • Population Health Management •	Not applicable

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
43	Dual Special Needs Plan	EXHIBIT A	ATTACHMENT I		Delete	Contractors located in counties that had previously participated in the Coordinated Care Initiative counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties) must have a Dual Special Needs Plan (D-SNP) available to dual eligible Members for contract year 2024 and 2025 and must have provide documentation of the Centers for Medicare & Medicaid approval of the D-SNP by December 2, 2023.	Medicare Product (Informational)	**Informational**
63	R.0195	EXHIBIT A	Attachment II	Artifact	Modify	Submit policies and procedures describing how Contractor will ensure the following with regards to the Community Advisory Committee (CAC): 1) How Contractor will ensure a diverse membership on the CAC that is reflective of Contractor's Service Area and includes adolescents and/or parents/caregivers of Members less than 21 years of age; 2) How Contractor will support Member participation in the CAC; 3) How Contractor will ensure the CAC will be involved in appropriate policies and decision-making; 4) How Contractor will actively facilitate communication and connection between the CAC and Contractor leadership.; and ~~**5) How Contractor will ensure that one Member of the CAC participates in the DHCS Statewide CAC and how Contractor will support Member's attendance and participation in that Committee.**~~	Community Outreach and Engagement	**CO&E Approved – No Concerns**
67	R.0225	EXHIBIT A	Attachment II	Artifact	Modify	Submit executed MOUs, or documentation substantiating Contractor's efforts to negotiate MOUs to coordinate programs and services for Members with LGAs, third-party entities, and county programs in Contractor's Service Area, even if Contractor is coordinating care and not financially responsible, to ensure Care Coordination, data sharing, and non-duplicative services for Members, including at a minimum: 1) LEAs for IEPs or IFSPs; 2) California Department of Corrections and Rehabilitation, County Jails, and youth correctional facilities, as applicable 3) Third-party entities in each county within Contractor's Service Area, at a minimum: a) HCBS program agencies; b) Continuums of Care; c) First 5 county commissions programs; ~~d) Area Agencies on Aging (AAA); and~~	PNM-CRM	**PNM Approved, but called out one concern:** *Per Revised APL 23-029 issued on 1/8/2025, DHCS has removed 3a and 3b from these MOU types.*
111	1.3.6 Treatment of Overpayment Recoveries	EXHIBIT A	ATTACHMENT III	A. Retention, Reporting, and Payment of Recoveries	Modify	Contractor must split equally overpayment recoveries of $25 million or more with DHCS. Contractor must report an overpayment of $25 million or more to DHCS through their assigned ~~**Managed Care Operations Division (MCOD) Contract Manager (CM) Within**~~ within 60 calendar days of the date that the overpayment. In addition, Contractor must comply with this Contract, and all applicable State and federal law regarding overpayment recoveries, including 42 CFR sections 438.608(a)(2) and (d).	SIU	**Removed Financial Compliance** *(not in scope)* **SIU Approved – No Concerns**
130	2.2 Quality Improvement and Health Equity Transformation Program	EXHIBIT A	ATTACHMENT III	2.2.3 Quality Improvement and Health Equity Committee	Add	A. Contractor must implement and maintain a Quality Improvement and Health Equity Committee (QIHEC) designated and overseen by its Governing Board. Contractor's medical director or the medical director's designee must head QIHEC in collaboration with Contractor's Chief Health Equity Officer. Contractor must ensure that a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, Network Providers, and Members, actively participate in the QIHEC or in any sub-committee that reports to the QIHEC. The Subcontractors, Downstream Subcontractors, and Network Providers that are part of QIHEC must be representative of the composition of Contractor's Network and include, at a minimum, Network Providers who provide health care services to Members affected by Health Disparities, Limited English Proficiency (LEP) Members, Children ***and Youth*** with Special Health Care Needs (C***Y***SHCN), Seniors and Persons with Disabilities (SPDs), and persons with chronic conditions.	Health Equity QI	**QI Approved – No Concerns** **HE Approved – No Concerns**
131	2.2 Quality Improvement and Health Equity Transformation Program	EXHIBIT A	ATTACHMENT III	2.2.3 Quality Improvement and Health Equity Committee	Modify	C. Contractor must ensure that the QIHEC meets at least quarterly, and more frequently if needed. A written summary of QIHEC activities, as well as QIHEC activities of its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, findings, recommendations, and actions must be prepared after each meeting and submitted to Contractor's Governing Board. Contractor must also submit the written summary to DHCS ~~**upon request**~~ ***quarterly.***	Health Equity QI	**QI Approved – No Concerns** **HE Approved – No Concerns**
143	2.2.10 Quality Care for Children	EXHIBIT A	ATTACHMENT III	A. Scope of Services	Add	2) Contractor must actively promote Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings and American Academy of Pediatrics (AAP) Bright Futures preventive services to Members and their families. ***Per APL 23-005, on an annual basis by January 1 of each year, Contractor must mail or share electronically, DHCS Medi-Cal for Kids and Teens Materials for existing Members under the age of 21. For new Members, Contractor is required to mail or share electronically, DHCS Medi-Cal for Kids and Teens Materials within seven calendar days of the enrollment.*** Additionally, Contractor must ensure Network Providers receive standardized training on EPSDT utilizing the developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit;	Medi-Cal Product Materials Review-Compliance- Provider Training	**Removed QI** **Material Review: Approved – No Concerns**
146	2.2.10 Quality Care for Children	EXHIBIT A	ATTACHMENT III	F. Mental Health and Substance Use Disorder Services	Modify	Contractor must collaborate with **DHCS** ~~Department~~ in its effort to implement the California Children and Youth Behavioral Health Initiative	BH	**BH Approved – No Concerns**
161	3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements	EXHIBIT A	ATTACHMENT III	B. Submission and Approval of Subcontractor Agreements and Downstream Subcontractor Agreements Templates	Delete	2) Within 60 calendar days of receipt, DHCS will make all reasonable efforts to approve in writing the use of Subcontractor Agreement and Downstream Subcontractor Agreement templates ~~**and/or actual proposed Subcontractor Agreements and Downstream Subcontractor Agreements**~~ submitted by Contractor. DHCS will provide Contractor with a written explanation indicating whether the template ~~**and/or actual proposed Subcontractor Agreement or Downstream Subcontractor Agreement**~~ is approved, disapproved, or an estimated date for completion of DHCS review. If DHCS does not complete its review of the submitted material within 60 calendar days of receipt, or by DHCS estimated date of completion, whichever is later, Contractor may elect to implement or use the template ~~**and/or actual proposed Subcontractor Agreement or Downstream Subcontractor Agreement**~~ at Contractor's sole risk and subject to possible subsequent disapproval by DHCS.	PNM-CRM Regulatory Affairs	**PNM Approved – No Concerns** **Regulatory Affairs Approved – No Concerns**

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
173	3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties	EXHIBIT A	ATTACHMENT III	3.1.8 Network Provider Agreements with Safety-Net Providers	Modify	***A. Except as provided in subdivisions (1), (2), or (3)***, Contractor ~~**shall**~~ ***must*** offer a ***Network Provider Agreement to, and maintain a Network Provider Agreement with, any Safety-Net Provider physically located and operating within Contractor's contracted geographic service areas*** ~~**for Medi-Cal members**~~ ***if the*** ~~***Network Provider Agreement to any***~~ Safety-Net Provider ~~***that***~~ agrees to provide its ***applicable*** scope of services ***under*** ~~***in accord with***~~ the same terms and conditions that Contractor requires of other similar Providers. ***1) If a Safety-Net Provider is no longer willing to accept a Network Provider Agreement on the same terms and conditions required of other similar Providers, and Contractor elects to terminate or not renew the Network Provider Agreement as a result, Contractor must notify DHCS of its intent to terminate or not renew that Network Provider Agreement with the applicable Safety-Net Provider at least 60 calendar days prior to the effective date of the intended Network Provider Agreement termination or non-renewal.*** ***2) If Contractor determines that the Safety-Net Provider has engaged in Fraud, Waste, or Abuse of the Medi-Cal program; that there are quality of care concerns relating to the Safety-Net Provider's services; or that the Safety-Net Provider has materially breached its Network Provider Agreement, and Contractor elects to terminate or not renew the Network Provider Agreement as a result, Contractor must notify DHCS of its intent to terminate or not renew that Network Provider Agreement with the applicable Safety-Net Provider at least 60 calendar days prior to the effective date of the intended Network Provider Agreement termination or non-renewal.*** ~~*B.*~~ ***3).*** ~~*Contractor must notify DHCS of intent to terminate a Network Provider Agreement with a Safety-Net Provider at least 60 calendar days prior to the effective date of termination unless such Provider's license has been revoked or suspended or where thehealth and welfare of a Member is threatened, in which event termination will be effective immediately, without DHCS priorapproval, and Contractor must notify DHCS concurrently with the termination*~~ . ***If DHCS or Contractor determines that the health or welfare of a Medi-Cal Member is threatened by the Provider, Contractor may terminate or not renew the Network Provider Agreementwith the applicable Safety-Net Provider immediately, but Contractor must notify DHCS and the Safety-Net Provider of the termination or non-renewal concurrently.*** ***4) If the license of the Safety-Net Provider is revoked or suspended, Contractor must terminate the Network Provider Agreement with the applicable Safety-Net Provider immediately upon discovery of such revocation or suspension, but Contractor must notify DHCS and the Safety-Net Provider of the termination concurrently.***	PNM-CRM Credentialing Safety Net	**PNM Approved – No Concerns** **Credentialing Approved – No Concerns**
181	3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties	EXHIBIT A	ATTACHMENT III	3.2.5 Network Provider Training	Add	E. Contractor must ensure that Network Provider biennial mandatory training includes information on all Member rights specified in Exhibit A, Attachment III, Section 5.1 (Member Services), and diversity, equity and inclusion training (sensitivity, diversity, communication skills, and cultural competency/humility training) as specified in Exhibit A, Attachment III, Subsection 5.2.11.C. (Cultural and Linguistic Programs and Committees). This process must also include an educational program for Network Providers regarding health needs to include but not be limited to, the Seniors and Persons with Disabilities (SPD) population, Members with chronic conditions, Members with Specialty Mental Health Service (SMHS) needs, Members with Substance Use Disorder (SUD) needsMembers with intellectual and Developmental Disabilities (DDs), and Children ***and Youth*** with Special Health Care Needs (CYSHCN). Trainings must include Social Drivers of Health (SDOH) and disparity impacts on Members' health care. Attendance records must be reviewed and maintained by Contractor's Health Equity officer.	Provider Training	**Provider Training Approved, but called out one concern: .** *While are compliant for the delegated network, we are only partially compliant for direct network. L.A. Care facilitates the Instructor-led EPSDT Training several times per year and invite ALL Network Providers to attend, but not all providers in the Direct Network attend. Therefore, we do not have attestations for "EVERY NETWORK PROVIDER". The process will be adjusted by the beginning of the fiscal year.*
213	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.4 Medi-Cal Connect (DHCS' PHM Service) Population Health Management Service	Modify	~~**Population Health Management Service**~~ changed to ***Medi-Cal Connect (DHCS' PHM Service)***	QI-PHM	**PHM Approved – No Concerns**
214	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.2 Population Needs Assessment	Add	A. Contractor must conduct a ***Population Needs Assessment (PNA)*** by participating in the CHA/CHIP processes led by Local Health Departments (LHDs) in the Service Area county(ies) where Contractor operates, as defined further in APL 23-021 and the PHM Policy Guide.	QI-PHM	**PHM Approved – No Concerns**
215	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.2 Population Needs Assessment		C. Contractor must submit an annual PHM Strategy that demonstrates that Contractor is responding to community needs and provides PHM updates as specified and, in the format prescribed by ***DHCS*** ~~***Department.***~~	QI-PHM	**PHM Approved – No Concerns**
228	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.9 Other Population Health Requirements for Children	Add	B. Children ***and Youth*** with Special Health Care Needs Contractor must develop and implement policies and procedures to provide services for CYSHCN. Contractor must ensure that the policies and procedures include the following information, at a minimum, to encourage CYSHCN Member participation: 1) Methods for ensuring and monitoring timely access to pediatric Specialists, sub-Specialists, ancillary therapists, transportation, and Durable Medical Equipment (DME) and supplies. These may include assignment to a Specialist as PCP, Standing Referrals, or other methods. 2) Methods for monitoring and improving the quality, Health Equity and appropriateness of care for CYSHCN. 3) Methods for ensuring Care Coordination with Department of Developmental Services (DDS), local health departments and local California Children's Services (CCS) Programs, as appropriate and as required under any applicable MOUs between Contractor and local health departments and DDS for the CCS Program.	QI-PHM	**PHM Approved – No Concerns**
239	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.14 California Children's Services	Add	A. Notwithstanding any other provisions in W&I section 14094.4 et seq. for Contractors operating in COHS counties, Contractor must maintain policies and procedures to identify and refer Members with ***a potential*** California Children's Services (CCS)-Eligible Conditions to the local CCS Program for determination of CCS eligibility. These policies and procedures must include the following, at a minimum: 1) The requirement that Network Providers complete the appropriate baseline health assessments and diagnostic evaluations, whichprovide sufficient clinical detail to establish, or raise a reasonable suspicion, that a Member has a ***potential*** CCS-Eligible Condition;	UM	**UM Approved – No Concerns**
241	4.3 Population Health Management and Coordination of Care	EXHIBIT A	ATTACHMENT III	4.3.14 California Children's Services	Add	C. Contractor must maintain policies and procedures for identifying CCS- eligible Members that are aging out of the CCS Program. Within 12 months of a CCS Member aging out of the program, Contractor must develop a Care Coordination plan to assist the Member in transitioning out of the CCS Program. The policies and procedures must include, the following, at a minimum: 1) Identifying the Member's CCS-Eligible Condition; ~~***Identify***~~ ***and any*** other programs the Member may be eligible for based upon their CCS eligible condition; 2) Planning for the needs of the Member to transition from the CCS Program; 3) A communication plan with the Member in advance of the transition,; 4) Identification and coordination of Primary Care and specialty care Providers appropriate to the Member's CCS-Eligible Condition(s); and 5) Continued assessment of the Member through first 12 months of the transition	UM CM	**UM Approved – No Concerns** **CM Approved – No Concerns**

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
275	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5 Community Supports	Add	***For the purposes of this Section 4.5 (Community Supports), "California Medicaid State Plan Covered Service or Setting" means any health service or care environment approved and funded under the California Medicaid State Plan, such as inpatient services, nursing facilities, or home health care.***	**Community Health / Community Supports**	**Community Health / Community Supports – Pending**
276	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.1 Contractor's Responsibility for Administration of Community Supports	Add	B. In accordance with 42 Code of Federal Regulations (CFR) section 438.3(e)(2), ***and the Member rights and protections defined within*** , all applicable All Plan Letters (APLs), and the Community Supports Policy Guide, Contractor may select and offer Community Supports from the list of Community Supports pre-approved by DHCS as medically appropriate and cost-effective substitutes for Covered Services or settings under the California Medicaid State Plan. See Exhibit A, Attachment III, Subsection 4.5.2 (DHCS Pre-Approved Community Supports) below for the list.	**Community Health / Community Supports**	**Community Health / Community Supports – Pending**
276	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.1 Contractor's Responsibility for Administration of Community Supports	Modify	C. With respect to pre-approved Community Supports, Contractor must adhere to DHCS guidance on service definitions, eligible populations, code sets, potential Community Supports Providers, and parameters for each Community Support that Contractor chooses to provide, as referenced in APL 21-017 and the Community Supports Policy Guide. 1) Contractor is not permitted to extend Community Supports to Members beyond those for whom DHCS has determined the Community Supports will be cost-effective and medically appropriate, ***~~as indicated in the DHCS guidance on eligible populations incorporated in the Community Supports Policy Guide.~~*** 2) **Contractor may not adopt a more narrowly defined eligible population for Community Supports than outlined*** ***~~in the Community Supports Policy Guide~~***. ***Exhibit A, Attachment III, Subsection 4.5.2 (DHCS Pre-Approved Community Supports). That Subsection details (i) the name and definition of each Community Support; (ii) the Covered Services or settings under the California Medicaid State Plan that each Community Support may replace; (iii) the target populations for each Community Support (iv) Member rights and protections; and (v) the requirement to use State-designated codes in Encounter Data for each***	**Community Health / Community Supports**	**Community Health / Community Supports – Pending**
276	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.1 Contractor's Responsibility for Administration of Community Supports	Modify	E. Contractor must identify Members ***~~who may benefit from Community Supports and~~*** for whom Community Supports will be a medically appropriate ***alternative to*** and ***~~cost-effective substitute for~~*** Covered Services, and accept requests for Community Supports from Members and Members' Providers and organizations that serve them, including community-based organizations as described in Exhibit A, Attachment III, Subsection 4.5.6 (Identifying Members for Community Supports).	**Community Health / Community Supports**	**Community Health / Community Supports – Pending**
277-300	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.2 DHCS Pre-Approved Community Supports	Add	***A.Contractor may choose to offer Members one or more of the following pre-approved Community Supports, and any subsequent Community Supports additions pre-approved by DHCS, in each county.*** 1)Housing transition navigation services; ***a.Housing transition navigation services assist Members with obtaining housing through supports such as a housing assessment, individualized planning, application assistance, and landlord engagement.*** ***b. Members must meet at least one of the following sets of eligibility criteria (i, ii, or iii):*** ***i. Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless coordinated entry system or similar system designed to use information to identify highly vulnerable individuals who meet at least one of the following sets of criteria (a, b, c, d, or e):*** ***a. Have disabilities;*** ***b. Have one or more serious chronic conditions;*** ***c. Have a Serious Mental Illness (SMI);*** ***d. Are at risk of institutionalization or requiring residential services because of a Substance Use Disorder (SUD); or*** ***e. Are exiting incarceration.*** ***ii. Members who meet the United States Department of Housing and Urban Development (HUD) definition of "homeless" as defined in 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and who meet at least one of the following sets of criteria (a, b, c, or d):*** ***a. Are receiving Enhanced Care Management (ECM);*** ***b. Have one or more serious chronic conditions;*** ***c. Have a SMI; or*** ***d. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, Institutions for Mental Diseases (IMD), and state hospitals.*** ***iii. Members who meet the HUD definition of "at risk of homelessness" as defined in 24 CFR section 91.5 and have significant barriers to housing stability and meet at least one of the following sets of criteria (a, b, c, d, e, or f):***	**Community Health/ Community Supports** **Social Services** **HE (MTM)**	**Community Health / Community Supports – Pending** **Social Services – Pending** **HE (MTM) Approved - No Concerns**
304	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.7 Authorizing Members for Community Supports and Communication of Authorization Status	Delete	C. ***~~For Members with an assessed risk of incurring other California Medicaid State Plan services, such as inpatient hospitalizations, Skilled Nursing Facility (SNF) stays, or emergency department visits, Contractor must develop policies and procedures to ensure appropriate clinical support authorization of Community Supports for Members.~~*** Contractor's policies and procedures must include detailed documentation that a Network Provider, ***or Contractor's staff Provider*** using their professional judgement has determined it to be medically appropriate for the Member to receive Community Supports as it is likely to reduce or prevent the need for acute care or other California Medicaid State Plan services in accordance with APLs and to be defined in forthcoming guidance.	**Community Health / Community Supports** Claims **Configuration** **Encounters**	**Community Health / Community Supports – Pending** **Claims Approved – No Concerns** **Configuration – Pending** **Encounters – Pending**
305	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.12 Payment of Community Supports Providers	Delete	G. Members always retain the right to file Appeals and/or Grievances if they request one or more Community Supports offered by Contractor but were not authorized to receive the requested Community Supports ***~~because of a determination that it was not medically appropriate or cost-effective.~~***	**Community Health / Community Supports** Claims **Configuration** **Encounters**	**Community Health / Community Supports – Pending** **Claims Approved – No Concerns** **Configuration – Pending** **Encounters – Pending**
309	4.5 Community Supports	EXHIBIT A	ATTACHMENT III	4.5.12 Payment of Community Supports Providers	Modify	D.Contractor must ensure Community Supports Providers submit a claim for rendered Community Supports, to the greatest extent possible. 1)If a Community Supports Provider is unable to submit a claim for Community Supports rendered, Contractor must ensure the Community Supports Provider apply the DHCS approved billing and guidance to submit invoices, ***located at https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Billing-and-Invoicing-Guidance.pdf.*** 2)Upon receipt of such an invoice, Contractor must document the Encounter for the Community Supports rendered.using the standard HCPCS code(s) and associated modifier(s) set by the State, ***located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf***	**Community Health / Community Supports** Claims **Configuration** **Encounters**	**Community Health / Community Supports – Pending** **Claims Approved – No Concerns** **Configuration – Pending** **Encounters – Pending**
328	4.6 Member Grievance and Appeal System	EXHIBIT A	ATTACHMENT III	4.6.9 Grievance and Appeal Reporting and Data	Add	A. Contractor must submit to DHCS a monthly Grievance and Appeal report log to DHCS upon request for Medi-Cal Members only in the form that is required by and submitted to Department of Managed Health Care (DMHC), as set forth in 28 CCR section 1300.68(f), with additional information required by DHCS per 42 CFR section 438.416 and 22 CCR section 53858(e). B. ***Contractor must submit Grievance and Appeal data to DHCS monthly as specified in Exhibit A, Attachment III, Section 2.1.5 (Program Data Reporting) and APL 20-017.***	CSC-A&G	**CSC-A&G Approved – No Concerns**

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
332	5.1 Member Cost-Sharing Protections	EXHIBIT A	ATTACHMENT III	B. Member's Right to Confidentiality	Modify	Contractor must have policies and procedures in place to ensure Members' rights to confidentiality of PHI and Personal Information (PI) in accordance with 45 CFR parts 160 and 164, and in accordance with Civil Code section 1798 et seq. 1) Contractor must ensure that all Subcontractors, Downstream Subcontractors, and Network Providers have policies and procedures in place to guard against unlawful disclosure of PHI, PI, and any other Confidential Information to any unauthorized persons or entities. 2) Contractor must inform and advise Members on the right to confidentiality of their PHI and PI. Contractor must obtain the Member's prior written authorization to release Confidential Information, unless such prior written authorization is not required by ***22 California Code of Regulations (CCR) section 51008, State and federal law***	Privacy	Privacy Approved – No Concerns
336	5.1 Member Cost-Sharing Protections	EXHIBIT A	ATTACHMENT III	E. Member Cost-Sharing Protections	Add	E. ***Member Cost-Sharing Protections*** ***1) Pursuant to The Social Security Act section 1932(b)(6) and 42 USC section 1396u-2(b)(6), Contractor and all of its Subcontractors must not hold a Member liable for any of the following:*** ***a) Debts of Contractor in the event of Contractor's insolvency;*** ***b) Payment for Covered Services provided by Contractor if Contractor has not received payment from DHCS, or if a Provider, under an agreement or other arrangement with Contractor, fails to receive payment from either DHCS or Contractor; or*** ***c) When payments to a Provider that furnishes Covered Services under an agreement or other arrangement with Contractor are in excess of the amount that normally would be paid by the Member if the service had been received directly from the Contractor.*** ***2) Contractor, including its Network Providers and Subcontractors, must not bill a Member for any Covered Services provided under this Contract. Contractor must assure that all Network Provider Agreements include requirements whereby the Member must be held harmless for charges for any Covered Services.*** ***3) Contractor and its Network Providers are prohibited from imposing on Members cost-sharing requirements. Contractor's Subcontractor Agreements and Network Provider Agreements must specify that a Provider agrees to accept Contractor's reimbursement as payment in full for services rendered to Members.***	**Payment Integrity** Financial Compliance PNM-CRM Delegation Oversight Monitoring (Informational)	**Payment Integrity – Pending** **FC Approved – No Concerns** **PNM Approved – No Concerns**
381	5.2 Network and Access to Care 5.2.11 Cultural and Linguistic Programs and Committees	EXHIBIT A	ATTACHMENT III	4) Duties of the CAC	Modify	d) ***Contractor must engage their CAC as a part of their participation in LHJs' CHA/CHIP process, as defined further in the PHM Policy Guide.*** ~~***The CAC must review PNA findings and have a process to discuss improvement opportunities with an emphasis on Health Equity and Social Drivers of Health. Contractor must allow its CAC to provide input on selecting targeted health education, cultural and linguistic, and QI strategies;***~~	QI - PHM Community Outreach and Engagement	**PHM Approved – No Concerns** **CO&E Approved – No Concerns**
385	5.2.13 Network Reports	EXHIBIT A	ATTACHMENT III	A. Network Certification Report	Add	4) Contractor must submit Network certification in accordance with the requirements placed upon DHCS pursuant to 42 CFR section 438.66(e). Contractor must submit its Network certification report as outlined in APL 23-001. ***As part of the Network certification report, Contractor must provide documentation demonstrating efforts to recruit new Providers to areas that do not meet time or distance standards without the use of an AAS request.***	PNM-CRM Regulatory Reporting	**PNM Approved – No Concerns** **Regulatory Reporting Approved – No Concerns**
413	5.3.7 Services for All Members	EXHIBIT A	ATTACHMENT III	I. Transportation	Add	2) Contractor must cover NEMT services necessary for Members to access Covered Services, subject to a prescription and Prior Authorization when required, in accordance with 22 CCR section 51323. a) Contractor must require Members to have an approved Physician Certification Statement (PCS) form prescribing NEMT by their provider, ***as described in APL 22-008,*** before Prior Authorization can be granted for NEMT services, ***except as provided in 22 CCR section 51323 (b)(2)(A).(C).*** For Covered Services requiring recurring appointments, Contractor must provide authorization for NEMT for the duration of the recurring appointments, not to exceed 12 months, and ensure the Member has a standing order guaranteeing assigned rides for the duration of the recurring appointments. Contractor cannot modify the form once the provider prescribes the mode of NEMT	PNM-CRM (Call the Car) UM Claims	**PNM Approved – No Concerns** **UM Approved – No Concerns** **Claims Approved – No Concerns**
414	5.3.7 Services for All Members	EXHIBIT A	ATTACHMENT III	I. Transportation	Add	3) As provided for in W&I section 14132(ad), Contractor must authorize all NMT for Members to obtain Covered Services in accordance with the requirements and guidelines set forth in APL 22-008. Nothing in this provision will be construed to prohibitContractor from developing policies and procedures that may include reasonable ~~***Prior Authorization requirements***~~ ***Utilization Management procedures*** for NMT. Contractor must also provide NMT for all Medi-Cal services not covered under this Contract. These services include, but are not limited to, Specialty Mental Health Service (SMHS), SUD services, dental, pharmacy, pharmaceutical services, and any other benefits delivered through Medi-Cal FFS	PNM-CRM (Call the Car) UM	**PNM Approved – No Concerns** **UM Approved – No Concerns**
433	5.4 Community Based Adult Services	EXHIBIT A	ATTACHMENT III	5.4.2 Coordination of Care	Modify	C. Contractor must conduct the initial assessment and subsequent reassessments for Members requesting CBAS in accordance with the CalAIM STCs, Sections VIII.A.19.e and 23.b. In addition, Contractor must: 1) Within 30 calendar days from the initial eligibility inquiry request, Contractor must conduct the CBAS eligibility determination using aDHCS-approved assessment tool. CBAS eligibility determinations must include a face-to-face review with the Member by a Registered Nurse with level of care determination experience for Members who have not previously received CBAS through Contractor's Medi-Cal Managed Care Health Plan. Contractor may forgo a face-to-face review if Contractor determined t***hat the Member is clinically eligible for CBAS and needs an expedited start date*** . ~~***Contractor must not deny, defer, or reduce a requested level of CBAS for a Member without a face-to-face review;***~~	**Community Health / Community Supports** MLTSS	**Community Health / Community Supports – Pending** **MLTSS Approved – No Comments**
452	5.6 MOUs with Local Government Agencies, County Programs, and Third Parties	EXHIBIT A	ATTACHMENT III	5.6.1 MOU Purpose	Modify	H. Contractor must execute MOUs to coordinate programs and services for Members with the following third-party entities in each county within Contractor's Service Area, at a minimum: 1) Home and Community-Based Services (HCBS) program agencies; 2) Continuum of care programs; 3) ~~***First 5 programs***~~ ***county commissions;*** ~~***4) Area Agencies on Aging (AAA); and***~~ ~~***5) Caregiver Resource Center (CRC)***~~	PNM-CRM	**PNM Approved – No Concerns**
452	5.6 MOUs with Local Government Agencies, County Programs, and Third Parties	EXHIBIT A	ATTACHMENT III	5.6.2 MOU Requirements	Add	A. MOUs must contain all the following components, at a minimum: 1) Identification of services that are the responsibilities of each party under the MOU and the populations that are to be served; 2) Identification of the oversight responsibilities of each party, including the designation of a ***responsible person and*** liaison by each party, and notification to the other party of changes to the ***responsible person*** and liaison;	PNM -CRM	**PNM Approved, but called out one concern:** *Per Revised APL 23-029 issued on 1/8/2025, DHCS has removed some MOU types.*
456	5.6 MOUs with Local Government Agencies, County Programs, and Third Parties	EXHIBIT A	ATTACHMENT III	5.6.3 MOU Oversight and Compliance	Add	3) Designate a contact person to be responsible for the oversight and supervision of the terms of any MOUs and notify DHCS within five Working Days of any change in the designated MOUs' ***to Contractor's liaison; or responsible person as listed in the MOU;***	PNM -CRM	**PNM Approved – No Concerns**
471	1.1 PLAN ORGANIZATION AND ADMINISTRATION	EXHIBIT A	ATTACHMENT III	D.0002	Add	Frequency: ***Within ten calendar days*** Within 20 calendar days Contractor must post Medical director contact information on their provider portal website.	**Health Services** PNM-CRM (Provider Portal) IT	**Health Services – Pending** **PNM Approved – No Concerns** **IT Approved – No Concerns**
478	2.2 QUALITY IMPROVEMENT AND HEALTH EQUITY TRANSFORMATION PROGRAM	EXHIBIT A	ATTACHMENT III	D.0141	Add	NEW DELIVERABLE: EPSDT/AAP Bright Futures annual attestation for mailing/electronically sharing of DHCS supplied Medi-Cal for Kids and Teens Materials	Provider Training Material Review Medi-Cal Product (Informational) QI (Informational)	**Provider Training Approved – No Concerns** *(will begin implementation)* **Material Review Approved – No Concerns**

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
479	3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES	EXHIBIT A	ATTACHMENT III	3.1.2.A.1 Network Provider Agreement Template	Add	***D.0132 Network Provider Agreement Template*** ***When updated or when a new provider type***	PNM-CRM	**PNM Approved – No Concerns**
479	3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES	EXHIBIT A	ATTACHMENT III	Subcontractor Agreement Template 3.1.2.B.1.a	Add	***D.0133 Subcontractor Agreement Template*** ***When updated or when a new provider type***	PNM-CRM	**PNM Approved – No Concerns**
479	3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES	EXHIBIT A	ATTACHMENT III	Updates to Fully Delegated Subcontractor Agreements Template with Fully Delegated Downstream Subcontractors 3.1.2.B.1.a	Add	***D.0134 Updates to Fully Delegated Subcontractor Agreements Template with Fully Delegated Downstream Subcontractor*** ***As needed when updated***	PNM-CRM Delegation Oversight (Informational)	**Removed Material Review** **PNM Approved – No Concerns**
480	3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES	EXHIBIT A	ATTACHMENT III	Updates to Fully Delegated Executed Subcontractor Agreements with Fully Delegated Downstream Subcontractors 3.1.2.B.1.b	Add	***D.0135 Updates to Fully Delegated Executed Subcontractor Agreements with Fully Delegated Downstream Subcontractors*** ***As needed when updated***	PNM-CRM Delegation Oversight (Informational)	**Removed Material Review** **PNM Approved – No Concerns**
487	4.6 MEMBER GRIEVANCE AND APPEAL SYSTEM	EXHIBIT A	ATTACHMENT III	Discrimination Grievance Information 4.6.3.C	Add	D.0052 Discrimination Grievance Information Within ten calendar days of mailing a Discrimination Grievance resolution letter. ***Contractor must also submit annual attestation 2nd Friday of December indicating MCP submitted appropriate grievance information to OCR within10 calendar days of mailing Discrimination Grievance resolution letter.***	**CSC** A&G Regulatory Affairs	**CSC A&G Approved – No Concerns** **Regulatory Affairs Approved – No Concerns**
511	1.1 Budget Detail and Payment Provisions	Exhibit B		1.1.14 Special Contract Provisions Related to Payment	Modify	B. Contractor must reimburse Providers pursuant to the terms of each applicable Directed Payment Initiative ~~**established in accordance with 42 CFR section 438.6(c),**~~ in a form and manner specified by DHCS through APLs or other technical guidance. For applicable Rating Periods, DHCS will make the terms of each Directed Payment Initiative, including the Directed Payment Initiative preprint as applicable, available on the DHCS website at https://www.dhcs.ca.gov. Directed Payment Initiatives are subject to change ~~**in accordance with the requirements of 42 CFR section 438.6(c), and currently include:**~~	PNM-CRM **Payment Integrity** Financial Compliance	**PNM Approved – No Concerns** **Payment Integroty – Pending** **FC Approved – No Concerns**
512	1.1 Budget Detail and Payment Provisions	Exhibit B		1.1.14 Special Contract Provisions Related to Payment	Delete	~~**7) Proposition 56 Directed Payments for Physician Services, which requires Contractor to make uniform dollar increase payments to eligible Network Providers for every adjudicated claim for specified physician services in accordance with DHCS guidance, including but not limited to APL 23-019 and the Directed Payment Initiative preprint.**~~	Financial Compliance	**FC Approved – No Concerns**
512	1.1 Budget Detail and Payment Provisions	Exhibit B		1.1.14 Special Contract Provisions Related to Payment	Delete	8) Directed Payments for Adverse Childhood Experiences (ACEs), which requires Contractor to pay eligible Network Providers at no less than the California Medicaid State Plan approved rates for every adjudicated claim for specified ACEs screening services in accordance with DHCS guidance, including but not limited to APL 23-017, ~~**the Directed Payment Initiative preprint and**~~ W&I section 14105.197(a)(4)	PNM-CRM Claims Financial Compliance	**PNM Approved – No Concerns Claims Approved – No Concerns** **FC Approved – No Concerns**
512	1.1 Budget Detail and Payment Provisions	Exhibit B		1.1.14 Special Contract Provisions Related to Payment	Modify	14)15) Targeted Rate Increases require Contractor to pay eligible Network Providers at no less than the California Medicaid State Plan approved rates for specified primary care services, including those provided by physician and non-physician professionals, obstetric services, including Doula services, and non-specialty mental health services, in accordance with W&I Section 14105.201, ~~**any applicable Directed Payment Initiative Preprint**~~, and in a form and manner specified by DHCS through ***APLs 24-007*** or other guidance	Finance Legal	**Finance Approved – No Concerns** **Legal Approved – No Concerns**
545	Special Terms and Conditions	Exhibit D(f)		17. Financial and Compliance Audit Requirements	Add	c. The Contractor, as indicated below, agrees to obtain one of the following audits: (1) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives ***$25,000*** or more from any State agency under a direct service contract or agreement; the Contractor agrees to obtain an	Finance Actuarial Regulatory Audit	**Finance Approved – No Concerns** **Regulatory Audits Approved – No Concerns** **Removed Delegate Audits** *(not in scope)*
546	Special Terms and Conditions	Exhibit D(f)		17. Financial and Compliance Audit Requirements	Add	(2) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives ***less than $25,000*** per year from any State agency under a direct service contract or agreement, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of State law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, and/or	Financial Compliance	**FC Approved – No Concerns** **Removed Delegate Audits** *(not in scope)*
572	1.1.6 Amendment and Change Order Process	Exhibit E		B. Proposal of Contract Changes	Modify	Except for required amendments pursuant to Exhibit E, Subsection 1.1.3.A (~~**Conflict with Law**~~ ***Contract Interpretation***) should either party, during the life of this Contract, desire a change in this Contract, that change must be proposed in writing to the other party.	Legal Financial Compliance	**Legal Approved – No Concerns** **FC Approved – No Concerns**
572	1.1.6 Amendment and Change Order Process	Exhibit E		C. Implementation of Contract Capitation Payments	Modify	C. Implementation of Contract ~~**Changes**~~ ***Capitation Payments*** DHCS may, at any time within the general scope of this Contract and by written notice, implement ***Capitation Payment rates*** through amendments or ~~***issue change orders***~~ to the Contract upon approval from CMS, as follows:. ~~***1) Capitation Payment rates may be implemented through a change order if the rates are the only changes proposed by DHCS for a Rating Period.***~~ 2) Capitation Payment rates that are also tied to proposed changes to the terms or requirements of the Contract effective within the Rating Period will be included in an amendment to the Contract.	Financial Compliance Finance- Actuarial	**FC Approved – No Concerns** **Finance Approved – No Concerns**

Page Number	Section	Exhibit	Attachment	Provision	Type of Change (Add/Delete/Modify)	Contract Language	Assigned BU	RAC Post Comments Review
590	1.1.21 Contractor's Dispute Resolution Requirements	Exhibit E		F. No Obligation to Pay Interes	Modify	If Contractor prevails on its notice of dispute pursuant to a DHCS Contracting Officer's or ADO's decision, an OAHA decision, or an order or decision issued by ~~***the Sacramento County Superior Court***~~ ***any State or federal court, including*** or any ***California*** State or federal court of appeal, ***or any order, decision, opinion, or award issued in any other forum*** , DHCS will not be required to pay interest on any amounts found to be due or owing to Contractor arising out of the notice of dispute.	Legal Financial Compliance	**Removal of FC not in scope** **Legal Approved – No Concerns**
592	1.1.22 Inspection and Audit of Records and Facilities	Exhibit E		B. Right to Audit and Inspect Records and Facilities	Add	1) Authorized Agencies Contractor agrees that the following agencies, including but not limited to, DHCS, the Centers for Medicare & Medicaid Services (CMS), U.S. DHHS, U.S. DHHS Office of the Inspector General, the Comptroller General of the United States, US DOJ, DMFEA, DMHC, the External Quality Review Organization (EQRO) contractor, and all other agencies authorized under State and federal law (authorized agencies), and their duly authorized representatives or designees, will have the right to audit and inspect the records and documents ***in the form or manner in which the authorized agencies request*** , and facilities of Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers. 2) Right to Audit and Inspect at Any Time DHCS, and its designees, and other authorized agencies and their designees, may, at any time, inspect and audit any and all records, documents, contracts, computers, or other electronic systems maintained by Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers ***in the form or manner in which the authorized agencies request*** , and may, at any time, inspect the premises, facilities, and equipment pertaining directly or indirectly to the delivery of Medi-Cal services pursuant to 42 CFR sections 438.3(h) and (u) and 438.230(c), and other applicable State and federal law.	Regulatory Audits DO- Delegate Audits Legal HR	**Delegate Audits Approved – No Concerns** **Regulatory Audits Approved – No Concerns** **Legal Approved – No Concerns** **HR Approved - No Concerns**
608	Contractor's Release	Exhibit F		Submission of Final Invoice	Add	Revisions to Form intructions	Legal Compliance	**Legal Approved – No Concerns** **Compliance Approved – No Concerns**

Topic

Feedback

Regulatory Reference

ADVISORY COMMITTEES

- **Provider Relations Advisory Committee**
- **Children's Health Consultant Advisory Committee**
- **Executive Community Advisory Committee**
- **Technical Advisory Committee**

BOARD OF GOVERNORS

Provider Relations Advisory Committee

Meeting Minutes – February 19, 2025

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

Members

George Greene, Esq., *Chairperson*
Richard Ayoub **
Stephanie Booth, MD
Hector Flores, MD **
Monica Gutierrez-McCarthy
Alice Kou, MD *
Sabra Matovsky
Ashkan Moazzez, MD, MPH, FACS, CHCQM*
Zahra Movaghar
John Raffoul
Amanda Ruiz, MD *
David Silver, MD
David Topper *
Michelle Tyson, MD **
Haig Youredjian **

**Absent ** Via Teleconference*

Management/Staff

Martha Santana-Chin, *Chief Executive Officer*
Augustavia Haydel, Esq., *General Counsel*
Sameer Amin, MD, *Chief Medical Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	George Greene, Esq., *Committee Chairperson*, wished everyone a Happy New Year and welcomed the Committee to the first meeting for 2025. He called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:37 A.M. The meetings were held simultaneously. Richard Ayoub and Monica Gutierrez-McCarthy requested Committee approval for their remote participation due to emergency circumstances. The Committee approved the remote participations of Mr. Ayoub and Monica Gutierrez-McCarthy Committee Chairperson Greene described the process for public comment.	**Approved unanimously by roll call. 9 AYES (Ayoub, Booth, Flores, Greene, Gutierrez-McCarthy, Matovsky, Movaghar, Silver, and Youredjian)**
APPROVE MEETING AGENDA	**The Agenda for today's meeting was approved**.	**Approved unanimously by roll call. 9 AYES**
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The November 20, 2024, meeting minutes were approved as submitted.	**Approved unanimously by roll call. 9 AYES**

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Greene noted this Committee is starting the year with a new L.A. Care Chief Executive Officer, Martha Santana-Chin. This committee was created as a forum for L.A. Care providers to raise challenges they experience with L.A. Care systems, and collaboratively work on issues to improve care for communities and patients. He looks forward to working with Ms. Santana-Chin in continuing the dialogue via this forum. Chairperson Greene and the Hospital Association of Southern California (HASC) are very welcome Ms. Santana-Chin, and he invited Ms. Santana-Chin to meet with the hospital leaders. HASC hosts a quarterly meeting of hospital leaders in Los Angeles County to talk about L.A. Care, the hospitals, and general patient issues. HASC continues to develop opportunities to work collaboratively with L.A. Care.	
CHIEF EXECUTIVE OFFICER'S REPORT	*(Committee Member Tyson joined the meeting.)* Ms. Santana-Chin noted it is great to hear that the genesis of this was to focus on addressing challenges and work on opportunities. Having worked 20 years of her career on the provider side, she knows first-hand some of the issues that have plagued the delivery system for decades. One aspect of her new role at L.A. Care is working with several friends through relationships built over decades. The Committee's commitment to working with the vulnerable populations in the communities, those that oftentimes goes dismissed or disenfranchised, has a special place in her heart. Ms. Santana-Chin commented, who would have thought that we would get to a place where Medi-Cal as could be used as a tool to address the whole person? Social drivers of health and the promise of those services is something that everyone has championed in one way or another over the years. Looking ahead to 2025, there is anxiety in anticipating the federal cuts that could affect the benefit programs. She added she would hate to see any regression in the level of services. It will take a collective group of leaders in the County, throughout the state and across the country to protect the coverage advances that have been made and the benefits we provide to the people that we serve. Ms. Santana-Chin looks forward to working with this Committee to defend the programs. There are many opportunities and many challenges. Ms. Santana-Chin is excited to partner with a provider community. L.A. Care serves one in four County residents, which is a very powerful concept. She believes they can collectively make an impact by selecting priorities to focus on and by streamlining delivery of services and benefits throughout the County with systemic changes. There are burdens on the provider community, some of it is self-inflicted.	

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	Since Ms. Santana-Chin joined L.A. Care, she has had opportunities to meet with leaders at the regulatory agencies and there is a willingness to partner with L.A. Care. She hopes that this Committee will develop a constructive agenda to streamline delivery of the best care possible to the members we serve. The leaders at this table can help L.A. Care do that through partnership, collaboration, and holding one another accountable. It will take strategy, focus, prioritization, and all rowing in the same direction. Ms. Santana-Chin is confident in a bright future and looks forward to partnering with the Committee members. She joined the L.A. Care team during very dire circumstances when on day two on the job the fires broke out in Eaton Canyon and Pacific Palisades. Many L.A. Care staff members were personally impacted. The L.A. Care team rose to the occasion and L.A. Care is in good hands. She spent a lot of time with the Senior Leadership Team and with the folks running the operations. Everybody on the team is 100% committed to partnering with the provider community to deliver high value services. Ms. Santana-Chin expressed appreciation for the opportunity to attend this meeting. She is learning and welcomes advice or insights from Committee members. She is looking forward to participating. Committee Member Ayoub welcomed Ms. Santana-Chin to L.A. Care. He noted the expiration of the CalAim initiative in December 2026 and asked if L.A. Care is looking beyond that point for funding those benefits. Ms. Santana-Chin responded that L.A. Care is actively talking through strategy and will work on forecasting the budget negotiations at the federal level. Many state leaders want to continue many of the services, such as community supports (CS) and enhanced care management (ECM) services. They may fight to continue to have some iteration of that continue through the next federal waiver period. In an ideal world, several of the CSs deliver value by stabilizing beneficiaries and avoiding downstream cost in the system. Over the next few years L.A. Care hopes to demonstrate the cost savings. When L.A. Care can demonstrate cost savings and if the state rules allow it, L.A. Care would continue CS and ECM services. There are uncertainties. L.A. Care is working very closely with state regulators to understand the direction they will take. So far, there is no indication that will take their foot off the gas. Approval for transitional rent was achieved in late December 2024. Unless something dramatic happens and the federal administration bars those services, the state intends to continue. Right now, everything is status quo. L.A. Care continues to provide benefits through CS and ECM and is planning for what is to come.	
COMMITTEE ISSUES		

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Participating Physician Group (PPG) Scorecard and Internal Performance Metrics	Sameer Amin, MD, *Chief Medical Officer*, Acacia Reed, *Chief Operating Officer*, Noah Paley, *Chief of Staff*, and Suma Simcoe, *Deputy Chief Operating Officer*, presented the current Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. *(Please contact Board Services for a copy of the presentation.)* <u>Medical Management.</u> MCLA authorization processing timeliness is at 100%-99.9 %, or 99.6-99.9 %, for decision making, whether expedited, urgent or post-service request decisions, or standard routine decisions. L.A. Care had excellent performance in this measure going back for a few years now. L.A. Care is very proud of the work it is doing. <u>In-patient Hospital admissions.</u> This is an important marker of the quality of care that L.A. Care delivers to its network. L.A. Care understands that patients would rather spend time at home than in a hospital. If patients are in a hospital, L.A. Care wants to make sure they are there for the appropriate amount of time. L.A. Care is tracking along the same number of in-patient hospital admissions as in the prior year. For L.A. Care's delegated provider groups for Seniors and People with Disabilities (SPDs), Medi-Cal Expansion (MCE), Temporary Assistance to Needy Families (TANF), L.A. Care determines if a provider practice is above or below standardization deviations or above or below the median. L.A. Care's Medical Management Department staff continue to have conversations with the practices about in-patient hospital admissions. L.A. Care is tracking re-admissions rates, which are consistently in the 19-20% range. L.A. Care is working on driving this down further. Emergency department visits have been holding at a steady rate. Dr. Amin reported on L.A. Care's potentially avoidable emergency department visits with extensive review of the reasons members go to the hospital instead of getting outpatient care in a less acute format. L.A. Care is developing mitigation strategy, reviewing telehealth access and resources in the community. David Kagan, MD, *Senior Medical Director, Direct Network,* will provide detail on access and availability to specialty care. If members see their primary care doctors and the needed specialists earlier, it will decrease the rate of avoidable hospital admissions.	

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	Dr. Amin presented the CalAIM scorecard from July 2024 to September 2024. L.A. Care has all 14 of the community support programs running. There has been rapidly growing throughput, particularly with the housing bundle of CS programs. L.A. Care had a dramatic increase in ECM utilization with changes in leadership, in the incentive programs and payment methodology. There was a dramatic increase in L.A. Care's CS engagement with the community. In the future, L.A. Care will present return on investment (ROI) information. If L.A. Care and providers invest in the programs as a healthcare community, L.A. Care needs to make sure that investment is in the right places. ECM had 16,150 members in the second quarter of 2023, and 32,023 members by the fourth quarter of 2024. L.A. Care made changes in leadership, reformatted the program, and updated incentives, which engaged the ECM community and provider partners. L.A. Care has worked very closely with Department of Healthcare Services (DHCS). DHCS has given L.A. Care positive feedback and L.A. Care has the majority of ECM membership in California. Mr. Paley reported that Call the Car (CTC) performance is reviewed through daily logs and monthly reports in close collaboration with CTC. CTC's performance in all eight of the service level agreement (SLA) categories agreed to with CTC, six are fully compliant with the SLAs through the end of January, CTC is meeting or exceeding compliance with service-level requirements in all categories—except for hospital discharges and transfers, where the compliance threshold is 100 percent. at 99% in hospital discharges and 98% on hospital transfers. • For hospital discharges in January, CTC's on-time performance percentage was 99%. More specifically, out of a total of 3,208 total hospital discharges trips, 3,189 were performed on time. • For hospital transfers in January, CTC's on-time performance percentage was 98%. More specifically, out of 1,009 hospital transfers trips, 989 were performed on time Mr. Paley noted that L.A. Care is required to perform hospital transfers within three hours, and L.A. Care is pursuing a goal to perform all hospital discharges within three hours. To achieve 100% on-time performance of hospital discharge and transfer trips, L.A. Care is contracting with a supplemental transportation vendor, All Town, whose drivers will be dispatched by which will work with CTC to use All Town drivers to supplement resources, to ensure full and sustained compliance with hospital discharges and hospital transfers. L.A. Care will ensure adequate and prompt credentialing of All Town drivers. L.A. Care expects to complete the process and to onboard All Town by the end of this month.	

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	Committee Member Ayoub asked how L.A. Care will measure ROI of the CS programs, will it be with hospital readmissions, emergency room readmissions, and overall costs of health care. Dr. Amin welcomes recommendations. It is complicated because it is not easy to determine cost the benefits before and after implementation of the programs. Committee member Zahra Movaghar asked about the average length of time that members stay enrolled in the ECM program. Dr. Amin responded that when ECM was first introduced, it was to be a continuum of care, with general case management by the primary care physician (PCP), more complex case management (CCM) or high-risk case management coordinated by the health plan, and ECM for members with the highest comorbidities. There was an active conversation with DHCS about ECM, whether it should it be conducted by the health plan. L.A. Care is already doing CCM as it is a National Commission on Quality Assurance (NCQA) accredited function. In conversations with DHCS, the decision was made that ECM should happen in the community. L.A. Care worked with its partners to develop these high-risk case management services. It takes time to develop infrastructure, and L.A. Care has worked very hard to build that up with the provider community. The program has matured. ECM is working well, but long-term outcomes are not known as it is too early to tell. L.A. Care is not seeing people discharged from ECM to a high degree. Dr. Amin reported that at the beginning of ECM and CS L.A. Care had a safety net initiatives department responsible for CS and ECM services. That department was non-clinical and apart from case management. ECM was moved back into the case management department and is run as a case management program. It is now in medical management., clinically led, and that has led to the increase in numbers improving the enrollment. Acacia Reed, *Chief Operating Officer*, reported that the claims volume has increased from last year. Ms. Reed thanked Mr. Paley and his team for working with the provider community to submit claims electronically rather than on paper. This helped with timely payment to meet regulatory requirements. The claims payments were higher, and the interest payment went down, which showed progress in paying the claims correctly the first time. This is an indication of a healthy process at L.A. Care. Regarding MCLA claims processing timeline by process date, staff were challenged in meeting requirements for the 90-day timeline when Coordination of Benefit Agreement (COBA) claim process was implemented in summer 2023, which is when Centers for Medicaid/Medicare Services (CMS) was sending L.A. Care secondary claims once the	

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	primary was paid. L.A. Care received a very large volume of claims, and the system was set up to process claims first in-first out. The secondary claims were rarely received, and those created workflow issues. Process improvements were made to prioritize payment of facility and inpatient claims. The claims adjustment rate is going down, which is a good indication that L.A. Care is paying claims correctly the first time. Overall, all the claims payment amount, interest rate adjustment, are aligning towards staff's goal to always pay the claim correctly first time. Provider dispute resolution is another indicator that the volume has gone down, except for one month. This means there are fewer complaints from the providers. L.A. Care is working to improve turnaround time. Committee and Board Member Stephanie Booth asked if those that are auto adjudicated. Ms. Reed noted that the paid claims would count this as a duplicate. Auto adjudicated claims can have paid claims and denied claims. Ms. Reed noted Committee Member Booth asks about root cause and process improvements. L.A. Care has been working with Advanced Analytical Lab (AAL) reporting team to create predictive modeling using two years of data. Based on that, AAL created a machine learning process which went live a month ago. Every day the Claims team will receive 200 claims that are prone to errors or were adjusted for some reason in the past. The new process will provide an opportunity to review it again, ensure it is being paid correctly before the payment goes out. Unfortunately, certain types of claims had more errors. This provides an opportunity to increase training, update documentation, or move queues to the right people.	
Access and Referrals	David Kagan, MD, *Senior Medical Director, Direct Network,* noted as Ms. Santana-Chin mentioned earlier, L.A. Care's goal for this year is to work on challenges that are internal priorities with the Provider Relations Advisory Committee (PRAC). There are challenges in the healthcare system. This Committee is representing stakeholders in the healthcare system, so this is the right place to work through some of those challenges. Members and provider are concerned about delays and access issues caused by unintended processing mistakes. Dr. Kagan thinks that when looking through member grievances, member calls, member concerns, there are fixable process issues. L.A. Care's goal for 2025 is to begin to unpack the problems and understand how to educate and work with providers to resolve obstacles and members feel like what they ask for is moving smoothly and flowing correctly.	

APPROVED

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	For example, when a provider orders CPAP, there are 15 to 20 codes required for the equipment. Providers do not always understand the detail that needs to go into the order. Members perceive there is a delay because they do not understand what is happening in the background. Then it takes four weeks to get the equipment out where it could have been processed faster. L.A. Care is creating simplified processes to help members and providers understand how to order things correctly; create the right links and move things with the system. Dr. Kagan, mentioned L.A. Care's vendor, Western Drug is on the call. Western Drug has been helpful and thanked Committee Member Youredjian in their conversations about specific issues that have come up and helped identify some of these root cause issues and how they can work together to partner to try to avoid these follow ups from happening in the future. Dr. Kagan also tend to notice the lack of understanding, particularly on the member side on how the system works. There is an expectation that you could sometimes go to the doctor, and you are going to get what you need right there, which is not always how things happen. You have to send prescriptions, have to actually get measured, have to get the right equipment, somebody has to come to your house and actually make sure that the stocking fade or that you can get the bed in the room, but you actually have to do things to make sure the equipment and what you are asking for actually is the right thing for you. L.A. Care has made considerable effort to try to even get specialty providers to go to the home to make sure that the members are able to get the equipment they want. Dr. Kagan does not think members fully understand that. Because no one has explained to them what is going to happen, members think there is just a delay. When a prescription order is placed, it can take four weeks for a specialized wheelchair. Dr. Kagan noted that when members call asking questions, they do not always get the clarity they want because people answering the phone do not know exactly what to tell them to explain the process. There are ways to leverage the provider community and the member community through the Regional Advisory Community Committees (RCACs), Executive Community Advisory Committee (ECAC), and Provider Relations Advisory Committee. He noted that durable medical equipment (DME) has become a focus for L.A. Care because members need the equipment relatively quickly. Dr. Kagan is looking forward to working with Committee members to streamline the DME specialty referrals and to make sure people get to a right specialist at the right time frame.	

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	Chairperson Greene asked about educational opportunities, assuring collaboration from HASC to bring appropriate representatives from hospitals to take part in the learning opportunity. He added that if L.A. Care has begun planning, he suggests to starting with member education. CPAP has become a common reason for delays and L.A. Care could work with provider communities to tackle CPAP issues, then move on to DME based on what members call about. Chairperson Greene added to Committee Member Silver's comments, there are opportunities to educate provider groups on outpatient issues through medical management discussions. HASC has noted there are several DME orders at hospital discharge that HASC could help L.A. Care address. Dr. Kagan responded there are opportunities to get the order action filled quickly. One venue is the newly launched provider. There are other methods that L.A. Care can utilize to try to get these orders in correctly to the right place. Dr. Kagan confirmed that a new member portal has been launched and Staff will present it to the Committee. In Los Angeles County, health plans delegate responsibilities to partners, delegation does a lot of good things, and it can complicate member experience. While the L.A. Care team is organizing around what L.A. Care can do better to strengthen its operations, this is an example of the critical nature of partnership. L.A. Care cannot operate alone. L.A. Care can apply standards and best practices, with input from this Committee. One reason L.A. Care established the PRAC is to hear feedback from its provider and PPG communities. Committee Member Hector Flores appreciated the presentation and suggested for these types of services, whether a specialty referral or a DME referral, there is a triad of the origin, which is usually the physician or their office, a vendor and a patient. It would be best to have everybody in the same room to figure out how each contributes to the problem and how we can be part of the solution. As Ms. Santana-Chin mentioned, standardization will help inform member expectation in ordering a wheelchair, there will be parameters required to expedite service. Committee Member Flores recommended looking at some of L.A. Care's high-volume or problem prone issues in DME. It could be CPAP, a wheelchair or a mechanical bed. Get the originator, the vendor and the patient representative to talk about how and identify common problems and how to resolve them. Everybody is trying to do the right thing, but if we are not, as a physician, prescribing the order correctly with sufficient information, problems are created downstream. We do need to standardize. Everybody has a different idea of what patients need. We also need to understand what standardization will do for efficiency, affordability and convenience for the patient at the same time.	

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	Mr. Paley commented that the Network team is working among the PPG sub networks regarding specialties required by DHCS and member access to care survey reports about access to routine and urgent appointments and grievances about access to specialty services and travel distance to get those services. L.A. Care is putting the information together and will review it with PPG partners in joint operations meetings. Mr. Paley noted that Committee Members Zahra Movaghar and Sabra Matovsky and other provider partners will be interested in this information, and L.A. Care needs to identify the specialty referral issues to understand where to apply joint efforts. Committee Member Movaghar noted that they look at wait times for specialty in terms of easiest to access specialists and specialty types, and those with the longest wait. They found it is not an issue of payment, as they pay well above Medicare for some specialty types to the point where this year they will post a loss, given financial expenditures in trying to improve access and wait time. They hear from specialists is that it would be much easier if they had access to ambulatory surgery centers as opposed to hospitals. It curtails their ability to provide that care. They are using some of the historical funds they have gotten from the SB 510 settlements to augment specialty care payments. Committee Member Sabra Matovsky suggested for the agenda at a future meeting an issue that the clinics bring up all the time, the CAHP survey. They usually see about 300 reviews for patients related to primary care. They have 750,000 patients and more than 160 sites, so when they get 300 patient comments on the consumer survey, that is two per site. It is hard to extrapolate what that information means. With larger groups, if there could be an oversampling that gives us more confidence that the CAHP survey reflects actual care. Ms. Matovsky added that the L.A. Care advanced nurse practitioner program would help them with primary care access. Mr. Paley noted L.A. Care is working on assigning members to nurse practitioners. He thanked Ms. Matovsky for the guidance and collaboration. L.A. Care is also working to onboard more urgent care centers, with 40 or more in the credentialing process. Unfortunately, the minute clinics in L.A. Care's network have gone down from 12 to 6 sites. L.A. Care is working to address the items Committee Member Matovsky just raised. Committee Member Youredjian commented that Western Drug is a high-volume provider of DME, medical supply and respiratory services for L.A. Care. They are proud of a decade's long partnership with L.A. Care. Western Drug has struggled in the past with certain systems on retrieving referrals and authorizations and being able to request authorizations or	

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	reauthorizations. Committee Member Youredjian added that Western Drug is working very closely on L.A. Care's recently launched provider portal with Geoffrey Vitrano. It was an exciting development because it will enhance Western Drug's service model and the delivery of care for L.A. Care members. A pilot test project is underway on this provider portal, and results so far have been great. It is something that they had been requesting for quite some time. Committee Member Youredjian thinks that through these types of automations and innovations, they can enhance delivery of patient care, be more prompt in the way it is processed, and it creates efficiencies between the plan and the provider that they previously did not have. Western Drug is also in the process of upgrading its operating systems. They will be able to integrate the information that they retrieve from L.A. Care's provider portal in their operating systems so that they can further enhance the data available on the delivery of care and the timing, metrics and KPIs. They are excited to share this with L.A. Care as well once they hit the ground running. Chairperson Greene commented on what Committee Matovsky stated in terms of access to care, there is always a trade-off. HASC keeps track of waiting time for specialists. When a member needs to be referred to a specialist that is closer to them, but that wait time maybe two2 or three months, we must ask them to travel. The member may not like it, but the provider could see them in two or three weeks. This is an endemic problem right now. It is that either we do not have enough providers although we keep adding it is an ongoing process in terms of beefing up the specialist network, but there is still, even in the commercial environment, there is a long wait time. He doesn't know if this is patient member education or education managing expectations. There is wait time all over the place and if the member must travel, they file a grievance. That is a trade-off, otherwise they must wait three months. They have seen in the data that through eligibility redetermination, several patients that were disengaged from the medical system were disenrolled. And we had patients that came in through My Health LA that seem to be sicker. Grievances have increased from 2023 to 2024. The demand on the specialist network as substantially sicker members enrolled over the course of this past year has been substantial. We have practices that are buying up some of the more independent physician providers. And joining groups that no longer take that account, so there are a lot of factors that are really impacting cost, availability, need to travel. But we have seen a change in our demographic in terms of patient population that is also exacerbating some of the specialty issues. We have seen the same on the hospital side coming out of the pandemic, we are seeing people present with a much higher acuity, and we	

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	think it is only going to continue especially when you look at the Medicaid population with what is happening with the administration. We think that people were worried about people staying away from trying to access the care they need, which means they are going to show up with an even higher acuity when they go into a health crisis. Mr. Paley thanked Members Movaghar and Matovsky for the comments on issues impacting specialty referrals. L.A. Care will study the information to identify underlying causes and address this problem. Ms. Movaghar and Ms. Matovsky have raised extremely good points about some of the challenges and the impacts. L.A. Care is working on the concerns that members expressed about access to specialty care.	
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Edward Sheen, MD, *Chief Quality and Population Health Executive,* presented a review of Consumer Assessment of Healthcare Providers and Systems (CAHPS) results. He introduced Hannah Paek, *Quality Improvement Program Manager*. One of her initial areas of focus is CAHPS. Dr. Sheen provided an update on the work L.A. Care is doing on CAHPS and member experience improvement. From a regulatory perspective, L.A. Care is performing well, Star in Medicare programs requires high performance across multiple domains. Member experience, encompassed by CAHPS and the survey, accounted for a large portion of the final Star score; in 2025 it will be about 1/3 of the score. The focus has been on Healthcare Effectiveness Data and Information Set (HEDIS) measures in pharmacy and clinical domains. That work is still important, but CAHPS is used in the national move towards increasing the weighting and is going to be increasingly important to our mutual success in the Star program. When L.A. Care performs well on Star, it can carry substantial financial benefits that L.A. Care can reinvest back into benefits and care for members. It also translates into financial incentive payments for the provider community. Dr. Sheen focused on L.A. Care's strong belief that members in the safety net deserve an experience of care that is just as good, if not better than, the experience of everyone else within reach. This is a fundamental principle of health equity. Members with better care experience have greater adherence and more trust in the healthcare system and overall better health outcomes. CAHPS is a survey instrument that was developed by the Agency for Healthcare Research and Quality (AHRQ), which is part of Health and Human Services (HHS). AHRQ collaborated with universities to develop a validated survey instrument administered by Centers for Medicare and Medicaid Services (CMS). The survey is fielded around late	

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	February until late spring. Most of the feedback L.A. Care receives for CAHPS reflects the 2024-member experience. As L.A. Care improves on CAHPS it also is looking ahead towards improving for 2025 and 2026. L.A. Care is aggressively building out a team and infrastructure to focus on CAHPS, with a goal to be a leader in CAHPS, a leader in member experience, not only in Los Angeles but in California and nationally. L.A. Care wants to be the example of exceptional member experience, elevate the safety net and advance health equity through this work. Historically member experience has not been a rigorously measured area of focus by many health plans. L.A. Care providers at the PPG level and the provider level, run other surveys like CG CAHPS that can provide feedback for incentive programs, strategic planning and quality improvement. There are about five domains in the CAHPS score: getting needed care, getting appointments in care quickly, access to care, care coordination, getting prescription drugs and pharmacy and customer service. Generally, a few hundred members are sampled randomly, a very small sample size and that is one of the challenges with CAHPS. Each of the domains consists of two to three questions. Each domain can get L.A. Care a Star sub-score that rolls up into a rating for CAHPS that becomes that 1/3 of the overall Star rating. There's a lot of best practices out there and most providers have experience clinically or operationally with patient care. There is an opportunity for L.A. Care and providers, as a community, to learn from each other and continue to help each other to grow and improve, and better serve members. Dr. Sheen acknowledged the challenges of CAHPS. The small sample random survey, the subjectivity, and the very specific questions. If the focus is on setting the right expectations with members and helping providers incorporate the right communication points and tactics into the workflows for how they communicate with members, the variation in performance will be reduced and providers will perform more consistently to help members have a better care experience and providers will score higher in these surveys. The member clinical quality of care they receive, and health outcomes may not fully correlate with their subjective experience. That can be a challenge and an opportunity, communicating with them in the right way, can improve the perception of care experience even with other barriers in healthcare systems. L.A. Care has generational workforce challenges regarding enforcement issues that is not going to get better overnight. Setting realistic expectations with members, like offer to call the specialist office when there is a referral, help patients to follow up by making sure that lab results are provided and communicated. Those are concrete steps we can take independent of access that can improve the member care experience and help them	

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	to better understand and feel that providers care for them, even if access is a challenge. This is an example of some best practices and opportunities to improve the measure, such as pre-scheduling the next appointment or procedure for the member at checkout. Using the touch point when a member is in the office, helping them to understand a recommendation for certain types of care, tests and treatments, helping them to understand the reason and that the provider has their best interest in mind, to build trust in the system. This is a sampling of best practices, but again, the point is if we isolate what the question is really asking about, to Mr. Paley's point about teaching to the test, we have opportunities here to improve the survey performance and genuinely improve member experience. Dr. Sheen noted there are opportunities for L.A. Care to be very intentional about communicating with members to improve their experience and improve CAHPS performance. Dr. Sheen and his team are actively working on a member journey map to better understand the DSNP journey. L.A. Care will contact providers to better understand what providers are doing in member experience. The goals to build an ecosystem that is committed to member experience improvement and continue to focus on key targeted opportunities. Chairperson Greene thanked Dr. Sheen for his presentation. Committee members will follow up with him and his team directly if they have any questions, comments or suggestions. The Committee wants to continue to receive updates. Committee Member Flores thanked Dr. Sheen for his presentation. He also thanked L.A. Care for its provider educational series. He suggested incentives for providers to participate with those programs, with a special recognition for providers who attend 70% of the programming for the calendar year, to recognize the effort. The conferences are very valuable in addressing the various issues Dr. Sheen just presented.	
Transitions of Care STARs Metrics	David Kagan, MD, and Donna Sutton, *Senior Director, Stars Excellence,* provided an update on Transitions of Care STARs Metrics. Transition of care is a concept that has gotten a lot of attention at the state level. What makes some of these measures and processes challenging is that state regulators have very specific ways that they want the transition done. There are various specific tasks that must be documented in the medical record to ensure that L.A. Care can demonstrate that it has met the metrics. The challenge behind some of these is that it is very dependent on L.A. Care provider partners to achieve the metric, there are limitations on what L.A. Care can do as a health plan because the hospitals must demonstrate that those things happen.	

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	For transitions of care, there are four key components to succeed. • It must be reflected in the outpatient medical record that the primary care provider was notified within 72 hours of the member's hospital admission. • The primary care provider must be notified within 72 hours of member's discharge from the hospital, and they must get a copy of the discharge summary. • And there must be a demonstration later down the line that a medical reconciliation happened, and a follow up appointment happened in 30 days. Looking historically at internal metrics, L.A. Care is doing well with the follow up appointment. L.A. Care is good at getting patients into the office in a certain period. The areas where L.A. Care has trouble and needs partnership is around how L.A. Care can ensure everyone is notified that a member is moving in the system. When a member is admitted or discharged, how can L.A. Care make sure that the notification travels from the hospital back to the primary care office, and that primary care office documents receipt of the notification and do the appropriate follow up. L.A. Care 2025 is working hard on all these things because it is the best thing for the member. It helps make sure that they have smooth transitions in and out and everyone is informed. It can become fragmented as members get admitted to different hospitals, different emergency departments. Different systems do not always interact simply. L.A. Care will work with hospital partners to ensure that the notifications and transitions are happening smoothly. L.A. Care has done a lot of work internally in building community health workers that reach out to members to help them make appointments, schedule follow up, and get into the provider office, which is a reason L.A. Care is doing well with follow-up appointments done correctly. In response to a question about proper documentation, Dr. Kagan noted it can be a note in the file. It must be documented on the medical record to demonstrate the notification; the format is not specified. L.A. Care can send a fax, but it must get into the medical record, which is the a challenge. Committee Member Tyson commented she is willing to participate in any workgroup or committee by L.A. Care to address issues around access to care and information received from L.A. Care's physician groups. One thing is that health plans do things differently. Hospitals send information to the PPGs right away. PPGs understand they have three days in which to book patients back into the clinics. She suggested reviewing other models in the delivery system. Doctors and provider groups contracted with multiple health plans are probably doing this. Committee Member Tyson commented that Call the Care hears the the	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	metrics about perception of what the members are getting. She could inform providers about what they are hearing from dissatisfied people and why they are dissatisfied. Dr. Kagan thanked Committee Member Tyson for her comments and asked what members talk about in the car. Committee Member Tyson responded that members talk about L.A. Care, the members are great. If the member is mad, they say terrible things. If they are happy, they also say terrible things, and say forget us, this did not happen. They also say when something is not right or they do not feel like they have access, or that they need something. Call the Car's (CTC) team translates that to whoever they are talking about. The members are very vocal, many of them are extremely happy with being able to get where they need to go. But they are also concerned with barriers to their access to care. There is a lot of feedback from the members that when they are in the car. CTC's drivers hear a lot of grievances about the members' perception of what they should be getting when they are told no. why and how they are told no. This is not because the regulations and rules and such that do not allow for whatever they think that they should get. CTC drivers hear both grievances and compliments.	
OPEN FORUM	Chairperson Greene reminded the Committee that this section is for other topics for future committee meeting or if there are standing agenda items that they would like added to agenda. Chairperson Greene would like to get update on advanced nurse practitioner that he has brought a year ago. Mr. Paley noted Committee Member Matovsky will provide information to Chairperson Greene. Committee Member Booth would like the Committee members to think about how to encourage patients to get involved in their own care, because that is the one thing we completely skip, we must do this for them. Doing things for their own care would help build their confidence. Dr. Kagan noted the health plan makes appointments with their primary care physician for patients discharged from the hospital so the primary care physician can reconcile their medication. When they do not follow up, the health plan nurse practitioner calls the member to reconcile the medication. Patient accountability must be a big part of follow up because there is only so much the system can do.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Greene agreed and added he would like to have some conversation around the Los Angeles wildfires. From the hospital perspective, they saw opportunities to improve engagement, communication and support of post-acute care providers, specifically skilled nursing facilities. Chairperson Greene shared that Huntington Hospital, which was miles from the epicenter of the Eaton fire, had over 60 skilled nursing facility patients show up at their emergency department, and most of them did not have medical records. Many of them had dementia and could not even tell the hospital staff their names. There was several skilled nursing facilities impacted by the fires. There were challenges already in trying to place patients upon discharge from a hospital into post-acute care settings. The impact of the wildfires will exacerbate this situation. HASC has been working on a portal to help hospitals identify skilled nursing facilities to appropriately discharge patients. That project will be facing more headwinds because of the fires. There is a rapidly aging population, and before the fires and before the pandemic post-acute care community lacked capacity and workforce. Committee Member Tyson noted that the Crown City Medical Group campus was destroyed in the wildfire. The entire area was surrounded by fire that night, including several nursing homes, and the patients were put at the 7-eleven on the corner. People just carried them out as quickly as they could. The devastation in Altadena and Pasadena affected Medicaid members that she has served for 30 years, they have been displaced and disrupted. Everyone has made best efforts through telemedicine. She thinks the problem is there are many seniors that will probably not be able to return to the nursing facilities because it is looking like a five-to-six-year recovery from the devastation. The community is quickly realizing this. They are selling properties, particularly those that were Medicaid recipients for the longest time, even members of Crown City Medical Group in Altadena and Pasadena. We should talk about where and how this community, particularly seniors and others, where they will be able to get hospital care. Huntington is overbooked. Committee Member Tyson does not see an immediate resolution for all these nursing homes with the level of destruction. Chairperson Greene noted for future agenda, HASC has starting to track patients who are not keeping specialty appointments, particularly dialysis patients with advanced chronic illnesses. They want to make sure that they stay in care. Because of the immigration concerns and other things that are happening, HASC is tracking dips in utilization. Committee Member Sabra Matovky echoed Committee Member Tyson, because they had an facility impacted in Pasadena. They are trying to expedite getting people back in, but it looks like it is going to be a long hard road. Regulatory hurdles are making it impossible to	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	expedite the process. This is a long-term problem. If the provider community could come together, it could influence authorities to stop citing facilities affected by the wildfires. Committee Member Tyson asked if their hospital has been seeing these kids in NICUs in jeopardy for not having their maternal presence. Ms. Santana-Chin thanked Committee Member Tyson for bringing this up. She added that reports of immigration enforcement at hospitals have all been proven false. L.A. Care has reached out to the hospital community to ask if anyone has had ICE visits in recent weeks. Every report that L.A. Care received has been that any of what seen on social media has been false. Ms. Santana-Chin encouraged all to please communicate that to L.A. Care reports on deportation threats or the wildfire recovery. The Attorney General's office has asked L.A. Care to provide impact stories that they can use in the work that they are doing, and Secretary Johnson has offered to facilitate flexibilities where needed. L.A. Care is ready to help. Committee Member Flores commented that the county system plays a major role in the governance of L.A. Care. Going back to the point about collaboration, it would be helpful to invite them to this meeting, to begin planning how to respond to the emergencies mentioned today. Ms. Santana-Chin thanked Dr. Flores for the recommendation. She added L.A. Care would invite the appropriate individuals. She shared that the hospital community went through a process to develop best practices and lessons learned from the pandemic, which involved the County. During the wildfires, L.A. Care pulled together representatives from the hospital community, key community stakeholders and representatives from the County. Ms. Santana-Chin stated there are opportunities to improve the infrastructure for crisis response for providers in the community. L.A. Care is aware of the County agencies taking a leadership role and getting several parties together. The charge for L.A. Care is to to make sure that its provider network is informed and facilitating productive discussions. Chairperson Greene acknowledged lessons learned from the wildfire and the charge for the post-acute care system and several of the other topics that were addressed today are all very worthy of the Committee's collective attention. He thanked everyone for their patience and involvement. There was substantive conversation today, and this is a great platform for continued collaborative dialogue, with a focus on solutions and making opportunities reality.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 12:00 pm.	

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

APPROVED BY:
DocuSigned by:
-0D914BF8EC774E8...
George Greene, Esq., *Chairperson*
Date Signed 5/28/2025 | 7:31 AM PDT

APPROVED

BOARD OF GOVERNORS
Children's Health Consultant Advisory Committee
Retreat Minutes – March 18, 2025

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Tara Ficek, *MPH, Chair*
Sameer Amin, *MD*
Maria Chandler, *MD, MBA*
Rebecca Dudovitz, *MD, MS*
Toni Frederick, *PhD**
Gwendolyn Ross Jordan
Lynda Knox, *PhD**
Alex Li, *MD*
Smita Malhotra, *MD*
Mona Patel, *MD*
Hilda Perez
Maryjane Puffer, *BSN, MPH*
Diana Ramos, *MD**
Ankit Shah, *MD*
Lina Shah, *MD**

Management

Augustavia J. Haydel, *General Counsel*
Cherie Compartore, *Senior Director, Government Affairs*

**Absent **Present, but not quorum*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Ficek called the meeting to order at 9:34 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved as submitted.	**Approved Unanimously. 11 AYES (Amin, Chandler, Dudovitz, Ficek, Jordan, Li, Malhotra, Patel, Perez, Puffer, and Shah)**
PUBLIC COMMENT	*No public comment was submitted.*	
APPROVAL OF THE MEETING MINUTES	The January 21, 2025, meeting minutes were approved as submitted.	**Approved Unanimously. 11 AYES**

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Ficek stated that due to the full agenda, she would refrain from making any extensive remarks and instead wanted to allow more time for the scheduled presenters and discussions. However, she offered two key prompts for attendees to consider during the meeting. First, she encouraged everyone to reflect on which populations of children and youth might be most adversely affected by recent federal policy shifts and state budget cuts, particularly those who are especially vulnerable. Second, she urged participants to think about how their respective organizations and systems, which are individually powerful, could collaborate and leverage one another's strengths to help mitigate the negative impacts of these changes. She said that keeping these considerations in mind throughout the presentations and discussions to follow.	
INTRODUCTION: L.A. CARE'S CHIEF EXECUTIVE OFFICER **Threats to Medi-Cal**	Dr. Li stated that Martha Satana-Chin, *Chief Executive Officer*, was unable to attend the meeting but is expected to participate in a future session. He explained that although she is only in her second month, she has already been managing numerous urgent and challenging issues—both literal and figurative "fires." Dr. Li noted that she has quickly recognized the unique role that the organization plays as the largest public plan for Medicaid. This prominent position brings many opportunities for engagement and advocacy, but it also requires careful decision-making about which issues to prioritize and act on. He then transitioned the conversation to Ms. Haydel, emphasizing her value not only for her institutional knowledge but also for her expertise in legal and governmental affairs. He said she would help guide the discussion, particularly regarding the structural and regulatory boundaries that must be considered as a public organization. Ms. Haydel stated that she would provide a brief overview based on Ms. Santana-Chin's recent remarks at the Board meeting, which outlined several anticipated challenges facing the Medicaid program. She began by highlighting concerns around potential reductions in federal funding, given that Medicaid is jointly financed by both state and federal dollars. One key proposal discussed was a reduction in the Federal Medical Assistance Percentage (FMAP), which currently stands at about 50% for core programs and up to 90% for the Managed Care Expansion (MCE) population—figures that could change under proposed federal adjustments. Another proposal would reduce the amount of federal funding states can allocate for adult beneficiaries in the MCE category, specifically those aged 18 to 65. A third potential change involves implementing work requirements for Medicaid recipients, which would require individuals to demonstrate employment or active job-seeking efforts. Ms. Haydel noted that such requirements could introduce administrative barriers that may ultimately hinder access to care. Lastly, she pointed to increased federal attention on fraud,	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	waste, and abuse, including scrutiny of the MCO provider tax model—an initiative that L.A. Care previously championed through a statewide stakeholder consortium. She concluded by addressing L.A. Care's role in advocacy, clarifying that while the organization, as a public entity, can educate stakeholders and the community on policy matters, it is prohibited from engaging in election-related advocacy. She emphasized that Martha Santana-Chin has mobilized her team, including the leadership of Noah Paley, *Chief of Staff*, and Ms. Compartore in Government Affairs, to respond swiftly and strategically to these pressing threats to the Medi-Cal program in California. Dr. Li stated that part of the broader discussion, as highlighted by Ms. Santana-Chin, involves recognizing the pressure points beyond Los Angeles County in the face of looming federal changes to Medicaid. He noted that while California, as a state, is expected to push back against these changes, it is important to identify where additional support and advocacy are most needed. He referenced coalitions such as Medicaid Health Plans of America and America's Health Insurance Plans, as well as collaborations with other health plans throughout the state. Dr. Li noted the importance of supporting sister plans—especially those in regions like the Central Valley, that may have fewer resources for advocacy or consulting. He offered Kern County as a specific example, noting that about 60% of one of its congressional districts relies on Medi-Cal, with the population consisting largely of rural, agricultural, and migrant worker communities. While L.A. County may not be the most effective advocacy pressure point, Dr. Li suggested that these more vulnerable districts could become critical battlegrounds in the policy debate. Dr. Amin acknowledged the serious threats currently facing Medicaid and California's CalAIM programs in particular, he expressed confidence in the state's ability to adapt through creativity and resilience. He emphasized that even if the structure or funding of certain programs changes, there are still pathways to continue serving members effectively, though these paths might require external funding or reprioritization of resources. He cited the CalAIM programs, including Enhanced Care Management (ECM) and Community Supports, as examples where continued efforts could be made through alternative funding sources like the Community Reinvestment Plan (as outlined by DHCS), even if waivers are not renewed. Dr. Amin also stressed the importance of shifting the dynamic between health plans and regulatory bodies, such as DHCS, CMS, DMHC, and Covered California—from one rooted solely in compliance to one grounded in collaboration. He illustrated this with a recent issue involving the CIS-10 vaccine schedule requirements under Covered California. With only a small number of children in their commercial line of business, the health plan was facing disproportionate sanctions, up to $600,000 per child,	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	for slight delays or parental refusals related to flu vaccinations. After bringing the concern to Covered California and emphasizing the impracticality and financial consequences of strict adherence in these cases, the agency responded constructively by relaxing the schedule requirements. This change is expected to reduce sanctions and allow more funding to remain within L.A. County's healthcare system. In closing, Dr. Amin reiterated his belief that despite impending federal changes, viable and meaningful paths forward exist. These include leveraging alternative funding models, prioritizing impactful programs, and fostering a more collaborative regulatory environment. His overall message was one of hope: that with the right focus and partnerships, continued support for vulnerable patients especially children, remains achievable.	
FEDERAL LANDSCAPE: POLICY AND FUNDING SHIFTS	Cherie Compartore, *Senior Director, Government Affairs*, and Erika Witt, *Policy Analyst, First 5 LA*, gave a presentation about Federal Landscape: Policy and Funding Shifts *(a copy of the presentation can be obtained from Board Services).* Overview and Current Shifts Chair Compartore and Witt began by outlining major federal policy changes already underway or anticipated. Executive actions and federal budget reconciliation are expected to result in substantial spending cuts to Medicaid and other critical programs. Additionally, appropriations bills could significantly reduce funding for housing, education, and other discretionary programs. Federal Budget Proposals and Implications The Senate passed a resolution prioritizing spending on immigration, energy, and defense, while mandating $1 billion in federal savings over ten years. The House budget included: • $4.5 trillion in tax cuts, • $100 billion in new immigration and military spending, • $880 billion in cuts to Medicaid, and • A $4 trillion debt limit increase. Threats to Programs Serving Children and Families The proposals could severely impact: • The Department of Education, especially IDEA programs, • SNAP (CalFresh), with proposed cuts and elimination of Broad-Based Categorical Eligibility, reducing access to WIC, • TANF (CalWORKs), including home visiting programs and possible new work requirements.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Medicaid Reductions and Structural Changes The most significant threat is the proposed $880 billion cut to Medicaid. Additional proposals include: • Block Grants or Per Capita Caps, which would cap federal contributions and shift financial risk to states, • FMAP reductions, possibly lowering the minimum federal match from 50% to 45%, forcing states to cover the gap or cut services, • Work Requirements for able-bodied adults (ages 19–55), which studies show often reduce benefits without increasing employment. Specific Impacts on California and Medi-Cal • In 2022, children and caregivers made up nearly 40% of Medi-Cal enrollees. • About 50% of California's children—mostly children of color—rely on Medi-Cal. • Medi-Cal covers 39% of all births in the state. California's financial outlook is further strained by: • A $20 billion+ projected deficit in future years, • A $9.5 billion expansion of Medi-Cal to undocumented residents (entirely state funded), • Potential losses from MCO tax limitations, • Wildfire costs and reduced federal aid, • Enrollment drop-offs that could mislead budget adjustments. Waiver Concerns and Future Uncertainty Existing federal waivers (like CalAIM's Section 1115 and 1915(b)) could be at risk. While CMS must renew these in 2026, the policy environment may shift, potentially undermining ongoing state efforts. Conclusion and Discussion The presentation ended with questions prompting attendees to consider: • Which children and youth are most vulnerable under these changes, • Opportunities for advocacy and partnership, • The need for coordinated response across systems.	
LOCAL CONTEXT: IMMUNIZATIONS	Muntu Davis, *MD, MPH, County Health Officer, L.A. County Department of Public Health*, gave a report about Immunizations at the Local Level. Dr. Davis reported that although each organization is doing its best with available resources, the bigger challenge lies in aligning on a shared vision for where the healthcare system needs to go. He emphasized that most disagreements stem from differing	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	strategies, not intentions. Drawing on lessons from the pandemic, he pointed out how health delivery systems had to rapidly evolve—especially with vaccination logistics, centralization of data, and handling misinformation. While some improvements have been made since, new challenges such as policy shifts and public hesitancy have emerged. Dr. Davis highlighted the need for continued investment in both public systems and community partners. He stressed that messaging must acknowledge people's lived realities and be culturally and linguistically tailored to regain trust and promote vaccination. He noted that many providers still resist offering certain vaccines, and despite efforts, some patients remain hesitant. Therefore, communication strategies must evolve to reflect community needs and perspectives. He urged stakeholders to recognize that no single organization can fix systemic issues alone. Instead, public health departments should act as conveners and analysts, identifying root causes through data and engaging diverse partners—including community-based organizations and businesses. The goal, he stated, is to improve overall well-being, not just metrics. Dr. Davis closed by reaffirming the department's commitment to reducing health gaps, acknowledging group-specific strategies, and staying flexible and collaborative in an ever-changing environment. Dr. Davis reported that coordinating health initiatives across different organizations remains a significant challenge. He noted that the COVID-19 pandemic disrupted vaccine delivery timelines and left ongoing gaps in community coverage, especially as public hesitancy persists. He stressed that communication must be culturally tailored and delivered by trusted messengers to effectively engage diverse communities. Dr. Davis emphasized the need for cross-sector collaboration – partnering with schools, social services and community groups – to extend outreach and services. He highlighted that public health departments play a key role in gathering and analyzing data to identify where health needs and vaccine gaps remain largest. Using that information, health officials can foster strategic partnerships and direct targeted investments in high-need communities. Throughout, Dr. Davis remained optimistic but realistic, advocating a systems-thinking approach: by working together across agencies and continuously adapting strategies (for example, trying new vaccination and access models), the community's health and well-being can steadily improve.	
CLOSING STATEMENTS	*This agenda item was not discussed due to time.*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 11:25 AM.	

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

APPROVED BY:
Tara Ficek, *MPH*, *Chairperson* DocuSigned by: Tara Ficek 5AC61982BA4D494...

Date Signed: 5/23/2025 | 2:24 PM PDT

APPROVED

BOARD REPORT EXECUTIVE SUMMARY

Report Title: *Sub-standard and unsatisfactory services received at the Venice Family Clinic in Culver City.*

Date: *06/05/2025*

Prepared By: *Auleria Eakins, Manager and Idalia De La Torre, Supervisor of Community Outreach & Engagement Department*

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1. Purpose of the Report

Address RCAC 5 concerns regarding the sub-standard and unsatisfactory services received at the Venice Family Clinic Culver City location. Issues reported: appointment availability, access to medical records, and communication barriers to support appropriate follow-up, accountability, and service improvement.

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2. Background / Context

Keys concerns shared by RCAC 5 members during the April 17th meeting:

- Extended wait times of 3 to 4 months for doctor appointments.
- Delays of 6 months or longer to obtain medical records.
- Difficulty reaching the clinic by phone, with wait times of up to 2 hours.

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3. Key Considerations / Analysis

- Delays and cancellations disrupt continuity of care and put patients, with chronic conditions, at risk of latent diagnoses acute health outcomes.
- Delays in accessing medical records create administrative barriers that undermine patient autonomy and disrupt timely care, especially during legal or provider transitions.

- Long phone wait times to schedule appointments increase stress, delay care, and worsen conditions.

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4. Recommended Action / Decision Requested

Board Action Needed:
☐ For Information Only
☐ For Discussion
X For Approval / Decision (specify below)

Proposed Motion (if applicable):
Motion for L.A. Care Health Plan to investigate and take immediate action to address the following items which impacts the member experience and quality of care.

- *Conduct a formal investigation into ongoing issues related to timely access and quality of services at the Venice Family Clinic. This investigation will focus on critical areas such as the availability of appointments and scheduling processes, timeliness of medical record requests,*
- *L.A. Care internal departments – Contracting, Provider Network Operation, and Facility Site Review – will conduct an investigation that addresses the issues identified and provide contract review, follow-up, and corrective action based on findings to improve services of the Venice Family Clinic.*

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5. Next Steps / Timeline

List next steps, timelines, or what happens if the Board acts or does not act.

Attachments / Supporting Materials:
Motion ECA 102.0625

Board of Governors
MOTION SUMMARY

Date: June 5, 2025 **Motion No. ECA 102.0625**

Committee: Executive Community Advisory Committee (ECAC) **Chairperson:** Maritza Lebron

Issue: Unsatisfactory and sub-Standard Services provided by Venice Family Clinic Culver City location.

Background: During the April 17, 2025, Regional Community Advisory Committee (RCAC) 5 meeting, members shared serious concerns about the quality and accessibility of services at Venice Family Clinic. The following issues were described:

Doctor's Appointment Availability
According to consumer members, the typical wait time for an appointment range from three to four months. Moreover, appointments are frequently canceled at the last minute, often due to a doctor being unavailable. This leads to further delays, sometimes requiring patients to wait an additional three to four months for a new appointment.

Medical Records
Members have raised significant concerns regarding the lengthy process involved in requesting medical records, particularly in situations where these records are needed for legal reasons or during transitions to a new primary care provider (PCP). Currently, individuals are experiencing delays of approximately six months, if not longer, before they receive their requested medical records. Many members have reported that, despite their persistent follow-ups, they have yet to receive their medical documents, leading to frustration and a lack of clarity regarding their medical histories. This prolonged waiting period is unacceptable and is causing undue stress for those who are trying to access their vital health information.

Phone Access Issues
Members reported that it can take up to two hours to reach clinic appointment line to make an appointment.

Member Impact: The issues identified in this motion affect timely access to care, access to medical records which affects the overall member experience, and consumer satisfaction.

Budget Impact: Unknown

Motion: For L.A. Care Health Plan to investigate and take immediate action to address the following items which impacts the member experience and quality of care.

- **Conduct a formal investigation into ongoing issues related to timely access and quality of services at the Venice Family Clinic. This investigation will focus on critical areas such as the availability of appointments and scheduling processes, timeliness of medical record requests.**
- **L.A. Care internal departments – Contracting, Provider Network Operations, and Facility Site Review – will conduct an investigation that addresses the issues identified and provide contract review, follow-up, and corrective action based on findings to improve services of the Venice Family Clinic.**

Board of Governors

Executive Community Advisory Committee (ECAC)

Meeting Minutes – April 9, 2025

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Maria Mayoral, RCAC 1 Chair	Deb Brown, Closed Captioner	Layla Gonzalez, Advocate, Board of Governors
Ana Rodriguez, ECAC Chair and	Izmir Coello, Interpreter	Fatima Vazquez, Member, Board of Governors
RCAC 2 Chair	Shelly Hash, Interpreter	Sameer Amin, MD, Chief Medical Officer, L.A. Care Health Plan
Gladis Alvarez, RCAC 3 Chair	Sonia Hernandez, Interpreter	Noah Paley, Chief of Staff, L.A. Care Health Plan
Estela Lara, RCAC 4 Chair	Isaac Ibarlucea, Interpreter	Francisco Oaxaca, Chief of Communications and Community
Marco Galindo, RCAC 5 Chair	Eduardo Kogan, Interpreter	Relations, L.A. Care Health Plan
Hilda Perez, RCAC 6 Chair	Sina New, Interpreter	Kristhian Alvarado, Help Desk Technician, Production Support
Maritza Lebron, RCAC 7 Chair	Bo Uce, Interpreter	& Help Desk
Tonya Byrd, RCAC 8 Chair	Andrew Yates, Interpreter	Tyonna Baker, Community Outreach Field Specialist, CO&E
Lluvia Salazar, At-Large Member		Malou Balones, Board Specialist, Board Services ***
Deaka McClain, TTECAC Vice-Chair	Dr. Michelle Tyson, CEO, Call the	Shernedra Brown, Community Outreach Project Specialist,
and At Large Member	Car, Public	CO&E
	Michael Fell, COO, Call the Car,	Rebecca Cristerna, Director, CSC Member Relations, CSC
	Public	Kristina Chung, Community Outreach Field Specialist, CO&E
* Excused Absent ** Absent	Aldwin Cruz, Call the Car, Public	Idalia De La Torre, Field Specialist Supervisor, CO&E
*** Via teleconference	Denise Hannibal, Call the Car, Public	Ramon Garcia, Community Outreach Field Specialist, CO&E
	Angelica Alvarez, Public	Maribel Gonzalez, Member Advocate, Member Relations
	Eugene Beatty, Public	Services, Even MORE Outreach & Service
	Diana Camacho, Public	Hilda Herrera, Community Outreach Field Specialist, CO&E
	Scot Clapson, Public	AJ Lopez, Director, Provider Contract and Relationship
	Elizabeth Cooper, Public	Management, Provider Network Management
	Brynette Cruz, Public	Joshua Lopez, Temp, IT Operations & Infrastructure
	Adela Guadarrama, Public	Linda Merkens, Senior Manager, Board Services ***
	Lynnea Johnson, Public	Frank Meza, Community Outreach Field Specialist, CO&E
	Jose Lopez, Public	Sabino Millones, Help Desk Technician, Production Support and
	Dorothy Lowery, Public	Help Desk
	Russel Mahler, Public	Alfredo Mora, Staff Augmentation, Facilities Services
	Andrea McFerson, Public	Jeanette Ortega, Manager, CSC Member Relations, CSC
	Alicia Mendoza, Public	Angela Pena, Senior Manager, Provider Contract and
	Fresia Paz, Public	Relationship Management, Provider Network Management
	Marlene Paz, Public	Cindy Pozos, Community Outreach Field Specialist, CO&E

	Martha Pedroza, Public Demetria Saffore, Public Joyce Sales, Public Sheila Thach, Public	Abraham Rivera, Provider Network Account Manager III, Provider Network Management Victor Rodriquez, Board Specialist, Board Services Martin Vicente, Community Outreach Field Specialist, CO&E

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, *TTECAC Chairperson*, 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 10:00 A.M.	
APPROVE MEETING AGENDA	**PUBLIC COMMENT** *Andria McFerson, RCAC 5 Member, expressed concerns about protecting public rights during meetings, particularly under the Brown Act. She noted the importance of upholding freedom of speech and including that language clearly on agendas to ensure members feel free to express themselves. She also called for formal inclusion of "diversity" as a standing agenda item, advocating for broader representation across racial and ethnic groups. She urged a return to previous practices where motions were discussed and voted on by RCACs and ECAC before being presented to the Board, ensuring that Board decisions reflected community input rather than personal opinions.* **The Agenda for today's meeting was approved.**	**Approved Unanimously. 10 AYES (Alvarez, Byrd, Galindo, Lara, Lebron Mayoral, McClain, Perez, Rodriguez, and Salazar)**
APPROVE MEETING MINUTES	Member Lebron stated that on page 12, there was a comment made regarding a debate that was made by a different member. Member Lara stated on page 6 last paragraph and sentences 6, the word "stuck" should be replaced by the word "stagnant." Member Mayoral stated that on page 5, the name Yahaira is spelled incorrectly. It should be spelled Yajaira. **The March 12, 2025, Meeting minutes were approved with the corrections noted above.**	**Approved Unanimously. 10 AYES**
STANDING ITEM		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF MEDICAL OFFICER UPDATE	Sameer Amin, *MD, Chief Medical Officer Report*, reported about the L.A. Care Access, Service, and System Optimization (LASSO) Project (*a copy of the report can be obtained from CO&E*). The LASSO Project is a major initiative aimed at improving member experience, strengthening provider networks, and optimizing internal operations across the organization. He explained that the project was developed in direct response to feedback from the Regional Community Advisory Committees (RCACs) and the Executive Community Advisory Committee (ECAC) and was created to address several key issues raised by members. Dr. Amin noted members have shared concerns related to access to care, such as the availability of primary care and specialist appointments, delays in getting durable medical equipment and prescriptions, and challenges with transportation services. Member experience issues also surfaced, including long call center wait times, a lack of clarity about benefits, and difficulty navigating the health plan. The LASSO Project is an enterprise-wide, multi-pronged strategy designed to resolve these challenges through targeted solutions in three key areas: member engagement, network alignment, and operational efficiency. The goal is to empower members with clear information and timely care, ensure that provider networks are responsive and accessible, and improve internal workflows to reduce delays and frustration. Dr. Amin explained that the project's objectives include: • Conducting a full assessment and root cause analysis • Strengthening members' understanding of benefits and how to access care • Expanding provider availability and referral pathways • Enhancing tools and systems that support fast and efficient service • Launching immediate actions that respond to Board motions and member feedback The scope of work includes improvements in education, digital tools, workflow optimization, data analysis, provider support, and service integration. The project would not involve changes to benefit coverage, provider contracts, or large-scale IT overhauls. The LASSO project will follow a phased implementation approach with short-term results expected by the end of Q2 2025, long-term improvements by Q4 2025, and future-state goals beyond 2026. He described this approach as scalable, adaptive, and rooted in ongoing performance tracking. He highlighted immediate deliverables, including member listening sessions at upcoming RCAC meetings. These sessions are being designed to gather direct input from members, build trust, and ensure that member voices directly shape both near-	

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	term and long-term solutions. Planning for the sessions is already underway, with trained facilitators and a feedback process being developed. Dr. Amin reminded the members that their voices matter and play a key role in shaping positive change. He encouraged them to stay engaged through their RCACs, share feedback, and help inform others in their communities about available resources. He reaffirmed L.A. Care's commitment to listening, learning, and taking action based on what members need most. **PUBLIC COMMENTS** *Elizabeth Cooper said that she is a longtime member of L.A. Care, expressed concern about her experience during the meeting and stated that she may need to file a grievance. She said she appreciates the efforts of the doctor who encouraged member involvement and acknowledged the importance of engaging the RCACs. However, she felt that some aspects of the meeting were not handled properly, particularly how the agenda was managed and the lack of opportunity to speak during public comment. Ms. Cooper stated that members are people who attend these meetings to be involved and contribute. She said the process should be clearer for the public and mentioned her past advocacy work, referencing legislation such as SB2092. She praised L.A. Care staff and clarified she was not complaining about them, she reiterated her disappointment in how she was treated at the meeting and asked that her concerns be noted for the record.* *Andria McFerson stated that she appreciated Dr. Amin for providing important information, especially because many L.A. Care members are low-income and live with chronic physical and mental health conditions. She said it would be helpful to have an open forum to discuss how new programs directly impact members, particularly those who often feel mistreated or misdiagnosed by primary care doctors and specialists. She shared that some members feel they must diagnose themselves before being taken seriously. She emphasized the need for clearer communication and inclusive conversations that are accessible to all members, including those with limitations such as hearing difficulties. She also stressed that information shared at RCACs should be delivered in an open, understandable, and unrushed manner.* Dr. Amin responded that he appreciated her comments and interpreted that she was both thankful for the engagement and requesting that information be presented in a way members can understand. He clarified that the purpose of the listening sessions at RCAC meetings is not to explain or instruct members, but to hear directly from them. The goal is	

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	to listen to members' concerns and use those insights to identify areas that need to be addressed. **PUBLIC COMMENT** *Joyce Sales, RCAC 6 Vice-Chair, stated that she appreciated Dr. Amin's reminder that members are not alone and should make use of Member Services. Referring to the LASSO project, she said that Member Services is often the first point of contact for members and suggested that any system upgrades or improvements should start there. Dr. Amin responded that the LASSO team includes staff from the Customer Service Center, Network Team, and other departments across the organization. He acknowledged her comments and said they are being taken seriously. Ms. Sales added that in her experience, calls to Member Services often result in no help. She reiterated that improvements should begin at the first point of contact–whether that's Member Services, a Resource Center, or an office–since that is where members often turn first for support.* Member Lebron noted that there will be a listening sessions and spaces to speak at RCAC meetings. She stated if classes can be cancelled on the day that RCACs meet at CRCs so that the public can attend and participate. She asked if there can be some type of coordination between staff to make this possible. Board Member Gonzalez appreciated Dr. Amin's presentation and was glad to hear that issues are being addressed at the root cause. She asked how the LASSO project would affect all four of L.A. Care's product lines, especially given the limited representation of some lines at the RCACs. Dr. Amin acknowledged that smaller product lines sometimes receive less attention compared to Medi-Cal, which has the largest membership. The LASSO project is designed to address concerns shared across all lines of business, including those specific to the Exchange and Medicare Advantage populations. The project is not focused on where the concerns come from but is committed to addressing issues that impact all members. The listening sessions are designed to capture input from across the plan and that responses will reflect the diverse needs of the full membership. Vice Chair McClain stated that she was glad the LASSO project is underway, though she wished it had started sooner. She pointed to the use of the term "immediate deliverables" in the project materials and expressed concern about how long it takes for members' urgent issues to be resolved. She emphasized that for seniors and people with disabilities, delays in addressing problems can be life-threatening. She urged that more clarity and urgency be given to members' real-time needs. Dr. Amin clarifiedthat the LASSO project is not intended to resolve individual or urgent member issues on a case-by-case basis. There are	

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	already established processes in place such as customer service and grievance procedures to address specific concerns like authorization problems or provider issues. LASSO is a broader, long-term initiative aimed at improving the overall health plan experience for all 2.7 million members. While some components like education and network improvements will begin within the next couple of months, he emphasized that LASSO is not a substitute for handling urgent or individual member complaints. Member Byrd appreciated the LASSO presentation and asked Dr. Amin to be more specific about who exactly would be part of the project teams. She wanted to know whether representatives from the health plan would be attending RCAC meetings and how many people would be involved, expressing a desire for more clarity about team composition. Dr. Amin responded that the LASSO work group is made up of high-level leaders from across L.A. Care's divisions, including Health Services, Operations, Network, and Strategy. These leaders report progress regularly to senior leadership, including the CEO, on a biweekly basis. The group has developed initiatives within each division of the health plan, categorized into short-term, long-term, and immediate actions. He explained that while he didn't share all the detailed initiatives due to their complexity, the listening sessions starting in May would include representatives from the project management team and possibly some clinical staff. He added that while not every RCAC would have full representation from every department, each session would include a mix of team members whose goal is to listen, gather input, and ensure all major concerns and are captured. Dr. Amin emphasized that they have already heard many of the core concerns but remain open and committed to gathering more feedback. Member Salazar stated that it was a pleasure to have Dr. Amin present and asked about the "You Don't Have to Navigate Care Alone" section of the LASSO program. She specifically wanted to know whether care navigators would be included in the project to assist members during emergencies, noting that she did not see them mentioned in the presentation. Dr. Amin responded that navigators, particularly those from the Customer Solution Center (CSC), will indeed be involved in the LASSO project. The head of the CSC is a core member of the LASSO workgroup and is helping lead the initiative, with the full CSC team falling under their oversight. He further clarified that the workgroup includes high-level leaders from across key areas of the organization—including operations, customer service, and medical management—ensuring that navigators and related support services are part of the effort to improve member care and access. Member Perez appreciated Dr. Amin's presentation and acknowledged its significance. She emphasized that credit for the LASSO project's progress should go to the RCAC members	

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	and the wider membership who contributed valuable input through questions, concerns, and grievances. She highlighted that the work is built not only on what the RCACs brought forward, but also on the broader experiences of the members. She pointed out that one of the key items in the presentation—specifically the third item on page four—addresses member benefits. She noted that while this information is usually provided at community centers, those were closed during the pandemic, and she wanted to understand the approach moving forward. Dr. Amin expressed his appreciation for her comments and agreed that the success of the project is due in large part to member feedback. He added that while the LASSO project cannot solve every issue with Medi-Cal or the healthcare system at large, it aims to transform how L.A. Care operates—particularly how it delivers customer service. The goal is to shift L.A. Care into being seen as a high-performing, responsive organization similar to the best customer service companies. Dr. Amin acknowledged the complexities of the healthcare system but emphasized that listening to members and improving care coordination are things within their control which is the core purpose of the LASSO project. Member Lara stated that the LASSO presentation was excellent and comparable to others she had heard before. She requested that the presentation be made accessible to members, preferably by email, because it contained a lot of important information that would be difficult to fully remember without written material. Dr. Amin responded that he preferred having LASSO project representatives attend each RCAC meeting to verbally explain the project and then begin the listening sessions. The written materials were dense and might overwhelm some members, so it was better to keep the explanations simple and direct. Dr. Amin encouraged RCAC leaders to ensure the team presents the information clearly and helps members understand what kind of input they are seeking. Member Lara asked whether the member listening session, specifically referenced on page 8 of the presentation, would allow enough time, suggesting they should dedicate 20 to 30 minutes. She emphasized that members need enough time to ask questions or make comments, noting that the current one-minute speaking limit passes quickly, and meaningful dialogue takes more time. She added these listening sessions should become a central part of the RCACs moving forward. Dr. Amin responded that the team attending the listening sessions will not be rushed and will remain present to engage with members as long as needed.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ECAC CHAIRPERSON'S REPORT	Chairperson Rodriguez presented Motion ECA 100.0425 *(A copy of the motion can be obtained from CO&E).* **ECA 100.0425** ***Motion to recommend approval of new candidate (s) for RCAC membership.*** **PUBLIC COMMENTS** *Elizabeth Cooper thanked the Chair and staff and respectfully requested that committee members be given more time to discuss and raise motions during meetings. They acknowledged the strong support from staff, including the Chief of Staff, but expressed disappointment that members sometimes don't have enough time to fully address important issues. The speaker said this can lead to feelings of frustration, as some concerns are left undiscussed. Ms. Cooper stated that she was glad to see new candidates joining and encouraged the RCAC to consider greater diversity in its membership. She emphasized the importance of including more women, parents, and individuals who can participate consistently. She said this would improve understanding of what's happening and how the RCACs provide input. Ms. Cooper expressed appreciation for existing diversity and urged both the committee and ECAC to continue expanding representation so that a wider range of voices and viewpoints can be heard and considered.* *Andria McFerson stated that there needs to be a conversation about the structure and purpose of the Regional Community Advisory Committees (RCACs). She said the committee should truly reflect its role as a diverse advisory body that promotes open communication from all perspectives. She emphasized the importance of including people from different cultural backgrounds, age groups, mental and physical abilities, and economic statuses especially those from the low-income and working-class communities served by L.A. Care. Ms. McFerson also stressed the need to actively invite these members to participate in the advisory process to ensure their voices are represented and the committee can make a meaningful impact. She concluded by noting the urgency of these efforts, as important changes are currently underway.* Member Salazar stated that while discussions about increasing diversity are important, recruiting members from various backgrounds and nationalities is actually very challenging. She shared her experience being part of a recruitment group and noted the difficulty in finding individuals willing to commit. She emphasized that participation in the RCAC requires dedication and time, and people must join because they genuinely want to help. She added that achieving true diversity is difficult, especially when looking for people who are both representative and committed to the work.	**Approved Unanimously. 10 AYES**

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	Vice Chair McClain stated that she wanted to add to the discussion on diversity, echoing earlier comments. She shared that she also served on the selection committee and participated in interviewing candidates. She noted that while some applicants did come through the process, not all met the criteria currently required by the State. The committee is doing its part, but acknowledged that they cannot force people to apply. She emphasized the importance of community outreach to encourage more people to apply and participate, but clarified that even being interviewed does not guarantee selection. She concluded by referring to her comments as an educational reminder.	
MEMBER ISSUES	**PUBLIC COMMENTS** *Elizabeth Cooper stated that she respects the Chair and Board members but disagreed with the earlier comment about State requirements limiting recruitment efforts. She emphasized the importance of addressing member issues, especially within the disability community, and encouraged committee members to be more informed about those concerns. Ms. Cooper noted that she actively tries to recruit new participants and leads by example. She urged the Board to remember the influence and responsibility they hold and asked them to genuinely listen to the public. She concluded by reaffirming her respect for the Board and its staff.* *Andria McFerson stated that when discussing member issues, the committee should prioritize using the available $5,000 in a way that meaningfully connects with the public. She emphasized the importance of hearing directly from members about their experiences and concerns. She noted that L.A. Care is the largest public health plan in the nation because of its community-driven roots, with members historically promoting the plan and informing others about the need for coverage. She recognized long-time members like Ms. Cooper for their past community advocacy and said funds should support public events and outreach to fulfill the committee's mission and better serve members.* *Demetria Saffore stated that as a member of RCAC 4, she was concerned about long wait times for care, noting that L.A. Care has around 2.6 million members but only about 10,000 providers half of whom are primary care physicians. She emphasized that this is not enough to adequately serve the membership and asked whether the network would be expanded to include more providers.* Dr. Amin responded that part of the LASSO project includes evaluating and optimizing the provider network, especially in specialty care. L.A. Care is assessing the sufficiency and capacity of current participating provider groups and looking at opportunities for additional	

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	contracting and service access. He assured that the team is committed to improving access for members. **PUBLIC COMMENT** *Dorothy Lowery stated that she has been with L.A. Care for about nine years, possibly longer, and shared that her primary care doctors in the network did not help her with her health concerns. She eventually received approval to go to Cedars-Sinai, which did provide support. She expressed frustration that some network doctors seemed upset because she had her own understanding of her health issues, such as dementia and parasites, and asked when improvements to care access would begin.* Dr. Amin thanked Ms. Lowery for sharing her experience and acknowledged the time and effort it took for her to attend the meeting. He explained that for her specific case and health concerns, L.A. Care staff, including case managers and navigators, were available and ready to help. He clarified that the LASSO project is not designed to address individual member grievances but is instead focused on identifying and resolving broader systemic issues, such as access to care and transportation. He said that work on those larger issues is already underway. **PUBLIC COMMENT** *Joyce Sales, Vice Chair of RCAC 6, made a public comment stating that the issues of provider shortages, long wait times, and the need for better training will take time to address and cannot be solved immediately. She acknowledged Dr. Amin's comments about the long-term nature of the process but emphasized that for L.A. Care's large membership, it is important to consider what incentives are being offered to attract more providers into the network. She suggested that without strong incentives, it would be difficult to encourage provider participation, especially since this is a broader issue faced at the state and federal levels.* Dr. Amin affirmed that L.A. Care already offers several incentives to encourage provider participation. He explained that providers can earn more money by delivering better quality care and that reimbursement rates are being increased through contract adjustments. Additionally, there are programs to support medical students, new doctors, and community-based physicians, especially through L.A. Care's safety net initiatives. L.A. Care has invested significantly in these efforts over the years and emphasized that members should feel proud of the health plan's financial commitment to supporting the provider network. Member Mayoral shared a concern about a recent incident involving a woman who struggled to get emergency assistance because she did not speak English. The woman	

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	witnessed someone collapse and attempted to call 911 but was unable to communicate effectively. A bystander made the call instead and was reportedly told that emergency services could not respond without the individual's consent. Member Mayoral questioned whether L.A. Care is aware of any new law requiring consent before calling 911 and expressed uncertainty about whether this issue was appropriate to bring up during public comment. Member Perez stated that there are many L.A. Care members that are unaware of the phone number on the back of the card that they can call and get help from member services. Dr. Amin commented that a key issue identified in the LASSO program is that many members are not fully aware of the benefits available to them or where to go for help. When they visit provider offices, they often do not know the right questions to ask. To address this, there is a major focus on improving member education. While solutions are not fully in place yet, the team is working on developing better guides, training, and materials to help alleviate the issue. Vice Chair McClain asked if a phone number be placed on the front of their ID card, some do not know the member services number is on the back of their member ID card. Dr. Amin responded that ID cards are heavily regulated, and there are limitations on what can be placed on the card and where.	
OLD BUSINESS		
CALL THE CAR	Dr. Michelle Tyson, *Chief Executive Officer, Call the Car*, and Michael Fell, *Chief Operating Officer, Call the Car*, gave an update about Call The Car's transportation services *(a copy of the written report can be obtained from CO&E).* Overview The presentation introduces Call the Car (CTC) as L.A. Care's contracted Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) provider. It emphasizes CTC's member-centered approach and highlights innovations, quality improvements, and performance metrics related to healthcare transportation services. CTC's Mission and Role • Primary role: Provide reliable, compassionate, and innovative transportation for L.A. Care members. • Key Services: o NEMT: Transportation for members with physical or mental health conditions requiring a medically trained driver or specialized vehicle (e.g., gurney, wheelchair, stretcher).	

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	o NMT: Transportation for members who do not require specialized vehicles but need rides to medical appointments or pharmacy visits. • Accessibility: Services available 24/7 via phone, online portal, or mobile app. Service Highlights • Fleet Size: 6,000+ vehicles across Los Angeles County. • Language Support: 300+ spoken languages and dialects available via interpretation services. • Technology: Use of GPS tracking, app notifications, and a member-friendly mobile interface. • Scheduling: Members can schedule rides up to 30 days in advance, with same-day service available for urgent needs. Performance Metrics • Total Trips Completed (2024): Over 1 million trips. • On-Time Performance: o 98% of trips arrived on time. o Dedicated team tracks and addresses delays in real time. • Member Satisfaction: o 92% positive feedback score from member surveys. o Frequent quality checks and ride audits to maintain high standards. Special Initiatives Mobile App Enhancements: o Real-time ride tracking. o Driver ETA updates. o Feedback submission directly in the app. • Driver Training Programs: o Emphasis on sensitivity training, particularly for transporting seniors and members with disabilities. o Annual re-certifications and emergency response preparedness. Community Partnerships: o Collaboration with community health workers and clinics to streamline transportation scheduling. Innovations in Care: o Pilot programs for **behavioral health transportation** and **group ride** coordination for members attending the same clinic. Challenges and Responses	

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	• Common Barriers:
	  o Missed pickups due to unclear addresses.
	  o Language barriers during scheduling.
	  o Member unfamiliarity with services.
	• Solutions Implemented:
	  o Geolocation improvements.
	  o Expanded multilingual staff training.
	  o Educational outreach via brochures, videos, and community events.
	
	Member Testimonials
	Several real quotes and anonymized stories were included in the slides to highlight positive member experiences with CTC drivers and how transportation access improved their ability to receive care.
	
	Future Goals (2025 and Beyond)
	• Expand service integration with L.A. Care programs (e.g., CalAIM).
	• Launch new "Health Ride" program for preventive care visits.
	• Partner with local city initiatives to increase transportation access in underserved ZIP codes.
	• Strengthen member feedback loops through monthly surveys and community advisory boards.
	
	PUBLIC COMMENTS
	Andria McFerson shared an incident from the RCAC 5 meeting where a senior member struggled to get out of a vehicle due to mobility issues and an unstable stool, spending about 15 minutes trying. She thanked Mr. Rodriguez and others for making changes to improve the situation and appreciated them taking the time to speak about it.
	
	Dorothy Lowery shared her frustration with long wait times for transportation, saying she once waited over an hour and a half. She noted that while she has no issues with the service from Lyft–since they provide clear updates, Call the Car lacks electronic communication tools like a lift pass. She often gets calls saying a car will arrive in 30 minutes, but ends up waiting much longer, with appointments canceled and inconsistent follow-through. She emphasized the need for better communication, suggesting Lyft as a more reliable example.
	
	Mr. Fell stated that improving communication is a key focus, both through representatives and by enhancing technology. The goal is to provide real-time updates—similar to what	

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	Lyft offers, so members can see their transportation vendor's estimated arrival time (ETA) and prepare accordingly. Member Lara expressed concerns about the lack of communication regarding transportation pickups. She shared that unless someone has a phone, they don't receive updates. For example, her scheduled 8:35 a.m. pickup arrived at 8:55, and she had to call "Call the Car" herself to find out why. She emphasized that members often have no advance information about the driver or timing, which creates confusion and inconvenience. Vice Chair McClain shared that while she was personally able to adjust her schedule quickly, not all members, especially seniors or individuals with disabilities, can do the same. She emphasized that some rely on caregivers and may not be able to change pickup times easily, highlighting the need to consider these limitations when addressing transportation scheduling issues. Member Byrd expressed frustration with the shift toward automated systems and self-service apps, stating a clear preference for human interaction. She emphasized the importance of maintaining a "human touch" in services, particularly for seniors and others who may not be comfortable or familiar with technology. She urged that these needs be considered in future planning. Dr. Tyson noted that many people had never used Lyft before using "Call the Car," highlighting a generational gap in comfort with certain technologies. She emphasized that what may seem normal to one group is not necessarily so for others, pointing to a broader issue of access to care. Dr. Tyson described this as a call to action for "Call the Car" to think differently, listen more, address concerns, and focus on both teaching and learning in the process. She thanked members for their valuable input. Chairperson Rodriguez thanked everyone for the efforts to improve the "Call the Car" service but reminded the group that the drivers are there to help and deserve respect. She noted the importance of mutual responsibility, members should not distract drivers while they are working and should treat them with kindness, just as drivers should treat members kindly in return. Member Salazar stated that while it is important to know the driver's location and there may be a way to contact them, many low-income individuals and seniors use phones that do not support apps. Although having an app sounds beneficial, it may not be effective for those populations.	

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	Mr. Fell stated that there is a grace period during which teams can be educated about the need to opt in to receive text messages. Customer Service Representatives (CSRs) should ask callers if they would like to opt in for text messages and phone calls, as that is the only way such information can be sent. He suggested that internally, by RCAC region RCAC, they could identify areas with low opt-in rates to better target outreach efforts. Member Lebron stated that while there can be challenges using the application, they are grateful for the technology. They encourage others to use it and help those who may not know how. Based on their experience, once people begin using the technology, it improves the process. They shared a personal example where they initially experienced delays but now receive timely updates, which has made things much better. Member Perez spoke about the medical transportation benefit and emphasized the importance of educating members about their rights and responsibilities. They shared a personal experience of applying for Access services for their autistic son, noting that they received a pamphlet outlining all relevant information. Member Perez questioned whether members are fully aware of what services are available to them and what their rights and responsibilities are. Mr. Fell stated that they will work with L.A. Care to try to improve that.	
NEW BUSINESS		
MOTION FROM RCAC 3	Gladis Alvarez, *RCAC 3 Chair*, presented Motion ECA 101 *(a copy of the motion can be obtained from CO&E).* **<u>Motion ECA 101.0525</u>** RCAC 3 formally request that L.A. Care investigates and take immediate action to address the following: • L.A. Care Health Plan conduct a formal investigation into access and service issues at East Valley Clinic sites in Pomona, Covina, West Covina, and La Puente, with specific attention to appointment scheduling, phone responsiveness, pharmacy delays, process of referrals to specialist, and negative customer service experience. • L.A. Care Health Plan, work with its internal departments—such as Contracting, Provider Network Operations, and Facility Site Review (FSR)—to address the issues identified and to provide follow-up and potential corrective actions at the East Valley Clinic. **The committee voted to approve Motion ECA 101.0525.**	**Approved Unanimously. 10 AYES**

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AT-LARGE MEMBER ELECTION	Chairperson Ana Rodriguez presided over the At-Large Member Election. PUBLIC COMMENTS *Elizabeth Cooper expressed concern about the limited number of available seats and the lack of public input in the candidate selection process. She stated that voters should be informed about the candidates' positions and intentions, emphasizing that written statements are not enough–she would like to hear directly from the candidates to better understand what they plan to do for the community.* Vice Chair McClain responded that a Q&A from the candidates will be provided. *Andria McFerson raised concerns about the effectiveness of automated systems for individuals with disabilities, dementia, or other limitations. She emphasized the need to consider how such systems impact vulnerable populations and questioned how representatives can ensure outreach to those who are isolated, such as people with disabilities who may not have family or support–only services like IHSS. She added that while she is not running for office and prefers to advocate rather than engage in politics, she hopes representatives truly speak for the broader public, especially those facing significant barriers to access and communication.* **ECAC At-Large member representing all Community Advisory Committee members** *(The candidates were given the opportunity to deliver their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)* Result of first round of voting: • Scott Clapson – 4 votes • Diana Camacho – 0 votes • Brynette Cruz – 6 votes • Fresia Paz – 0 votes **Brynette Cruz received 6 votes and was elected At-Large Member representing all Community Advisory Committee members.** **ECAC At-Large member representing the L.A. Care member population of seniors and persons with disabilities** *(The candidates were given the opportunity to deliver a their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)* Result of first round of voting:	

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	• Jose Lopez – 0 votes • Lynnea Johnson – 2 votes • Deaka McClain – 8 votes **Deaka McClain received 8 votes and was At-Large Member representing the L.A. Care member population of seniors and persons with disabilities.**	
FUTURE AGENDA ITEM SUGGESTIONS		
	Member Perez stated that members have expressed interest in being more involved with Community Resource Centers (CRCs). She requested that members consistently receive the monthly event calendar and be included in regional RCAC communications, so they are aware of and can access CRC events, resources, and workshops. While not asking for special priority, she stressed the importance of keeping RCAC members connected and informed. She also noted that Ms. Salazar previously raised this issue, but no updates have been provided yet. She encouraged following CRC activities on social media for more information. Board Member Gonzalez noted that there is a report regarding the make-up of the membership of the RCAC and recommended creating an ad hoc committee to increase membership and increase diversity. Vice Chair McClain said she would like the Committee to discuss ways to address the time allotted for agenda items. Member Perez would like to place an agenda item to discuss revising the agenda. Vice Chair McClain said she would like to discuss ways to allow more time for discussion from members and the public.	
PUBLIC COMMENTS		
	PUBLIC COMMENT *Elizabeth Cooper thanked the Chair and staff for their support and acknowledged earlier comments about individuals with disabilities. She retracted a previous grievance remark, expressing respect for the staff. However, she voiced disappointment over the lack of public input in the candidate selection process, noting that RCAC members were not consulted. She urged RCAC chairs to engage their members for input, rather than speaking solely on their own behalf. Ms. Cooper also shared her long-standing advocacy for the disabled community, including her developmentally disabled son, Jonathan. She noted that RCAC members deserve to have their voices heard, not just the Board of Governors.* *Andria McFerson expressed concern that not being given sufficient time to speak may be a violation of her ADA rights. She proposed creating a specialized task force or*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	separate committee focused on health disparities, including topics such as mental and physical health, disability, seniors, mothers, and homelessness. She emphasized that such a group would allow for deeper discussion, better coordination, and more inclusive representation across diverse communities. Ms. McFerson believes this would foster mutual understanding and address disparities in mortality and chronic illness rates, ultimately leading to more meaningful and impactful outcomes. *Scott Clapson , from RCAC 4, reiterated concerns he previously shared at the Board of Governors and RCAC 4 meetings at the request of the new At-Large Representative. He spoke about his experience living in a non-profit, Section 8 housing program called SRO (Single Room Occupancy), which houses individuals who all receive Medi-Cal. Despite having case workers and health navigators in the building, including an L.A. Care headquarters office on the third floor, he emphasized a significant lack of coordinated care between the Department of Mental Health, L.A. Care, and SRO. He called attention to the broader systemic issue of inadequate continuity of care across the county.* *Joyce Sales began by congratulating all the candidates and the winner of the election, commending their dedication and participation as a sign of their commitment to serve effectively. She asked when it would return, noting its value in encouraging member participation and increasing L.A. Care's visibility in the community. She noted challenges seniors and people with disabilities face when calling the number on the back of their membership card, stressing that many callers need immediate assistance and are not interested in reading about services–they need direct, timely support.*	
ADJOURNMENT		
ADJOURNMENT	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, ECAC Chair _____
Date _____

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	separate committee focused on health disparities, including topics such as mental and physical health, disability, seniors, mothers, and homelessness. She emphasized that such a group would allow for deeper discussion, better coordination, and more inclusive representation across diverse communities. Ms. McFerson believes this would foster mutual understanding and address disparities in mortality and chronic illness rates, ultimately leading to more meaningful and impactful outcomes. *Scott Clapson , from RCAC 4, reiterated concerns he previously shared at the Board of Governors and RCAC 4 meetings at the request of the new At-Large Representative. He spoke about his experience living in a non-profit, Section 8 housing program called SRO (Single Room Occupancy), which houses individuals who all receive Medi-Cal. Despite having case workers and health navigators in the building, including an L.A. Care headquarters office on the third floor, he emphasized a significant lack of coordinated care between the Department of Mental Health, L.A. Care, and SRO. He called attention to the broader systemic issue of inadequate continuity of care across the county.* *Joyce Sales began by congratulating all the candidates and the winner of the election, commending their dedication and participation as a sign of their commitment to serve effectively. She asked when it would return, noting its value in encouraging member participation and increasing L.A. Care's visibility in the community. She noted challenges seniors and people with disabilities face when calling the number on the back of their membership card, stressing that many callers need immediate assistance and are not interested in reading about services–they need direct, timely support.*	
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Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date 5/14/25

BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – January 30, 2025

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Alex Li, *MD, Chief Health Equity Officer*, *Chairperson*
Sameer Amin, *MD*, *Chief Medical Officer*
Elaine Batchlor, *MD, MPH**
Paul Chung, *MD, MS*
Muntu Davis, *MD, MPH**
Rishi Manchanda, *MD, MPH*
Elan Shultz
Stephanie Taylor, *PhD*

Management

Noah Paley, *Chief of Staff*
Tom Schwaninger, *Senior Executive Advisor Digital, IT Executive Administration*
Wendy Schiffer, *Senior Director, Strategic Planning, Strategy*
Felix Aguilar-Henriquez, *MD, Medical Director, Quality, Quality Improvement*
Cherie Compartore, *Senior Director, Government Affairs*

** Absent ***Present (Does not count towards Quorum)*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alex Li, *MD*, *Chief Health Equity Officer,* called the meeting to order at 2:05 PM.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved Unanimously by roll call. 6 AYES (Amin, Chung, Li, Manchanda, Shultz, and Taylor)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The October 10, 2025, meeting minutes were approved as submitted.	**Approved Unanimously by roll call. 6 AYES**
CHAIRPERSON'S REPORT • **Chief Health Equity Update**	Member Alex Li, *MD*, gave a Chief Health Equity Officer Update.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Li announced the appointment of Martha Santana-Chin as LA Care's new Chief Executive Officer, effective January 6, 2025, following John Baackes' recent retirement. Ms. Santana-Chin, a native of Los Angeles, brings extensive experience working with local health centers, safety-net providers, and key stakeholders at the city, state, and national levels. Despite only being in her role for a few weeks, she has already demonstrated calm and effective leadership, especially during the recent devastating fires. The fires impacted around 40,000 members in evacuation zones, including over 900 homebound individuals. L.A. Care prioritized outreach to those most at risk, including individuals with complex health conditions, and facilitated transfers of about 240 members from nursing facilities. Staff also faced evacuations, with about 10% displaced, though none lost their homes. The organization activated community resource centers to provide masks, food, and assistance, suspended prior authorization referrals to ease hospital discharges, and granted emergency funds to nonprofits supporting affected communities. Staff also contributed through donation drives. Ms. Santana-Chin will be bringing a motion to the board in February to explore additional support for affected members and providers. Chairperson Li also highlighted the board's recent resolutions affirming L.A. Care's commitment to serve all members regardless of immigration status and supporting California's efforts to protect reproductive and immigrant rights. These resolutions provide a framework for ongoing policy discussions and advocacy. In children's health, L.A. Care has identified four key focus areas: supporting the child welfare system, combating vaccine misinformation and promoting vaccine catch-up, building resiliency in school-aged youth, and aiding youth with complex health conditions in transitioning to adult care systems. The organization welcomes involvement from advisory committees and working groups on these issues. He also noted an important ongoing initiative is the enhancement of LA Care's infrastructure and communication portals to improve two-way communication between the health plan, providers, and members. This system is currently in user acceptance testing and is expected to launch early this year.	
GOVERNMENT AFFAIRS UPDATE **Immigration Policies** **Medi-Cal Benefits** **Covered California Benefits**	Cherie Compartore, *Senior Director, Government Affairs*, gave a Government Affairs Update. Ms. Cherie Compartore reported on several concerning federal actions, particularly recent executive orders from the Trump administration. One major directive attempted to freeze nearly all federal grants and loans—excluding Social Security, Medicare, and reportedly Medicaid—but still caused confusion and disruptions, including temporary	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	closures of Medicaid portals. Legal challenges have paused the implementation for now, with a judge expected to extend the freeze. Ms. Compartore noted that similar attempts to override Congress's budget authority have failed before and emphasized the impact this could have had on over 2,600 programs, such as funding for children's hospitals and public health services. She also flagged a new executive order that would prohibit federal funds from being used for gender-affirming care for minors, which is expected to face legal challenges. L.A. Care is awaiting guidance from California's Department of Health Care Services on how the state might respond if federal funding is restricted. Her team is actively tracking these executive actions and related lawsuits, focusing on areas like LGBTQ+ issues, health care, and immigration, and is willing to share those tracking documents. On the state budget, Ms. Compartore explained that although Proposition 35 passed, several programs lost potential funding because their support was contingent on its failure. As a result, there will be no new funding for continuous eligibility for children under five or for community health workers. Covered California remains unchanged for now, but enhanced federal subsidies are set to expire, posing another concern. She discussed the challenges of advocacy in the current political environment, with Republican control in Congress. Her team is strategizing how to effectively frame messaging, especially to conservative lawmakers, emphasizing the economic impact of cutting Medicaid and other services. They are considering hiring experts to help quantify and communicate the broader economic consequences.	
HEALTH INFORMATION EXCHANGE (HIE) UPDATE	Tom Schwaninger, *Senior Executive Advisor Digital, IT Executive Administration,* gave a Health Information Exchange (HIE) Update *(a copy of the presentation can be obtained from Board Services).* The presentation on Health Data Interoperability outlined key developments and goals in enabling secure, timely, and efficient health information exchange between providers, payers, and patients. Interoperability was defined as more than just exchanging data—it involves using that data meaningfully to improve health outcomes. The federal government, through the Office of the National Coordinator (now ASTP) and CMS, sets nationwide interoperability standards and rules. At the state level, California's Data Exchange Framework (DxF), created by AB 133, mandates data sharing among most healthcare entities and designates Qualified Health Information Organizations (QHIOs) like LANES, which L.A. Care has selected as its intermediary. L.A. Care is compliant with both federal and state regulations, having implemented APIs for member access and clinical data sharing. It actively participates in governance through the LANES	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Board and its internal HIE Steering Committee. The presentation also addressed value propositions and adoption barriers such as provider burden, privacy concerns, and the need for better integration of clinical and social service data.	
CHIEF MEDICAL OFFICER UPDATE	Sameer Amin, MD, *Chief Medical Officer*, advised the committee that the January 2025 Chief Medical Officer report is included in the packet for the committee to review. *This agenda item was not discussed.*	
ADJOURNMENT	The meeting was adjourned at 3:52 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: Signed by: Alex Li, MD FF33F5D33BFB4D4... Alex Li, MD, *Chairperson*

5/22/2025 | 9:50 PM PDT
Date Signed

APPROVED

BOARD COMMITTEE REPORTS

- Executive
- Finance & Budget
- Compliance & Quality

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – April 23, 2025

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

Members
Ilan Shapiro, MD, MBA, FAAP, FACHE, *Chairperson*
John G. Raffoul, V*ice Chairperson**
Stephanie Booth, MD, *Treasurer*
Nina Vaccaro, *Secretary*
Alvaro Ballesteros, MBA*
G. Michael Roybal, MD

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

**Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ilan Shapiro, MD, *Chairperson,* called to order at 2:05 pm the meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee. The meetings were held simultaneously. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The agenda for today's meeting was approved.	**Approved unanimously. 4 AYES (Booth, Roybal, Shapiro, and Vaccaro)**
PUBLIC COMMENT	There was no public comment.	
APPROVE MEETING MINUTES	The minutes of the March 26, 2025 meeting were approved.	**Approved unanimously. 4 AYES**
APPROVE CONSENT AGENDA ITEMS FOR MAY 1, 2025 BOARD OF GOVERNORS MEETING	Approve Consent Agenda Items for May 1, 2025 Board of Governors Meeting • April 3, 2025 Board of Governors Meeting Minutes • Revised 2025 Board and Committee Meeting Schedule • Authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate	**Approved unanimously. 4 AYES**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy. • Regional Advisory Community Committees (RCACs) membership • Ratify elected Executive Community Advisory Committee At-Large Members: Deaka McClain and Brynette Cruz	
CHAIRPERSON'S REPORT	Chairperson Shapiro reported that he will appoint members to the ad hoc Legislative Committee to address urgent legislative and regulatory issues that may arise between Board meetings. This will help L.A. Care to be quick and nimble in responding to potential impacts to members and to the health plan. He encouraged all Board Members, and especially members of the Executive Committee, to participate in RCAC meetings throughout the year, to listen to the L.A. Care members and learn about the member experience.	
CHIEF EXECUTIVE OFFICER'S REPORT	Martha Santana-Chin, *Chief Executive Officer*, reported that the senior leadership and several other leaders within the organization have been reviewing L.A. Care's strategic plan. A two-day session is planned May 5-6 to finalize a plan. The plan is informed by feedback from a variety of stakeholders and is building on strong foundational work by L.A. Care over the last several years. The strategic plan will take advantage of capital investments and the work done in remediation of the enforcement actions. All those things are included and incorporated in the strategic plan. She requested that the ad hoc legislative committee meet by mid-June to review the strategic plan before it is final. L.A. Care needs to consider measures at the federal and state levels and infuse that into the strategic planning. In the meeting materials are a series of letters, articles, and information that members might find useful in raising awareness around issues that could come to pass if proposed federal cuts are made to programs for L.A. Care members. A key strategy for L.A. Care is to participate in coalitions with a national perspective, to address districts for members of Congress that will have an influence on the proposals. The information included is from organizations such as the California Association of Health Plans, the Partnership for Medicaid, and Medicaid Health Plan Association. There is a letter from twelve Republican members of Congress on the Health Committee, jointly opposing Medicaid cuts. They are the first Republican Congressional members to take this stance.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Board Member Roybal referenced the letter sent by the members of Congress to their leadership and noted that it looks like most are in red districts that either went for Biden or are Biden adjacent and asked if it was a strategy for representatives to align advocacy. Ms. Santana-Chin responded that most of the coalitions that L.A. Care participates with have specifically been educating those members in particular because they are in swing districts and are more moderate members of Congress. In California, L.A. Care has partnered with its sister health plans to arm them with support or information to really make the case. The representatives seem to be at least listening. Board Member Booth thanked her for information because it reads like a list of talking points. Noah Paley, *Chief of Staff*, thanked Chairperson Shapiro for mentioning the RCACs and encouraging Board members to attend the meetings. He and Ms. Santana-Chin attended a RCAC meeting last week. The meetings are amazing forums, and as noted in the CEO Board report this month, the Community Outreach and Engagement (CO&E) Staff has been developing and refining proposals to improve administration of the Community Advisory Committees. A goal is to ensure suitable diversity of inputs, inclusive accountability, and equitable representation. CO&E staff will be reviewing the proposals with senior leadership early next week. The overriding objective is to address member concerns about the diversity of the advisory committees, the accountability of community representatives and leaders, and the barriers that members perceive to being heard and providing meaningful input. To that end, staff is crafting proposed statements of work for engaging experienced consultants to achieve three things: 1. Facilitate listening sessions with RCAC members about diversity concerns and suggestions for improving committee meetings. 2. Enhance the leadership capacity of RCAC Chairs and Vice Chairs. 3. Provide additional training to CO&E staff about inclusive practices for enabling a diversity of member inputs. In addition to vetting and engaging experienced consultants to facilitate these discussions and provide the training and capacity building for advisory committee members, RCAC leaders, and staff, other proposals under consideration will be reviewed early next week which include modifying current advisory committee meeting agendas to provide time for members to discuss topics of their choosing. As presently	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	conceived, the idea would be for members to decide on appropriate discussion topics at a prior meeting and establish their own workable rules for managing the discussion and governing how fellow members can provide input on the previously selected topic. Each RCAC has discretion to decide by majority vote to modify the format of the meeting agendas to establish these proposed topic-specific forums and to decide on the rules of order during the forums. In other words, these modifications would not require a change to the ECAC/RCAC operating rules. Finally, RCAC meeting enhancement options will be shared with the ECAC and RCAC members for their consideration and discussion, facilitated by the consultants engaged for that purpose. Chairperson Shapiro commented that he has heard a lot of governance information and there is history about how things had been done, how they are being done now. He asked about L.A. Care's role, we want to include them, but operation-wise, can L.A. Care guide them or are advisory committees an independent body. Sameer Amin, *Chief Medical Officer*, clarified the question as how forward L.A. Care can be in guiding advisory committees while listening and understanding the concerns. He noted that Chairperson Shapiro has attended and is familiar with RCAC meetings. L.A. Care staff facilitates the discussions. The RCAC members have some self-regulation in the rules the committees have set up. At times there are challenges in following the existing rules and there is a need to create some space within the construct to be able to have an open discussion. L.A. Care attempted to introduce the open conversation format in the restructure about a year ago, and there was some controversy because members felt it would be a separate meeting with different membership, and they were not comfortable with the idea. To facilitate the new structure, that concept was abandoned. This could be a way to bring it back in a way members understand, with a new setting for open discussion. Dr. Amin noted that through some of the L.A. Care Access, Service & System Optimization (LASSO) work around understanding member feedback, there will now be staff from health services and across the organization at the RCAC meetings on a regular basis. Ms. Santana-Chin clarified his question is about the construct under which these committees are formed, what are the requirements for L.A. Care for the existing committee structure, and how much latitude and authority do the members have. She	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	wants to clarify so that, if an answer cannot be given today, staff could provide the information after the meeting. Chairperson Shapiro would like more information on the structure and understand how it works. He is very happy to hear that members are going to be part of the conversation, and the effort that L.A. Care is doing to bring specialists to uplift the voices of everybody. Ms. Santana-Chin responded that staff could send all kinds of important documentation, but staff has pulled together a set of proposed recommendations to make this work better. Augustavia Haydel, *General Counsel,* and the team are looking at ways to refine the structure to make advisory committees work. The proposed structure will be reviewed with the Executive Committee and eventually the Board. It will be organized in a way that is easy to understand. At a very high level, staff is trying to make the Board meeting productive by: • Having an appropriate way to share perspectives, concerns and ideas, etc. • Addressing some of the issues that have been heard that certain segments of the membership population do not feel heard, do not feel like the diversity is being respected in these conversations. • Addressing the concern that it used to work before, it doesn't work anymore, change it back. Another step to address complaints during public comment is for Board Members and Leadership to attend RCAC meetings. Ms. Santana-Chin's initial observation is that there is variability in how the agendas are set, how they are being facilitated, the meeting dynamics and the agenda topics the RCAC is addressing. There might be a way to streamline that. There is also an opportunity to be strategic with the topics that RCAC members discuss, so the members are empowered to make a difference in the community, and an opportunity for L.A. Care to hear what is important to the members. These are some challenges and opportunities that leadership is considering. L.A. Care has identified consultants to facilitate the meetings taking all the community concerns into account. Staff will provide recommendations at a future meeting. Mr. Paley noted that the restructure had included proposed separate roundtable meetings for topic specific discussions. The roundtable idea involved extra administration and additional stipends. Member feedback indicated they wanted to participate in both RCAC and roundtable meetings or they were feeling disenfranchised.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Staff is proposing to include the roundtable discussion in the RCAC meetings to optimize the value of the RCAC meetings by including an open forum for a pre-selected topic. Going back to the question about authority and the rubric for RCACs, as part of the procurement contract with the Department of Health Care Services (DHCS) and the enabling legislation, L.A. Care is obligated to have consumer advisory committees. The process for approving the changes required by DHCS required a modification to the Consumer Advisory Committee Operating Rules, and the Executive Community Advisory Committee (ECAC) must review and approve changes to those Rules. In turn, ECAC places the revised Rules on the Board agenda for review and approval. The recent proposed update to the Rules would be self-directed with expert guidance from consultants, to be decided by the members. At the RCAC meeting last week, Ms. Santana-Chin responded directly to member concerns about diversity issues, and about access to primary and specialty care services at one clinic. It was a very good discussion, and it was decided that a motion would be submitted to the ECAC for review and approval and then placed on the Board agenda. The process that has been established and the great work done by Dr. Amin and his team on the LASSO project has created an intake mechanism for member concerns and has gone a long way to improving member perceptions about the ability to provide meaningful input through the RCACs. L.A. Care can now follow through and implement the proposals to further support member feedback. Chairperson Shapiro thanked Mr. Paley for the information about the structure, the possibilities and the future. Board Member Booth asked about involvement of consultants. Mr. Paley responded that experts would facilitate the discussions at RCAC meetings. There are six consultants under consideration, five were recommended by Supervisor Holly J. Mitchell. The goal is to retain up to three consultants for purposes described earlier. L.A. Care will ensure engagement with members about diversity concerns, build capacity for RCAC leaders and members to recognize their accountability to one another and to the entire membership of L.A. Care. RCAC members represent the voice of L.A. Care members. The consultants will facilitate additional training to staff to recognize and enable a sufficient diversity of input. He reported at a recent RCAC 5 meeting, the staff accomplished that task, by facilitating a postponement of discussion to allow adequate diverse input from the RCAC members. The discussion was about changing the location of the RCAC meeting, and it was tabled at the suggestion of CO&E staff so more information and input could be gathered. The primary goal is to give members	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	the opportunity to reach appropriate clear consensus and to govern themselves to facilitate meaningful inputs to L.A. Care, with the assistance of discussion facilitators. Board Member Roybal asked about how L.A. Care will work with the Chairs and the Vice Chairs of RCAC, to help them grow into their role and learn to manage a meeting. Mr. Paley responded it is part of the proposal. Board Member Roybal noted it is a good way to help develop members, so that they learn those skills. Modeling meeting management will help future RCAC leaders also gain those skills. He suggested that RCACs have a Chair-designee, so the next chair will have an opportunity to learn.	
• Government Affairs Update	*Ms. Santana-Chin reported on Government Affairs during her CEO Report above.*	
COMMITTEE ISSUES		
L.A. Care Network Community Relief Fund Update	Ms. Santana-Chin commended Shavonda Webber-Christmas, *Director, Community Benefits,* for her work in the community to be sure L.A. Care is using its resources wisely. Ms. Webber Christmas noted that the Board of Governors approved $10 million for a wildfire relief fund, now referred to as the L.A. Care Network and Community Relief Fund (*a copy of her presentation can be obtained by contacting Board Services).* Initially, the purpose was to provide supplemental assistance in several funding rounds. The relief fund planning has evolved from external and internal input, and is guided by a national disaster recovery framework, the 2025 California disaster response overview, and we've been learning through many other collaborative opportunities to meet with and engage multiple partners. Within ten days of the fires, L.A. Care staff was talking and having meetings with concerned organizations. A monthly cross-sector collaborative meeting expanded to include the wildfires, and Cal OES has been instrumental in coordinating response for fire relief. California Community Foundation and United Way are the largest funders and have met with Ms. Webber Christmas and her team to give guidance and provide information about their plans and implementation. Other funders responding, including the Annenberg Foundation, have been collaborative. There are existing collaboratives with other health plans and health systems like Cedars, UniHealth and other foundations as well, communicating on where the needs are.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Core purposes are advancing recovery and rebuilding communities that were impacted, and reinforcing social and health care services systems. The needs of marginalized community members, their voices and concerns are prioritized through strategic support of innovative solutions. A focus for L.A. Care's grant making will be on under resourced and underrepresented community members, based on racial and ethnic identity, marginalized communities, seniors, children and youth, individuals with acute health care risk and mental health conditions and other special health care needs. It will include low wage workers, under insured and uninsured homeowners, renters, and displaced people experiencing homelessness, existing and new, because of the tragedy. L. A. Care will ensure that emergency and relief workers are included. L.A. Care will be funding different types of agencies, closing gaps, rebuilding, and maximizing long-term planning while responding to urgent needs in the community. This will include support for agencies restoring essential community infrastructure, to reduce long term displacement from permanent housing, workplaces, schools, civic culture, health care and other essential services. Support will be provided for mitigating emergency and safety needs of the community members lacking resources such as housing and food, optimizing opportunities for sustained and expanded coordinated health care and social services, and leveraging strategic opportunities to rebuild the economy through local and small business redevelopment, intentional land development and preservation, and through legislative and policy interventions. Staff will solicit recommendations from L.A. Care staff to identify existing sources of support, to learn about organizations already doing the work. L.A. Care will seek to add value to existing distribution and identify gaps in the delivery of response services. There will be a comprehensive vetting process to select aligned and effective agencies. By May 19, L.A. Care will send organizations provisional award notices that request proposals, with grants made in mid-June. Grant recipients will submit semiannual reports. Board Member Booth commented that monitoring the agreements and the reports is important and observed that this sounds like a good plan. Board Member Vaccaro thanked Ms. Webber Christmas for taking a holistic and comprehensive approach to addressing community needs following this tragedy. She appreciates the vision and the approach that L.A. Care has taken. It is important to have a systemic approach. She has spent a lot of time in her role and personally, talking to people in impacted organizations. Everything she sees here appears to be checking all	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	those boxes for what she would want to see L.A. Care funding used for, even thinking outside of the box. In the work Community Clinics Association of Los Angeles County (CCALAC) is doing to support the community health centers and the federally quality health centers (FQHCs), systemic issues have been raised. AltaMed was deeply impacted by the loss of a facility in Altadena, and patient wait times have drastically increased because people have experienced so much trauma from this fire. It is very difficult. The clinic would like to hold group meetings to alleviate wait times, but there would be no provider reimbursement to the clinic. Board Member Vaccaro offered to speak with Ms. Webber Christmas about the information she has learned about impacts on the health centers and the patients in the fire zones. It is significant and substantial, mental health needs to be at the forefront in addressing trauma that community members have experienced. They will have long term impacts to their health and wellbeing if it is not resolved. Board Member Vaccaro appreciates the leadership at L.A. Care. Ms. Webber Christmas responded that this was a group effort, Ms. Santana-Chin has been guiding her along with Mr. Paley and other senior leadership. They have heard the same concerns around reimbursement, workforce, and that mental health is primary. California Community Foundation and the Los Angeles County Department of Mental Health have a task force with the Department of Public Health to solicit resources for mental health services. L.A. Care is working with Southern California Grantmakers to build resources and will continue to work towards a suitable resolution while pushing for legislation to allow reimbursement.	
Annual Disclosure of Broker Fees (AB 2589)	Terry Brown, *Chief Human Resources Officer,* referred to materials in the meeting packet, reporting information about brokerage commission rates required under AB 2589. L.A. Care is paying an aggregate of about 2.5% of total cost of the benefits in commissions. This represents approximately three quarters of a percent below typical percentage at the medium level of 3.25%. Staff is in a process of a request for proposals for brokers and will see if that cost could go even lower.	
PUBLIC COMMENTS ON CLOSED SESSION ITEMS	There were no public comments.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:56 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:57 pm. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *April 2027* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act One Potential Case 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 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) 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* 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, and* Augustavia Haydel, *General Counsel*	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Ilan Shapiro, MD Unrepresented Employee: Martha Santana-Chin	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:51 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:51 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:
Signed by:
Ilan Shapiro, MD
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Ilan Shapiro, MD, MBA, FAAP, FACHE, *Chairperson*
Date: 5/27/2025 | 4:21 PM PDT

APPROVED

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – April 23, 2025

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

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
CALL TO ORDER	Stephanie Booth, MD*, Committee Chairperson*, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:00 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.	
APPROVE MEETING AGENDA	The agenda for today's meeting was approved.	**Approved unanimously. 3 AYES (Booth, Roybal and Vaccaro)**
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES	The March 26, 2025 meeting minutes were approved, as submitted.	**Approved unanimously. 3 AYES**
CHAIRPERSON'S REPORT	There was no Chairperson Report.	
CHIEF EXECUTIVE OFFICER'S REPORT	There was no CEO Report.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ITEMS		
Chief Financial Officer's Report • Financial Performance Report	Jeffrey Ingram, *Deputy Chief Financial Officer,* reported on Financial Performance for February 2025 *(a copy of the report can be obtained by contacting Board Services).* <u>Membership</u> February 2025 membership was 2.65 million: 3,203 favorable to forecast. Year-to-date (YTD) member months are 13.1 million, 2,983 favorable to forecast. Month over month, Medi-Cal membership increase 0.4% or 9,395 members predominantly in L.A. Care Covered (LACC) and Duals Special Need Plan (DSNP). <u>Consolidated Financial Performance</u> YTD, there was a net surplus of +$99 million, which is $55 million favorable to the forecast when Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP.IPP) are excluded. If $64 million in investment activities is removed, the surplus would be $35 million. Revenue: ($81 million) unfavorable The biggest driver is the L.A. Care Covered (LACC) Risk Adjustment Factor (RAF) adjustment from 0.64 to 0.60 for ($54 million). Other drivers include Medi-Cal Revenue ($15 million) and membership ($12 million) Medical Expense: +$116 million favorable. The largest driver is a $65 million pharmacy rebate catch-up for dates of service from January 1, 2025. Operating Expense: ($5 million) unfavorable. L.A. Care continues to close its deficit gap, which is mostly timing related. The gap is expected to close more in March 2025. <u>Operating Margin by Segment</u> Medi-Cal is slightly favorable due to the targeted rate increase (TRI) catch up. The other lines of business (LOB's) are affected by the pharmacy rebate catch-up. LACC is also impacted by the adjustment to the RAF score discussed earlier. In aggregate, MCR is favorable to forecast - 93.1% vs 93.9% excluding HHIP/IPP <u>Key Financial Ratios</u> Medical Care Ratio administration was over budget by $4.5 million, which was going to show up in administrative ratio as being negative and the balance sheet ratios across the board are all strong. Balance sheet metrics all satisfying benchmarks with no caveats for pass-through funds.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• Authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy.	<u>Tangible Net Equity (TNE) and Days of Cash on Hand</u> Mr. Ingram provided an overview of L.A. Care's financial solvency and liquidity metrics. As of the reporting period, L.A. Care holds 67 days of cash on hand and maintains 871% of the required Tangible Net Equity (TNE). Staff noted differences in how Days of Cash are calculated across plans and committed to providing a comparative education session in future meetings. TNE is a regulatory solvency measure designed to ensure plans can meet obligations, particularly for non-capitated services. Plans are required to maintain at least 130% of their TNE requirement to avoid enhanced reporting to the Department of Managed Health Care (DMHC). L.A. Care significantly exceeds this threshold, demonstrating a strong financial position. Days of Cash on Hand reflects the plan's liquidity—how long it can meet obligations using liquid assets without new cash inflows. A benchmark range of 90–180 days is considered healthy. While L.A. Care maintains strong overall investments, a portion is allocated to longer-term instruments, resulting in a lower immediate liquidity figure compared to peer plans. <u>Peer Comparison</u> Mr. Ingram presented comparative data from CalOptima and Inland Empire Health Plan (IEHP): L.A. Care: $3.2 billion in cash and investments, highest total but lower days of cash due to higher outflows. CalOptima: $2.4 billion in assets and higher days of cash on hand. IEHP: $1.5 billion, maintains 67 days of cash with no long-term investments. While all plans invest within a five-year horizon, L.A. Care's strategy balances interest income and liquidity. Differences in delegation models and payment strategies affect the TNE requirements and liquidity profiles across plans. <u>Fund Balance Reserve Proposal</u> Mr. Ingram introduced a motion requesting Board authorization for management to establish a Fund Balance Reserve under GASB 54 and delegate authority to the CFO to manage and assign reserve amounts in alignment with an approved policy.	

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	This proposed reserve would be distinct from existing capital assets, Board Designated Funds, and TNE reserves and is intended to safeguard L.A. Care against two key risks: Downstream Delegation Risk – Financial exposure in the event a delegated provider becomes insolvent (e.g., unpaid claims or IBNR obligations). Revenue Volatility Risk – Potential State or Federal budget cuts that may materially impact L.A. Care's revenue. The reserve would be reflected on the balance sheet as an assignment of unrestricted equity. It would not impact operational cash flows or the investment strategy but serves to formally recognize and prepare for potential adverse events. <u>Board Discussion Highlights</u> Chairperson Booth supported the proposal, acknowledging that the current 871% TNE coverage—though strong—is not sufficient given L.A. Care's size and exposure. Board Member Vaccaro inquired whether the reserve involves actual investment activity. Mr. Ingram clarified it is an accounting designation and does not change how funds are invested. CEO Santana-Chin emphasized that the request is proactive. Given increasing uncertainty in the healthcare landscape—particularly around Medi-Cal rates, State budgets, and delegated provider solvency—it is prudent to formally set aside reserves. Delegating authority to the CFO allows flexibility in managing the reserve in a fluid environment. Board Member Roybal raised the importance of clear comparative metrics across plans and the potential risk of retroactive rate adjustments by the State. Staff agreed and will explore normalizing data (e.g., PMPM basis) for future reporting. Mr. Shah noted that other health plans are also creating similar reserves but often specify fixed targets (e.g., 30 days of obligations). L.A. Care's approach allows for flexibility based on evolving fiscal realities. Discussion also touched on the perception risk of holding large reserves, as illustrated by past scrutiny faced by CalOptima. Ms. Santana-Chin cautioned that without proper context, large reserve balances may draw criticism from external stakeholders, reinforcing the need for transparency and ongoing communication.	

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	<u>Motion FIN A.0425</u> **To accept the Financial Reports for February 2025, as submitted.** **<u>Motion FIN 100.0525</u>** **To authorize L.A. Care Management to establish and maintain fund balance reserves pursuant to Governmental Accounting Standards Board (GASB 54), and to delegate authority to the Chief Financial Officer to assign reserve amounts in accordance with the approved policy.**	**FIN A and FIN 100 were simultaneously approved unanimously. 3 AYES** **The Committee also approved adding FIN 100 to the Consent Agenda for May 1, 2025 Board of Governors meeting.**
• Monthly Investment Transactions Reports	Mr. Ingram referred to the investment transactions reports included in the meeting materials (*a copy of the report is available by contacting Board Services).* This report complies with the 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 February 28, 2025, was $3.3 billion. • $3.2 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $89 million in BlackRock Liquidity T-Fund • $11 million in Los Angeles County Pooled Investment Fund • $6 million in Local Agency Investment Fund	
Public Comments on the Closed Session agenda items.	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:35 p.m. Augustavia J. Haydel, Esq., *General Counsel*, 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 1:36 p.m. 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 *April 2027*	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 2:00 pm. Ms. Haydel advised the public that no reportable action from the closed session.	
ADJOURNMENT	The meeting adjourned at 2:01 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:

_____
Stephanie Booth, MD, *Chairperson*
Date Signed _____

APPROVED