



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# BOARD OF GOVERNORS MEETING

June 2, 2022 • 1:00 PM

L.A. Care Health Plan

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



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

## Statement

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

## Overview

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

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

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

## Programs

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



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

| <b>L.A. Care Membership by Product Line – As of May 2022</b> |                    |
|--|--------------------|
| Medi-Cal   | <b>2,406,922</b>   |
| L.A. Care Covered  | <b>116,274</b>     |
| Cal MediConnect  | <b>17,630</b>      |
| PASC-SEIU  | <b>50,286</b>      |
| Total membership   | <b>2,591,112</b>   |
| <b>L.A. Care Providers – As of December 2020</b>             |                    |
| Physicians   | <b>6,061</b>       |
| Specialists  | <b>13,723</b>      |
| Both   | <b>731</b>         |
| Hospitals, clinics and other health care professionals       | <b>12,257</b>      |
| <b>Financial Performance (FY 2021-2022 budget)</b>           |                    |
| Revenue  | <b>\$8.6B</b>      |
| Fund Equity  | <b>\$1,143,510</b> |
| Net Operating Surplus  | <b>(\$90,772)</b>  |
| Administrative cost ratio                                    | <b>5.2%</b>        |
| <b>Staffing highlights</b>                                   |                    |
| Full-time employees (Actual as of September 2021)            | <b>1,911</b>       |
| Projected full-time employees (FY 2021-2022 budget)          | <b>1,945</b>       |





## **AGENDA**

### **BOARD OF GOVERNORS MEETING**

**L.A. Care Health Plan**

**Thursday, June 2, 2022, 1:00 PM**

**L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles, CA 90017**

**DRAFT**

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

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

**<https://lacare.webex.com/lacare/j.php?MTID=m230b009a00f1c6d1222167387d9efaba>**

**Audio Call (213) 306-3065**

**English Access Code 2480 586 5991 Password: lacare**

**Spanish Access Code 2483 414 9577 Password: lacare**

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

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

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

**If we receive your comment by 1:00 pm on June 2, 2022, it will be provided to the members of the Board of Governors at the beginning of the meeting.. *The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.*** Public comments submitted will be read for up to 3 minutes during the meeting.

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

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

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

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

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

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

**Welcome**

Hector De La Torre, *Chair*

1. Approve today's Agenda *Chair*
2. Approval of findings under the Ralph M. Brown Act **(BOG 100)** p.16 *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve Consent Agenda Items *Chair*
  - May 5, 2022 Board of Governors Meeting Minutes p.18
  - Revised 2022 Board of Governors & Committee Meeting Schedule **(EXE 100)** p.44
  - Imagenet, LLC Contract Amendment **(FIN 100)** p.46
5. Chairperson's Report *Chair*
6. Chief Executive Officer Report p.47
  - Resolution Supporting Gun Safety Legislation p.50
  - Member Transportation
  - LA Chamber sponsorship supporting small business training
  - Monthly Grants & Sponsorship report p.51
  - Community Health Investment Fund (CHIF) Annual Report p.55

John Baackes  
*Chief Executive Officer*  
AJ Lopez  
*Director, Provider Contracts and Relationship Management*  
*Provider Network*
7. Chief Medical Officer Report Richard Seidman, MD, MPH  
*Chief Medical Officer*

**Advisory Committee Reports**

8. Executive Community Advisory Committee Hilda Perez / Layla Gonzalez  
*Consumer member and Advocate member*
9. Children's Health Consultant Advisory Committee Richard Seidman, MD, MPH

**Committee Reports**

10. Executive Committee *Chair*
  - Government Affairs Update p.110 Cherie Compartore  
*Senior Director, Government Affairs*
11. Finance & Budget Committee *Chair*
  - Chief Financial Officer Report p.233
    - Approve April 2022 Financial Report **(FIN 100)** p.247
    - Monthly Investment Transaction Report p.258
    - Board Designated Funds

Marie Montgomery  
*Chief Financial Officer*
12. Compliance & Quality Committee Stephanie Booth, MD  
*Committee Chair*

13. Public Comment on Closed Session Items *(Please read instructions above.)*

*Chair*

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

*Chair*

14. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

15. REPORT INVOLVING TRADE SECRET

Pursuant to Welfare and Institutions Code Section 14087.38(n)

Discussion Concerning new Service, Program, Technology, Business Plan

Estimated date of public disclosure: *June 2024*

16. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION

Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act

One potential case

17. 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

18. 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

**RECONVENE IN OPEN SESSION**

*Chair*

**Adjournment**

*Chair*

**The next meeting is scheduled on Thursday, July 28 2022 at 1:00 PM  
and may be conducted as a teleconference meeting.**

Public comments will be read for up to three minutes.

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

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](mailto:BoardServices@lacare.org). Please follow additional instructions on the first page of this Agenda.

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

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

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

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

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact

L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



## Schedule of Meetings June 2022

| Monday | Tuesday  | Wednesday  | Thursday   | Friday |
|--------|--|--|--|--------|
|        |  | 1  | 2<br><i>Board of Governors Meeting</i><br>1 PM                                   | 3      |
| 6      | 7  | 8<br><i>ECAC Meeting</i><br>10 AM<br>(for approx. 2 hours) | 9  | 10     |
| 13     | 14   | 15   | 16<br><i>Compliance &amp; Quality Committee</i><br>2 pm<br>(for approx. 2 hours) | 17     |
| 20     | 21   | 22   | 23   | 24     |
| 27     | 28<br><i>Finance &amp; Budget</i><br>1 pm<br>(for approx. 1 hour)<br><br><i>Executive Committee</i><br>2 pm<br>(for approx. 2 hours) | 29   | 30   |        |

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

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



**L.A. Care**  
HEALTH PLAN

**BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

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

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

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



**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

|   | MEETING DAY, TIME<br>& LOCATION  | MEETING DATES  | BOARD MEMBERS /<br>STAFF CONTACT  |
|---|--|--|---|
| <b>COMPLIANCE &amp;<br/>QUALITY<br/>COMMITTEE</b> | 3 <sup>rd</sup> Thursday every 2<br>months<br>2:00 PM<br><i>(for approximately 2 hours)</i><br>L.A. Care Health Plan<br>1055 W. 7th Street,<br>1st Floor, Los Angeles,<br>CA 90017<br>(213) 694-1250   | June 16<br>July 21<br>August 18<br>September 15<br>October 20<br>November 17<br><i>No meeting in<br/>December</i>                      | Stephanie Booth, MD, <i>Chairperson</i><br>Alvaro Ballesteros, MBA<br>Hilda Perez<br>John G. Raffoul<br>G. Michael Roybal, MD, MPH<br>Nina Vaccaro, MPH<br><br><b>Staff Contact:</b><br>Victor Rodriguez<br><i>Board Specialist II, Board Services x 5214</i> |
| <b>FINANCE &amp;<br/>BUDGET<br/>COMMITTEE</b>     | 4 <sup>th</sup> Tuesday of the<br>month<br>1:00 PM<br><i>(for approximately 1 hour)</i><br>L.A. Care Health Plan<br>1055 W. 7th Street,<br>1st Floor, Los Angeles,<br>CA 90017<br>(213) 694-1250<br><br><i>*2<sup>nd</sup> Tuesday due to religious<br/>holiday</i><br><i>**2<sup>nd</sup> Tuesday due to<br/>Thanksgiving holiday</i> | June 28<br><i>No meeting in July</i><br>August 23<br>September 20*<br>October 25<br>November 15**<br><i>No meeting in<br/>December</i> | Ilan Shapiro, MD, MBA, FAAP,<br>FACHE, <i>Chairperson</i><br>Stephanie Booth, MD<br>Hector De La Torre<br>Hilda Perez<br>G. Michael Roybal, MD, MPH<br><br><b>Staff Contact:</b><br>Malou Balones<br><i>Board Specialist III, Board Services x4183</i>        |
| <b>GOVERNANCE<br/>COMMITTEE</b>                   | L.A. Care Health Plan<br>1055 W. 7th Street,<br>1st Floor, Los Angeles,<br>CA 90017<br>(213) 694-1250<br><br><b>MEETS AS NEEDED</b>  |  | Hilda Perez, <i>Chairperson</i><br>Stephanie Booth, MD<br>Layla Gonzalez<br>Nina Vaccaro, MPH<br>VACANT<br><br><b>Staff Contact:</b><br>Malou Balones<br><i>Board Specialist III, Board Services/x 4183</i>   |

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PLEASE CALL (213) 694-1250 OR SEND EMAIL TO [BOARDSERVICES@LACARE.ORG](mailto:BOARDSERVICES@LACARE.ORG).**

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

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

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

|   |   |  |   |
|---|---|--|---|
| <p align="center"><b>L.A. CARE<br/>COMMUNITY<br/>HEALTH PLAN</b></p>  | <p><b>Meets Annually or as<br/>needed</b><br/>L.A. Care Health Plan<br/>1055 W. 7th Street,<br/>1st Floor, Los Angeles,<br/>CA 90017<br/>(213) 694-1250</p>   |  | <p>Hector De La Torre, <i>Chairperson</i><br/>Alvaro Ballesteros, MBA, <i>Vice Chairperson</i><br/>Ilan Shapiro, MD, MBA, FAAP,<br/>FACHE. <i>Treasurer</i><br/>Stephanie Booth, MD, <i>Secretary</i><br/>Christina R. Ghaly, MD<br/>Layla Gonzalez,<br/>George W. Greene, Esq.<br/>Supervisor Holly J. Mitchell<br/>Hilda Perez<br/>John G. Raffoul<br/>G. Michael Roybal, MD, MPH<br/>Nina Vaccaro, MPH<br/>VACANT</p> <p><b>Staff Contact:</b><br/>John Baackes, <i>Chief Executive Officer, x4102</i><br/>Linda Merkens, <i>Senior Manager, Board<br/>Services, x4050</i></p> |
| <p align="center"><b>L.A. CARE JOINT<br/>POWERS<br/>AUTHORITY</b></p> | <p>L.A. Care Health Plan<br/>1055 W. 7th Street,<br/>1st Floor, Los Angeles,<br/>CA 90017<br/>(213) 694-1250</p> <p><i>*All Day Retreat – location<br/>TBD</i><br/><i>**Placeholder meeting</i></p> | <p>June 2<br/>July 28<br/><i>No meeting in August</i><br/>September 1*<br/>October 6**<br/>November 3<br/>December 1</p> | <p>Hector De La Torre, <i>Chairperson</i><br/>Alvaro Ballesteros, MBA, <i>Vice Chairperson</i><br/>Ilan Shapiro, MD, MBA, FAAP,<br/>FACHE. <i>Treasurer</i><br/>Stephanie Booth, MD, <i>Secretary</i><br/>Christina R. Ghaly, MD<br/>Layla Gonzalez,<br/>George W. Greene, Esq.<br/>Supervisor Holly J. Mitchell<br/>Hilda Perez<br/>John G. Raffoul<br/>G. Michael Roybal, MD, MPH<br/>Nina Vaccaro, MPH<br/>VACANT</p> <p><b>Staff Contact:</b><br/>John Baackes, <i>Chief Executive Officer, x4102</i><br/>Linda Merkens, <i>Senior Manager, Board<br/>Services, x4050</i></p> |

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

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

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

**REGIONAL COMMUNITY ADVISORY COMMITTEES**

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

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

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AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2022 MEETING SCHEDULE / MEMBER LISTING**

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

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
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2022 MEETING SCHEDULE / MEMBER LISTING**

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| <b>REGION 8<br/>CARSON,<br/>TORRANCE, SAN<br/>PEDRO,<br/>WILMINGTON</b>   | <b>3<sup>rd</sup> Friday of every other<br/>month</b><br>10:30 AM<br><i>(for approximately 2-1/2<br/>hours)</i><br>Providence Community<br>Health Wellness and<br>Activity Center<br>470 N. Hawaiian Ave.<br>Wilmington, CA 90744<br>(424) 212-5699 |  | <b>Ana Romo – <i>Chairperson</i></b><br><br><b><u>Staff Contact:</u></b><br>Jose Rivas<br><i>Community Outreach &amp; Education, x4090</i>           |
| <b>REGION 9<br/>LONG BEACH</b>  | <b>3<sup>rd</sup> Monday of every<br/>other month</b><br>10:00 AM<br><i>(for approximately 2-1/2<br/>hours)</i><br>Albert Jewish<br>Community Center<br>9801 E. Willow Street<br>Long Beach, CA 90815<br>(562) 426-7601                             |  | <b>Tonya Byrd, <i>Chairperson</i></b><br><br><b><u>Staff Contact:</u></b><br>Kristina Chung<br><i>Community Outreach &amp; Education, x5139</i>      |
| <b>REGION 10<br/>EAST LOS ANGELES,<br/>WHITTIER AND<br/>HIGHLAND PARK</b> | <b>3<sup>rd</sup> Thursday of every<br/>other month</b><br>2:00 PM<br><i>(for approximately 2-1/2<br/>hours)</i><br>L.A. Care East L.A.<br>Family Resource Center<br>4801 Whittier Blvd<br>Los Angeles, CA 90022<br>(213) 438-5570                  |  | <b>Damaris de Cordero, <i>Chairperson</i></b><br><br><b><u>Staff Contact:</u></b><br>Jose Rivas<br><i>Community Outreach &amp; Education, x4090</i>  |
| <b>REGION 11<br/>POMONA AND EL<br/>MONTE</b>                              | <b>3<sup>rd</sup> Thursday of every<br/>other Month</b><br>10:00 AM<br><i>(for approximately 2-1/2<br/>hours)</i><br>Pomona Community<br>Resource Center<br>696 W. Holt Street<br>Pomona, CA 91768<br>(909) 620-1661                                |  | <b>Maria Angel Refugio, <i>Chairperson</i></b><br><br><b><u>Staff Contact:</u></b><br>Frank Meza<br><i>Community Outreach &amp; Education, x4239</i> |

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

**Date:** June 2, 2022

**Motion No.** BOG 100.0622

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** Remote Teleconference Meetings

**Background:** On March 17, 2020, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act (the “Brown Act”) in order to allow for local legislative bodies to conduct their meetings completely telephonically or by other electronic means due to public health orders restricting gatherings during the COVID-19 pandemic. Executive Order N-29-20’s Brown Act suspension provisions expired September 30, 2021.

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

In order to continue conducting virtual meeting under the revised provisions of the Brown Act the Board of Governors, or any other legislative bodies of L.A. Care Health Plan and L.A. Care Joint Powers Authority, including Committees, must, within thirty (30) days of the first meeting pursuant to Government Code Section 54953(e)(1) and every thirty (30) days thereafter, make findings that (a) state or local officials continue to recommend measures to promote social distancing, or that (b) an in-person meeting would directly impact the ability of the members to meet safely in person.

**Findings:**

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



## **Board of Governors**

### **MOTION SUMMARY**

COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section 3205 *et seq.*, includes informing employees that masking and social distancing in the workplace are most effective when used in combination because particles containing the virus can travel more than six feet. Further, as of the date of this Motion, the Los Angeles County Department of Public Health continues to recommend measures to promote social distancing, including recommendations to avoid crowded indoor spaces and to maintain six feet of social distancing, especially in cases where the vaccination status of persons outside a person's household is unknown. The continuation of virtual meetings will allow for full participation by members of the public while social distancing recommendations remain in effect and will facilitate the purposes of such social distancing recommendations by preventing large crowds from congregating in indoor facilities for extended periods of time.

As such, staff recommends approval of this motion so that the Board of Governors, all legislative bodies of the L.A. Care Health Plan, and L.A. Care Joint Powers Authority may continue to meet virtually. The Board of Governors, or other legislative bodies on the Board's behalf, may extend the authorization for an additional thirty (30) days via another motion summary that makes the above specific findings in support of continuing virtual meetings.

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

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

**Motion:**

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

# Board of Governors

## Regular & Supplemental Special Meeting Minutes #307

### May 5, 2022

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



**L.A. Care**  
HEALTH PLAN

#### Members

Hector De La Torre, *Chairperson*

Alvaro Ballesteros, MBA, *Vice Chairperson*

Ilan Shapiro, MD, *Treasurer \**

Stephanie Booth, MD, *Secretary*

Christina R. Ghaly, MD

Layla Gonzalez

George W. Greene, Esq.\*

Antonia Jimenez

Honorable Holly J. Mitchell \*

Hilda Perez

G. Michael Roybal, MD, MPH

Nina Vaccaro, MPH

#### Management

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

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

Tom MacDougall, *Chief Technology & Information Officer*

Thomas Mapp, *Chief Compliance Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

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

*All via teleconference*

*\*Absent*

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

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|--------------------------|--|--------------|
| <b>WELCOME</b>           | <p>Hector De La Torre, <i>Chairperson</i>, called to order at 2:05 p.m. the regular and supplemental special meetings of L.A. Care Health Plan Board of Governors and regular meeting L.A. Care Health Plan Joint Powers Authority Board of Directors. The three meetings were held simultaneously.</p> <p>He announced that, for those with access to the internet, the materials for today's meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the "chat" function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p> |              |

**DRAFT**

| AGENDA<br>ITEM/PRESENTER   | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN  |
|--|---|---|
|  | <p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Submission of public comment must be sent before the public comment period for an item.</p> <p>Chairperson De La Torre noted that public comments should be related to the meeting topic on the Agenda. All are welcome to provide input. Public comments are read before the topic is discussed so that the Board can hear what the submitter has to say and can take that input into consideration as it takes action. He thanked participants for their public comment.</p> |   |
| <b>APPROVAL OF<br/>MEETING<br/>AGENDA</b>                            | The agendas were approved as submitted.   | <b>Unanimously<br/>approved by roll call.<br/>9 AYES (Ballesteros,<br/>Booth, De La Torre,<br/>Ghaly, Gonzalez,<br/>Jimenez, Raffoul,<br/>Roybal and Vaccaro)</b> |
| <b>APPROVAL OF<br/>FINDINGS UNDER<br/>THE RALPH M.<br/>BROWN ACT</b> | <p>Augustavia Haydel, <i>General Counsel</i>, noted that the findings are required to support the current procedures, in order to maintain compliance with the Brown Act during the public health emergency.</p> <p><b><u>Motion BOG 100.0522</u></b></p> <ol style="list-style-type: none"> <li><b>1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;</b></li> <li><b>2. Adopt findings as set forth in this Motion Summary and,</b></li> <li><b>3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.</b></li> </ol> <p><i>(Board Member Perez joined the meeting.)</i></p>   | <b>Unanimously<br/>approved by roll call.<br/>9 AYES</b>  |
| <b>PUBLIC<br/>COMMENTS</b>   | <p>Submitted April 20, 8:08 pm, sender not self-identified</p> <p><b><i>Comment for April board meeting, see, you people are &lt;expletive&gt;!</i></b></p> <p><b><u><a href="https://healthlaw.org/wp-content/uploads/2022/04/22stcp01429-Petition for writ of man e and declaratory relief.pdf">https://healthlaw.org/wp-content/uploads/2022/04/22stcp01429-Petition for writ of man e and declaratory relief.pdf</a></u></b></p> <p><b><i>See, you're liars!</i></b></p>  |   |

| AGENDA<br>ITEM/PRESENTER   | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN  |
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|  | <p>Submitted April 21, 12:48 am, sender not self-identified<br/> <i>(Make comment General comment) I called the lawyers going after you and told them for years I have asked LA Care at their board meetings why enrollees and their guardians haven't been notified they are victims of Synermed, just like in present they're not given access to the quality of your providers which they have the right to know about.</i></p> <p>Submitted April 21, 9:36 am, sender not self-identified<br/> <i>General comment April board meeting, why haven't I been notified by LA Care that my autistic child was harmed by Synermed? I have repeatedly asked about it!</i><br/> <a href="https://centerforhealthjournalism.org/2022/04/15/lawsuit-seeks-records-penalized-la-county-health-plan-0?fbclid=IwAR0ta686_m9Qu38b6ff4zCoBwMyPwXQhUhityI3HBeeNAnVb7Hoz61YIj2M#comment-89821">https://centerforhealthjournalism.org/2022/04/15/lawsuit-seeks-records-penalized-la-county-health-plan-0?fbclid=IwAR0ta686_m9Qu38b6ff4zCoBwMyPwXQhUhityI3HBeeNAnVb7Hoz61YIj2M#comment-89821</a></p> <p>Submitted April 21, 1:30 pm, sender not self-identified<br/> <i>Comment above meant for May 2022 board meeting</i></p> <p>Submitted April 26 at 5:34 pm, via text, sender not self-identified<br/> <i>General comment May 2022 meeting Spanish translation requested for aforementioned article in texts about LA Care denying information about providers especially Synermed.</i></p> |   |
| <b>APPROVE<br/>CONSENT<br/>AGENDA ITEMS</b>  | <ul style="list-style-type: none"> <li>• April 7, 2022 Meeting Minutes</li> <li>• Quarterly Investment Report<br/> <b><u>Motion FIN 100.0522</u></b><br/> To accept the Quarterly Investment Report for the quarter ending March 31, 2022, as submitted.</li> </ul>  | Unanimously approved by roll call.<br>10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Perez, Raffoul, Roybal and Vaccaro) |
| <b>Supplemental Special Meeting Agenda</b> <ul style="list-style-type: none"> <li>• Approve Ntooitive Contract Amendment for Recruitment Marketing Campaign</li> </ul> | John Baackes, <i>Chief Executive Officer</i> , introduced John Cota, <i>Senior Director, Creative &amp; Marketing</i> . He noted that Mr. Cota has a long-lasting impact at L.A. Care. He was the inspiration and creator of the L.A. Care logo and the wings graphics featured in the current advertising campaigns. The wings have been important to extending the L.A. Care brand recognition. L.A. Care has conducted additional general advertising to attract nurses, and the contract with Ntooitive is necessary to continue that work.  |   |

| AGENDA<br>ITEM/PRESENTER               | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN  |
|--|--|---|
|  | <p>Mr. Cota summarized the motion to approve an amendment to the Statement of Work for the contract with Ntooitive to increase the contract by \$1.2 million to accommodate the advertising needed for the nursing recruitment efforts.</p> <p><b><u>Motion BOG 102.0522</u></b><br/> <b>To authorize staff to amend an existing statement of work with Ntooitive by increasing the total amount by \$1,200,000, specifically for the recruitment marketing campaign, that will run until September. This would increase the existing 2021-2022 fiscal year budget for Ntooitive from \$7,346,802 to \$8,546,802.</b></p>  | <p>Unanimously<br/>approved by roll call.<br/>10 AYES</p> |
| <p><b>CHAIRPERSON'S<br/>REPORT</b></p> | <p>Submitted May 5, 2022, 2:10 pm via chat<br/> <i>Chair Person De La Torre Item: 3 When will the BOG and all other public meetings be live and person to person? Andria McFerson RCAC 6 Chair</i></p> <p>Chairperson De La Torre noted that there is not yet a date for returning to in person Board meetings, as the public emergency is still in place. He noted that it is expected there will be an increase in hospitalizations due to the latest variant in the COVID 19 pandemic. L.A. Care will make an announcement when the Board has a timeframe to return to in person meetings. Mr. Baackes suggested that Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, could provide more information about this, because he monitors the directions from the Los Angeles County Public Health Department which provides the most precise information about the pandemic.</p> <p>Dr. Seidman stated that there are options for the Board to consider, with the advice and collaboration of L.A. Care's senior officers and in consideration of the public health guidance.</p> <p>Chairperson De La Torre noted that L.A. Care's Board is very collegial and whenever a member leaves the Board, their absence is felt by all. The Board will miss Antonia Jimenez and her many contributions, which always held the needs of members at the forefront of her service to Los Angeles County. Board Member Jimenez has served on the Board since 2018. He read an excerpt from the Resolution Commending Board Member Jimenez for her service:</p> <p><i>Whereas, Ms. Jiménez performed her duties as board member with distinction and grace, upholding her fiduciary responsibilities for the protection and furtherance of the L.A. Care mission to serve its membership and vulnerable populations through the Los Angeles County area of safety net providers; and</i><br/> <i>Whereas, Ms. Jiménez, through her experience and expertise, contributed greatly to an understanding of the barriers facing diverse and vulnerable populations trying to access health care, and helped L.A. Care address those barriers; and</i><br/> <i>Whereas, Ms. Jiménez has a long and distinguished record of public service, and has through her leadership and actions made a lasting impact on the health of Los Angeles County and its most vulnerable people; and</i></p> |   |

| AGENDA<br>ITEM/PRESENTER                      | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|---|--|--------------|
|   | <p><i>Now, therefore, be it resolved that L.A. Care Health Plan, on behalf of its many stakeholders, wishes to express its sincerest thanks and deepest appreciation for the passion, dedication, commitment, enthusiasm and impact that Antonia Jiménez has shown in her service as a member of the Board of Governors.</i></p> <p>Board Member Jimenez thanked the Board Members and noted that she has enjoyed her time working with the Board, collaborating and being creative in finding ways to ensure that beneficiaries have access to services. She appreciates the support from Mr. Baackes and Chairperson De La Torre, from the Board Members and from all the teams at L.A. Care. Chairperson De La Torre thanked her for her service to L.A. Care Members in managing the portal to enrollment and access to services.</p>  |              |
| <b>CHIEF<br/>EXECUTIVE<br/>OFFICER REPORT</b> | <p>Submitted April 27, 7:34 pm,<br/> <i>5-5-2022 board meeting CEO report, Carolyn Rogers Navarro</i><br/> <i>Add ^ who the &lt;expletive&gt; do you people think you are withholding “scorecard” info about providers from the public , I myself have asked about Synermed affecting my autistic child and about the quack doctors you enabled and said you’d peer review when I don’t believe you did anything , now big shots at USC at suing you for the very things I’ve &lt;expletive&gt; about for the last 2 yrs, then your fined \$55 million by the state who also sees through your entitled BS, I’m sure there’s even more on the horizon , DMHC admitted people are needlessly dead!</i></p> <p>Submitted April 28, 1:14am, sender not self-identified<br/> <i>^ my “language “ does justice to what I think, your flagrant lack of oversight, lack of concern for enrollees going back as long as you’ve been in business is filthy and corrupt!</i></p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• At the last several meetings he has commented about the licensure and contracts for the Medi-Cal managed care program, and in the last few years there seems to be a change in direction. Public health plans had felt that it was a partnership with state regulators, but now it feels that the public health plans are vendors. Decisions are announced after being made without stakeholder input. A recent example is the carve out of prescription drugs from the benefit programs of health plans, which is the opposite of integrating care, it is disintegrating care. Health plans are also disappointed with the deal to contract directly with Kaiser Permanente, with an announcement after it was done.</li> <li>• There are additional challenges ahead, primarily a new contract for January 1, 2024 with significant new challenges for L.A. Care. L.A. Care is the most delegated health plan in</li> </ul> |              |

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|                          | <p>California, with three plan partners and a great deal of utilization management and care management has been delegated to entities in the provider network. The new contractual requirements will impose a heavy lift in terms of administrative and financial reporting through those relationships. L.A. Care is working on this already to be prepared when it happens.</p> <ul style="list-style-type: none"> <li>• There are also ongoing discussions with California Department of Health Care Services (DHCS) about the negative effects of county-wide averaging on L.A. Care's finances, and how to change that for 2023. Mr. Baackes will continue to report to the Board on the progress of those discussions and proposed solutions that will be best for L.A. Care's members and providers.</li> <li>• L.A. Care has done well in launching the new requirements for California Advancing and Improving Medi-Cal (CalAIM), although there are still challenges to overcome. Many of the newly contracted providers are having difficulties with reporting requirements necessary to be compliant with the new regulations. There are a host of Community Supports (CS) to be added over a two-year period, and much of CalAIM is yet to be implemented and there is concern that the expectation that those CS will result in cost savings will not be attainable. L.A. Care continues to be open with feedback to DHCS about these new programs, and hopefully as one of the largest Medi-Cal plans, the feedback will have a positive impact.</li> <li>• As part of the implementation of CalAIM, L.A. Care had to change the Medicare program that serves dually-eligible beneficiaries. The financial alignment demonstration program known as CalMedi-Connect (CMC) ends on December 31, 2022. L.A. Care applied for a Dual Special Needs Plan (DSNP) designation through the Centers for Medicare and Medicaid Services (CMS). The DSNP model will be better financially because it has a quality metric implemented as a bonus, where the CMC model had a quality metric applied through a withhold of funds that had to be earned to get back to the benchmark rate. L.A. Care has one step remaining in the approval process and expects to have the approval by the June meeting. The DSNP will begin on January 1, 2023, and members will be automatically transferred into that program and there should be no interruption in services or benefits.</li> <li>• He reported that on May 1 undocumented residents in Los Angeles County will be eligible for Medi-Cal benefits paid by the state, with no federal funds. L.A. Care is coordinating the enrollment process with Los Angeles County Department of Public Social Services, and it is expected more than 70,000 will be enrolled in June, July and August, based on estimates provided by the state.</li> <li>• The public health emergency is expected to end in July, and it is widely expected that it will not be extended further and redeterminations of eligibility will resume for Medi-Cal</li> </ul> |              |

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|                          | <p>members. If the public health emergency ends on July 15, redetermination information will be sent to members in August. Many beneficiaries may be dis-enrolled based on income eligibility or location of residence. There is an information campaign to help enrollees maintain coverage. L.A. Care's Consumer Advisory Committees are being prepared to help inform communities about the eligibility redetermination process. L.A. Care will use the Community Resource Centers to assist members. Medi-Cal beneficiaries who no longer meet the income eligibility will be able to get coverage and premium cost assistance through L.A. Care Covered. Those with incomes up to 200% of the federal poverty level can get 100% subsidy on the premium cost. The premium cost assistance will change at the end of this year if it is not extended by Congress. There will still be premium cost subsidy at a lower level than what has been provided under America's Rescue Plan. L.A. Care is preparing for all of this, and hopes to make it as easy and problem-free as possible.</p> <p>Board Member Jimenez noted that eligible Medi-Cal beneficiaries can renew coverage by telephone instead of visiting an enrollment center. Also available is BenefitsCal, an online portal where Californians can get and manage benefits online. This includes food assistance (Cal Fresh) formerly food stamps, cash aid (CalWORKs, General Assistance, Cash Assistance Program for Immigrants), and affordable health insurance (Medi-Cal). It is important that people know that they can use the call center or BenefitsCal to re-enroll. Mr. Baackes thanked Board Member Jimenez and applauded the more convenient ways for people to enroll, as transportation can be a challenge for the members.</p> <ul style="list-style-type: none"> <li>• California conducted a COVID-19 vaccine incentive program that provided additional funding for health plans to promote vaccines. Data was displayed on vaccination rates:</li> </ul> |              |



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|  | <div><p>Received at least one dose as of April 11, 2022<br/>Percentage of 5+ years old, by county<br/>Comparing Medi-Cal Beneficiaries to all residents</p><table><thead><tr><th>County</th><th>All Residents</th><th>Medi-Cal Beneficiaries</th><th>Difference</th></tr></thead><tbody><tr><td>STATEWIDE</td><td>84.0%</td><td>56.8%</td><td>-27.2%</td></tr><tr><td>Kern</td><td>62.6%</td><td>44.9%</td><td>-17.7%</td></tr><tr><td>Los Angeles</td><td>83.8%</td><td>62.0%</td><td>-21.8%</td></tr><tr><td>Orange</td><td>82.5%</td><td>60.9%</td><td>-21.6%</td></tr><tr><td>Riverside</td><td>68.8%</td><td>47.1%</td><td>-21.6%</td></tr><tr><td>San Bernardino</td><td>65.8%</td><td>44.6%</td><td>-21.2%</td></tr><tr><td>Ventura</td><td>82.0%</td><td>58.5%</td><td>-23.5%</td></tr></tbody></table><p>Source: DHCS, April 2022</p></div> <p>Mr. Baackes noted that Los Angeles County leads in the region in total population vaccination rate and in the rate for Medi-Cal members. There is still a substantial gap in those two rates.</p> <div><p>Percent of Medi-Cal Beneficiaries administered at least one dose as of April 11, 2022 by Managed Care Parent Plan and Fee For Service</p><table><thead><tr><th>Managed Care Parent Plan</th><th>Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose</th><th>Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose</th><th>Managed Care Parent Plan</th><th>Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose</th><th>Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose</th></tr></thead><tbody><tr><td>San Francisco Health Plan</td><td>70.8%</td><td>71.5%</td><td>Community Health Group</td><td>55.5%</td><td>58.2%</td></tr><tr><td>Santa Clara Family Health Plan</td><td>68.6%</td><td>71.6%</td><td>Partnership Health Plan of California</td><td>52.0%</td><td>56.1%</td></tr><tr><td>Health Plan of San Mateo</td><td>68.5%</td><td>71.4%</td><td>ConCal Health</td><td>52.7%</td><td>57.2%</td></tr><tr><td>Alameda Alliance for Health</td><td>65.0%</td><td>67.4%</td><td>Arthem Blue Cross Partnership Plan</td><td>47.8%</td><td>52.3%</td></tr><tr><td>Contra Costa Health Plan</td><td>62.3%</td><td>65.9%</td><td>CalViva Health</td><td>47.7%</td><td>53.9%</td></tr><tr><td>L.A. Care Health Plan</td><td>59.0%</td><td>63.6%</td><td>Molina Healthcare of California</td><td>46.7%</td><td>51.4%</td></tr><tr><td>CalOptima</td><td>57.6%</td><td>62.3%</td><td>United Healthcare Community Plan</td><td>45.1%</td><td>47.9%</td></tr><tr><td>Gold Coast Health Plan</td><td>56.6%</td><td>62.3%</td><td>Health Plan of San Joaquin</td><td>45.0%</td><td>51.2%</td></tr><tr><td>Kaiser Permanente</td><td>55.4%</td><td>61.3%</td><td>California Health &amp; Wellness Plan</td><td>44.4%</td><td>49.1%</td></tr><tr><td>Central California Alliance for Health</td><td>54.7%</td><td>60.0%</td><td>Inland Empire Health Plan</td><td>42.9%</td><td>48.3%</td></tr><tr><td>Health Net</td><td>54.5%</td><td>59.3%</td><td>Kern Health Systems</td><td>41.3%</td><td>47.0%</td></tr><tr><td>Blue Shield of California</td><td>54.0%</td><td>57.0%</td><td>Aetna Better Health of California</td><td>41.2%</td><td>44.1%</td></tr><tr><td></td><td></td><td></td><td>Fee For Service</td><td>76.9%</td><td>78.7%</td></tr></tbody></table><p>Source: DHCS, April 2022</p></div> <p>Mr. Baackes noted that of the 24 health plans in California, L.A. Care is sixth in the vaccination rate. The first five plans with the highest rates are smaller health plans in the Bay area, which has overall higher vaccination rates.</p> | County   | All Residents                         | Medi-Cal Beneficiaries  | Difference   | STATEWIDE | 84.0% | 56.8% | -27.2% | Kern | 62.6% | 44.9% | -17.7% | Los Angeles | 83.8% | 62.0% | -21.8% | Orange | 82.5% | 60.9% | -21.6% | Riverside | 68.8% | 47.1% | -21.6% | San Bernardino | 65.8% | 44.6% | -21.2% | Ventura | 82.0% | 58.5% | -23.5% | Managed Care Parent Plan | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose | Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose | Managed Care Parent Plan | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose | Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose | San Francisco Health Plan | 70.8% | 71.5% | Community Health Group | 55.5% | 58.2% | Santa Clara Family Health Plan | 68.6% | 71.6% | Partnership Health Plan of California | 52.0% | 56.1% | Health Plan of San Mateo | 68.5% | 71.4% | ConCal Health | 52.7% | 57.2% | Alameda Alliance for Health | 65.0% | 67.4% | Arthem Blue Cross Partnership Plan | 47.8% | 52.3% | Contra Costa Health Plan | 62.3% | 65.9% | CalViva Health | 47.7% | 53.9% | L.A. Care Health Plan | 59.0% | 63.6% | Molina Healthcare of California | 46.7% | 51.4% | CalOptima | 57.6% | 62.3% | United Healthcare Community Plan | 45.1% | 47.9% | Gold Coast Health Plan | 56.6% | 62.3% | Health Plan of San Joaquin | 45.0% | 51.2% | Kaiser Permanente | 55.4% | 61.3% | California Health & Wellness Plan | 44.4% | 49.1% | Central California Alliance for Health | 54.7% | 60.0% | Inland Empire Health Plan | 42.9% | 48.3% | Health Net | 54.5% | 59.3% | Kern Health Systems | 41.3% | 47.0% | Blue Shield of California | 54.0% | 57.0% | Aetna Better Health of California | 41.2% | 44.1% |  |  |  | Fee For Service | 76.9% | 78.7% |  |
| County                                 | All Residents   | Medi-Cal Beneficiaries   | Difference                            |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| STATEWIDE                              | 84.0%   | 56.8%  | -27.2%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Kern                                   | 62.6%   | 44.9%  | -17.7%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Los Angeles                            | 83.8%   | 62.0%  | -21.8%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Orange                                 | 82.5%   | 60.9%  | -21.6%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Riverside                              | 68.8%   | 47.1%  | -21.6%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| San Bernardino                         | 65.8%   | 44.6%  | -21.2%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Ventura                                | 82.0%   | 58.5%  | -23.5%                                |   |  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Managed Care Parent Plan               | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose   | Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose | Managed Care Parent Plan              | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose | Percent of Medi-Cal Beneficiaries (17+) Administered at Least One Dose |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| San Francisco Health Plan              | 70.8%   | 71.5%  | Community Health Group                | 55.5%   | 58.2%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Santa Clara Family Health Plan         | 68.6%   | 71.6%  | Partnership Health Plan of California | 52.0%   | 56.1%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Health Plan of San Mateo               | 68.5%   | 71.4%  | ConCal Health                         | 52.7%   | 57.2%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Alameda Alliance for Health            | 65.0%   | 67.4%  | Arthem Blue Cross Partnership Plan    | 47.8%   | 52.3%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Contra Costa Health Plan               | 62.3%   | 65.9%  | CalViva Health                        | 47.7%   | 53.9%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| L.A. Care Health Plan                  | 59.0%   | 63.6%  | Molina Healthcare of California       | 46.7%   | 51.4%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| CalOptima                              | 57.6%   | 62.3%  | United Healthcare Community Plan      | 45.1%   | 47.9%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Gold Coast Health Plan                 | 56.6%   | 62.3%  | Health Plan of San Joaquin            | 45.0%   | 51.2%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Kaiser Permanente                      | 55.4%   | 61.3%  | California Health & Wellness Plan     | 44.4%   | 49.1%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Central California Alliance for Health | 54.7%   | 60.0%  | Inland Empire Health Plan             | 42.9%   | 48.3%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Health Net                             | 54.5%   | 59.3%  | Kern Health Systems                   | 41.3%   | 47.0%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
| Blue Shield of California              | 54.0%   | 57.0%  | Aetna Better Health of California     | 41.2%   | 44.1%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |
|  |   |  | Fee For Service                       | 76.9%   | 78.7%  |           |       |       |        |      |       |       |        |             |       |       |        |        |       |       |        |           |       |       |        |                |       |       |        |         |       |       |        |                          |   |  |                          |   |  |                           |       |       |                        |       |       |                                |       |       |                                       |       |       |                          |       |       |               |       |       |                             |       |       |                                    |       |       |                          |       |       |                |       |       |                       |       |       |                                 |       |       |           |       |       |                                  |       |       |                        |       |       |                            |       |       |                   |       |       |                                   |       |       |  |       |       |                           |       |       |            |       |       |                     |       |       |                           |       |       |                                   |       |       |  |  |  |                 |       |       |  |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>Dr. Seidman commented that the results demonstrate a tremendous amount of collaboration and communication work. From the beginning, there was a strong effort to distribute vaccine supplies where it was most needed. That Los Angeles County is leading among most of the counties in California is the result of a robust collaboration throughout the County among County Departments such as Department of Public Health, many different community and faith based organizations (CBO), providers (including pharmacies, clinics, Los Angeles County Department of Health Services (DHS) and Department of Public Health), and classes in Continuing Medical Education on approaches to vaccine hesitancy. L.A. Care collaborated again with CBOs, pharmacies, clinics and DHS, to offer incentive funds to members and providers to promote vaccination rates. L.A. Care found that one of the best ways to overcome vaccine hesitancy was through personal conversations with trusted sources of truth that include the CBOs and providers, along with incentive funding and grants. L.A. Care also leveraged media, garnering over 3.5 million impressions and over 400,000 engagements through the work of L.A. Care's Communications Team. The work is ongoing to encourage people to get vaccinated and boosted. Now that COVID therapeutics are available, L.A. Care is making a significant effort to encourage members to access these medications.</p> <p>Board Member Perez is happy that L.A. Care's social media platforms are getting better, because this is a huge way to connect to everyone, not just L.A. Care members, but to everyone interested. She thanked the Communications Department and to all departments involved.</p> <ul style="list-style-type: none"> <li>• Mr. Baackes noted that L.A. Care has been proactively working to expand a Palliative Care Program. He introduced Susan C. Stone, MD, MPH, <i>Medical Director, Care Management Services</i>, who presented information about L.A. Care's Palliative Care Program (<i>a copy of her presentation is available by contacting Board Services</i>). <ul style="list-style-type: none"> <li>○ Palliative Care is a growing field of medicine with a goal to maximize the quality of life for patients experiencing a serious illness, their families and caregivers, by providing an additional layer of support using an interdisciplinary team. Palliative Care includes end of life care and terminal care.</li> <li>○ While maximizing the quality of life for the patient is the main goal, effective palliative care can result in medical care cost savings.</li> </ul> </li> </ul> <p><b>2022 Program Expansion</b></p> <ul style="list-style-type: none"> <li>○ Member Satisfaction Survey</li> <li>○ Expanding Provider Network <ul style="list-style-type: none"> <li>▪ Enhance Antelope Valley coverage</li> </ul> </li> <li>○ Additional training opportunities with DHS</li> <li>○ Continued annual trainings with internal/ external stakeholders</li> <li>○ Enhanced referral pathway for members in acute settings</li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <ul style="list-style-type: none"> <li>○ Improved reporting</li> <li>○ CBAS Center Partnerships</li> <li><b>Future Program Goals</b></li> <li>○ Scaling Program Enrollment <ul style="list-style-type: none"> <li>▪ Development of a targeted engagement list</li> <li>▪ Additional staffing to accommodate referrals</li> </ul> </li> <li><b>L.A. Care Partnerships include:</b></li> <li>○ DHS Palliative Care Outpatient Clinics <ul style="list-style-type: none"> <li>▪ LAC+USC, UCLA Harbor, Olive View</li> </ul> </li> <li>○ PPG Partnerships <ul style="list-style-type: none"> <li>▪ Optum (AppleCare), MedPoint, and Prospect</li> </ul> </li> <li>○ Long Term Care Palliative Care Pilot <ul style="list-style-type: none"> <li>▪ Facility management: Rockport, Cambridge</li> <li>▪ Palliative Care Provider partner: Roze Room</li> </ul> </li> <li>○ CalAIM program participants who meet the requirements</li> </ul> <p>Mr. Baackes noted that L.A. Care is fortunate to have Dr. Stone as a member of the team, and members benefit from her management of this program.</p> <ul style="list-style-type: none"> <li>• Mr. Baackes acknowledged the retirement of Roland Palencia, <i>Director of Community Benefits</i>.</li> <li>• Roland joined L.A. Care in 2006 and has been an outstanding ambassador for L.A. Care's Community Benefits programs, and in working with the agencies that receive Community Health Investment Fund (CHIF) grants.</li> <li>• At a retirement event on May 4, participants included colleagues, members of Roland's family and representatives of many community-based organizations including clinics.</li> <li>• Mr. Baackes noted that as an immigrant to the U.S. from Guatemala, Roland has given back so much to the community and is a role model for the value of immigrants to our communities.</li> </ul> <p>Mr. Palencia thanked Board Members, Mr. Baackes, Linda Greenfeld, <i>Chief Product Officer</i>, Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, Shavonda Webber-Christmas, <i>Director of Community Benefits</i> and the entire Community Benefits team, for their years of support. The important work of Community Benefits provides financial resources to address issues that are crucial and critical to the safety net, and in addition creates goodwill for L.A. Care. He introduced Ms. Webber-Christmas as the new Director of Community Benefits and assured the Board that Ms. Webber-Christmas is a strong advocate and will take Community Benefits to the next level. Ms. Webber-Christmas thanked Mr. Palencia for the introduction and she expressed</p> |              |

| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|   | <p>her appreciation to the Members of the Board of Governors for their support of Community Benefits.</p> <p>Board Member Booth asked Dr. Seidman to comment on the fee for service vaccination rates. Dr. Seidman did not have any comments as that is not a population that L.A. Care serves.</p> <p>Board Member Perez thanked Mr. Palencia on behalf of the membership and the community. His hard work has definitely had an effect in Los Angeles County. She wished him the best in his new endeavors. If he will relax and enjoy the sun setting, he deserves all that and more.</p> <p>Board Member Vaccaro thanked Mr. Palencia on behalf of Community Clinic Association of Los Angeles County, the clinics and health centers for all of his contributions to the health centers. As a former leader at a health center, he has made tremendous contributions to the work that they do through his philanthropic support. He has been a fantastic thought partner in recognizing the most critical issues that impact health centers and the communities that they serve and has been a truly responsive grant maker. She is honored to have worked with him and she appreciates his dedication. She looks forward to working with Ms. Webber-Christmas and wishes Mr. Palencia all the best in his retirement.</p> <p>Board Member Booth noted that the CHIF program has come so far in just a few years, and she thanked Mr. Palencia for making sure that the Board is getting its money's worth.</p> <p>Chairperson De La Torre thanked Mr. Palencia for his work and for representing L.A. Care so well throughout his service to the organization.</p> |              |
| <ul style="list-style-type: none"> <li>Vision 2024 Progress Report</li> </ul>   | <p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></p>  |              |
| <ul style="list-style-type: none"> <li>Grants and Sponsorship Report</li> </ul> | <p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></p>  |              |
| <b>ADVISORY COMMITTEE REPORTS</b>   |  |              |
| <p><b>Executive Community Advisory Committee (ECAC)</b></p>                     | <p>Submitted May 5 at 2:01pm via email</p> <p><i>Chair De La Torre, Greetings to every member of the Board. Happy Cinco de Mayo. My name is Andria McFerson chair of RCAC 6. I filed a motion to reconvene the RCACs and return to our previous schedule. This is a follow up on RCAC 6 member's requests to still have a voice at least 6 times a year. It was followed up previously during an ECAC meeting and I asked how many RCAC meetings we were going to have for the rest of the year and staff told me much less so that is why</i></p>   |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|                          | <p><i>the motion was filed. Many RCAC members asked “Can we please have more RCAC meetings throughout the year for them to speak about the trajectory of the COVID-19 pandemic and how it has affected the community?” Also, we need to know what we can do in order to lessen the outbreak and devastation in our own communities. We were told that staff does not make the decisions on how many times RCAC members meet, we were told the Board makes those decisions. So with that being said this request is to solidify the awareness Lac receives of the feedback of the stakeholders and the overall community members of L.A. County. This motion is asking the Board to allow us to meet 6 times a year. I hope you guys consider going back to how the meetings were set up before so that we can enable preparedness plan for L.A. County starting with the advisory committee, the low income community, who are the ones who are most affected by the outbreak. Thanks, Andria McFerson, RCAC 6 Chair</i></p> <p>Submitted May 5 at 2:54pm via voicemail by Elizabeth Cooper, RCAC 2 Member<br/> <i>Executive Community Advisory Committee, Motion ECA 100, I support it. I feel that the RCACs need to have more meetings and more participation so that they can discuss issues that may or may not be on the Board agenda. I do support this motion. I do hope that the members of the RCACs will be able to meet when it is safe for them to do so. I thank the Board for reconsidering this motion. To Chief Executive Officer, Mr. Baackes and to the public, I am concerned we have an upcoming election in June 2022, it’s going to be all of the states constitutional officers, the governor, Secretary of State and also our elected officers, the US Senate. This is so important, voting. L.A. Care has sent many consumers to Sacramento to lobby on behalf. I want to thank the county of Los Angeles who has encouraged all members and all people to vote. They even have the forms on a non partisan way. Thank you L.A. County for encouraging people to vote, because it is so important. Your vote counts. Next month the primaries are so important. And the election in November. So Please [vote] members. Mothers, Happy Mothers Day. And Mothers please encourage all family members and friends, not just women, to go vote. California leads the way. voting is so important. It is the bedrock of our democracy. Local and state legislators are up for reelection. I have more issues but I am sorry, I hope my comments are read for this Thursday, May 5.</i></p> <p>Chairperson De La Torre noted that the primary in California will be held on June 7, and it is important to vote on the right day. He thanked everyone for their public comments.</p> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN   |
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|                          | <p>Board Member Gonzalez thanked the members that are listening to the Board meeting. She expressed appreciation for members attending and welcomed comments, suggestions and questions. She urged everyone to continue to use their masks, get vaccinated, and get the booster shot if eligible. She sends thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic.</p> <p>ECAC met on April 13.</p> <p>Mr. Baackes noted that the community advisory committees are a valuable and unique part of L.A. Care. He supports the motion.</p> <p>Board Member Booth asked about the risks in the public health emergency. Mr. Baackes commented that the meetings would be conducted using the guidelines developed by L.A. Care for the reopening of the community resource centers. Dr. Seidman commented that he understood the focus of the motion to be on the frequency of the meetings. A separate issue is if those meetings continue to be held virtually or will be held in person. If the Board wishes to meet in person, there are many levels of safety precautions that can be taken to minimize the risk of any spread of COVID at those meetings. Each individual has to consider their own individual risk in attending in person meetings. L.A. Care's Community Resource Centers have been reopened with safety precautions. While L.A. Care requires vaccination for employees, the vaccination status of visitors is not known, so masks are required indoors for all parties.</p> <p>Mr. Baackes clarified that the motion only addresses the frequency of the meetings, and RCACs are assumed to return to in person meetings when the Board of Governors does so.</p> <p>Board Member Perez asked Auleria Eakins, EdD, <i>Manager, Community Outreach and Engagement</i>, to update the Board on the readiness of RCACs to restart the meetings. Dr. Eakins indicated that data from the initial RCAC member meetings is still being reviewed. L.A. Care will consult with Human Resources and Health Services staff to determine how the meetings will continue. When all the data is available and can be reviewed, L.A. Care will make an evidence-based decision on the RCAC meetings. The RCACs are currently being conducted virtually, with the possibility of in person meetings in the future.</p> <p><b><u>Motion ECA 100.0522</u></b></p> <p><b>Motion to reconsider the motion approved to only have quarterly meetings now with the Regional Community Advisory Committees and return to every other month or every 60 days. Allowing more inclusiveness after being disconnected for close to 2 years. This motion if for BOG reconsideration of the decisions to only have 4 RCAC meeting per year and go back to 6 meetings per year.</b></p> <p>Board Member Gonzalez continued her report:</p> | <p><b>Unanimously<br/>approved by roll call.<br/>10 AYES</b></p> |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|                          | <ul style="list-style-type: none"> <li>• Dr. Seidman gave a COVID-19 update and Mr. Baackes gave a CEO update. They both gave those reports earlier today. Mr. Baackes encouraged members to volunteer and sign up for the DHCS Ambassadors Program. The program aims to spread awareness about Medi-Cal redeterminations through community advocates and volunteers. Mr. Baackes mentioned that it is a great opportunity for ECAC and RCAC members to join L.A. Care in spreading the word to increase the number of members that complete the redetermination process.</li> <li>• Dr. Kyle gave ECAC members an update from L.A. Care’s Equity Council Steering Committee, which has helped address food security in vulnerable communities by serving approximately 110,000 individuals. About 93% of L.A. Care’s community sponsorships went to organizations or events focused on health equity issues including access to care, social determinants of health, and social justice. He reported on: <ul style="list-style-type: none"> <li>○ Internally synergized efforts among departments to address health disparities</li> <li>○ Consumer Health Equity Council collects input and feedback from L.A. Care members</li> </ul> </li> <li>• Dr. Auleria Eakins, <i>Manager, CO&amp;E</i>, reported: <ul style="list-style-type: none"> <li>○ A schedule of events and activities at CRCs and FRCs is on L.A. Care’s website.</li> <li>○ The RCACs participated in unofficial virtual check-in meetings in March and April after not meeting during the public health emergency. Check in meetings also allowed members to reconnect with L.A. Care staff and hear key information.</li> <li>○ Mental Health Awareness Day is May 19. CO&amp;E will host an education webinar via Zoom from 10:00 a.m. to 12:00 p.m. Michael Brodsky, MD, <i>Medical Director, Behavioral Health and Social Services</i>, will moderate a discussion with guest panelists about mental health and homelessness, Adverse Childhood Experiences and stigmas associated with mental health.</li> <li>○ This year’s RCAC Community Partnership will focus on Technology Justice and will align with L.A. County’s community program called “Delete the Divide”. Staff is working with other departments and will work with ECAC members over the coming months about how to engage community based organizations and community members in this effort.</li> </ul> </li> <li>• Lynne Kemp, <i>Health Education Program Manager II, Health Education</i>, presented information about Population Needs Assessment.<br/>The purpose of the Population Needs Assessment is to: <ul style="list-style-type: none"> <li>○ Identify member health needs and health disparities</li> <li>○ Identify gaps in health education, Cultural &amp; Linguistics, and Quality Improvement programs</li> <li>○ Identify and address health needs, health disparities and gaps in access or services</li> </ul> </li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER       | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                                | <p>Board Member Perez thanked Board Member Gonzalez. She reported that CO&amp;E staff sent information about the way L.A. Care is supporting the DHCS Coverage Ambassador Program and members have responded. Mr. Baackes attended the April ECAC meeting and encouraged members to join this effort to help Medi-Cal members continue their health care coverage. L.A. Care's Community Resource Centers and Family Resource Centers have started to offer onsite services and continue with food pantries. Tomorrow there will be a walk-up or drive-through food pantry at the Pacoima site. Members can also get information about CalFresh, which provides funds to buy healthy food. The first class of CPR in Spanish will graduate at the Norwalk site. Information about the events and programs available can be found on L.A. Care's social media platforms and on the website. May is Mental Health Awareness month, and information is available in Spanish. L.A. Care was a sponsor of the Cinco de Mayo celebration hosted by the Rose Bowl Legacy Foundation. Mr. Baackes opened the 2022 Southern California Healthcare Innovation Summit, where he discussed the initiatives L.A. Care has launched to support the safety net of providers in Los Angeles County. Board Member Perez is proud to be part of L.A. Care because of that. There is information on L.A. Care's social media with details about nurse recruitment. Employees are encouraged to refer nurses and can earn a referral bonus.</p> <p>Board Member Perez noted that Cinco de Mayo is not a celebration for the independence of Mexico but is a way for immigrants to feel proud to be Hispanic or Latino. Board Member Perez also congratulated Mothers, who have a huge role in the household for health care, in bringing healthy food to the family table. Mothers are administrators, therapists, nutritionists and nurses.</p> <p>Chairperson De La Torre recognized Fatima Vazquez, Chairperson of ECAC, who joined the meeting for this item. He thanked all the Moms, and he noted that many surveys have shown that Moms in the household make most of the health care related decisions in households such as insurance, primary care physicians, pediatricians. He thanked Moms for trying to keep people healthy.</p> |              |
| <b>BOARD COMMITTEE REPORTS</b> |  |              |
| <b>Executive Committee</b>     | <p>Submitted May 5 at 3:05pm via chat</p> <p><i>This comment is for May BOG meeting item 8 or any other relative item. Chairperson De La Torre this is Andria McFerson RCAC 6 Chair. I am so happy to hear that there is a phone-line and website to update or renew Medical coverage. This will not just benefit those without transportation this helps people with COVID or any other major illness like cancer, and diabetes. Also Seniors, the Mentally ill and those who may be Mentally and Physically disabled who are most impacted that need assistance.</i></p>   |              |



| AGENDA<br>ITEM/PRESENTER   | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|  | <p>Chairperson De La Torre reported that the Executive Committee met on April 26. Meeting minutes can be obtained by contacting Board Services and will be available on the website. The Committee received a report on Annual Disclosure of Commissions paid to brokers for employee health insurance programs. The Committee reviewed and approved Human Resources Policy HR-709 (Language Proficiency Assessment), which does not require full Board approval.</p>   |              |
| <ul style="list-style-type: none"> <li><b>Government Affairs Update</b></li> </ul> | <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>It was announced earlier this week that California's Budget Surplus has more than doubled since the beginning of the year. The surplus is expected to be \$68 billion. Shortly after the latest estimate of the budget surplus was released, Senate Leader Tony Atkins released the Senate Spending Plan. The Assembly will also release a spending plan, and the Governor will release a May Budget Revise. <ul style="list-style-type: none"> <li>Senate Leader Atkins' proposal includes a \$200 payment to each Californian within income levels and \$200 for each dependent per family. This proposal differs from the Governor's proposal to send \$800 to each California with a registered vehicle to offset rising gas prices. The Senate Democrats proposal included billions in rent relief, homeless issues, infrastructure and significant mental health funding, as well as an additional contribution to the rainy day fund. Assembly Democrats are expected to release their funding priorities soon. There is a lot of money available so a lot of activity is expected with the State Budget.</li> <li>A date for release of the Governors May Revise has not been publicly announced, but we are hearing that it may be on May 13. Once the May Revise is released the Budget negotiations will begin.</li> <li>L.A. Care has taken a support position on two budget proposals so far, and will encourage the legislature to adopt funding on: <ul style="list-style-type: none"> <li>Along with LANES, a proposal for increased funding for data sharing</li> <li>Expansion of Medi-Cal to ages 26-49 regardless of immigration status, to start in 2023.</li> </ul> </li> <li>In the Board meeting packet is a matrix of legislative bills. <ul style="list-style-type: none"> <li>AB2724 (Arambula), for the Kaiser direct contracting legislation. Briefly, this bill would allow a direct Medi-Cal contract in many California counties in 2024. Initially, the intent was for Kaiser to contract directly for Medi-Cal in 32 counties, but this legislation does not include a prohibition and could allow expansion to all 58 California Counties. Although Kaiser is a valued plan partner, L.A. Care takes exception to this proposal which offered no advance warning or transparency for stakeholders, and there is no protection in place for members or safety net</li> </ul> </li> </ul> </li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>providers. This will also allow the state administration to change regulations in the future without having legislation approved. L.A. Care is very concerned about this bill and has been meeting with legislators. There have been two hearings so far, one in the Assembly Health Committee which is chaired by the bill's author, Senator Arambula. The other was a Senate joint Budget and Health Committee hearing, which was vastly different from the Assembly hearing. Many of the Senate committee members sit on both committees. These committee members were very engaged, skeptical and asked a lot of questions and gave opinions on the proposal. There appeared to be a sincere interest on the part of the committee members to help those impacted, and to ensure there are guardrails in place to protect members and the safety net. Some concerns expressed include:</p> <ul style="list-style-type: none"> <li>✓ There is no detail in the legislative language</li> <li>✓ Gives DHCS too much authority to make changes in the future</li> <li>✓ There is a significant concern that Medi-Cal members may be treated differently than existing enrollees</li> <li>✓ Question of how safety net clinics will be supported</li> <li>✓ The impact of acuity in relation to rates, which led to an in-depth discussion about rates</li> <li>✓ The Senators seemed angry that neither the administration or DHCS approached the Senate, and Members learned about it in the media.</li> </ul> <p>Committee members said they would like to see amendments in print before the bill is sent to the Budget Trailer Bill language. L.A. Care is working with Local Health Plans of California (LHPC) representatives on amendments to the language. It is still unclear if this proposal will transition to Budget Trailer Bill language or if it will remain in Health Policy. This decision will be made by the leadership and L.A. Care will continue to be very engaged on this issue.</p> <p>Mr. Baackes noted that there was limited opportunity for testimony at the Committee Hearing, and L.A. Care was represented by Linnea Koopmans, CEO of LHPC. Jarrod B. McNaughton, CEO of Inland Empire Health Plan and Stephanie Sonnenshine, CEO of Central California Alliance for Health testified at the Arambula hearing representing local health plans. L.A. Care circulated a letter to all the members of the Los Angeles delegation in the Assembly and the Senate stating its position on this bill. Chairperson De La Torre thanked Ms. Compartore for the report and reiterated his personal opposition to the deal for all the reasons that have been cited.</p> <p>Ms. Compartore reported that L.A. Care has been meeting with members of the Los Angeles delegation in addition to LHPCs advocacy.</p> |              |

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|  | <p>Board Member Booth stated that she would like to discuss AB 35. Ms. Compartore described the recently introduced AB35, which will affect medical malpractice cases filed or arbitrations demanded on or after January 1, 2023. There is a proposition on the November ballot that would increase the Medi-Cal malpractice limits. If AB35 is signed into law the ballot initiative will be removed. Member Booth noted that the limit is currently \$250,000 for non-economic damages. Medical damages due to medical malpractice and financial damages (current and future expected earnings) do not have a limit. If there is no death involved, the limit for non-economic damages would be raised to \$350,000, and up to \$500,000 if it involves a death. Ms. Compartore added that the limit rises to \$750,000 initially, and would rise 2% thereafter.</p> <p>Member Booth noted that the limit would no longer apply to the total potential non-economic damages, but would apply to up to three separate entities involved. There are other underlying changes which increase the amount of contingency fees paid to an attorney, and integrated health systems are excluded. The language of this legislation was agreed on in closed discussions. There are many unknowns, but if this legislation is signed into law, medical malpractice insurance rates could skyrocket, which will have a negative disproportionate effect on safety net doctors.</p> <p>Board Member Raffoul noted that this legislation has not been a point of discussion and it appears the bill was amended in the Senate on April 27, 2022. Hospital associations have not yet had the opportunity to respond to this legislation.</p> <p>Chairperson De La Torre noted that the legislation had to be introduced by the deadline. Board Member Booth noted that this is also passing through the legislative process quickly. Member Raffoul stated he will alert the hospital associations to start a public discussion. Ms. Compartore reported that the California Hospital Association, California Medical Association and other health facilities are supporting this bill. Board Member Booth is very concerned about this legislation as there is little information available.</p> |              |
| <p>• <b>Approve prioritizing investments in four of the ten Elevating the Safety Net (ESN) initiative programs for an additional five years.</b> (BOG 101)</p> | <p><i>Board Members Ballesteros and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of such issues. In order to expedite the process, those Board Members' vote on this motion reflects a vote concerning the entire motion excluding the Provider Recruitment Program and Residency Support Program, for which the member is abstaining.</i></p> <p>Mr. Baackes introduced Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, who has in her management portfolio the Elevating the Safety Net (ESN) program. noted that staff approached the Board five years ago to request setting aside 5% of L.A. Care's reserve funds to support a Safety Net Workforce Initiative, which was later renamed the Elevating the Safety Net</p>  |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>program. The funds approved have not been completely expended, and the program could be run for another five years on a modified basis.</p> <p>Ms. Carmona noted that an extended presentation was heard by the Executive Committee in March outlining the ESN results of the last five years, and that presentation is available for Board Members who would like more detailed information. The motion is to hone in on some key effective programs under ESN. L.A. Care invested over \$90 million across 10 programs in the last five years. There is more than \$61 million remaining, which could be allocated to continue funding of four key ESN programs for an additional five years.</p> <p>Ms. Carmona described four programs which have demonstrated an impact on member access to care, increase in the number of providers in our network and diversity among program participants. Through our data collection and analysis, we have also identified opportunities for improving the eligibility criteria and funding priorities for each of the four programs.</p> <ol style="list-style-type: none"> <li>1. Provider Loan Repayment Program – \$26 million invested through the end of FY 2021-22 and we recommend investing up to \$4 million annually starting FY 2022-23 through FY 2026-27.</li> <li>2. Provider Recruitment Program – \$22.5 million invested through the end of FY 2021-22 and we recommend investing up to \$4 million annually starting FY 2022-23 through FY 2026-27.</li> <li>3. Medical School Scholarship Program – \$14.4 million invested through the end of FY 2021-22 and we recommend investing up to \$3.5 million annually starting FY 2022-23 through FY 2026-27.</li> <li>4. In-Home Support Services Training Program – \$5.8 million invested through the end of FY 2021-22 and we recommend investing up to \$1 million annually starting FY 2023-24 through FY 2026-27.</li> </ol> <p>Board Member Vaccaro asked if the programs are only available to Medical Doctors (MDs) or are Nurse Practitioners (NP) and Physicians Assistants (PA) included. Ms. Carmona responded that this question is reviewed more than annually, and although the program is not yet open to other professionals. The initial goal of the program is to create capacity within the system, and over the years adding the MDs provides the greatest improvement in capacity. L.A. Care did add psychiatrists and some other very specific provider types. Mr. Baackes commented that the idea was that our initial response was to feedback from federally qualified health centers that it was difficult to attract physicians from competing medical sites. L.A. Care believed that focusing on primary care and psychiatry is the best way to increase capacity for safety net care, which has resulted in 142 physicians added since 2018, and feedback from safety net care sites has been positive. If there were more resources, adding additional professionals would be considered. In the future, based on the financial performance, the Board may want to direct</p> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>staff to expand the reach of this program. Dr. Seidman added that while the importance of adding NP and PAs helping add capacity to the provider network is appreciated, in the Medi-Cal managed care program, each individual PCP has a limit of 2,000 members assigned, and for each NP or PA, another 1,000 can be assigned. Board Member Ghaly asked if there was any discussion of having those threshold numbers changed. Dr. Seidman responded that he has not heard any discussion of changing the assignment limits.</p> <p>Board Member Booth asked about long term data. The information included in the meeting materials is good information on diversity of the participants. Board Member Booth would like more information that the benefit is not just a temporary increase in the number of patients that are seen, but contributes continual increases in access to care. The loan repayment program contributes approximately 20% additional funds for new physicians. It is hoped that this physician will keep working in the safety net. It is within the realm of possibility that the new physician will not work permanently in the safety net. If that physician leaves and is replaced, it does not increase access to care. Board Member Booth feels it is really important that the program continues to increase access. She asked Board Members to consider if this is a sustainable and expanding solution to the problem of too few doctors, and does the Board want to be certain that it is, before committing to funding for another five years. Board Member Booth feels it would be more than remiss to not find a solution that is more than just throwing money at the problem. Mr. Baackes noted that the information will become available in the future. Dr. Seidman noted that there are different groups of people in each program. The first cohort of medical scholars will graduate this June. All eight scholars are doing well in their training. Five are going on for additional training. Three will graduate and one will go to UCLA for residency, and the other two will go to other areas in California. For the loan repayment and recruitment programs, the participants may stay or may choose to move on after the program. Some will choose to continue to work in the safety net. In his experience, it is important to have physicians entering the safety net, and if loan repayment motivates those physicians to work in the safety net, it is an important contribution to improve access. L.A. Care will continue to track if those physicians remain in the safety net. Board Member Booth would like to have a sense that this program will be sustainable. Mr. Baackes noted that the data on sustainability will not be known for years, as the participants move through the program. Chairperson De La Torre noted that the statewide Mike Thompson Program may have applicable data about physicians staying in the safety net.</p> <p>Board Member Roybal noted that the loan repayment program has been very good in helping to attract and retain providers at county sites. He would like to know where the L.A. Care scholars will serve their residencies, and eventually where they work. He endorsed renewing the program, as it is too early to get data and funding is needed to continue the program.</p> |              |

| AGENDA<br>ITEM/PRESENTER              | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN  |
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|                                       | <p>Board Member Ballesteros stated that he hears across the board, at the Community Clinic Association of Los Angeles County (CCALAC) and at the independent physician association (IPA) level, is that the program has been tremendously helpful and is the only program of its kind at the local level that helps the FQHCs recruit new providers in Medi-Cal. One of the grant criteria is that the individual is new to the Medi-Cal system, so it expands the capacity of the safety net. We all know the capacity of the safety net is not sufficient for Medi-Cal beneficiaries in Los Angeles County. The programs support organizations to recruit providers who work in skid row or work in parts of the county where it is hard to find primary care physicians. All of his colleagues in the FQHCs feel that component of the program is invaluable. He feels there would have been greater access problems without this program.</p> <p>Board Member Booth asked if L.A. Care should choose to fund more providers instead of paying back medical school loans. Dr. Seidman related that when he was recruiting physicians for a safety net clinic, many times he lost physicians with medical school debt to other larger and more commercially focused medical groups. He noted that the recruitment funds coupled with the loan repayment grants are a powerful combination to attract and retain physicians in the safety net. He strongly advised that both the programs be continued.</p> <p><b><u>Motion BOG 101.0522</u></b><br/> <b>Authorize an expenditure over the next five years in the amount of \$61.4 million by prioritizing four programs – Provider Loan Repayment Program, Provider Recruitment Program, Medical School Scholarship Program and In-Home Support Services Training Program – starting FY 2022-23 through FY 2026-27.</b></p> | <p><b>Approved by roll call.<br/> 7 AYES (Ballesteros- with exceptions noted, De La Torre, Ghaly, Gonzalez, Raffoul Roybal and Vaccaro- with exceptions noted),<br/> 1 NAY (Booth),<br/> 1 ABSTENTION (Perez) (Member Jimenez experienced technical difficulties and was not able to vote.)</b></p> |
| <b>Finance &amp; Budget Committee</b> | <p>Chairperson De La Torre reported that the Committee met on April 26 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>). The Committee reviewed and approved a motion that was approved earlier today on the Consent Agenda. The Committee also reviewed and approved a contract amendment with Resources Global Professional which does not require full Board approval.</p>   |   |
| <b>Chief Financial Officer Report</b> | <p>Marie Montgomery, <i>Chief Financial Officer</i>, reported the financial results for March 2022:</p> <p><b><u>Membership</u></b><br/> Membership for March 2022 is 2,561,075, 15,263 members favorable to the 3+9 forecast; and 37,594 favorable year-to-date (YTD), driven by the increased enrollment for the CalAIM mandatory managed care population. The forecast did not include those additional members for Plan Partners. Membership for L.A. Care Covered (LACC) held steady at 115,000 members for the second month in a row and CMC remains at approximately 18,000. As Mr. Baackes mentioned, L.A. Care expects new enrollment in May as eligibility is opened for ages 50+ regardless of immigration status.</p>   |   |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p><u>Consolidated Financial Performance</u></p> <p>There is a \$16 million net surplus for March; \$1.9 million unfavorable to the 3+9 forecast. The operating margin is slightly favorable to the forecast by \$941,000. The unfavorable healthcare cost is mitigated by favorable revenue.</p> <p>The revenue for long-term care (LTC) is higher than the forecast by \$8.7 million. There is a higher number of LTC members than was assumed in the forecast. That additional institutional membership has healthcare associated healthcare costs, which has led to the unfavorability in this item.</p> <p>L.A. Care received the Cal MediConnect (CMC) Medicare Quality withhold earnings for CY 2020 which increased revenue by \$10 million. Because L.A. Care has a percentage of revenue arrangement with providers, it translates into a higher capitation expense and higher shared risk, resulting in a \$4.8 million net favorable impact on the operating margin. The vaccine incentive program is \$3.2 million favorable. Provider incentives were also favorable \$5.5 million due to timing. Incurred claims were \$6.6 million unfavorable to forecast partially due to higher LTC cases. The favorable LTC revenue mitigates this unfavorability. Community Based Adult Services (CBAS) continues to be unfavorable, at \$8.1 million vs the forecast in March. Lower utilization was assumed because these services were expected to move back to CBAS centers, which hasn't yet occurred due to the pandemic. Pharmacy was \$4 million unfavorable, which included a \$2.6 million adjustment to the provider capitation estimate. Shared Risk was \$3.7 million unfavorable due to a final true-up for CY 2021.</p> <p>Administrative expense was \$717,000 favorable to the 3+9 forecast which includes the Appeals &amp; Grievances remediation and CalAIM program implementation. Non-operating expense is the biggest driver of unfavorability this month, \$3.6 million higher than the forecast. An \$8 million unrealized loss was reported this month because of the increase in interest rates. As the interest rate increases, the value of the investment portfolio decreases. This is not a reflection of deterioration of credit. L.A. Care holds bond positions until maturity and it does not affect the amount of the investment income that was planned when the investment was made.</p> <p><u>YTD Consolidated Financial Performance</u></p> <p>The net surplus YTD is \$36 million; \$6.7 million unfavorable to the forecast. The large variances in revenues and healthcare costs are due to the Proposition 56 reconciliation for the state fiscal year (SFY) 2018-19 and the subsequent 18-month bridge period discussed in prior months; resulting in a \$280 million decrease to revenue and a \$264 million decrease to healthcare expense. The operating margin is favorable \$21 million.</p> |              |

| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN   |
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|   | <p>YTD Administrative expenses are unfavorable due to the \$55 million regulatory fines mitigated by the positive PCORI fee impact of \$22 million as discussed previously.</p> <p>Non-operating expense is \$1.8 million unfavorable YTD mainly due to an unrealized loss variance but offset by lower CRC spending and timing in grant spending. The unrealized loss is \$22 million for the fiscal YTD.</p> <p><u>Operating Margin by Segment</u><br/>Overall the Medical Care Ratio (MCR) is 92.7%, versus forecast of 93.5%.</p> <p><u>Reported vs Paid Claims Trend</u><br/>The month of March saw paid claims increase and reported claims level off so they are in the same position. We did assume higher fee for service claims related to the Omicron surge in the 3+9 forecast. Reported claims are consistent with recent periods. The margins are being pressured by the recent claims uptick, however the reserves being held are adequate to cushion against moderately adverse development. Staff will continue to monitor these trends as they move into the new quarter.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> <li>• The administrative ratio was 6.0%, higher than the forecast of 5.2% due to regulatory fines.</li> <li>• Working Capital and Tangible Net Equity are ahead of benchmarks.</li> <li>• Cash to claims is ahead of the benchmark due to the receipt of the pass-through funds of \$800 million, including the hospital directed payments which were paid in April. As previously reported, the cash to claims ratio will not fully recover until In-Home Support Services (IHSS) balances are settled with the Department of Health Care Services (DHCS).</li> </ul> <p><u>Tangible Net Equity &amp; Days of Cash on Hand</u><br/>The March 2022 Fund Balance was \$1.1 billion which represents 530% of Tangible Net Equity. The target of 600% was based on the average of 8 other Local Initiatives and County Organized Health Systems. L.A. Care has enough cash to cover operating expenses for the next 44 days.</p> <p><u>Motion FIN 104.0422</u><br/><b>To accept the Financial Reports for March 2022 as submitted.</b></p> | <p><b>Unanimously approved by roll call.<br/>9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Raffoul, Roybal and Vaccaro)</b></p> |
| <ul style="list-style-type: none"> <li>• Monthly Investments Transactions Report</li> </ul> | <p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services)</i>. This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of March 31, 2022 was \$2.5 billion.</p> <ul style="list-style-type: none"> <li>• \$2.2 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> </ul>   |  |



| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|   | <ul style="list-style-type: none"> <li>• \$73 million in Local Agency Investment Fund</li> <li>• \$253 million in Los Angeles County Pooled Investment Fund</li> </ul>   |              |
| <ul style="list-style-type: none"> <li>• Quarterly Internal Policy Reports</li> </ul> | <p>Ms. Montgomery referred to the expenditure reports pursuant to internal policies which are included in the meeting materials. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over \$250,000.</p>   |              |
| <b>Compliance &amp; Quality Committee</b>   | <p>Committee Chairperson Booth reported that the Compliance &amp; Quality Committee met on April 19. The meeting frequency has increased through an agreement by Committee members as the work of the Compliance department has grown increasingly complicated as L.A. Care faces an increasing array of regulations and contractual requirements. Compliance affects areas throughout the organization, and as the enterprise grows, the need for compliance also grows. Compliance &amp; Quality Committee will now meet monthly. The Committee is prioritizing the reports it receives to appropriately prioritize and schedule reviews. The Committee also decided to have a library of compliance related information for reference. A dashboard is being developed to show progress in L.A. Care's compliance levels for different facets of the organization. The Committee is reviewing the Compliance &amp; Quality Committee Charter to ensure it reflects the work of the Committee and that the Committee is effective in meeting expectations of a Board-level Compliance &amp; Quality Committee.</p> <p>Chairperson De La Torre noted that Committee Chairperson Booth asked him to invite Board Members to send ideas for information that should be included in reporting from staff related to Compliance &amp; Quality.</p> |              |
| <b>PUBLIC COMMENT on Closed Session Items</b>   | There was no public comment.   |              |
| <b>ADJOURN TO CLOSED SESSION</b>  | <p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:47 pm.</p> <p>Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:47 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES<br/>Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul>   |              |

| AGENDA<br>ITEM/PRESENTER             | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|                                      | <p>REPORT INVOLVING TRADE SECRET<br/>Pursuant to Welfare and Institutions Code Section 14087.38(n)<br/>Discussion Concerning New Service, Program, Business Plan<br/>Estimated date of public disclosure: <i>May 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act<br/>Names of Six Cases:</p> <ul style="list-style-type: none"> <li>• Methodist Hospital of Southern CA v. L.A. Care, Case No. 21STCV39978</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6386</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, Case No. 21STCV38231</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6798</li> <li>• USC Center for Health Financing, Policy, and Management, et al. v. Local Initiative Health Authority for Los Angeles County, Case No. 22STCP01429</li> <li>• Optum Health Plan of California v. L.A. Care, American Health Law Association, Arbitration No. 6276</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION<br/>Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:<br/>Three Potential Cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES<br/>Consultation with Tom MacDougall, <i>Chief Information &amp; Technology Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION<br/>Pursuant to Section 54957 of the Ralph M. Brown Act<br/>Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR<br/>Pursuant to Section 54957.6 of the Ralph M. Brown Act<br/>Agency Designated Representative: Hector De La Torre<br/>Unrepresented Employee: John Baackes</p> |              |
| <b>RECONVENE IN<br/>OPEN SESSION</b> | The Board reconvened in open session at 6:29 p.m.   |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS              | ACTION TAKEN |
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|                          | There was no report from closed session. |              |
| <b>ADJOURNMENT</b>       | The meeting was adjourned at 6:29 p.m.   |              |
|                          |  |              |

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III*

Victor Rodriguez, *Board Specialist II*

APPROVED BY:

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

Date Signed \_\_\_\_\_



## **Board of Governors MOTION SUMMARY**

**Date:** June 2, 2022

**Motion No.** EXE 100.0622

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** Approval of revision to 2022 schedule of meetings for the Board of Governors and Committees.

**Background:** The schedule is revised to reflect new start time off Board of Governors meetings to 1 pm.

**Member Impact:** Public input is welcome at all Board and Committee meetings.

**Budget Impact:** None.

**Motion:** To approve the revised 2022 Board of Governors and Committees to reflect new start time of Board of Governors meetings to 1 pm, effective June 2, 2022.

### 2022 Regular Board and Committee Meeting schedule

**BoG:** Board of Governors, meets at **1:00** for approximately 3 hours, and meets all day in September for strategic discussion

**C&Q:** Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours

**Exec:** Executive Committee meets at 2:00 p.m. for approximately 90 minutes

**F&B:** Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes

**CHCAC:** Children's Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours

**ECAC:** Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours

**TAC:** Technical Advisory Committee meeting schedule to be determined

**JPA and LACH:** Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

**Meetings are usually held at 1055 West 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017**

**Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.**

|   |  |   |
|---|--|---|
| <u>January 2022</u><br><i>No Board meeting</i><br>1/12 – ECAC<br>1/20 – C&Q<br>1/18 – CHCAC<br>1/24 – F&B, Exec<br>TBD – Audit, TAC | <u>February 2022</u><br>2/3 – BoG<br>2/9 – ECAC<br>2/28 – F&B, Exec  | <u>March 2022</u><br><b>3/3 BoG (tentative)</b><br>3/9 – ECAC<br>3/15 – CHCAC<br>3/17 – C&Q<br>3/28 – F&B, Exec<br>TBD – GOV  |
| <u>April 2022</u><br>4/7 – BoG<br>4/13 – ECAC<br>4/19 – C&Q<br>4/25 – F&B, Exec<br>TBD – TAC  | <u>May 2022</u><br>5/5 – BoG<br>5/11 – ECAC<br>5/17 – CHCAC<br>5/19 – C&Q<br>5/23 – F&B, Exec  | <u>June 2022</u><br>6/2 – BoG ( <i>offsite</i> )*<br>6/8 – ECAC<br>6/16 – C&Q<br>6/27 – F&B, Exec   |
| <u>July 2022</u><br><i>No BoG Committee Meetings</i><br>7/28 – BOG<br>7/21 – C&Q  | <u>August 2022</u><br><i>No Board meeting</i><br>8/10 – ECAC<br>8/16 – CHCAC<br>8/18 – C&Q<br>8/22 – F&B, Exec<br>TBD – Audit, TAC             | <u>September 2022</u><br>9/1 – BoG ( <i>offsite all day retreat</i> )*<br>9/14 – ECAC<br>9/15 – C&Q<br>9/19 – F&B, Exec*<br><i>*Due to religious holiday</i><br>9/20 – CHCAC<br>TBD – GOV |
| <u>October 2022</u><br><b>10/6 BoG (tentative)</b><br>10/12 – ECAC<br>10/20 – C&Q<br>10/24 – F&B, Exec<br>TBD – TAC                 | <u>November 2022</u><br>11/3 – BoG<br>11/9 – ECAC<br>11/14 – F&B, Exec*<br><i>*Due to Thanksgiving holiday</i><br>11/15 – CHCAC<br>11/17 – C&Q | <u>December 2022</u><br>12/1 – BoG<br>12/14 – ECAC<br><i>No other meetings</i>  |

\*Offsite locations are tentative



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

**Date:** June 2, 2022

**Motion No.** FIN 100.0622

**Committee:** Finance & Budget

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

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

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

**Background:** L.A. Care staff requests approval to amend a contract with Imagenet, LLC in the amount of \$650,000 through June 30, 2023. The vendor will continue to provide us with document handling, document acquisition, document preparation, document sorting, document scanning, data processing, 837 EDI transmission, document storage, and document destruction. The three paper claim/form types the vendor will continue to handle are:

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

The \$650,000 requested in this amendment will cover expenses estimated at an average of \$54,000 per month from July 2022 to June 2023.

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

**Budget Impact:** Sufficient funds are accounted for in the Claims Department budget for FY 2021-22. Budget will be appropriated in FY 2022-23.

**Motion:** To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$650,000 (total contract amount not to exceed \$3,250,000), through June 30, 2023, for scanning solution services.



May 24, 2022

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

**SUBJECT: CEO Report – June 2022**

We officially celebrated the opening of the El Monte Community Resource Center in early May with a ribbon cutting ceremony that had been delayed due to the pandemic. It was a wonderful event, in celebration of the Center and the communities that it will serve. The services that are provided at the Center are a tangible value to the community and to our members, offering support for a variety of needs. We are proud of our Community Resource Centers and it was an honor to celebrate the grand opening.

This month, we began enrollment for adults age 50 and older who qualified for full scope Medi-Cal, regardless of immigration status. The state began outreach to people in mid-April and we saw that of those eligible, a majority proactively selected L.A. Care and a provider. We expect additional choice enrollment in June and will begin to see default enrollment in July and August.

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

|  | Since last CEO<br>report (4/26/22) | As of 5/24/22 |
|--|------------------------------------|---------------|
| <b>Provider Recruitment Program</b><br>Physicians hired under PRP <sup>1</sup>                         | -1                                 | 141           |
| <b>Provider Loan Repayment Program</b><br>Active grants for medical school loan repayment <sup>2</sup> | —                                  | 83            |
| <b>Medical School Scholarships</b><br>Grants for medical school scholarships <sup>3</sup>              | —                                  | 32            |
| <b>Elevating Community Health</b><br>Home care worker graduates from CCA's IHSS training program       | —                                  | 4,428         |

Notes:

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

Below please find organizational updates for May:

### **El Monte Community Resource Center Grand Opening**

While the Community Resource Center (CRC) has been available to local residents since September 2021, L.A. Care and Blue Shield of California Promise celebrated the grand opening of our CRC in El Monte with a ribbon-cutting ceremony this month, as mentioned above. A host of free services are available to members and the general public at the CRC, including fitness classes such as Zumba and yoga, mental health and stigma workshops, healthy cooking sessions and health education classes, as well as resources that address social determinants of health such as housing, food security, income security, and more.

### **LA vs Hate Fabric Installation Sponsored by L.A. Care**

A collaged fabric tapestry representing solidarity in the face of rising anti-Asian hate and violence was unveiled by Los Angeles County Supervisor, Hilda Solis, at the Rowland Heights Library on May 19. This piece was commissioned by LA vs Hate to local Filipinx interdisciplinary artist and researcher Diane Williams. Williams used fabrics with cultural significance, melding layers of translucent materials and embroidery. The hand embroidered outlines of national flowers from multiple cultures signify the diverse cultural backgrounds of Los Angeles County and the nation. A core component of the Los Angeles County Commission on Human Relations' LA vs Hate, a countywide anti-hate program, is using art to strengthen feelings of safety, inclusion, and healing in the face of the historic rise in hate acts and crimes. L.A. Care was a sponsor of the installation, and is a partner in the LA vs Hate program.

### **L.A. Care Sponsors National Latina Women's Conference**

The Mexican American Opportunity Foundation, a nonprofit that provides social services and advocacy for Latinos across California, held its 41st Annual National Latina Women's Conference, and L.A. Care was a sponsor of the event. L.A. Care hosted a panel titled, "The Intersection of Mental Health and Pursuing Your Goals" featuring four L.A. Care staffers. The panelists discussed their professional goals, how the pandemic impacted those goals, and how they addressed mental health needs during a very challenging time.

### **Speaking Engagements**

- May 2 – 2022 Healthcare Innovation's Southern California Summit. *Keynote Presentation: L.A. Care's Investment in Communities in Need.*
- May 9 – LACMA Expanding Healthcare Coverage Town Hall Series. *The Role of a Public Option Health Plan to Achieve Universal Coverage*

### **Attachments**

Cal MediConnect (CMC) Enrollee Advisory Committee Quarterly Meeting Report





**Cal MediConnect**  
*Enrollee Advisory Committee*

CEO Report to the Board of Governors  
Cal MediConnect Enrollee Advisory Committee (CMC EAC) Meeting Summary

**Meeting Date:** May 17, 2022

**Attendees:** 6 CMC members, via conference call

**Meeting Summary**

**I. L.A. Care Updates**

- a. Attendees were informed about
  - i. How to Access Over-the-Counter COVID-19 Rapid Tests
  - ii. Community Resource Centers in-person classes, events and new centers
  - iii. Member Assessment Survey from product team- In collaboration with the Cal MediConnect Product team, we will be doing a voluntary CMC EAC member survey. The purpose is to compare the results of tenured EAC members who are typically more experienced with the plan and knowledgeable of plan benefits and services with newer enrollees to determine gaps in member communication and engagement, and to identify opportunities to improve the member journey.

**II. Presentation by our Pharmacy department on Osteoporosis**

- a. A presentation on Osteoporosis including symptoms, treatment, and mail order services.

**III. CCI Ombudsman Report**

- a. Staff reviewed the role of the CCI Ombudsman's office, shared the prevalent issues reported by the Ombudsman, and provided members with the office's contact information.

**IV. Close-Out**

- a. Members were provided instructions on how to contact L.A. Care staff if they've encountered any member issues, so that they may be helped by the Member Relations team.
- b. The next CMC EAC meeting is currently scheduled for Tuesday, August 16, 2022, from 2:00 pm - 3:30 pm, via conference call.

## **Resolution Calling for Gun Safety Legislation**

Whereas, L.A. Care Health Plan, the nation's largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;

Whereas, gun violence is a major public health crisis throughout the U.S. and must be addressed through a comprehensive public health approach;

Whereas, gun violence is the leading cause of premature death in the U.S.;

Whereas, this year, as of May 27, 2022, there have been 214 mass shootings in the U.S.;

Whereas, L.A. Care is horrified at the wanton loss of life in Buffalo, NY, Laguna Woods, CA, Uvalde, TX, and so many other cities;

Whereas, L.A. Care recognizes a comprehensive public health approach to gun violence must include gun safety legislation and access to mental health services;

Whereas, L.A. Care is committed to promoting mental health as a critical part of overall wellness, and recognizes more equitable resources are needed;

Whereas, L.A. Care supports the recruitment of new psychiatrists into the Los Angeles County safety net through its Elevating the Safety Net initiative;

Be it Resolved, that L.A. Care will strongly advocate for more effective state and federal gun safety legislation, to protect the lives of Californians and all Americans by:

1. Supporting a ban on the sale of military-style assault weapons and high capacity magazines;
2. Supporting background checks on all gun buyers; and,
3. Supporting additional funding and efforts to address mental health.

We do hereby rededicate our efforts to create a more just and healthy America.

**April 2022  
Grants & Sponsorships Report  
June 2022 Board of Governors Meeting**

| # | Organization Name  | Project Description  | Grant/<br>Sponsorship<br>Approval Date | Grant<br>Category/<br>Sponsorship | Grant<br>Amount* | Sponsorship<br>Amount | FY CHIF &<br>Sponsorships<br>Cummulative<br>Total |
|---|--|--|--|-----------------------------------|------------------|-----------------------|---|
| 1 | Asian Pacific<br>Community Fund<br>(APCF)                | Annual fundraising event   | 4/4/2022                               | Sponsorship                       | \$ -             | \$ 3,000              | \$ 3,000  |
| 2 | California Children's<br>Academy                         | Anniversary fundraising event  | 4/11/2022                              | Sponsorship                       | \$ -             | \$ 5,000              | \$ 5,000  |
| 3 | Central City<br>Community Health<br>Center               | Expands dental service hours by 8 hours per week by expanding the hours of an existing General Dentist by 0.20 FTE and two Dental Assistants by 0.20 FTE each and serve a minimum of 700 new dental patients and provide a range of dental/oral health care services. Additionally, equipment and supplies that allow the clinic to mitigate the risks of COVID-19 transmission will be purchased.   | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 4 | Chinatown Service<br>Center                              | Expands dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist and serve a minimum of 300 new dental patients and provide a range of dental/oral health care services.  | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 5 | Community Clinic<br>Association of Los<br>Angeles County | To facilitate two Learning Collaboratives resulting in needs assessments for up to 20 clinics regarding achieving human resources, recruitment, and retention goals where 85% of the 20 participating clinics will successfully implement at least one intervention to increase knowledge, recruitment, and retention. To conduct one new management cohort with 84% of at least 25 newly trained clinic managers and supervisors will implement at least one new strategy to improve staff retention. | 4/12/2022                              | Ad Hoc                            | \$ 200,000       | \$ -                  | \$ 206,050  |

| #  | Organization Name                         | Project Description   | Grant/<br>Sponsorship<br>Approval Date | Grant<br>Category/<br>Sponsorship | Grant<br>Amount* | Sponsorship<br>Amount | FY CHIF &<br>Sponsorships<br>Cummulative<br>Total |
|----|---|---|--|-----------------------------------|------------------|-----------------------|---|
| 6  | East Valley<br>Community Health<br>Center | Expands dental service hours by 8 hours per week by expanding the hours of an existing General Dentist by 0.40 FTE and serve a minimum of 940 new dental patients and provide a range of dental/oral health care services. Additionally, equipment and supplies that allow the clinic to mitigate the risks of COVID-19 transmission will be purchased. | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 7  | El Proyecto del Barrio                    | Expands dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist and serve a minimum of 1,200 new dental patients and provide a range of dental/oral health care services.   | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 130,000  |
| 8  | Faith and Community<br>Empowerment        | SAIGU- 30th Celebration of LA Riots   | 4/4/2022                               | Sponsorship                       | \$ -             | \$ 5,000              | \$ 5,000  |
| 9  | Garfield Health Center                    | Expands dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist and serve a minimum of 2,034 new dental patients and provide a range of dental/oral health care services.   | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 10 | Helpline Youth<br>Counseling, Inc         | Annual fundraising event  | 4/4/2022                               | Sponsorship                       | \$ -             | \$ 1,000              | \$ 1,000  |
| 11 | JWCH Institute                            | Expands dental service hours by 80 hours per week by hiring two 1.0 FTE General Dentists and serve a minimum of 2,200 new dental patients and provide a range of dental/oral health care services. Additionally, equipment and supplies that allow the clinic to mitigate the risks of COVID-19 transmission will be purchased.                         | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 12 | L.A. Christian Health<br>Centers          | Expands dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist and a 0.75 FTE Dental Assistant and serve a minimum of 500 new dental patients and provide a range of dental/oral health care services.  | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 13 | Los Angeles Business<br>Journal           | Women's Leadership Symposium and Healthcare Leader Awards   | 4/12/2022                              | Sponsorship                       | \$ -             | \$ 25,000             | \$ 32,500   |
| 14 | March Of Dimes                            | Annual conference & seminar   | 4/11/2022                              | Sponsorship                       | \$ -             | \$ 20,000             | \$ 25,000   |

| #  | Organization Name                             | Project Description  | Grant/<br>Sponsorship<br>Approval Date | Grant<br>Category/<br>Sponsorship | Grant<br>Amount* | Sponsorship<br>Amount | FY CHIF &<br>Sponsorships<br>Cummulative<br>Total |
|----|---|--|--|-----------------------------------|------------------|-----------------------|---|
| 15 | Mexican American<br>Opportunity<br>Foundation | Annual conference  | 4/4/2022                               | Sponsorship                       | \$ -             | \$ 5,000              | \$ 5,000  |
| 16 | National Medical<br>Fellowships               | Supports a safety net clinic immersion program for underrepresented health professionals that will place seven students targeting 3 medical, 2 graduate nursing, and 2 physician assistant at four L.A. County based Community Health Centers during the summer of 2022 to prepare them for the health care workforce and 80% of students will express interest in working in the safety net following graduation.   | 4/18/2022                              | Ad Hoc                            | \$ 150,000       | \$ -                  | \$ 150,000  |
| 17 | Park Tree Community<br>Health Center          | Expands dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist and serve a minimum of 950 new dental patients and provide a range of dental/oral health care services.  | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |
| 18 | South LA Cafe<br>Community<br>Foundation      | COVID-19 Vaccination events  | 4/11/2022                              | Sponsorship                       | \$ -             | \$ 15,000             | \$ 15,000   |
| 19 | Southern California<br>Grantmakers            | Supports at least seven (7) programs addressing topics related to health equity and advancing wellness for at least 125 participants, and support three (3) convenings to increase investments and support for systemic change through public policy education and advocacy on health equity related topics for at least 300 participants to build the will of grantmakers and the philanthropic community to support health equity and wellness through systemic change, and ultimately increase investments in health and health care. | 4/18/2022                              | Ad Hoc                            | \$ 25,000        | \$ -                  | \$ 25,000   |
| 20 | St. John's Well Child<br>and Family Center    | Expands dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist, a 0.75 FTE Registered Dental Assistant, and a 0.75 FTE Dental Assistant and serve a minimum of 1,000 new dental patients and provide a range of dental/oral health care services.  | 4/8/2022                               | Oral Health<br>Initiative         | \$ 125,000       | \$ -                  | \$ 125,000  |

| #   | Organization Name                      | Project Description   | Grant/<br>Sponsorship<br>Approval Date | Grant<br>Category/<br>Sponsorship | Grant<br>Amount*    | Sponsorship<br>Amount | FY CHIF &<br>Sponsorships<br>Cummulative<br>Total |
|---|--|---|--|-----------------------------------|---------------------|-----------------------|---|
| 21  | Venice Family Clinic                   | Venice Family Clinic Art Walk & Auction   | 4/11/2022                              | Sponsorship                       | \$ -                | \$ 10,000             | \$ 10,000   |
| 22  | Via Care Community Health Center       | Expands dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist and serve a minimum of 750 new dental patients and provide a range of dental/oral health care services.   | 4/8/2022                               | Oral Health Initiative            | \$ 125,000          | \$ -                  | \$ 125,000  |
| 23  | Westside Regional Center               | Expands dental service hours by 16 hours per week by expanding the hours of an existing Attending Dentist and enlisting two Dental Residents that will provide 8 hours of service each and serve a minimum of 120 new developmentally disabled dental patients and provide a range of dental/oral health care services. | 4/8/2022                               | Oral Health Initiative            | \$ 125,000          | \$ -                  | \$ 125,000  |
| 24  | White Memorial Community Health Center | Expands dental service hours by 40 hours per week by hiring a 0.70 FTE General Dentist and a 1.0 FTE Registered Dental Assistant and serve a minimum of 500 new dental patients and provide a range of dental/oral health care services.  | 4/8/2022                               | Oral Health Initiative            | \$ 125,000          | \$ -                  | \$ 125,000  |
| <b>Total of grants and sponsorships approved in April 2022</b>  |  |   |  |                                   | <b>\$ 1,875,000</b> | <b>\$ 89,000</b>      |   |
| * Per the Community Health Investment Fund (CHIF) grant agreements, the first half of the grant award is released upon receipt of a fully executed agreement. The second half of grant award is released upon expenditure of the first payment and completion of at least half of the entire project's objectives, as detailed in semiannual progress report submissions. |  |   |  |                                   |                     |                       |   |



Date: May 23, 2022

To: Board of Governors

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

**Subject: Community Health Investment Fund (CHIF) Summary for Fiscal Year 2020-21**

### **Introduction**

Community Benefit Programs provides the Board of Governors a summary of Community Health Investment Fund (CHIF) investments annually. This memo and the accompanying inventory, Attachment A, outline awards made last fiscal year and past years' active grants, highlighting the related processes, achievements, challenges, and impact of these grants.

Community Benefits focused much of its grantmaking on community rebuilding efforts to address the aftermath and the lingering effect of the COVID-19 pandemic for years 2020 and 2021. Our investments also addressed the racial injustice and the health disparities exacerbated by the ongoing pandemic. We invested in projects that supported low-income and under-resourced communities to help get back to "normal", especially those already experiencing health and social disparities pre-pandemic. Funding included support for racially diverse low-income populations through the safety net that serves them. This included access to life-saving COVID-19 vaccines, financial resources for trusted health and healthcare related organizations to address systemic racism and under investment, and the enhancement of medical infrastructure to care for those with chronic and advanced disease magnified by a COVID-19 diagnosis.

In FY 2020-21, L.A. Care made 48 CHIF awards for a total of \$9,439,150, with the balance of the \$10 million allocation put on reserve to fund additional vaccine projects for the following fiscal year. In addition, Community Benefits monitored 62 grants that remain open from previous years.

### **CHIF Priorities**

To best support L.A. Care's strategic vision, CHIF awards aligned with three foundational priorities:

1. Support the health care safety net to address the COVID-19 pandemic and racial inequities.
2. Address social determinants of health that result in inequities, including housing and food insecurity.
3. Empower and invest in organizations that address systemic racism related to health and the healthcare safety net.

These overarching priorities ensure that our grants fund projects that have the greatest impact on the health and well-being of our members and the community at large while supporting the safety net

providers that serves them. In the context of these priority areas, most of our CHIF grants for FY 2020-21 focused on addressing COVID-19 and its unsettling effects with a racial equity lens.

Some highlights include:

- Focused the flagship Robert E. Tranquada, M.D. Safety Net XII initiative on providing funding for community-based clinics to increase the accessibility of COVID-19 vaccinations among hesitant communities that were disproportionately under-vaccinated. This has helped to close the gap and was a precursor to a later partnership with the California Department of Health Care Services Medi-Cal COVID-19 Vaccination Incentive Program. The State program provides incentives and resources for L.A. Care Health Plan to get its members vaccinated.
- Launched our second Equity and Resilience initiative to help address the historic under-investment in health and health related organizations led by and serving Black, Latino, Asian, and Indigenous communities. Funds helped to address the immediate COVID-19 challenges brought on by the pandemic, as well as to help establish the long-term resilience of these community-embedded organizations.
- Engaged in a key partnership with a state-wide food access advocacy organization to manage and provide coaching, training, and capacity building for on-the-ground organizations to address food insecurity such as lack of access to affordable and nutritious food in entire neighborhoods known as “food deserts.”
- Funded ad hoc and initiative grants that addressed immediate health related needs, including food, income, and housing security, as well as adequate access to virtual health care.

The tables below provide a sampling of initiatives in each priority area, which are grants awarded via a Request for Applications process. These tables also provide notable examples of ad hoc grants, which are projects that meet CHIF priorities but significantly differ from the purpose of current initiatives. More details, including project level objectives and outcomes, can be found in *Attachment A: CHIF Summary Report FY 2018-21*.

**Priority 1: Support the health care safety net to address the COVID-19 pandemic and racial inequities.**

| Initiative/Ad Hoc Grant                             | Number of Awards and Funding | Description  |
|---|------------------------------|--|
| Robert E. Tranquada, M.D. Safety Net Initiative XII | 26 Awards<br>\$1,950,000     | To expand COVID-19 vaccination access by at least 190,000 doses at over 70 sites located in low-income, Black, Indigenous, and People of Color (BIPOC) communities that were highly and disproportionately impacted by the COVID-19 pandemic nevertheless experienced low vaccination rates.             |
| MLK Community Health Care Ad Hoc                    | \$500,000                    | To increase the Post-Discharge Clinic (PDC) capacity and serve at least 738 new post-Intensive Care Unit COVID-19 patients and 900 COVID-19 long haulers who may not have been treated in an ICU setting. The PDC unit will also provide pulmonary rehabilitation services and enhanced case management. |



**Priority 2: Address social determinants of health that result in inequities, including housing and food insecurity.**

| Initiative/Ad Hoc Grant                   | Number of Awards and Funding | Description   |
|---|------------------------------|---|
| Community Wellness Initiative V           | \$1,231,650                  | In partnership with California Association of Food Banks, provides funding, network support, and technical assistance for up to 12 nonprofits for CalFresh outreach and enrollment assistance to approximately 6,200 eligible families that account for an estimated 18,000 individuals facing food insecurity in Los Angeles County.   |
| Project Angel Food Ad Hoc                 | \$150,000                    | To provide a minimum of 15,000 free, home-delivered, medically-tailored meals and nutrition services to approximately 82 homebound L.A. Care members over a six-month period. These members are battling illnesses such as HIV/AIDS, kidney disease, uncontrolled diabetes, pulmonary disease and cancer and are especially medically vulnerable to experiencing serious complications from COVID-19.   |
| Inquilinos Unidos (Tenants United) Ad Hoc | \$125,000                    | To assist 3,200 tenants, including 1,000 new tenants, through one-on-one counseling, tenant rights education, group consultations to prevent evictions, and legal referrals if appropriate. At least 200 households facing harassment are advised of rights, assisted with complaint submission and remain in their units. Graduate at least 40 tenants from the <i>Tenant Empowerment and Leadership Academy</i> to educate, train and empower tenants to become eviction prevention leaders in their communities. |

**Priority 3: Empower and invest in organizations that address systemic racism related to health and the healthcare safety net.**

| Initiative/Ad Hoc Grant           | Number of Awards and Funding | Description  |
|-----------------------------------|------------------------------|--|
| Equity & Resilience Initiative II | 9 Awards<br>\$1,300,000      | To support health and health care related community based organizations led by Black, Latino, Southeast Asian, and Indigenous leaders to help mitigate the long-term and daily effects of systemic racism in their communities, including COVID-19 related medical, social, emotional, and economic distress. Each non-profit entity received a grant of up to \$125,000, plus nearly \$20,000 worth of capacity building coaching, training, and technical assistance through contracted vendor Jemmott Rollins |

|   |          |  |
|---|----------|--|
|   |          | Group, Inc. The initiative also seeks to level the playing field for non-profit organizations led by people of color which have experienced chronic philanthropic under-investment for decades.  |
| Liberty Hill Foundation (fiscal agent for the Reimagine Coalition) Ad Hoc | \$50,000 | To provide community-based capacity building and to engage and elevate the voices of those impacted by systemic racial inequalities to impact the design and budget of Measure J. This initiative focuses on system reforms by emphasizing prevention and the resourcing of underinvested communities, including in health and healthcare. Funds specifically support the stipends of the two community organizations with formerly incarcerated members to serve on the Measure J Advisory Committee, as well as tools such as tablets and hotspots to equip up to 20 community participants with adequate technology for virtual engagement. |

### Grant Initiatives and Strategic Alignment

Community Benefits staff assess the strategic direction of health care policy, programs, statistics, and related sectors to determine the best use of CHIF resources that also align with L.A. Care's strategic vision. As members of local, statewide, and national philanthropic and health care collaboratives, the department leverages internal and external partnerships to address new and enduring barriers to health and healthcare. Community Benefits and Strategic Planning staff participate in L.A. Care's Equity Council activities and other programs and ad hoc committees to mutually align a number of Community Benefits priorities with those of the Council and other L.A. Care initiatives such as the vaccine incentive program (VIP). Staff also works with other departments to explore opportunities to enhance clinic infrastructure operations, support major program launches, and promote member involvement and satisfaction with their care. Staff conduct literature reviews, interviews, progress report assessments and periodic focus groups with key stakeholders to develop each initiative's Requests for Applications (RFA) to ensure projects will align with the organization's strategic vision.

The evolving and fluctuating effects of the COVID-19 pandemic and the safer-at-home mandates during much of the reported fiscal year required some healthcare providers and other clinic staff to work remotely and to provide virtual and telehealth clinical care to their patients. These sudden changes in staffing, workflows, safety equipment, spatial orientation, and revenue generation created new challenges and opportunities for many CHIF grantees. To learn more about these evolving changes and to build our own capacity during the crisis, Community Benefits staff continue to participate in philanthropic and health care webinars and workshops to learn about best practices to guide grantmaking in this environment. Staff also conducted stakeholder interviews with clinic leaders to understand their immediate needs.

The 2020-21 Tranquada Initiative addressed rampant vaccine hesitancy in response to clinic leaders' reports and as witnessed across the county. Through the collective efforts of the 26 awarded Tranquada XII clinics, over 205,000 doses were provided in only 6 months. This exceeded the vaccination goals for the entire 12 month grant period. Of the doses given, 92,390 were second doses, fulfilling the vaccination requirement at the time. While challenging, clinics were able to succeed through creative partnerships with educational, civic, and religious organizations. The initiative's success was also a

product of grantees' determination to achieve their goals, their enhanced capacity to store vaccine through essential equipment purchases, and augmented staffing resources, some of which were on the ground canvassing adjacent neighborhoods ready to provide the vaccination. The initiative's final accomplishments will be shared in next year's report.

### **CHIF Grant Approval and Administrative Processes**

All CHIF awards go through a review process that includes a formal application and internal vetting. The CHIF-driven initiatives are reviewed by a panel of community and L.A. Care staff subject matter experts, for a total of up to 20 reviewers. Ad hoc grants are also vetted and reviewed by an internal committee. During the reported fiscal year, recommendations for all grant awards up to \$250,000 were referred to L.A. Care's CEO for approval. Award recommendations above \$250,000 were brought to the Board Executive Committee for consideration and then to the Board of Governors for final approval.

Community Benefits staff has now migrated and updated all its individual grants made to date, including its thousands of related data points, into the Blackbaud Grantmaking (BBG) database. This has already facilitated the grants management efficiencies as it has reduced the number of spreadsheets that were being maintained. It provides a dashboard for grantee awards, progress report due dates and submissions. The Community Benefits team will continue to explore its capacity for additional streamlining such as direct application and progress report submissions to reduce hundreds of email transmissions annually.

Approval of CHIF awards are governed by BOG Grants and Sponsorships Policy 603, including potential conflicts of interests.

#### *Ongoing CHIF Monitoring*

In addition to the 48 grants made in FY 2020-21, Community Benefits continued to monitor 62 CHIF grants from prior years but still active during part or all the reported fiscal year, for 109 active grants. Because grants are made throughout the year for a minimum of 12 month terms, project objectives are often reported on and completed in subsequent fiscal years. As such, we monitor grants over a two- to three-year period. When grant deliverable or obligations have been completed, the progress update on each grant in Attachment A is marked "CLOSED." Closed grants, reflected in the current report, will be removed from future year's Attachment A.

### **Grant Support Acknowledgement and Recognition**

In partnership with the Communications department, the Community Benefits department monitors recognition and acknowledgment activities of its grantees. Every CHIF award doubles as sponsorships, allowing L.A. Care to receive enhanced recognition and acknowledgment for its long-standing community investments. Grantee specific acknowledgement activities are included in the Project Update section of *Attachment A: CHIF Summary Report FY 2020-21*.

There are varied and multiple types of recognition, and due to the COVID-19 pandemic, they also include virtual or hybrid events. Acknowledgements range from recognizing CHIF grant contributions in electronic and hard copy newsletters, joint press releases to local and regional media, permanent signage in waiting rooms and clinical rooms, plaques and decals on equipment, prominently displayed wall donors recognition, websites and electronic articles, social media posts, marketing and program related literature, recognition at public events such as ground breaking, ribbon cutting ceremonies, open houses and annual galas attended by community stakeholders that include local and national celebrities

and elected officials. Some public events provide speaking opportunities and involvement for L.A. Care's CEO, Community Benefits staff, Communications, Sales and Marketing, and other L.A. Care staff. As COVID-19 pandemic prevented many in person gatherings during the reported fiscal year, most grantees provided digital and virtual recognitions, and in some cases, in-person or hybrid recognition opportunities.

Some notable acknowledgments during the age of COVID-19, include a public interest legal firm's Tenants Referral Guide recognizing L.A. Care's support, a special video display on monitors at two clinic sites thanking L.A. Care for support, and publicity through a television news interview on ABC7 featuring L.A. Care Chief Medical Officer and Project Angel Food Executive Director.

### **Grantee Technical Assistance and Capacity Building Support**

Community Benefits staff provides technical assistance and capacity building support to each CHIF grantee throughout the grant term. These services include informational and orientation sessions, program development coaching, organizing focus groups and training sessions, and sharing lessons learned. These services help to ensure that grantees operate at an optimal level and for their funded projects to incorporate best practices. Staff also engages subject matter expert consultants, whether in the role of providing content or technical assistance in clinical and non-clinical areas such as Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) clinical quality improvement projects, Board, fundraising, and resource development to heighten grantees' outcomes achievement and program sustainability.

### **Conclusion**

In fiscal year 2020-21, Community Benefits managed a cumulative CHIF portfolio of \$34,405,650 and 109 active grants.

Every CHIF project presents the opportunity to enhance internal and external systems that lead to increased access, more effective care coordination, improved service systems, and ultimately, improved quality of life. The depth of these projects' collective effect contribute to systemic advances that generate powerful partnerships across systems of care, including health and social service providers, community advocates, researchers, and other philanthropic entities. Our financial and non-financial contributions demonstrate that L.A. Care is making impactful investments to improve healthcare and is a leader in the philanthropic community, especially during these unsettled times.

## Attachment A - Annual Community Health Investment Fund (CHIF) Summary Report

Active Grants from FY 2018- FY 2021  
Total 109 Active Grants for \$34,405,650

### Fiscal Year 2020-21 - Total of Forty-Eight Awards

#### AD HOC 2020-21 - NINE AWARDS

| # | Organization      | Amount       | Grant Type       | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )  |
|---|-------------------|--------------|------------------|-----------|--|--|
| 1 | Brilliant Corners | \$20,000,000 | Ad Hoc 2020-21   | 9/23/2026 | At least three-hundred (300) clients will be provided permanent supportive housing; all clients placed in permanent housing will receive rental subsidy for up to 60 months; and ninety percent of clients housed in permanent supportive housing will maintain housing for at least 12 months after their move-in date.   | Housed 332 over the five-year grant period with 236 people currently housed, exceeding 8,100 monthly rental payments since the program's inception. More than ninety percent (90%) of those ever housed maintained housing for more than one year. Approximately 74% of clients currently housed are L.A. Care members. Clients housed under the current 1115 Waiver program are being transitioned to Federal Emergency Housing Vouchers (EHV) or other options such as Flex Pool placements to maintain continuity of residence and services with minimal disruption.<br><i>Articles in Modern Healthcare and LAist, and articles on Website</i> |
| 2 | City of Pasadena  | \$167,500    | Ad Hoc 2020-2021 | 6/30/2022 | To reduce the number of unvaccinated people in the city of Pasadena, especially L.A. Care members, by approximately 17% and administer at least 8,000 COVID-19 vaccine doses through at least nine pop up sites in zip codes with low levels of vaccination rates; offer to vaccinate homebound L.A. Care members in the city of Pasadena in their homes; and engage youth to competitively post at least five social media ads that obtain at least 5,000 impressions to dispel vaccine misinformation among 18-24 year olds. | Reduced the number of unvaccinated people in Pasadena by nearly 8%, administering 3,627 COVID-19 vaccine doses within four months, including 643 second dose vaccinations, and 157 boosters. Completed 50 canvassing and tabling events, engaged and connected at least 100 members to a nurse, and offered in-home vaccinations to 75% of home bound members in Pasadena.<br><i>Press release, Social Media, Flyers, and Mobile vaccination events</i>  |
| 3 | Inquilinos Unidos | \$125,000    | Ad Hoc 2020-2021 | 3/25/2023 | To provide eviction prevention services to assist 3,200 low-income residents, including 1,000 new clients, help at least 200 people remain housed through a pilot Anti-Harassment Education and Enforcement Program, and graduate at least 40 tenant organizers through the Tenant Empowerment and Leadership Academy.   | Assisted 1,085 low-income, primarily Spanish-speaking residents at risk of eviction through education on rights to address tenant harassment and Tenant Buyout issues. Engaged 114 tenants facing imminent displacement to remain housed, helped 123 tenants with violations of the Anti-Harassment Ordinance prepare complaints to the housing department, and educated 91 tenants dealing with Tenant Buyout. An in person Tenant Empowerment Leadership Academy is planned for late Summer 2022.<br><i>Recognized on IU flyers and follow-up postcards</i>  |
| 4 | KED Consultants   | \$84,000     | PA 2020-21       | 9/30/2022 | Provide support to Community Benefits staff for projects that include collating review committee data, grantee progress reports, and other projects as needed.   | Assisted with three grant initiative review processes and conducted research on issues and subjects related to inform ad hoc and initiative grantmaking.<br><i>Recognized at meetings</i>  |

|   |   |           |                  |            |   |   |
|---|---|-----------|------------------|------------|---|---|
| 5 | Liberty Hill Foundation   | \$50,000  | Ad Hoc 2020-2021 | 4/15/2022  | To support community based organizations and impacted community members' participation in the development of the County of Los Angeles Measure J budget and implementation plan by facilitating two capacity building grants, advocacy training for 40 participants, and meeting access and engagement for 20 individuals.  | Provided capacity building grants to two organizations currently leading Care First Community Investment (CFCI/Measure J) budget planning effort. Subgrantees provided advocacy training on civic engagement and tangible supports (e.g., hot spots) for active virtual and/or in person meeting participation (e.g., transportation) for more than 200 community members, many with lived experience, achieving 10x the goal. Community members and organizations that were trained participated in regional and/or strategy specific planning meetings and submitted public comments. <b>Closed.</b><br><i>During trainings, meetings, and in impact report</i>   |
| 6 | Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF) | \$500,000 | Ad Hoc 2020-2021 | 8/1/2023   | To expand the Post Discharge Clinic to provide treatment to 738 additional patients and assist at least 450 COVID-19-related Post-ICU Syndrome and long-haul patients who will demonstrate improved health status, including pulmonary function.  | Expanded its existing COVID-19 post-ICU Discharge Clinic and employed 11 healthcare workers including physical medicine and rehabilitation doctors, a physical therapist, an occupational therapist, and a respiratory care practitioner to include chronic disease/specialty care for individuals with comorbidities exacerbated by COVID-19. Enrolled 97 unique patients with 180 encounters within first six months of grant.<br><i>Article posted on website and social media; acknowledged during Dream Show 2022 and in show credits, emails, social media, and on website</i>  |
| 7 | National Medical Fellowships, Inc.  | \$150,000 | Ad Hoc 2020-2021 | 4/14/2022  | To support a safety net clinic immersion program, modified due to COVID-19, that will place seven student in medical, nursing, or physician assistant programs at four L.A. County based Community Health Centers during the summer of 2021. L.A. Care funds will provide scholarships, student support, a program director, program coordinators, and pathway mentors. | Placed seven underrepresented minority students enrolled in MD, NP or PA programs (Scholars) in summer internships at local Community Health Center (CHC) . Using a hybrid model for safety, Scholars completed service hours with their assigned CHC, leadership training, interactions with executive leadership team, attendance at admin/management meetings, including Board of Directors, provider meetings, quality meetings. All four CHC sites indicated that Scholars' projects were extremely or very relevant to their practice. It is expected that at least 5 of the 7 Scholars will return to primary care following completion of their training. <b>Closed.</b><br><i>National and local program materials and at PLCP Awards Gala</i> |
| 8 | Project Angel Food  | \$150,000 | Ad Hoc 2020-2021 | 12/31/2021 | To provide a minimum of 15,000 free, home-delivered, medically-tailored meals (MTM) and nutrition services to approximately 82 homebound L.A. Care members that are battling illnesses such as HIV/AIDS, kidney disease, uncontrolled diabetes, pulmonary disease and cancer and are especially vulnerable to experiencing serious complications from COVID-19.         | Exceeded goals with more than 170 L.A. Care members served nearly 30,000 meals. All meals were tailored to each client's diagnosis, helping clients shelter at home and stay safe during the pandemic. <b>Closed.</b><br><i>Publicized the project through a television news segment and interview on the channel ABC7, featuring L.A. Care Chief Medical Officer and PAF Executive Director in an interviews. Announced on website.</i>  |

| 9  | Southern California Grantmakers            | \$25,000     | Ad Hoc 2020-2021     | 6/30/2022 | To provide at least seven (7) virtual and/or in-person programs for for at least 125 total participants addressing topics related to health equity and advancing wellness, and at least three (3) virtual or in person convenings addressing systemic change and health equity through public policy education, advocacy, and grantmaking for at least 300 participants. | Curated 68 programs attended by more than 2,500 participants, including SCG's Health Funders Group and 2021 Annual Conference, addressing issues of health equity. Continued to host SCG's Public Policy Interest Group and provide monthly "Public Policy Roundup" e-newsletter to address systemic change for equitable outcomes. Provided analysis on California's 2021 Legislative Session, which spotlights the standout bills likely to impact philanthropy's work moving forward. <b>Closed.</b><br><i>Throughout Conferences and Forums and on event screens and publications</i>                            |
|--|--|--------------|----------------------|-----------|--|--|
| Subtotal Ad Hoc 2020-21                        |  | \$21,251,500 |                      |           |  |  |
| COMMUNITY WELLNESS INITIATIVE V - THREE AWARDS |  |              |                      |           |  |  |
| #  | Organization                               | Amount       | Grant Type           | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )  |
| 10   | California Association of Food Banks       | \$1,231,650  | Community Wellness V | 2/1/2023  | To support up to 12 Los Angeles County nonprofits with grants for training and technical assistance on CalFresh outreach to enhance enrollment of at least 6,200 low-income individuals or families in the CalFresh program.   | Assisted 1085 households with CalFresh application submission through eight sub-grantee organizations within three months of subgrantees' start date. One-hundred eighty six households were assisted with semi-annual reporting and 136 with recertification to maintain CalFresh benefits another six months or year, respectively. More than 800 households were provided application follow-up to ensure system accountability and responsiveness.<br><i>Website posting; broad subgrantee recognition on outreach materials, logos on material, donor walls, meal give-away events, and social media posts.</i> |
| 11   | Chinatown Service Center                   | \$32,500     | Community Wellness V | 9/25/2022 | To educate and assist 500 low-income households to claim the Earned Income Tax Credit (EITC) to bring in up to \$375,000 in tax refunds through one Volunteer Income Tax Assistance (VITA) site.   | Filed tax returns for 205 low-income households; 204 EITC tax filings have been accepted; helped secure \$256,670 in EITC credits; and engaged 39 community volunteers.<br><i>Listed as a sponsor on the CSC official website; on the CSC VITA website; and on all the VITA flyers and brochures distributed via eblasts and e-newsletter.</i>   |
| 12   | Koreatown Youth and Community Center, Inc. | \$75,000     | Community Wellness V | 9/25/2022 | To educate and assist 1,154 low income household to claim the Earned Income Tax Credit (EITC) to bring in up to \$1,500,000 in tax refunds through four Volunteer Income Tax Assistance (VITA) sites.  | Prepared tax returns for 1,614 households during 2022 tax season and assisted 1,045 with Federal/State EITC tax filings, totaling \$1,609,994 in tax refunds through 212 trained VITA Volunteers, preparers, and intake managers.<br><i>Listed as a funder in all written material for public distribution and social media; Listed as a funder in entrance of building, on website, and in annual report.</i>   |
| Subtotal Community Wellness V                  |  | \$1,339,150  |                      |           |  |  |

| EQUITY & RESILIENCE INITIATIVE (ER) II - TEN AWARDS |                                    |           |                        |           |   |   |
|---|------------------------------------|-----------|------------------------|-----------|---|---|
| #   | Organization                       | Amount    | Grant Type             | End Date  | Grant Purpose   | Progress Update and Recognition ( <i>in Italics</i> )   |
| 13  | A Step to Freedom                  | \$125,000 | Equity & Resilience II | 9/15/2023 | To provide transitional housing to 1,500 clients and supportive services to at least 1,000 clients, and assist 375 to obtain permanent housing and employment. Ensure 70% compliance among 750 clients taking prescribed medications. Enhance client database system to track program participation, changes in skills, knowledge and attitudes, and post program status. Increase the number of Board members by four, and provide Board with additional training and leadership development opportunities.    | Served 750 men and assisted 150 to obtain permanent housing and 105 to gain employment. Built infrastructure with three new hires; an externally led train the trainer series for staff covering medication compliance, trauma informed care, & responding to defensive behavior; Board training on fund development; and completion of administrative overhaul including audit, by laws and policy and procedure revisions, and new financial systems procedures. Developed three new partnership for residents' workforce, financial literacy training and leveraged L.A. Care funding to garner additional funding from three corporate funders and other foundations and individual donors for more than \$200,000. <i>2021 Warm the Streets Event, including publications, website, social media &amp; throughout event.</i> |
| 14  | Comunidades Indigenas en Liderazgo | \$125,000 | Equity & Resilience II | 9/15/2023 | To conduct COVID-19 vaccination education to 1,000 hard to reach indigenous migrant communities in L.A. County consistent with L.A. City, County, State and CDC guidelines. Train 50 interpreters to effectively represent speakers of indigenous languages in court, hospitals, and other essential interactions. Develop and gain Board approval of a 2-year strategic plan.  | Held six vaccination events reaching more than 800 indigenous language speakers and administering 309 doses. Conducted three professional development trainings on topics such as interpretation ethics & protocols and cardiovascular terminology, for 323 interpreters to effectively represent speakers of indigenous languages and to reduce barriers to services and rights. Hosted the 3rd Annual Indigenous Interpreters Conference with 90 in person and over 100 virtually attendees from all over the United States, Mexico, and Guatemala. <i>Publicized on conference materials and at in person conference.</i>  |
| 15  | Creative Acts                      | \$125,000 | Equity & Resilience II | 9/15/2023 | To provide civic engagement programming, available to at least 24 incarcerated youth in LA Probation Camps & Halls. Teach and expand virtual reality reentry program to at least 18 people serving life sentences inside prison. Offer past participants training how to facilitate classes and employment following release. Enhance donor database platform and virtual reality equipment. Develop a diverse Board of Directors for 501c3 organization and achieve a diverse operational budget of \$500,000. | Provided a civic engagement program session for 8 individuals incarcerated at local LA County juvenile probation camp and is currently teaching 15 incarcerated individuals at Valley State Prison via Virtual Reality Program to teach classes inside prison facilities. Two of four teachers trained and employed are returned citizens and prior participants. Increased Board constituency by 50% and submitted request for 501c3 status to the IRS, and secured an operational budget of \$385,000. <i>Posted about LA Care on our social media platforms and website, and include the LA Care Logo in all of our decks and reports.</i>   |



|    |                                    |           |                        |           |   |   |
|----|------------------------------------|-----------|------------------------|-----------|---|---|
| 16 | Homies Unidos, Inc.                | \$125,000 | Equity & Resilience II | 9/15/2023 | Partner to vaccinate at least 250 community members against COVID-19 in predominantly immigrant communities and those impacted by gang violence. Distribute PPE to at least 1,500 unique individuals and food to at least 18,000 people or families in gang impacted communities to reduce violence related to the stress of COVID's economic fallout. Improve civic engagement and reduce destructive behavior of 45 youth including formerly incarcerated youth and recent immigrants from Central America 14 and 24 years old. Develop client tracking database, foster staff and leadership development through a three-day retreat, and enhance board effectiveness through a two-day retreat and training.  | Vaccinated 212 individuals from immigrant communities, including 59 children at 5 pop-up COVID-19 vaccine clinics in partnership with Clinica Romero, St. John's Well Child, and 986 Pharmacy. Distributed outreach bags with PPE and bilingual COVID-19 informational material to 1,950 individuals and served groceries to 2,442 individuals at 22 different locations. Worked with 54 at-risk youth through Leadership Development programs, including mentoring and case management.<br><i>Facebook post, LA Care logo on bags</i>  |
| 17 | Inclusive Action for the City      | \$125,000 | Equity & Resilience II | 9/15/2023 | Provide advocacy support to 2,200 street vendors via the LA Street Vendor Campaign. Assist 125 vendors to reach full compliance with Los Angeles street vendor policies. Successfully implement and integrate use of Customer Relationship Management Software. Hire and empower an Operations and Program Director to manage the expanding programmatic and operational portfolio and produce policy-related impact data by hiring a full-time Policy Associate.   | Assisted 550 street vendors to participate in decision making processes, including making public comments/testimony and addressing elected officials in public and private meetings. Helped more than 30 street vendors gain full compliance with vendor regulations. Set up new CRM and working to integrate it into existing software and staff workflows. Leveraged other funding to double staffing, including two senior staff members covered by this initiative's funds.<br><i>Named L.A. Care core funder in annual report.</i>   |
| 18 | Khmer Girls in Action              | \$125,000 | Equity & Resilience II | 9/15/2023 | To provide leadership development training to and improve self-esteem and civic engagement for at least 80 members/clients. Increase the knowledge base of 1,200 community members on social issues impacting their neighborhoods through phone banking and door knocking, following all COVID 19 safety measures. Increase staff competency on PowerBase system and digital organizing and tracking alignment. Engage technical consultant to assess Information Technology (IT) functionality and replace outdated technology with PowerBase.   | Trained 40 youth members in leadership development and updated program curriculum. Assisted 229 community members to access local community and civic services, COVID-19 safety information, and free vaccinations through outreach, education, and systems navigation. Increased staff competency and streamlined all client data into agency database. Purchased technical hardware with input from a consultant to determine plan to enhance organizational capacity.<br><i>Recognized during youth training session, leadership training and COVID-19 education and outreach.</i>   |
| 19 | Southeast Asian Community Alliance | \$125,000 | Equity & Resilience II | 9/15/2023 | To deliver food and personal protective equipment to at least 150 community members twice each month. Continually update and provide updated public health information in five languages to 1,000 community members at least four times a year. Provide economic assistance to a minimum of 50 households in the form of cash grants, rental assistance, and/or help applying for COVID-19 relief programs, and empower 10-15 youth to be community leaders, educators, and change advocates for COVID-19 recovery efforts. Hire a consultant to assist in developing an organizational database and work with an accounting firm to improve fiscal management, establish an emergency/reserve fund, and develop a strategy for investing money from reserve funds. | Provided food, groceries, PPE, and public health information to 331 households, rental assistance to 24 households, and COVID relief application assistance to 35 households, totaling 579 people served. Additionally, provided 3,000 pounds of food to seniors residing at a 16 story senior housing building lacking a reliable elevator, and provided outreach, education, and application assistance for the state's Housing is Key program in 5 languages. Hired consulting firms to help establish an organizational database and began developing a plan to start and manage a reserve fund.<br><i>Acknowledged L.A. Care to those who received services.</i> |

|                |                                    |             |                             |            |  |   |
|----------------|------------------------------------|-------------|-----------------------------|------------|--|---|
| 20             | STEM to the Future                 | \$125,000   | Equity & Resilience II      | 9/15/2023  | To provide after school/camp programs to teach at least 2,000 Black and Latinx youth how to use Science, Technology, English, Art, and Math (STEAM) to empower their communities. Ensure at least 1,600 Planting the Seed (PTS) and 30 Brick by Brick (BxB) youth participants report confidence in their ability to apply STEAM to meet unmet community needs. Ensure at least 80% of 300 educators trained to teach STEAM-based curricula, build confidence in teaching STEAM programs to help their students support justice and equity. With capacity building consulting, obtain and implement systems to improve operations, increase donations to \$50,000 and partner with a firm to evaluate programs, refine strategies, and publish program impact. | Impacted 1,500 youth through after school STEM programs, engaged 20 youth on leadership projects to fulfill community unmet needs such as pop-up store to collect and sell student created work and collect mutual aid items for the unhoused. Trained 70 educators to create and implement student-led STEAM based learning experiences rooted in justice and freedom, with an 80% reporting increased confidence in teaching STEAM programs to facilitate justice and equity.<br><i>Plan to acknowledge at Student Led Events in fall 2022</i>  |
| 21             | The Community Action League (TCAL) | \$125,000   | Equity & Resilience II      | 9/15/2023  | To provide employment and leadership training, job coaching services, self-employment, family reunification with the Department of Children and Family Services (DCFS), online training courses, and referral services to at least 450 clients annually, of which 75% will either get employed, or start some form of income generating activity (e.g small business) within 12 months. Provide COVID 19 related outreach, engagement, and system navigation services to at least 900 unduplicated individuals to increase vaccination rates among the hesitant people. Acquire a Client Management System, conduct a staff and organizational development and provide financial management training for Board leadership.                                     | Served a total of 263 predominantly African American people in the Antelope Valley. Provided entrepreneurship, leadership, and job coaching services to 90 people, twenty-three of which have initiated income generating activities, such as starting a non-profit or business idea. Provided COVID-19 outreach, engagement, and system navigation services for 260 people in Palmdale and Lancaster to reduce hesitance. Employed the services of a grant writer that has since written 12 grant applications. Recruiting staff to lead and expand outreach and education efforts.<br><i>Website, Black Family Reunion event invitations.</i> |
| 22             | Jemmott Rollins Group, Inc.        | \$175,000   | Equity & Resilience II - PA | 12/31/2022 | Provide technical assistance, coaching, assessment insights, networking and other assistance to enable ER II grantees to assess, refine, and achieve grantees' capacity building goals leading to greater organizational resilience among Black Indigenous and People of Color led and serving organizations.  | Held orientation and matched each ER II grantee with a lead consultants. Consultant/Grantee teams have established a workplan, including a timeline for organizational assessments using the Core Capacity Assessment Tool (CCAT) or other assessment tools, initiated coaching and technical assistance, and conducted one professional development seminar.<br><i>Posted on website</i>   |
| Subtotal ER II |                                    | \$1,300,000 |                             |            |  |   |

| ROBERT E. TRANQUADA, MD, SAFETY NET INITIATIVE (TRANQUADA) XII - TWENTY-SIX AWARDS |  |          |               |          |  |   |
|--|--|----------|---------------|----------|--|---|
| #  | Organization                                 | Amount   | Grant Type    | End Date | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )   |
| 23   | AltaMed Health Services Corporation          | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 30,000 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Latin/Hispanic populations.                                  | Administered a total of 27,116 COVID-19 vaccine doses; 13,026 of which were second doses. Conducted vaccine administration at 13 clinics in 8 cities.<br><i>Social Media posts</i>  |
| 24   | Arroyo Vista Family Health Center            | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 1,200 doses of COVID-19 vaccines at four sites in at least one RCAC area, primarily serving Latin/Hispanic populations.                                      | Administered a total of 4,875 COVID-19 vaccine doses; 2,778 of which were second doses. Conducted vaccine administration at 4 clinics in 3 cities.<br><i>Website, Flyers, emails, posters, or other outreach</i>  |
| 25   | Buddhist Tzu Chi Medical Foundation          | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 8,000 doses of COVID-19 vaccines at two sites in at least two RCAC area, primarily serving Asian, Latin/Hispanic, and Southeast Asian populations.           | Administered a total of 1,692 COVID-19 vaccine doses; 713 of which were second doses. Conducted vaccine administration at 3 clinics in 3 different cities.<br><i>Social Media posts, Flyers, emails, posters, or other outreach</i>   |
| 26   | Central Neighborhood Health Foundation       | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 4,300 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Black, Latin/Hispanic, Asian, and Southeast Asian populations.  | Administered a total of 10,693 COVID-19 vaccine doses; 4,506 of which were second doses. Conducted vaccine administration at 4 clinics in 3 cities.<br><i>Flyers</i>  |
| 27   | Clinica Msgr. Oscar A. Romero                | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 12,500 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Latino/Hispanic and multi-racial populations.                   | Administered a total of 8,819 COVID-19 vaccine doses; 4,673 of which were second doses. Conducted vaccine administration at 2 Clinica Romero sites and 22 community events including at churches, schools, and local organizations.<br><i>Website, Newsletter, Annual Report, or other publications, Flyers, emails, posters, or other outreach</i> |
| 28   | Community Health Alliance of Pasadena        | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 20,000 doses of COVID-19 vaccines at three sites in at least two RCAC areas, primarily serving Latin/Hispanic, Black, Asian, and White populations.          | Administered a total of 4,147 COVID-19 vaccine doses; 2,358 of which were second doses. Conducted vaccine administration at 5 clinics in 4 cities.<br><i>Website</i>  |
| 29   | Comprehensive Community Health Centers, Inc. | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 1,200 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Latin/Hispanic, Armenian and Middle Eastern populations.      | Administered a total of 6,850 COVID-19 vaccine doses; 3,055 of which were second doses. Conducted vaccine administration at 5 clinics in 5 cities.<br><i>Social Media posts</i>   |
| 30   | Herald Christian Health Center               | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 10,000 doses of COVID-19 vaccines at three sites in at least one RCAC areas, primarily serving Asian and Latin/Hispanic, and other multi-ethnic populations. | Administered a total of 8,540 COVID-19 vaccine doses; 5,725 of which were second doses. Conducted vaccine administration at 7 clinics in 7 cities, including at various schools.<br><i>Website, annual report, special stakeholder report</i>   |
| 31   | JWCH Institute, Inc.                         | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 1,200 doses of COVID-19 vaccines at three sites in at least one RCAC area, primarily serving Latin/Hispanic, Black, and White populations.                   | Administered a total of 2,273 COVID-19 vaccine doses; 1,563 of which were second doses. Conducted vaccine administration at Wesley Health Centers in 2 cities.<br><i>Website</i>  |
| 32   | KHEIR  | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 7,320 doses of COVID-19 vaccines at one site in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.                              | Administered a total of 2,231 COVID-19 vaccine doses; 1,318 of which were second doses. Conducted vaccine administration at 3 clinics, including a free clinic with Hearts of Los Angeles (HOLA).<br><i>Website, Social Media posts, Recognition at company event</i>   |

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| 33 | Los Angeles Christian Health Centers                                      | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 2,500 doses of COVID-19 vaccines at three sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, and homeless populations.  | Administered a total of 1,558 COVID-19 vaccine doses; 980 of which were second doses. Conducted vaccine administration at 9 clinics, including a mobile clinic.<br><i>Website, Social Media posts</i>  |
| 34 | Los Angeles LGBT Center   | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 3,194 doses of COVID-19 vaccines at one site in at least one RCAC area, primarily serving Black, Latin/Hispanic, multi-race, persons experiencing homelessness, and LGBTQ of all ethnicities.   | Administered a total of 1,979 COVID-19 vaccine doses; 775 of which were second doses. Conducted vaccine administration at one location in Los Angeles.<br><i>Telethon</i>  |
| 35 | Martin Luther King Jr. Community Health Foundation Medical Group (MLKCHF) | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 15,000 doses of COVID-19 vaccines using five mobile clinics in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.  | Administered a total of 36,856 COVID-19 vaccine doses; 4,107 of which were second doses. Conducted vaccine administration at 18 clinics at various locations including high schools, grocery stores, and churches.<br><i>Website, Social Media posts, and on hospital's prominent donor wall</i> |
| 36 | Northeast Community Clinic  | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 5,892 doses of COVID-19 vaccines at four sites in at least four RCAC areas, primarily serving Black, Latin/Hispanic, and White populations.   | Administered a total of 8,383 COVID-19 vaccine doses; 7,540 of which were second doses. Conducted vaccine administration at 9 clinics in 4 cities.<br><i>ELAC public health events, LAUSD public health events</i>   |
| 37 | Northeast Valley Health Corporation                                       | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 6,400 doses of COVID-19 vaccines at four sites in at least one RCAC areas, primarily serving Latin/Hispanic populations.  | Administered a total of 17,471 COVID-19 vaccine doses; 6,397 of which were second doses. Conducted vaccine administration at 8 clinics in 5 cities.<br><i>Social Media posts</i>   |
| 38 | QueensCare Health Centers   | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 10,000 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Latin/Hispanic populations.   | Administered a total of 10,718 COVID-19 vaccine doses; 6,175 of which were second doses. Conducted vaccine administration at 6 QueensCare Health Centers, including a mobile clinic.<br><i>Plan to list as the presenting sponsor of upcoming events</i>   |
| 39 | South Central Family Health Center  | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 3,000 doses of COVID-19 vaccines at one mobile unit and three sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, Asian, and White populations.                        | Administered a total of 8,985 COVID-19 vaccine doses; 4,842 of which were second doses. Conducted vaccine administration at 8 clinics, 5 of which were mobile clinics.<br><i>Social Media posts, provided all vaccinated individuals L.A. Care swag bags and information packets</i>             |
| 40 | Southern California Medical Center  | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 5,000 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Asian, Latin/Hispanic, Middle Eastern/South Asian, Multi-racial and White populations.           | Administered a total of 11,575 COVID-19 vaccine doses; 6,536 of which were second doses. Conducted vaccine administration at 5 clinics in 5 different cities.<br><i>Flyers, emails, posters, or other outreach</i>   |
| 41 | St. John's Well Child   | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 7,200 doses of COVID-19 vaccines at one mobile unit in at least two RCAC areas, primarily serving Black, Latin/Hispanic, Multi-ethnic and persons of all ethnicities experiencing homelessness. | Administered a total of 2,849 COVID-19 vaccine doses; 1,318 of which were second doses. Conducted vaccine administration at 26 clinics and 2 mobile clinics throughout Los Angeles.<br><i>Newsletter, Annual Report, or other publications</i>   |
| 42 | Tarzana Treatment Center  | \$75,000 | Tranquada XII | 5/9/2022 | To provide a minimum of 8,100 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, and White populations.  | Administered a total of 5,115 COVID-19 vaccine doses; 1,160 of which were second doses. Conducted vaccine administration at 5 clinics in 5 cities.<br><i>Website and local High School event</i>   |

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| 43   | The Children's Clinic   | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 1,200 doses of COVID-19 vaccines at one mobile unit and three sites in at least one RCAC area, primarily serving Black, Asian, Latin/Hispanic, Native American, Native Hawaiian, multi-racial and Southeast Asian populations.   | Administered a total of 7,025 COVID-19 vaccine doses; 4,236 of which were second doses. Conducted vaccine administration at 14 clinics in 2 cities.<br><i>Social Media posts</i>   |
| 44   | University Muslim Medical Association, Inc. dba UMMA Community Clinic | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 12,800,000 doses of COVID-19 vaccines at two sites in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.  | Administered a total of 4,972 COVID-19 vaccine doses; 2,450 of which were second doses. Conducted vaccine administration at the Fremont Wellness Center.<br><i>Website, Newsletter, Annual Report, or other publications</i>   |
| 45   | Venice Family Clinic  | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 3,159 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Black, Asian, Latin/Hispanic, Native Hawaiian, and White populations.   | Administered a total of 5,436 COVID-19 vaccine doses; 2,349 of which were second doses. Conducted vaccine administration at 11 clinics in 6 cities, including various schools.<br><i>Social Media posts</i>  |
| 46   | Via Care Community Health Center                                      | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 3,744 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Latin/Hispanic populations.  | Administered a total of 4,369 COVID-19 vaccine doses; 2,509 of which were second doses. Conducted vaccine administration at 7 clinics and 3 mobile clinics.<br><i>Website, Social Media posts, Flyers, emails, posters, or other outreach</i>  |
| 47   | White Memorial Community Health Center                                | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 5,720 doses of COVID-19 vaccines at two sites in at least one RCAC area, primarily serving Latin/Hispanic populations.   | Administered a total of 4,086 COVID-19 vaccine doses; 1,191 of which were second doses. Conducted vaccine administration at 2 WMCHC sites.<br><i>Printed material, banner, website</i>   |
| 48   | Wilmington Community Clinic   | \$75,000    | Tranquada XII    | 5/9/2022  | To provide a minimum of 2,400 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Black, Asian, and Latin/Hispanic populations.  | Administered a total of 2,145 COVID-19 vaccine doses; 1,497 of which were second doses. Conducted vaccine administration at 3 clinics in 2 cities. Also administered vaccines at several LAUSD schools.<br><i>Patient vaccine information sheet</i>  |
| Subtotal Tranquada XII                           |   | \$1,950,000 |                  |           |  |  |
| Fiscal Year 2019-20 - Total of Forty-Five Awards |   |             |                  |           |  |  |
| AD HOC 2019-20 - EIGHT AWARDS                    |   |             |                  |           |  |  |
| #  | Organization  | Amount      | Grant Type       | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )  |
| 49   | Center for Care Innovations   | \$200,000   | Ad Hoc 2019-20   | 9/1/2021  | To administer the Connected Care Accelerator, support the provision of grants and technical assistance to two Los Angeles area safety net practices participating in a virtual care learning collaborative and produce reports including a survey of participating clinics and recommendations on best practices for telehealth providers. | Participation across program teams resulted in adoption of many new virtual care practices. Independent evaluators voiced that participants overwhelmingly identified the opportunity to connect with other health centers and share ideas around telehealth implementation as the most valuable part of the Connected Care Accelerator. <b>Closed</b><br><i>Acknowledge at final public event in March 2022.</i>                          |
| 50   | Esperanza Community Housing Corporation                               | \$100,000   | Ad Hoc 2019-2020 | 10/1/2021 | Decrease preventable emergency room use by 102 clients due to asthma as well as to reduce the number of missed days of school and/or work due to asthma by 85 through the Healthy Homes Healthy Breathing Program modifying program implementation to reduce risk of COVID-19 transmission for staff and clients.□                         | Enrolled 200 people into their programs; maintaining a successful virtual home visitation practice and have planned to keep that as an option for conducting home visits and providing education. Pivoted resources and provided PPE to new and existing clients, as well as provided asthma mitigate equipment to all clients that needed support. <b>Closed.</b><br><i>National conference and during client home hazard assessment.</i> |

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| 51 | National Medical Fellowships                          | \$150,000 | Ad Hoc 2019-2020 | 10/1/2022 | To support an immersion program, modified due to COVID-19, that will place three medical, two nurse practitioners and two physician assistant students at four L.A. County based Community Health Centers in the summer of 2020. L.A. Care funds will provide scholarships, student support, a program director and program coordinators.   | Implemented the Primary Care Leadership Program (PCLP) placing 7 underrepresented minority students (Scholars) in Los Angeles Community Health Center (CHC) internships. Scholars completed all PCLP activities and requirements, including service hours with their assigned CHC, leadership training via webinars, site interactions with executive leadership team, attendance at admin/management meetings, including Board of Directors, provider meetings, quality meetings. Scholars witnessed how CHCs responded to a national crisis and ensured that they were able to continue serving their communities. Participants also conducted a site-directed, team-based, virtual service-learning project, including written paper and poster and presented their leadership growth and learnings through multiple virtual program events. <b>Closed.</b><br><i>Acknowledged at PLCP Gala and Awards Programs.</i> |
| 52 | Project Angel Food                                    | \$550,000 | Ad Hoc 2019-2020 | 12/1/2021 | To provide home-delivered medically tailored meals (MTM) to 151 critically ill, homebound L.A. Care members who are especially vulnerable to experiencing serious complications from COVID-19, with 55,115 meals served during the grant term.  | Exceeded target number for L.A. Care member enrollment in MTM program, 306 enrolled of 151 target. Delivered 52,339 daily meals to vulnerable members experiencing complications from the COVID-19 pandemic. <b>Closed.</b><br><i>Announced on website.</i>   |
| 53 | Southern California Grantmakers                       | \$20,000  | Ad Hoc 2019-2020 | 6/30/2021 | To increase knowledge and awareness among the grantmaking community about trends, best practices, and emerging issues, and skills around health and health equity by providing programs and convenings for at least 425 total participants through virtual and/or in-person attendance at least 7 programs addressing topics related to health equity and advancing wellness and at least 3 convenings addressing systemic change through public policy education/advocacy. | Hosted 98 Programs & Conferences for over 3,600 attendees. More than 90% of survey participants said they would share the information discussed with peers and grantees, and 97% rated our programs as good or excellent. Held 17 “Funders Briefing on Covid-19” webinars, from March 2020-June 2021, attended by over 1,400 individuals from 176 philanthropic organizations and delivered online programs during the reporting period to engage funders in policy and advocacy actions needed to combat the challenges of and maximize lessons learned from listening deeply, building power, and meeting the social justice movements of 2020. <i>Sponsorships at the Annual Conference and Policy Conference</i> <b>Closed.</b>   |
| 54 | United Way Inc. dba United Way of Greater Los Angeles | \$475,000 | Ad Hoc 2019-2020 | 6/1/2021  | To procure and distribute essential supplies to 5,000 frontline providers and 10,000 unsheltered people experiencing homelessness across Los Angeles County during COVID-19 through multidisciplinary outreach teams.   | More than 10,000 unsheltered people experiencing homelessness (PEH) during the COVID-19 pandemic received essential supplies through DHS Multi-Disciplinary teams (MDT) and UWGLA outreach teams, who also received personal protective equipment (PPE). UWGLA and Brilliant Corners procured supplies including 6,000 hygiene kits with toiletries, cooling packs, first aid kits, PPE, and Mylar blankets. Additionally, 500 tents, 500 tarps and 200 sleeping bags were distributed for quarantine within encampments with an outbreak. Remote technology such as tablets, phones, and data plans were provided to connect PEH to ongoing telehealth and case management services when needed. <b>Closed</b><br><i>Social media platforms; Logo on upcoming Pandemic Relief Fund Impact Report.</i>  |

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| 55  | United Way of Greater Los Angeles | \$500,000   | Ad Hoc 2019-2020      | 7/15/2021 | To engage healthcare and homeless services providers in creating a system of care for individuals and families experiencing homelessness during the COVID-19 pandemic. Funding will support United Way’s Health Pathways Expansion (HPE) program by providing at least four one-time grants to health service providers expanding health services for approximately 720 people experiencing homelessness (PEH) in interim housing sites and/or on the streets throughout Los Angeles County.  | Served 3,997 patients experiencing homelessness across 6,279 care contacts. As a result, access to care increased. 47.3% of those served were enrolled in Medi-Cal, My Health LA, or other insurance, and 69.7% of patients served connected to a medical home creating long-term pathways to care. A project evaluation report was completed and final draft is currently being completed. Grantee will provide the final report to L.A. Care upon completion. <b>Closed</b><br><i>Press release (08/10/2020) and published multiple blog entries about HPE featuring L.A. Care's name and logo; logo placed in its pandemic relief impact report; Home for Good webpage acknowledges investment.</i>   |
| 56  | Urban Voices Project              | \$75,000    | Ad Hoc 2019-2020      | 8/1/2021  | To develop and expand virtual technology to allow the organization to provide all four of its programs (i.e., Neighborhood Sing, Family Sing, Music Lab, and Performance Choir) to under-resourced individuals including those experiencing homelessness and mental health challenges.  | Sixty individuals attended at least 75% of weekly music engagement workshops; more than 50 people attended the three weekly program offerings: ML, NS, PC. The total attendance for the period of 2/01/21 - 7/31/21 for each program is as follows: NS: 749 points of contact; ML: 476 points of contact; and Choir: 469 points of contact. Grantee anticipates completing the evaluation within the next six months. <b>Closed</b>  |
| Subtotal Ad Hoc 2019-20                             |                                   | \$2,070,000 |                       |           |   |  |
| EQUITY & RESILIENCE INITIATIVE (ER) I - NINE AWARDS |                                   |             |                       |           |   |  |
| #   | Organization                      | Amount      | Grant Type            | End Date  | Grant Purpose   | Progress Update and Recognition ( <i>in Italics</i> )  |
| 57  | Kutturan Chamoru Foundation       | \$100,000   | Equity & Resilience I | 9/24/2021 | To (i) enable grantee to serve as fiscal agent and a partner of a Native Hawaiian Pacific Islander (“NHPI”) collaborative, including Southern California Pacific Islander Coalition, Pacific Islander Health Partnership, and Native Hawaiian and Pacific Islander Alliance; (ii) educate community partners about best practices to engage the NHPI community for effective funding and support; and (iii) participate in a one-year organizational development training program with a capacity-building consultant to develop an effective organizational growth plan, and strengthen infrastructure, development opportunities, and non-profit management skills. | Organized monthly Collaborative meetings and met with the initiative’s Capacity Building Consultants (CBC) to employ the SCOT framework which guides the identification of each organization’s core capacities and needs. Each agency is working toward building a stronger Board and foundational vision for future sustainability and participated in capacity-building activities individually. The Collaborative planned a Convening to highlight accomplishments, partnership opportunities, and to publicize the governance and vision of a SoCal NHPI Collaborative among existing/potential funders, donors, and allies. The Collaborative has now established a framework with a slide deck containing best and culturally aligned practices for working with and investing in the NHPI community. <b>Closed</b><br><i>Recognized at Inaugural Convening October 15-17, 2021; L.A. Care named a sponsor for the CA NHPI Data Dashboard Virtual Town Hall on April 25.</i> |

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| 58 | California Black Women's Health Project          | \$125,000 | Equity & Resilience I | 9/14/2022 | To train 25 skilled community volunteers as advocates and facilitators to organize evidence-based community well-being, healing, and resiliency trainings for 200 women that support policy and educate on solutions to health disparities, including COVID-19, and inequities leading to poor outcomes for Black women and girls. Launch a culturally effective digital campaign to reduce coronavirus transmission in the Black community. Engage with capacity building consultant to strengthen administrative, development, and technical capacity, such as financial management, digital marketing, and information technology and data management skills. | Nearly 450 Black women age 25-75 years old participated in fourteen Sister Circles to take action on health disparities in partnership with critical Black social and cultural organizations, like the Links, Inc. and the National Council for Negro Women. Trained 25 community volunteers to lead Sister Circles. Over 1,563,000 Black/African American Los Angeles residents received culturally relevant COVID-19 safety and risk aversion materials through digital newsletters and social media posts. Improved capacity in operations and development added one new technical staff member and on new Grants and Administrative Coordinator, and enhanced employee retention with added personnel benefits.<br><i>Named co-sponsor at Sister Circle events, and recognized on all outreach and event materials, newsletters, and social media.</i> |
| 59 | LA Commons                                       | \$125,000 | Equity & Resilience I | 9/14/2022 | To deliver cultural arts programs to 150 youth in South Los Angeles neighborhoods and improve 3 partners' strategic methods for engaging with community by using LA Commons inclusive cultural equity framework to depict community derived goals, like health, justice, and countering gentrification and displacement, through artistic expression   | Since April 2021, LA Commons has conducted 3 arts-based youth leadership development initiatives in South LA involving 68 youth (ages 15-25) for a total of 156 youth since Fall 2020. In the final planning phase of a campaign that will kick off in collaboration with the LAC DPH sponsored WE RISE in May. Pop-up art activations will take place at partner events such as Tia Chucha's Centro Cultural, LA Poverty Department's Walk the Talk Parade, and at the WE RISE Creating Our Next LA installation. Promise Zone Arts South LA Cultural Asset-mapping project with the City of LA Dept. of Cultural Affairs has now entered into the active planning phase with a May public launch.<br><i>Acknowledged through website</i>   |
| 60 | Latino Equality Alliance                         | \$125,000 | Equity & Resilience I | 9/14/2022 | To provide direct support services for 330 LGBTQ youth and families through workshops, counseling, discussion groups, and programming on COVID-19 resources, leadership development, and mental health support. Develop and distribute 2,500 culturally relevant promotional materials on program services.  | Engaged 247 Latino LGBTQ youth and 158 parents, 405 total, by maintaining direct services throughout COVID-19 pandemic. Leveraged workshops, counseling, discussion/support groups, including a Parent Academy, and outreach to get local community members tested and vaccinated for COVID-19. Held three community events and hosted Pride Food Pantry that provides food to 60 families weekly. Worked with an expert web developer to relaunch its website and a board consultant leading to partnerships, board goals for sustainability, a program evaluation tool, and activities to increase donations. Board member participation has grown to 90%.<br><i>Named sponsor for LGBTQ Youth Scholarship Awards 5/20/21 &amp; Purple Lily Awards (6/14/21) Calavera LGBTQ Festival (10/2021) and all workshops and public facing events to date.</i>   |
| 61 | Los Angeles Regional Reentry Partnership - LARRP | \$125,000 | Equity & Resilience I | 9/14/2022 | To lead policy and advocacy committees to address service systems issues related to criminal justice reform affecting the lives of 3,500 justice involved individuals. Provide three capacity building and technical assistance workshops for member organizations. Provide paid leadership development and training to 10 individuals with lived experience.  | Implemented a workshop focusing on urban planning and zoning, designed to understand the LA geographic region, discussing racial discrepancies in the context of housing, and building capacity. Held workshops focusing on applying LARRP regionally; by doing so, they were able to build capacity with partners in Antelope Valley.   |



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| 62  | NAMI Urban Los Angeles      | \$125,000   | Equity & Resilience I    | 9/14/2022  | To address the digital divide exacerbated by COVID-19 by providing tablets, hotspots, and help desk support for at least 150 Black, Latino, and Korean families, and peers, teachers and administrators. Facilitate virtual classes, support groups, and speaker sessions for at least 500 individuals.  | Increased the level of services by devising innovative approaches to service provision, including delivery of materials by post mail, while developing a longer term solution to the digital divide. Established partnerships with Human IT and Dell Technologies to acquire, provided laptops for volunteer teachers/facilitators educating family members how to best manage a loved one's mental health disorder for more than 200 African American and Latino families of South L.A. Also provided tangible technical supports to families taking classes.<br><i>Included on program marketing materials.</i> |
| 63  | The Translatin@ Coalition   | \$125,000   | Equity & Resilience I    | 9/14/2022  | To enhance existing program services, including the rental assistance and/or food delivery programs to prevent homelessness and food insecurity for 70 (seventy) clients during COVID-19. Provide paid internship opportunities to enhance employment skills and job attainment for 9 (nine) trans, gender non-conforming, and intersex (“TGI”) people. Engage with capacity building consultant to strengthen development planning, professional development, data management, evaluation, and fiscal acumen. | Provided rental assistance and/or food vouchers to 35 trans clients with documented need; Provided three-month internship opportunities to develop employment skills for four trans/GNC individuals; Additionally, has made significant progress on having an independent audit completed, developing a comprehensive fundraising/development plan and monthly professional development training for staff.<br><i>Collaborative Meetings and Internship training .</i>  |
| 64  | Jemmott Rollins Group, Inc. | \$75,000    | PA Equity & Resilience I | 12/31/2022 | Provide technical assistance, coaching, assessment insights, networking and other assistance to enable ER I grantees to assess, refine, and achieve grantees' capacity building goals leading to greater organizational resilience among Black Indigenous and People of Color led and serving organizations.   | Completed full cycle of capacity building assessment, consultation and coaching with individual ER I grantees. Provided at lease 30 hours of consulting with each grantee for a total 226 hours. Assisted grantees to achieve capacity building goals, including but not limited to varied fund development goals, board development strategies, enhancement of customer relations/data management, policy advocacy, and communications. All grantees reported significant organizational growth and/or visibility from the ER I learning and experiences.<br><i>Posted on website.</i>                           |
| 65  | RDP Consulting              | \$75,000    | PA Equity & Resilience I | 12/31/2022 | Conduct an evaluation of L.A. Care's new Equity & Resilience Initiative's framework using qualitative and quantitative research methods to provide L.A. Care an interim and final report containing evaluation results of interviews and surveys from key initiative stakeholders, including grantees, their boards and clients to recommend direction for future ER initiatives.  | Reviewed program materials and developed initial planning documents, including objectives, outcomes and interview protocols for the Initiative evaluation. Conducted and documented baseline and annual interviews with leadership of initiative grantees'. Conducted stakeholder interviews and prepared a Year 1 report with recommendation for future direction.<br><i>L.A. Care logo placed on website.</i>   |
| Subtotal ER I                                       |                             | \$1,000,000 |                          |            |  |   |
| HOUSING STABILITY INITIATIVE (HS) II - SEVEN AWARDS |                             |             |                          |            |  |   |
| #   | Organization                | Amount      | Grant Type               | End Date   | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )   |
| 66  | BASTA, INC.                 | \$100,000   | Housing Stability II     | 3/24/2022  | To provide legal representation primarily in the Antelope Valley to at least 100 eligible clients with incomes up to 300% Federal Poverty Level, engage 250 tenants in education sessions, and make at least 150 service referrals to social service providers.  | Resolved 54 evictions through pre-litigation services, 11 evictions through litigation services, provided tenants' rights education to 50 residents, and referred 127 clients to external organizations for social resources. <b>Closed</b><br><i>Created a Tenants' Referral Guide that acknowledges L.A. Care support and includes logo.</i>  |

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| 67 | Bet Tzedek                          | \$125,000 | Housing Stability II | 1/31/2022 | To provide legal representation to at least 70 households with incomes up to 300% FPL, engage at least 100 high-risk tenants in education sessions, and make at least 30 service referrals to social service providers.□  | Provided pre-litigation services to 111 clients and litigation services to 20 clients. 17 presentations and workshops were conducted for an estimated 360 attendees, and 39 referrals were made to partner organizations through the Coordinated Entry System. <b>Closed</b><br><i>Named as grantor in all communications relating to this grant and plans to recognize at annual fundraising in March 2022</i>  |
| 68 | Eviction Defense Network            | \$150,000 | Housing Stability II | 8/1/2022  | To provide legal representation for 340 households with incomes up to 300% FPL, provide tenants' rights education to 500 residents, and refer 630 people to social service organizations. Funds will also provide counsel and advice to 500 Pasadena and West Covina hub court area residents.□ | Provided assistance to 10 households living 300% under the Federal Poverty Level through full scope pre-litigation services. Fifty-two (52) households were assisted during litigation stage. Provided tenants' rights education to 3,922 people at 148 webinars. Provided counsel and 1:1 sessions to 880 people after webinars, 273 were provided counsel and advice via email, and 216 interventions via its Lock Out HL. All families/households are living at 300% under the Federal Poverty Level (FPL). |
| 69 | Inner City Law Center               | \$100,000 | Housing Stability II | 2/1/2022  | Assist at least 50 individuals or families with incomes up to 300% FPL with legal representation, inform at least 100 people about the program through tenants' rights outreach events and refer at least 30 people to partner social service organizations.□                                   | Provided tenants' rights education to 350 residents; referred 49 clients to external organizations for social resources. ICLC has met 100% of their goal to resolve 20 evictions through litigation services; and 100% of their goal to resolve 30 evictions through pre-litigation services. <b>Closed</b><br><i>Identified LA Care as a supporter of its homelessness prevention work during outreach events that were hosted by ICLC.</i>   |
| 70 | Legal Aid Foundation of Los Angeles | \$150,000 | Housing Stability II | 2/1/2022  | Provide legal representation to 100 individuals/families with incomes up to 300% FPL, provide tenants' rights education to 100 residents, engage 3,600 viewers in Know Your Rights sessions via social media, and refer at least 30 people to partner social service organizations.             | Resolved 82 evictions through pre-litigation services; resolved 39 evictions through litigation services; provided tenants' rights education to 85 residents; referred 34 clients to external organizations for social resources; and provided Know Your Rights presentations via social media reaching 4,464 views. <b>Closed</b><br><i>In 2020 Annual Report. Plans to acknowledge in 2021 annual report.</i>  |
| 71 | Los Angeles LGBT Center             | \$125,000 | Housing Stability II | 2/1/2022  | Help prevent evictions for 55 underserved LGBTQ individuals with incomes up to 300% FPL through legal representation, provide tenants' rights education to 200 residents and refer 40 clients to partner social service organizations.  | Assisted 57 clients with pre-litigation services; only three clients with litigation services - grantee shifted focus to pre-litigation in light of COVID-19 pandemic; provided tenants' rights education to 261 residents; and referred 46 clients to internal and external legal and social service providers. <b>Closed.</b><br><i>Grant acknowledgement webpage. Attorney emails are sent with footer acknowledgment.</i>  |

| 72   | Public Counsel                               | \$100,000 | Housing Stability II | 2/1/2022 | Provide legal representation to at least 50 eligible clients with incomes up to 300% FPL, engage 100 tenants in education sessions, and make at least 30 service referrals to social service providers.  | Provided legal advice and assistance to 53 individuals or families, resolving their housing issues through pre-litigation services; provided legal advice and assistance to 20 individuals or families, resolving their eviction issues through litigation services; provided tenants' rights education to 191 residents; referred 45 individuals or families to homelessness prevention providers for non-legal social services and financial assistance. <b>Closed.</b><br><i>L.A. Care acknowledged on the Supporters page of our website.</i> |
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| Subtotal HS II   |  | \$850,000 |                      |          |  |   |
| ROBERT E. TRANQUADA, MD, SAFETY NET INITIATIVE (TRANQUADA) XI - TEN AWARDS |  |           |                      |          |  |   |
| #  | Organization                                 | Amount    | Grant Type           | End Date | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )   |
| 73   | Garfield Health Center                       | \$150,000 | Tranquada XI         | 6/1/2022 | To provide medical care to at least 500 Latino patients over a two-year period. Seek a 15% increase from baseline of Latino patients with diabetes whose most recent hemoglobin A1c (HbA1c) is less than 9. The percentage of Latinos in the overall patient population will increase from 6% to 14%.  | Saw a total of 795 new Latino patients, all of which have been empaneled with the Family Nurse Practitioner who continues to work 40 hrs/wk. Since the start of the grant, they've provided care to 1,513 new Latino patients; a total of 83 of these patients have diabetes, with 78 of them having controlled diabetes. The Community Outreach Worker has distributed marketing materials to 2,280 individuals from the target population.<br><i>Internal newsletter</i>  |
| 74   | John Wesley Community Health Institute, Inc. | \$150,000 | Tranquada XI         | 6/1/2022 | To provide medical care to at least 175 new African American patients. Out of an existing population of 5,500 African American patients, more than 3% (165) of African American patients will receive weight counseling and 5% (275) smoking cessation counseling, plus needed clinical services. The percentage of African Americans compared to the overall patient population will increase from 15% to about 15.1 %. | During the reporting period, 1,074 Black/African American patients were identified with a diagnosis of Diabetes (Type I & II), 688 had their A1C recorded and of these patients a total of 183 patients had an A1C>9. During this reporting period, they engaged 966 new African American/Black patients into care, bringing their total since the beginning of the grant to 1,487. 1,367 of 2,369 patients with recorded blood pressure had controlled hypertension.<br><i>Website</i>   |

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| 75 | Los Angeles LGBT Center   | \$150,000 | Tranquada XI | 6/1/2022 | To provide medical care to at least 330 new, unduplicated Latino patients over a two-year period, with a specific focus on the LGBT community. The Center will increase retention of Latino pre-exposure prophylaxis (PrEP) patients--those who have been identified as at-risk for HIV--by 15%. Of these new PrEP users, 85% will be retained over the grant period and remain HIV negative. The percentage of Latinos in the clinic's overall SPA4 patient population will increase from 30% to 35%.  | Increased the Latinx population percentage by 5.9%, which is currently 1,439 out of 4,011 overall patients - comprising of 35.9% of total patients. Retained 74% of its SPA4 Latinx PrEP patients (58 of 78 patients). Grantee's current rate of 100% HIV-negative patients surpasses the 85% target for objective 1D at 118%. All 64 SPA4 Latinx PrEP patients remained HIV-negative.<br><i>Website donor page. Love In Action Telethon on KTLA video segment.</i>  |
| 76 | Venice Family Health      | \$150,000 | Tranquada XI | 6/1/2023 | To provide medical care to at least 100 new, unduplicated African American patients by engaginf at least 1500 people. The Center seeks to improve health outcomes related to diabetes for its target population by ensuring at least 65% of these new patients with patients diabetes or prediabetes will have HbA1c < 9.0% (controlled levels). The percentage of African American patients in the Inglewood clinic's overall patient population will increase from 22% to 30%.  | Outreached to 1,800 people; A member of Southside Coalition's outreach team is onsite once a week to speak with African American patients and to assess their risk for Type 2 Diabetes. Help high risk and effected patients connect to prpogram and proper care. Major delays with renovation permits due to the pandemic elicited revised scope.<br><i>Program marketing and outreach materials contain L.A. Care logo &amp; note funding.</i>   |
| 77 | St. John's Well Child     | \$150,000 | Tranquada XI | 6/1/2023 | To provide medical care to at least 800 new, unduplicated African American patients and 200 Bengali patients. The Center seeks to improve health outcomes related to COVID-19 diagnoses and diabetes control for its target populations by ensuring at least 75% of its new African American and Bengali patients receive COVID-19 testing and 65% have HbA1c < 9.0% (controlled levels). The percentage of African American patients across all three targeted clinic sites will increase from 12% to 15% and will increase from 0% to 2.25% at the one targeted clinic site for Bengali patients. | Hired one full time Physician Asstant and a part time Nurse Practitioner for Rolland Curtis Gardens and Crenshaw sites respectively. Increased the number of African-American/Black residents using SJWCFC as their medical home at Rolland site by 399 unique patients and Crenshaw site by 408 unique patients, exceeding the goal. All new patients have had at least two visits and will be screened for diabetes. Recruited one Bengali resident of the Rolland Curtis Gardens affordable housing development to partner with our Community Organizer, and engaged 25 Bengali Families through phone or in-person outreach.<br><i>Website</i> |
| 78 | The Achievable Foundation | \$150,000 | Tranquada XI | 6/1/2023 | To provide medical care to at least 350 new, unduplicated Latino patients and improve diabetes and hypertension outcomes by ensuring at least 72% of new Latino patients with a diagnosis of diabetes will have HgA1C levels under 9% (controlled diabetes) and at least 70% of new Latino patients with a diagnosis of hypertension will have controlled blood pressure. Help 75% of newly enrolled Latino patients without diabetes or hypertension prevent a new diagnosis of either condition by the end of the project period.   | Served 2,734 unduplicated patients, including 961 new patients of which 285 were new Latinx patients. Only 31 of the 285 (10.8%) new patients from the Latinx community have a diagnosis of diabetes or hypertension, and only 5 of 17 with diabetes and 5 of 14 with hypertension were uncontrolled. Have administered over 2,539 COVID-19 vaccine doses, with over 824 of those being administered to individuals from the Latinx community.<br><i>Website and annual report</i>   |

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| 79                    | The Children's Clinic             | \$100,000   | Tranquada XI | 6/1/2022 | To provide medical care to at least 1,000 new, unduplicated Cambodian patients (ages 18 – 75 years old) over a two-year period. TCC seeks to improve health outcomes related to its new Cambodian patients with diabetes and hypertension by ensuring at least 70% of its new Cambodian patients have HbA1c < 9.0% (controlled levels) and no more than 40% have diagnosed "uncontrolled" hypertension after one year of being followed at TCC with at least two visits. The percentage of Cambodian patients will increase from 3% to 5.5%. | Hired a full-time Cambodian Health Educator that has sent out a text message in Khmer to over 240 Cambodian household to tell them about TCC services and invite them to come in for COVID-19 vaccines and boosters. Provided over 360,000 pounds of fresh fruit and vegetables to their patients and community. 42% of its new Cambodian patients have HbA1c < 9.0% (controlled levels).<br><i>Plans to acknowledge through social media platforms</i>   |
| 80                    | Universal Community Health Center | \$150,000   | Tranquada XI | 6/1/2022 | To provide medical care to at least 200 new, unduplicated African American patients over a two-year period. The Center seeks to increase the hypertension control rate of its overall African American patient population from 65% to 80%. The percentage African American patients in the clinic's overall patient population will increase from 3% to 6%.  | Continued to enroll patients in Remote Patient Monitoring Hypertension group. During this reporting period, 78 new patients enrolled in the Blood Pressure/Hypertension program, with 90% being people of color. Increased their percentage of African American patients from 3% to 6%.<br><i>Social media, website, marketing materials, and new-hires are provided with information</i>   |
| 81                    | Via Care Community Health Center  | \$150,000   | Tranquada XI | 6/1/2022 | To provide medical care to at least 298 patients of Asian descent over a two-year period. The following health outcome baselines will be established: Percentage of patients with a history of periodontitis who receive at least two visits per year; patients who receive at least two topical fluoride application; and diabetics who receive a comprehensive a periodontal evaluation. The percentage of Asians in its overall patient population will increase from less than 1% to over 1% and increasing 10% per year.                | Renovated the 507 Health Center following Covid-related delays. Continue working to increase from five to eight dental bays and from three to four medical exam rooms. Made progress in regard to staff training to strengthen cultural competence in engaging the local Chinese population, along with community outreach/social media engagement targeting the Chinese population.<br><i>Acknowledged on web page for the new renovated health center with L.A. Care's logo. Acknowledged on outreach materials and through social media.</i> |
| 82                    | Wilmington Community Clinic       | \$125,000   | Tranquada XI | 6/1/2023 | To provide medical care to at least 150 new, unduplicated Asian American patients (with a focus on women). The clinic will help 85% of the 150 targeted new Asian patients (approximately 130, primarily women of reproductive age) to maintain or improve their health status as evidenced by the absence of: unintended pregnancy, diagnoses of diabetes, or tuberculosis. The percentage Asian patients in the clinic's overall patient population will increase from 2% to 4%.   | Hired Family Nurse Practitioner of South Korean heritage. During this reporting period, 124 Asian adults received family planning services. Twenty-two Asian patients were seen for diabetes-related conditions.<br><i>Video display acknowledging L.A. Care on TV in lobby area at two clinic sites.</i>   |
| Subtotal Tranquada XI |                                   | \$1,425,000 |              |          |  |   |

| Oral Health Initiative (OHI) XII - ELEVEN AWARDS |  |           |                 |          |  |  |
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| #  | Organization                                 | Amount    | Grant Type      | End Date | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )  |
| 83   | Arroyo Vista Family Health Center            | \$150,000 | Oral Health XII | 8/1/2022 | To serve a minimum of 750 patients by providing oral examinations and diagnostic screening for oral cancers, x-rays, treatment for periodontal disease, malocclusion, temporomandibular joint (TMJ), dental caries, restorations to remove dental caries, endodontic, periodontal care, prosthetics replacement for lost dentition, restoring masticatory function (e.g. dentures, fixed bridges, removable partials), oral surgery for wisdom teeth extractions, fluoride treatments, and/or prescriptions. | Hired a qualified dental provider in September 2020 who remains on staff; Served a total of 2,439 unduplicated dental patients; Provided two cleanings/scalings to 106 diabetic patients. Implementing rapid COVID-19 testing for all patients has proven to lessen patient and provider concern over COVID-19 virus transmission.<br><i>LA Care is listed as donor on website</i>   |
| 84   | Central City Community Health Center         | \$150,000 | Oral Health XII | 8/1/2022 | To serve a minimum of 200 patients by providing diagnostic, preventive and basic restorative dental services, basic dental screenings, sealants, oral hygiene instructions, topical application of fluoride, composite fillings, stainless steel crowns, space maintainers, root canal treatment, dental trauma management, single unit crowns, and extractions.   | Performed a total of 10,147 diagnostic, preventive, and basic restorative procedures for 200 new and unduplicated patients. Of the new patients served, 40% have accessed other CCCHC services including medical or behavioral health services.<br><i>Website, social media, and newsletter donor page</i>   |
| 85   | Community Health Alliance of Pasadena        | \$150,000 | Oral Health XII | 8/1/2022 | To serve a minimum of 1100 patients by providing preventive, diagnostic, and restorative oral health services, including cleanings, fluoride treatments, and sealants to prevent Early Childhood Caries. Restorative care includes fillings, pulp-otomys, and crowns and spacers. Also, tooth extractions and gum treatments.  | 1,820 patients completed their treatment plan, 880 new patients have been provided care, and 2,618 medical patients have been referred to dental services. As of May 2021, ChapCare has reopened all three dental clinics and is working toward increasing its dental patient population. To improve staff retention, they have implemented a competitive base-pay plan and a pay for performance program.<br><i>Website's Partners list, Social Media, Newsletter Donors Page</i> |
| 86   | Comprehensive Community Health Centers, Inc. | \$150,000 | Oral Health XII | 8/1/2022 | To serve a minimum of 750 patients by providing oral health risk assessments during well child visits; diagnostic/X-ray services, simple extractions, preventative care (oral hygiene instruction, sealants, fluoride treatments, cleanings), emergency care, basic restorative and rehabilitative services, and anterior root canals.   | Provided new dental services to 539 patients, ages 0-20 at their Glendale, Sunland, and Eagle Rock clinics combined. An average of 62% of children ages 6-9 years with moderate to high risk for caries received sealants. In the past 12 months, they've provided dental services to 1,240 patients between the ages of 0-20.<br><i>Social media posts on Instagram and Facebook</i>  |

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| 87 | El Proyecto del Barrio, Inc.                 | \$150,000 | Oral Health XII | 8/1/2021 | To serve a minimum of 1100 patients by providing diagnostic, preventative, restorative, and emergency services at the new Arleta facility in eastern San Fernando Valley. Also, screenings, examinations, x-rays, education, cleanings, sealants, fluoride varnish application, restorative treatment (fillings, stainless steel crowns), extractions, and basic endodontics, extensive restorative treatment and nitrous oxide.   | Provided services to 2,277 unduplicated patients in the new Arleta dental clinic, with 382 of those being new patients referred from primary care. Grantee had 417 total HIV patient visits. Lastly, grantee reduced the caries risk from High to Moderate and/or from Moderate to Low for 14.3% of patients, aged 0-12. <b>Closed.</b><br><i>Public/patient materials, signage in its dental clinic</i>   |
| 88 | Garfield Health Center                       | \$150,000 | Oral Health XII | 8/1/2021 | To serve a minimum of 750 patients by providing comprehensive oral health care, including acute care and preventive services, X-rays; Prophylaxis; Sealants; Fluoride Treatments, Space maintainers; Restorative services; Laboratory processed crowns; Scaling and root planing; Root canals; Extractions; Comprehensive assessment for oral diseases and conditions; Individualized preventive dental health program. Plan for responding to acute dental trauma; and Referrals to dental specialists.   | Provided dental services to 1,463 people of which 94% (1,378) reported positive outcomes from dental care received. A total of 8,488 dental procedures were conducted, including diagnostic preventive and basic restorative procedures. Internal Newsletter to staff and providers. Expanded hours of dentist and dental assistant to increase access to culturally appropriate dental services to meet oral health needs among low-income people of Asian descent in the San Gabriel Valley. <b>Closed.</b><br><i>Internal Newsletter to staff &amp; providers</i> |
| 89 | Harbor Community Clinic                      | \$150,000 | Oral Health XII | 8/1/2021 | To serve a minimum of 1100 patients by providing dental screenings and recommendations for preventive intervention; topical application of fluorides and the prescription of fluorides for systemic use when not available in the water supply; application of sealants; and dental x-rays for diagnostic screening for both caries and periodontal disease. Diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity, non surgical endodontics, extractions of non-restorable teeth, periodontal therapies, orthodontic screenings, and maintenance. | Expanded dental services to 40 hours per week at the Pacific site. Provided dental services to 1,378 unduplicated low-income children and adults since the grant period, and successfully referred 1,210 of these patients from or to primary care. A total of 2,048 dental procedures were documented. 1,372 out of 1,378 patients completed a Phase 1 treatment plan Internal. Closed<br><i>Email to staff and board</i>   |
| 90 | John Wesley Community Health Institute, Inc. | \$150,000 | Oral Health XII | 8/1/2021 | To serve a minimum of 1100 patients by providing comprehensive dental services including, diagnostic-x-rays, oral screenings, comprehensive exams, preventive-cleanings, topical fluoride, sealants, restorative-fillings and crowns, periodontics- deep cleanings (scaling and root planning), periodontal maintenance, removable prosthodontics- dentures and partials, endodontics-root canals and pulpotomies, oral surgery-extractions, and palliative-emergency dental services.   | Expanded dental capacity from 80 hours per week to 120 hours per week. Increased the total number of unduplicated dental patients from 7,737 in 2018 to 13,235 in its south Los Angeles dental clinics; Provided a total of 14, 399 comprehensive dental procedures since the start of this grant. <b>Closed</b><br><i>Website</i>   |

| 91   | KHEIR Center                                       | \$150,000   | Oral Health XII  | 8/1/2021  | To serve a minimum of 1100 patients by providing cleanings, oral exams, intraoral comprehensive radiography (x-rays), periodontal exams, topical applications of fluoride, scaling and root planing, and other services that prevent, treat, and support recovery from oral health conditions.                       | Expanded dental capacity by 36 hours per week, and provided 6,906 primary and preventive dental services to 1,203 patients of which 1,133 (94%) completed both primary care and dental visits. Out of 486 patients surveyed, the overwhelming majority (98%) reported satisfaction with Kheir’s dental services. <b>Closed</b><br><i>In the "Our Supporters" of website, and social media</i>   |
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| 92   | St. John's Well Child                              | \$150,000   | Oral Health XII  | 8/1/2021  | To serve a minimum of 1100 patients by providing screenings, anticipatory guidance, oral hygiene and health education, oral prophylaxis, fluoride varnish, sealants, x-rays, fillings and single unit crowns, non-surgical endodontics, extractions, periodontal therapies, orthodontic screenings, and maintenance. | Exceeded target number of new patients and existing patients to be served resulting in 1,928 and 2,171 unique patients served respectively at the Compton dental pavilion. The 4,099 patients underwent 47,402 diagnostic, preventive, restorative and emergency care through 10,943 visits. The dental caries recall rate dropped from 16% to 10% as a result. <b>Closed</b><br><i>Website</i>   |
| 93   | Wilmington Community Clinic                        | \$150,000   | Oral Health XII  | 8/1/2022  | To serve a minimum of 1100 patients by providing initial risk assessment/screening and exam, oral health education, sealants, or restorative work such as fillings or emergency services to treat infections or tooth extraction as necessary.   | Exceeded goal providing services to 1367 unique patients, and expanded their capacity by 32 hours, including evenings and weekends by hiring 1 FTE dentist and 1 FTE dental assistant. To meet COVID requirements, the clinic has reconfigured their existing space and scheduling to maintain social distancing, purchased additional safety equipment, and a power air purifying respirator.<br><i>Video display acknowledging L.A. Care on TV in lobby area at two clinic sites.</i>   |
| Subtotal OHI XII                             |  | \$1,650,000 |                  |           |  |   |
| Fiscal Year 2018-19 - Total of Twelve Awards |  |             |                  |           |  |   |
| AD HOC 2018-19 - FOUR AWARDS                 |  |             |                  |           |  |   |
| #  | Organization                                       | Amount      | Grant Type       | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )   |
| 94   | Charles R. Drew University of Medicine and Science | \$100,000   | Ad Hoc 2018-2019 | 9/25/2021 | Hire a Collaborative Care Model consultant to train six psychiatric residents to provide consultation to eight family medicine primary care residents and physician assistants and who will jointly serve up to 5,000 patients in service planning are (SPA) 6.  | Conducted six trainings virtually in September 2020 utilizing the University of Washington’s AIMS Center Curricula. Team-based case presentation of skill acquisition was conducted post training modules and the collaborative care model piloted at Martin Luther King Hospital Outpatient Center and Kedren Health by six psychiatric residents and with eight primary care residents. Infrastructure is underway to provide services broadly in person beginning fall 2021.<br><i>Informed residents and university staff</i> |
| 95   | CSULB Research Foundation                          | \$70,000    | Ad Hoc 2018-2019 | 10/1/2021 | Provide health care services, in collaboration with local service partners, to at least 300 patients, including 120 Child Health and Disability Prevention Well Child examinations and immunizations for 200 children the Norwalk La Mirada Unified School District (NLMUSD).  | Provided care to 173 children during 199 total visits. Of those children seen, 81% of the children were Hispanic, 7% Asian, 4% Black, 6% White and 2% Other Race/Ethnicity. Despite suspension of operations during school closures due to the COVID-19 pandemic, HOW gave 394 childhood immunizations to 124 students and provided 23 Child Health and Disability Prevention Well Child examinations. <b>Closed.</b><br><i>Brochures at schools &amp; winter newsletter; HOW clinic schedule</i>                                 |



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| 96                      | LAC+USC Medical Center Foundation, Inc. dba The Wellness Center | \$150,000 | Ad Hoc 2018-2019 | 12/15/2021 | Enroll 25 high-acuity LA Care members with Type 2 diabetes in a 26 week Medically Tailored Meals pilot program to assess metabolic control, increase patient adherence to medication and nutrition regimens, improve patient satisfaction and reduce healthcare utilization through a subcontract with Project Angel Food. This project will also demonstrate how these services can be integrated into safety-net health care with cost-savings.                | Enrolled 25 patients with severe insulin resistant Type-2 diabetes who had failed stepwise therapy into the complex diabetes clinic's Medically Tailored Meals (MTM) Program. Monitored the progress of all participants and found significant improvements in their Hb A1c levels. In partnership with Project Angel Food and LA Care DSME, finalized a comprehensive MTM diabetes management program demonstrating successful diabetes management key barriers and learned lessons for delivering MTM to this population during the COVID-19 pandemic era. <b>Closed.</b><br><i>Press release and project factsheet; participant recruitment flyers, presentations at two CA Health Care Foundation Food is Medicine events.</i> |
| 97                      | Westside Family Health Center                                   | \$50,000  | Ad Hoc 2018-2019 | 6/15/2022  | Hire an oral health consultant to develop and implementation a plan with clinic administration to start-up a comprehensive oral health program to include specific goals, objectives and timelines for staffing, equipment/software acquisition, policies and procedures, licensing, marketing, outreach & communications, and long-term sustainability. A new dental program will be launched within twelve months of relocation to its new Culver City site."□ | Completed plan with guidance from oral health consultant. Hired both a Dentist Registered Dental Assistant in May 2021, purchased and installed chairs and equipment for four operatories. Opened and began seeing clients in July 2021, offering dental examinations and sealants to patients 5-21 years old. Completed 116 dental visits at end of the year. <b>Closed</b><br><i>Donor wall</i>  |
| Subtotal Ad Hoc 2018-19 |   | \$370,000 |                  |            |  |  |

| ROBERT E. TRANQUADA, MD SAFETY NET INITIATIVE (TRANQUADA) X - EIGHT AWARDS |   |           |             |           |  |  |
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| #  | Organization                            | Amount    | Grant Type  | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )  |
| 98   | Asian Pacific Health Care Venture, Inc. | \$100,000 | Tranquada X | 9/15/2021 | Complete a quality improvement project to improve patient satisfaction with pediatric care team by at least 7% and improve retinal eye exam completion among adult diabetics by fourteen percentage points□  | Grantee achieved 100% of four out of six objectives. Grantee reports the COVID-19 pandemic has served as a major barrier in completing the remaining two objectives. Two objectives not achieves are: (1) Increase the Diabetic Retinal Eye Exam Compliance among patients 18-75 year olds with active diabetes diagnosis from 60.12% to 74.19% for LA Care members. Compliance rate is only at 48.1%; and (2) Increase completed in-house eye exams to 398 patients/year (baseline 265 patients/year). Grantee has only achieved 25% of this objective. In-house exams were closed since March 2020 and only recently had reopened again in June 2021. In 2021, 74 in-house exams completed, averaging about 20 visits a month. <b>Closed</b>                     |
| 99   | Bartz-Altadonna Community Health Center | \$100,000 | Tranquada X | 9/15/2021 | Complete a quality improvement project to improve medication management by at least 10% for hypertensive patients at high risk for cardiovascular events and reduce cycle time to 60 minutes to improve patient satisfaction with wait times to 90%□ | Grantee's progress fluctuated throughout the grant due to pandemic restrictions and patient attrition. Overall objectives completion is at 61%, six-month follow-up report needed. As of 4th reporting period: (a) overall cycle time is 59.65 minutes (1st objective); patient satisfaction survey results are at average 4.1 on scale of 1 to 5 (2nd objective); (c) average patients serviced per hour is 2.17 (3rd objective); quality measurement for Statin Therapy is 70.31% (4th objective); and nutritional counseling and case management provided to 124 unduplicated patients (5th objective). <b>Closed</b><br><i>pop up banners at health fairs &amp; events, on literature and all community publications, signage in the clinic and on website</i> |
| 100  | Central Neighborhood Health Foundation  | \$100,000 | Tranquada X | 9/15/2021 | Complete a quality improvement project to increase colorectal cancer screenings for patients over 50 years old to 59% and improve patient's satisfaction with wait time by 20% by decreasing cycle time to less than 90 minutes□                     | Exceeded the objective of increased Colorectal Cancer (CRC) screenings. As of September 15, 2021, rate increased 70%, exceeding 59% goal. Patient wait times decreased from 118 minutes to 39,36 minutes. Patient satisfaction in relation to wait time is at 81%, which is just above their 20% increase goal. Website and during company meeting. <b>Closed</b><br><i>On website and during company meeting</i>  |
| 101  | Clinica Msgr. Oscar A. Romero           | \$100,000 | Tranquada X | 9/15/2021 | Complete a quality improvement project to increase the number of scheduled diabetic foot exams by 200 and improve patient satisfaction with office staff respectfulness by ten percentage points□  | Reopened its clinic sites and has since resumed in-person foot exams. The customer service training program design has been completed. Culturally competent health education material was also developed. Completed over 1,300 patient surveys. When asked the question: "Upon check-in, was the front office team friendly and made you feel comfortable?" a total of 99% of respondents answered yes; and "How was the courtesy, respect, sensitivity and friendliness of Clinica Romero's staff?" 94% say either "good" or "excellent." <b>Closed</b><br><i>Website, donor newsletter, educational material.</i>  |

| 102                              | Garfield Health Center  | \$100,000 | Tranquada X                | 9/15/2021 | Complete a quality improvement project to increase colorectal screenings by eligible patients to at least 80% and improve patient satisfaction with office staff's helpfulness by at least seven percentage points□                              | Improved its colorectal screening rate from 77% to 91.8%, screening 3,421 eligible patients. Patient surveys that reported that they ‘usually’ or ‘always’ found the clerks and receptionists to be helpful increased from a baseline of 73% to 97.6%. <b>Closed</b><br><i>Internal email.</i>  |
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| 103                              | South Bay Family Health Center  | \$100,000 | Tranquada X                | 9/15/2021 | Complete a quality improvement project to increase patients satisfied with time spent with provider to 50% and improve appropriate colorectal cancer screening by eligible patients by twenty percentage points □                                | Completed Patient Satisfaction Surveys show that 85% of patients were satisfied with the amount of time spent with the Provider, 90% were satisfied with the time spent with other members of their care team, and 76% were satisfied with the overall amount of time spent with their care team. Experienced a decrease in colonoscopy screenings, as colonoscopy referrals were suspended due to COVID-19. <b>Closed.</b><br><i>An article on website.</i>                                    |
| 104                              | T.H.E. Clinic, Inc. dba T.H.E. (To Help Everyone) Health and Wellness Centers | \$100,000 | Tranquada X                | 9/15/2021 | Complete a quality improvement project to improve HEDIS CIS Combo 10 from 33% to 50% and achieve at least a 10% improvement in patient perception of courtesy and respect □  | Effectively utilized a bi-directional interface between eCW and CAIR, and increased the average patient satisfaction survey score from 3.71 to 3.97 (on a scale from 1.0 to 5.0). By January 2020, 90% of pediatric providers and support staff completed evidence-based training to improve performance in this HEDIS measure, and are utilizing evidence based schedules and guidelines in the well child visit.<br><i>Website, banners, flyers, plaques, and social media.</i> <b>Closed</b> |
| 105                              | University Muslim Medical Association, Inc. dba UMMA Community Clinic         | \$100,000 | Tranquada X                | 9/15/2021 | Complete a quality improvement project to improve HEDIS CIS Combo 10 from 23% to 50% and increase patients reporting ease of access to appointments by ten percentage points □   | Implemented phone system platform to increase patient access to a live operator. Since July 2021, in-person visits have increased by 5.1%. Increased the immunization rate by 14.5%, starting at 22.2% the beginning of grant. Patient satisfaction for timely access to appointments has increased from 79% to 82%. <b>Closed</b><br><i>Named as grantor in all communications for project; listed as funder on website.</i>   |
| Subtotal Tranquada X             |   | \$800,000 |                            |           |  |   |
| NO COST EXTENSIONS - FOUR AWARDS |   |           |                            |           |  |   |
| #                                | Organization  | Amount    | Grant Type                 | End Date  | Grant Purpose  | Progress Update and Recognition ( <i>in Italics</i> )   |
| 106                              | Occidental College  | \$75,000  | Ad Hoc - No Cost Extension | 9/15/2021 | To connect at least five students enrolled in the Grantee's public health minor into community-engaged public health internships in the Summers of 2019 and 2020 and create a programmatic and financially sustainable long-term project plan. □ | Placed 12 students in community public health internships. Increased the number of students that declared the public health minor from 19 to 27. Almost 50% of survey respondents in PHM (N=19) indicated plans to enter the public health field. <b>Closed.</b><br><i>Announced to Internship partners; Sponsorships at 2020 Virtual Conference and 2021 Annual Summer Research Conference.</i>  |

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| 107                                 | APLA Health                                     | \$100,000    | Community Wellness<br>IV- No Cost<br>Extension     | 3/15/2022 | To secure the approval of at least 500 new CalFresh applications, including approval for up to 125 gay men 18-29 years old and 200 adults age 50 or older living with HIV. An additional 170 semi-annual reports, and 117 recertification applications will be completed. | Secured approval of 202 applications for new CalFresh cases, with 21 of those cases being individuals between the ages of 18-29, and 92 of those cases being individuals 50 years of age and older.<br><i>Online workshops addressing CalFresh and all project promotional materials.</i>  |
| 108                                 | John Wesley Community Health<br>Institute, Inc. | \$100,000    | Community Wellness<br>IV - No Cost<br>Extension    | 3/15/2022 | To secure the approval of at least 500 new CalFresh applications 76 semi-annual reports and 100 recertification applications in the Southeast Los Angeles area and the Antelope Valley Area□  | Exceeded CalFresh enrollment goals, providing food security for more than 350 families and assisted 30 additional families maintain access to food. More than 35 staff became Certified CalFresh Application Assisters and care teams have been trained in the food insecurity workflow, with referrals sent through the EMR following assessment, for long-term sustainability of this critical program to enhance food security. <b>Closed.</b><br><i>CEO acknowledged through special video shown at JWCH's Special virtual 60 year celebration. Also acknowledged at their All In Data Conference.</i> |
| 109                                 | Valley Community Healthcare                     | \$125,000    | Oral Health Initiative<br>XI- No Cost<br>Extension | 4/1/2022  | Hire a dental hygienist. Hygienist will provide prophylaxis, sealant application, fluoride treatment, and non-surgical periodontal therapy. Geographic focus area - North Hollywood, San Fernando Valley.   | Provided oral health education and oral hygiene services to 1,459 patients. A six-month follow-up report will be requested to assess whether grantee reaches target of 1,920 dental patients. <b>Closed</b><br><i>On the permanent Donor Board at VCH and continues to be listed on VCH's Corporate and Foundation Donor List.</i>   |
| Subtotal No Cost Extensions         |   | \$400,000    |  |           |   |  |
| Total Grant Funding<br>FY 2018-2021 |   | \$34,405,650 |  |           |   |  |



## **Chief Medical Officer Report May 2022**

### **COVID-19 Update**

In its May 4, 2022 Weekly Epidemiology Report, the World Health Organization shares that globally, cases and deaths have been declining since the end of March 2022 with 3.8 million new cases and over 15,000 deaths reported in one week from late April to early May. Regional variations persist with the African Region and the Americas experiencing an increase in cases, including here in the United States.

Cumulatively, there have been more than 500 million confirmed cases and over 6 million deaths from COVID-19. Cases in California and Los Angeles County have been increasing over the past month driven primarily by the highly infectious Omicron subvariant BA.2. The Los Angeles County Department of Public Health announced in its daily press release on May 9, 2022 that the steady increase in cases over the last month has seen the number of cases increase to 2,532 average daily, up from 905 cases per day one month earlier. Fortunately, this increase in cases has not resulted in an increase in serious illness with “hospitalizations and deaths remaining low and decreasing”. L.A. Care is seeing a similar increase in recent cases, with a stable number of hospitalizations and deaths.

L.A. Care is continuing its efforts in collaboration with the Los Angeles County Department of Public Health and other community partners to promote vaccination and booster shots and efforts to promote awareness of the increasing availability of the highly effective anti-viral medication for people at increased risk for serious illness and an injectable monoclonal antibody shot for people with moderate to severe immunocompromise.

### **Population Health and Quality Improvement**

The 2022 Population Health Management (PHM) Program Description is now being developed and will incorporate additional requirements for California Advancing and Innovating Medi-Cal (CalAIM), Social Determinants of Health (SDoH), and new Health Equity requirements for National Committee on Quality Assurance (NCQA). A new All Plan Letter (APL 21-009) from the Department of Health Care Services (DHCS) requires providers to submit SDoH Z-codes to L.A. Care. L.A. Care staff are working to develop a plan to educate providers on submitting and using SDoH data.

DHCS has announced its intent to partner with Kaiser and the California Primary Care Association (CPCA) to offer technical assistance to Federally Qualified Health Centers (FQHCs) throughout the State and its intent to procure a PHM Service platform. The platform is expected to provide risk stratification at the DHCS level and utilize member level SDoH data collected through the platform, at enrollment, at providers' offices and through assessments to determine individual risk. DHCS has requested a meeting with a small number of Medi-Cal Managed Care Plans, including L.A. Care, to meet with their CEOs and CMOs to discuss how these plans might impact the work that the Plans are already doing to support FQHC PHM efforts to improve the quality of care and outcomes for their patients.

Healthcare Effectiveness Data and Information Set (HEDIS) Medical Record Review (MRR) for Measurement Year 2021 (MY 2021) project is in progress with overall rates trending higher than last year. For the DHCS Managed Care Accountability Set (MCAS) measures that are held to the Minimum Performance Level (MPL), all are expected to reach the 50th percentile except Childhood Immunization Status and the two Well Child Visits in the First 30 Months of Life measures which have multiple time bound requirements making the measures very challenging to meet successfully.

HEDIS interventions for MY 2022 include the Well Child Care Visit Text Messaging Campaign targeting 22,343 members and the Cervical Cancer Screening texting campaign targeting 35,720 members.

New Health Equity goals have been established for the Member Equity efforts in 5 components: 1) Member Voice; 2) Social Determinants of Health (SDoH) Collection; 3) Health Plan as a Community Partner; 4) Systemic Change and 5) Equitable Health. The project for Race and Ethnicity Data upgrades is underway. SDoH data collection is also in focus with various education and training efforts including an incentive program. Early steps for collection of Sexual Orientation and Gender Identity (SOGI) data are complete.

CalAIM implementation and operations continue to evolve as L.A. Care works to support the more than 15,000 members now served by our contracted Enhanced Care Management (ECM) providers and nearly 9,000 members receiving Community Supports (Homeless and Housing Support Services, Recuperative Care, and Medically Tailored Meals). Staff are also working on the implementation of new Community Supports including Housing Deposits, Personal Care and Respite, and Sobering Centers, effective 7/1/22. L.A. Care staff are collaborating to add 35 new Clinics to those already using Health Information Exchange (HIE) data to increase the availability of clinical information at the point of care.

L.A. Care, in partnership with the other Los Angeles area Medi-Cal Managed Care Plans offered a 3<sup>rd</sup> round of ECM Boot Camp, a comprehensive training for new hires with ECM Provider agencies and is developing an on demand training to make this key training even more accessible. L.A. Care's ECM team continues to host provider-facing webinars every other Friday, and training offerings are a mix of clinical skills, best practices, ECM operations and technical assistance.

The 2022 Quality of Care / Population Health Management (PHM) Index in the Enterprise Goals is being tracked monthly using the Enterprise-Wide Dashboard. To date 11 out of 14 goals are trending toward meeting or exceed the goal (see attached slide deck for more detail).

L.A. Care continues to provide technical assistance to our Direct Network practices through our Transform L.A. Program and Developmental Screening technical assistance and education through the First 5 LA Help Me Grow Program. A Children's Health Conference continuing medical education event is scheduled for May 19, 2022 for network providers and early childhood development classes (virtual) are continuing in March and April and L.A. Care partnered with Health Net to offer Practitioner Resilience webinar sessions, intended to energize and sustain the health care workforce. These sessions starting in April will be held on the 4th Tuesday every month till end of the year, offered at a variety of times to accommodate schedules.

L.A. Care continues to offer a robust Continuing Education series for our network providers. Recent sessions addressed Cognitive Behavioral Therapy (CBT) for Chronic Pain, COVID-19 Vaccine Hesitancy and Health Disparities, Hypertension and Stroke Prevention and planned sessions include a focus on Children's Health, Physician Burnout and Long COVID.

### **Behavioral Health**

The Behavioral Health team continues collaborating with the Los Angeles County Department of Mental Health (DMH) and the Los Angeles County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program. The beginning phases have been completed as structured school district surveys assessing the needs of Los Angeles students are being compiled by UCLA's Public Partnership for Wellbeing.

### **Pharmacy Update**

#### **Medi-Cal Rx Update**

As of April 2022, Medi-Cal Rx continues to resolve outpatient pharmacy benefit issues. The most current update is as follows:

1. The backlog of prior authorization requests (PAs) has been resolved and all PAs submitted by the prescriber or the pharmacy are now being adjudicated within 24 hours.
2. In order to resolve the PA backlog, Medi-Cal Rx had to temporarily lift PA criteria for some frequently prescribed drugs. Those criteria were scheduled to be re-introduced in May. However, that decision has been changed due to fear that it will create another backlog. Instead, Medi-Cal Rx has decided to undertake a prescriber education campaign and begin re-introducing the PAs gradually over time. Of note is that the date to end the transition period, which is June 30, and begin using Medi-Cal Rx's formulary (they call it Covered Drug List or CDL) has not been changed.
3. Continuous Glucose Monitor (CGM) coverage clarified: CGMs are covered under Medi-Cal Rx only for type 1 DM. The coverage of the CGMs for any other indication is the responsibility of the managed care plan's medical benefit. L.A. Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.

**Delegation Audit of Navitus Health Solutions (L.A. Care's Pharmacy Benefit Manager (PBM)):**

PillarRx is a third party auditor L.A. Care hires to performs an annual delegation audit of Navitus Health Solutions, L.A. Care's contracted PBM. The audited delegated services performed by Navitus include:

1. Pharmacy and Therapeutics (P&T) Committee Processes
2. Coverage Determinations
3. Member Communications
4. Pharmacy Network, Contracting, and Auditing
5. Pharmacy Network Credentialing
6. Claims Processing and Pharmacy Payments
7. Customer Service
8. Formulary Administration
9. Reconciliation of Rebates and Direct and Indirect Remuneration (DIR)

The audit for contract year 2021 has just been completed with the following results:

The auditor reported there were no findings. Navitus is performing all delegated functions responsibly with sound processes and policies and procedures in addition to meeting and exceeding industry standards in the all areas. The processes were Navitus exceeded industry standards included:

1. Member communications and pharmacy network credentialing.
2. Formulary administration by demonstrating excellent formulary management processes and collaboration with L.A. Care Health Plan.
3. Customer Service by having Spanish speaking customer service representatives during business hours, while other PBMs just use a translation service.

The auditor also noted that Navitus is highly cooperative and continues to be helpful, collaborative, and accommodating to L.A. Care's needs and requests.

**Rating of Drug Plan (D05)/Getting Needed Prescription Drugs (D06)**

- Starting January 19, 2022, Pharmacy implemented a department wide member experience survey to reflect CAHPS questions for Rating of Drug Plan/Getting Needed Prescription Drugs to improve Star Ratings.
- As of April 25, 2022, 344 Cal MediConnect members were asked to complete the survey, including 57 members refused to participate. Of the 287 members that responded to the survey, 213 (74%) of members reported that it is always easy to get the medicines their doctors prescribed. 220 (77%) of members reported that it is always easy to fill a prescription at their local pharmacy. 218 (76%) of members did not use mail order pharmacy to fill a prescription. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.24. The sample size is currently too small to draw any conclusions. We will keep monitoring the results and report to the

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – April 13, 2022

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



**L.A. Care**  
HEALTH PLAN

| ECAC Members   | RCAC Members/Public   | L.A. Care Board of Governors/Senior Staff  |
|--|---|--|
| <p>Russell Mahler, <i>RCAC 1 Chair</i> *</p> <p>Estela Lara, <i>RCAC 2 Chair</i> *</p> <p>Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i> ***</p> <p>Silvia Poz, <i>RCAC 4 Chair</i> ***</p> <p>Maria Sanchez, <i>RCAC 5 Chair</i> ***</p> <p>Andria McFerson, <i>RCAC 6 Chair</i> ***</p> <p>Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i> ***</p> <p>Ana Romo, <i>RCAC 8 Chair</i> ***</p> <p>Tonya Byrd, <i>RCAC 9 Chair</i> ***</p> <p>Dameres O Hernández de Cordero, <i>RCAC 10 Chair</i> ***</p> <p>Maria Angel Refugio, <i>RCAC 11 Chair</i> ***</p> <p>Lluvia Salazar, <i>At-Large Member</i> ***</p> <p>Deaka McClain, <i>At Large Member</i> ***</p> <p>* <i>Excused Absent</i> ** <i>Absent</i><br/>           *** <i>Via teleconference</i><br/>           **** <i>Via teleconference (with technical issues)</i></p> | <p>Nathalie Coupet, <i>Interpreter</i> ***</p> <p>Pablo De La Puente, <i>Interpreter</i> ***</p> <p>Isaac Ibarlucea, <i>Interpreter</i> ***</p> <p>Eduardo Kogan, <i>Interpreter</i> ***</p> <p>Alex Mendez, <i>Interpreter</i> ***</p> <p>Ruth Nuno, <i>Interpreter</i> ***</p> <p>Sheri Smargon, <i>Closed Captioner</i> ***</p> <p>Carrie Broadus, <i>Public</i></p> <p>Ana Rodriguez, <i>RCAC 2, Public</i></p> <p>Silvia Quezada, <i>RCAC 4, Public</i></p> <p>Hercilia Salvatierra, <i>RCAC 4, Public</i></p> <p>Michael Shelton, <i>RCAC 4, public</i></p> <p>Maria Álvarez, <i>RCAC 8, public</i></p> <p>Maria Montes, <i>RCAC 8, public</i></p> <p>Elizabeth Mitchell, <i>RCAC 9, Public</i></p> | <p>Hilda Pérez, <i>Member, Board of Governors</i> ***</p> <p>Layla Gonzalez, <i>Advocate, Board of Governors</i> ***</p> <p>John Baackes, <i>Chief Executive Office, L.A. Care</i> ***</p> <p>James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director, L.A. Care</i> ***</p> <p>Thomas Mapp, <i>Chief Compliance Officer, Compliance</i> ***</p> <p>Richard Seidman, M.D, <i>Chief Medical Officer, L.A. Care</i> ***</p> <p>Miriam Admasu, <i>Department Assistant, CO&amp;E</i> ***</p> <p>Phinney Ahn, <i>Executive Director, Medical</i> ***</p> <p>Malou Balones, <i>Board Specialist, Board Services</i> ***</p> <p>Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i> ***</p> <p>Auleria Eakins, <i>Manager, CO&amp;E</i> ***</p> <p>Hilda Herrera, <i>Community Outreach Field Specialist, CO&amp;E</i> ***</p> <p>Lynne Kemp, <i>Health Education Program Manager II, Health Education</i> ***</p> <p>Thomas Mapp, <i>Chief Compliance Officer, Compliance</i> ***</p> <p>Linda Merkens, <i>Senior Manager, Board Services</i> ***</p> <p>Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i> ***</p> <p>Nicole Moussa, <i>Manager, Technical Information, Pharmacy &amp; Formulary</i> ***</p> <p>Cindy Pozos, <i>Community Outreach Field Specialist, CO&amp;E</i> ***</p> <p>Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E</i> ***</p> <p>Victor Rodriquez, <i>Board Specialist, Board Services</i> ***</p> <p>Naoko Yamashita, <i>Manager, Cultural &amp; Linguistic Services</i> ***</p> |



| AGENDA<br>ITEM/PRESENTER                     | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN  |
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| <b>CALL TO ORDER</b>                         | Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i> called the roll. Member Andria McFerson, <i>RCAC 6 Chair</i> , stated that Russel Mahler, <i>RCAC 1 Chair</i> , will be calling in. Ms. De La Torre responded that he will be considered absent until he has joined the meeting.<br><br>Chairperson Vazquez called the meeting to order at 10:12 a.m. She read the ECAC Meeting Guidelines.  |   |
| <b>APPROVE<br/>MEETING AGENDA</b>            | Member McFerson, <i>RCAC 6 Chair</i> , stated that reintroducing the motion that she proposed at the last meeting will not be beneficial, because it actually been approved and the motion can be removed from the agenda.<br><br><b>The Agenda for today's meeting was approved with the requested changes.</b>  | <b>Approved by roll call.<br/>10 AYES (Byrd, Conteas-Wood, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</b>  |
| <b>APPROVE<br/>MEETING MINUTES</b>           | <i>(Damares Hernandez De Cordero, RCAC 10 Chair, joined the meeting.)</i><br><br>Linda Merkens, <i>Senior Manager, Board Services</i> , stated that the draft March 9, 2022 minutes will be revised to reflect that there were 11 members present and the motion introduced at the meeting by Member McFerson was approved with 6 Ayes (Byrd, Hernandez De Cordero, Mahler, McFerson, Romo, Salazar), 3 Nays (Conteas-Wood, Refugio, Vazquez) and 2 Abstentions (Poz and McClain).<br><br>Member McFerson said some comments are missing and she will vote no on the approval of the minutes. There was a member that asked "Why is the motion still on the floor?" and different things like that.<br><br><b>The March 9, 2022 meeting minutes were approved with the changes noted above.</b> | <b>Approved by roll call.<br/>10 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, McClain, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)<br/><br/>1 Abstention<br/>McFerson</b> |
| <b>STANDING ITEMS</b>                        |   |   |
| <b>UPDATE FROM CHIEF<br/>MEDICAL OFFICER</b> | Richard Seidman, <i>MD, MPH, Chief Medical Officer</i> , reported:<br><br>Overall there is good news about COVID-19, but still significant concerns remain that people must be aware of going forward. All parts of the world are reporting declines in cases and deaths due to the pandemic. There were seven million new cases reported in the past week and 26,000 deaths. The data still indicates some very high levels of disease activity even though it is better than has been seen in the past. The United States saw as high as 800,000 cases in a single day. For the last couple of weeks, it has been below 30,000 cases per day across the country, but that number is now increasing in more than half of the   |   |

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|  | <p>states throughout the United States. California is fortunate that cases are coming down, but in Los Angeles County, cases are beginning to creep upwards again. One of the contributors is the BA2 sub variant of Omicron. He noted that viruses mutate and change over time. Thankfully this sub variant doesn't cause severe disease as often as the Delta variant. All of the same precautions that have been used in the past, including masking, social distancing, and getting vaccinated and getting boosted when eligible, are all still indicated. He noted that Passover and Easter Holidays are both coming up and the safest place for a gathering is with people that are fully vaccinated. Those are the kinds of accommodations people should consider including even though the county has removed the masking mandate in indoor public places. Dr. Seidman mentioned that a second booster had previously been recommended and approved for people that are immunocompromised. Now, it is also approved for everyone 50 years of age or older.</p> <p>There are medications that can be taken by mouth called oral antivirals that can help combat the coronavirus. He pointed out that President Biden spoke about the Test to Treat Program during the State of the Union Address. The good news is the medications are now increasingly available and sites are posted on the county's website, on the department of public health website, and L.A. Care's website. There is a list of 50 locations people can go to throughout the county, where people that have symptoms consistent with COVID-19 can be tested. If people can't get to one of the 50 locations around the county, there is also a phone number listed on the website for a licensed clinician that can help walk them through their test result.</p> <p>Member McFerson thanked Dr. Seidman for his update. With respect to age, income levels, and race. <i>(Inaudible)</i> She would like to know how to access the numbers of deaths of each of those groups and also how it affects the people that are not vaccinated. She asked what race has been least vaccinated. There are opportunities, but people do not know how. She would like to know how people not being vaccinated relates to death rates. She asked about the incentives help, because people are reluctant to get vaccinated. She said that there could be an incentive and Mental Health Awareness Month is approaching. L.A. Care can introduce different things in person and eye to eye, in a sort of comfortable environment with music, introducing information and letting people know that there are options for them. There can be a booth showing different locations and different organizations accordingly, because it is Asian and Pacific Islander Awareness Month and they need to feel comfortable. There is also Latino Awareness Month. She doesn't know how to describe she has absolutely no idea, but she has respect. She would like to have an ad hoc so they can reach out to the community as well. Latino Awareness Month is from September 15 to October 15. Suicide Prevention Day is September 10. Everyone ages 10 to 65 are impacted by this.</p> |  |
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|  | <p>Dr. Seidman responded that he would be happy to provide more detailed data. He will share some data with the staff that they can forward to the members of the committee. It breaks down some of the information about different demographic groups, by race and ethnic groups, have been impacted by the pandemic. In terms of vaccination and deaths, the message is still the same as it has been since the vaccine was first made available, is the protective effect of the vaccinations is miraculous. There is a decrease in the rates of infections, hospitalizations and deaths among the vaccinated, plus or minus boosters, compared to the unvaccinated. One specific data point that he read this morning is that people who are unvaccinated at the end of March of this year had a five times greater risk of being hospitalized and increased risk of dying from COVID compared to those who are vaccinated plus or minus boosters. In terms of race and ethnicity, the data showed that the group with the lowest overall vaccination rates, this was in everybody 12 years of age and older, was among African-Americans. During our efforts to increase vaccination rates, L.A. Care actually made the greatest improvement among African-Americans but, unfortunately, the overall rate still remained low compared to other race and ethnic groups, despite an increased effort to address vaccine hesitancy issues and increase vaccination rates. L.A. Care had offered incentives for L.A. Care members to get vaccinated. Between November 1 of last year and the end of February this year over 200,000 members were vaccinated and were eligible to receive a \$50 gift card.</p> <p>Member Cynthia Contreas-Wood, <i>RCAC 3 Chair</i>, asked for clarification about the Test to Treat Program, she noted that age wasn't mention and she wondered if it is based on a patient's diagnosis. Dr. Seidman responded that it may be age 50 and over, and he will clarify that.</p> <p>Hilda Perez, <i>Member Advocate, Board of Governors</i>, said that she advocates for L.A. Care social media to improve and reach out to more people. During the pandemic, social media has been a very important way to reach out to the community. Many people do not have a computer at home or they might not have access to the internet. She noted that Board Member Ilan Shapiro, <i>MD, FAAP</i>, has been the face of communications for his organization. Every Thursday he conducts a one-hour live broadcast. He covers many of the same topics related to COVID-19 and the vaccines, in Spanish. She noted that it's important to have bilingual social media postings. Dr. Seidman responded that he will forward her suggestions to the Communications team for consideration.</p> |  |
| <b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b> | <p>John C. Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>He thanked ECAC Members for inviting him to the meeting. He noted that the Federal Government issued a public health emergency in February 2020 and the current order that was to expire on April 15 has been extended until July 15. He expects it to be the last extension. During the public health emergency, no Medi-Cal eligibility redeterminations</p>   |  |

have been done for 30 months. L.A. Care's enrollment has risen and enrollment has also risen across the State. When the redeterminations begin there is a concern that many members will no longer qualify for Medi-Cal because circumstances changed during the public health emergency. Many may have gotten jobs or moved out of California. He encouraged everyone to fill out their paperwork for eligibility redetermination. L.A. Care does not want members to lose coverage because they did not fill out the paperwork. The redetermination packets will start being mailed in August, 2022, with an effective date of October. The State has one year to complete redeterminations for everyone. L.A. Care plans to offer help at Community Resource Centers for people to complete the redetermination paperwork. The State of California has announced a program called, DHC Ambassadors Program. L.A. Care proposes that each RCAC Chair become an ambassador in that program. That will help get the word out, because the Ambassadors will have additional information and tool kits. He asked Phinney Ahn, *Executive Director, Medi-Cal*, to join him this morning to provide more details about the program. Ms. Ahn said that she feels this is a great opportunity for the organization and the Stakeholders to help people continue to receive Medi-Cal benefits. L.A. Care would like to partner with ECAC to get key messages out to the community. The key messages are: keep contact information up to date with the Department of Public Social Services (DPSS) and complete paperwork and submit it to DPSS by the deadline. If members are no longer eligible they can contact L.A. Care or Covered California to find out about other health care coverage options. She can work with CO&E to provide the information to anyone that would like to volunteer. The State is making resources and tool kits available for volunteers so the messaging is consistent. Mr. Baackes stated that any RCAC members that would also like to volunteer can participate and reach out to CO&E for more information.

Volunteers:

Andria McFerson

Hilda Perez

Silvia Poz

Cynthia Contreas-Wood

Fatima Vazquez

Lluvia Salazar

Maria Sanchez

Maria Angel Refugio

Ms. Perez asked Ms. Ahn who L.A. Care members can reach out to get assistance related to eligibility or redetermination. She asked what number or what department they should reach out to. She asked for information about different ways in which they can reach out to their eligibility worker. Ms. Ahn responded that the information that is available for some of the items such as updating contact information, L.A. Care members can most definitely

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|  | <p>call member services, and L.A. Care will convey some of that information to DPSS. All Medi-Cal beneficiaries can call DPSS or log on to the website.</p> <p>Member Silvia Poz asked if the ambassador program is the same program that is being offered at through the school district. Ms. Ahn responded that this program was announced last week, but may have similar goals.</p> <p>Member Tonya Byrd asked how the ambassadors program would be implemented or measured. She asked if there would be virtual meetings, because of the COVID-19 situation. She noted that it's still not that safe to not handle this properly. She understands that there will be website access. Most RCAC 9 members are Cambodian, that's an extra concern for her. How will the ambassador program be able to reach that group of people? She is a little bit concerned about how they're going to use the platform adequately. Ms. Ahn responded that the program is primarily a communications program. Once people sign up using an email address the State provides information via a tool kit and fliers. She does not believe there will be meetings. The tool kit has a lot of information in it that ambassadors can use to be able to provide information to their communities. L.A. Care will note her concerns and will try to address all barriers.</p> <p>Member McFerson congratulated Ketanji Brown Jackson for being the first African American woman on the U.S. Supreme Court. We are progressing. Black people and colored people are highest with chronic illness and have the highest mortality rate. This will open the door to getting their voice heard. She noted that there are different events coming up such as Mental Health Awareness Month in May. She wanted to know if the RCAC or ECAC can be a part of getting the word out on how to resubmit information for redetermination. She would like to know if the RCAC can help get the word out about the Inglewood Family Resource Center grand opening. Latino Heritage Month is coming up September 15 to October 15. She would like ECAC and the RCACs to be part of suicide prevention month. They can get the word out.</p> <p>Mr. Baackes responded that the Inglewood Family Resource Center will be opening soon and he would like her to be there, cutting the ribbon. He would like RCAC involvement as well. He noted that the CRCs will be available to help people fill out the redetermination paperwork. Ms. Ahn will be coordinating the facilitation of the ambassador's program. He will speak to the Behavioral Health team to see what outreach can be done by RCAC members.</p> |  |
| <b>UPDATE FROM L.A. CARE'S EQUITY COUNCIL STEERING COMMITTEE</b> | <p>James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director, Quality Improvement</i>, reported <i>(a copy of his presentation can be obtained from Board Services.):</i></p> <p>Team Equity Council Wins</p> <ul style="list-style-type: none"> <li>• Implemented new employee signature block to include pronouns</li> </ul>  |  |

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|  | <ul style="list-style-type: none"> <li>• Launched MOSAIC book club</li> <li>• Supported DEI training for all staff – discussed how to ensure training was effective, previewed training, and provided feedback</li> <li>• Launched internal feedback “suggestion box” for ideas to improve equity for staff</li> <li>• Ensure L.A. Care position descriptions do not include gendered language (i.e. she/him)</li> </ul> <p>Member Equity Council Wins</p> <ul style="list-style-type: none"> <li>• Highlights of last year Member Equity Council goals <ul style="list-style-type: none"> <li>- Food security: Served approximately 110,000 individuals</li> <li>- 72% of Community Health Investment Funds (CHIF) grants executed were with CBOs led by and serving BIPOC &amp; other marginalized communities</li> <li>- 93% of L.A. Care sponsorships were provided to organizations or events focused on health equity. Health equity includes but isn’t limited to access to care, social determinants of health, and social justice issues</li> </ul> </li> <li>• Internally synergized health disparities efforts among departments <ul style="list-style-type: none"> <li>- e.g. Black/African American pregnancy health outcomes</li> </ul> </li> <li>• Established Consumer Health Equity Council <ul style="list-style-type: none"> <li>- Council made up of members</li> <li>- Sought and received member feedback</li> </ul> </li> <li>• New goals set for this year focus on: <ul style="list-style-type: none"> <li>- Component 1: Member Voice, Component 2: SDoH Collection</li> <li>- Component 3: Health Plan as a Community Partner, Component 4: Systemic Change, and Component 5: Equitable Health</li> </ul> </li> </ul> <p>Provider Equity Council Wins</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Vendors / Suppliers <ul style="list-style-type: none"> <li>- ensure that when possible our contracting efforts provide opportunities for minorities, women, and disabled veteran-owned businesses to participate in our procurement (RFI &amp; RFP) process</li> </ul> </li> <li>• Provider Network <ul style="list-style-type: none"> <li>- reflective of the language &amp; ethnicity of the community they serve and offer member options and choices based on their preferences</li> </ul> </li> </ul> <p>Three-Pronged Approach:</p> <ul style="list-style-type: none"> <li>• Procurement Policy Review, Infrastructure, and Outreach - Small Business <ul style="list-style-type: none"> <li>- Outline “certified diverse” criteria for procurement process</li> </ul> </li> </ul> |  |
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|                            | <ul style="list-style-type: none"> <li>- Revamped Procurement webpages on lacare.org to include new Vendor Diversity page, RFP opportunities, certification resources, and intake form to collect small business information for future opportunities</li> <li>- Outreach for small businesses on RFP process and sponsorships to support local small businesses <ul style="list-style-type: none"> <li>➤ Collaborated with and leveraged existing resources from L.A. Chamber and L.A. County Consumer &amp; Business Affairs</li> <li>➤ Conducted ‘Small Business Day’ and ‘Doing Business with L.A. Care’ events</li> </ul> </li> <li>• Baseline Provider Data - Provider Concordance <ul style="list-style-type: none"> <li>- Review existing concordance</li> <li>- Enhance Provider Directory to provide members options and choices based on their preferences</li> </ul> </li> <li>• Explicit Bias Training (Cultural Competency) - Provider Training <ul style="list-style-type: none"> <li>- Offer providers Diversity, Equity and Inclusion resources to promote bias free care</li> </ul> </li> </ul> <p>Member McFerson said that his bullet points are very beneficial. She noted that his verbiage was very educated and recommend that he break it down in laymen’s terms so that disabled people, seniors, and people with chronic mental illnesses can understand. She said his presentation was kind of fast, that's the reason why the slides need to be distributed at RCAC meetings for future reference. She asked him if he thinks mental health awareness month should have anything to do with equity and if it does, please explain.</p> <p>Dr. Kyle replied that he is available to attend RCAC meetings and take suggestions from members. He is looking to collaborate with Dr. Eakins and her team for any celebration, be it mental health, black history or Hispanic history month, and he will try to provide knowledgeable information to the community. L.A. Care is also working to provide information about the teenage suicide rate, because it's tremendously high. L.A. Care wants to make an impact not only inside the organization, but in the community. L.A. Care feels the best way to do that is partner with other entities doing similar work especially those closest to the ground where the work needs to be done. Doing so can stabilize the youngsters in the community. He will be happy to provide an outdate as those programs begin to roll out later in the year.</p> |  |
| <b>BOARD MEMBER REPORT</b> | <p>Hilda Perez, <i>Member Representative, Board of Governors</i>, and Layla Gonzalez, <i>Member Advocate, Board of Governors</i>, gave the Board member report (<i>a copy of the report can be obtained from CO&amp;E</i>).</p> <p>The Board of Governors met virtually on April 7. Meeting materials are available on L.A. Care’s website.</p>  |  |

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|  | <ul style="list-style-type: none"> <li>• Ms. Perez thanked all of the RCAC members that joined this Board meeting and all the past ECAC and BOG meetings.</li> <li>• In the event that members need assistance with virtual meetings, please reach out to CO&amp;E staff.</li> <li>• She thanked Mr. Baackes and Dr. Seidman for their reports today.</li> <li>• Cherie Compartore, <i>Senior Director, Government Affairs, Government Affairs</i>, reported on the following in her Government Affairs Update at the Board Meeting: <ul style="list-style-type: none"> <li>- Ketanji Brown Jackson was confirmed to the U.S. Supreme Court. She is the first African American woman to be confirmed on the U.S. Supreme Court.</li> <li>- Governor Newsom's Proposal for California's 2022-23 State Budget</li> <li>- Kaiser Permanente and Governor Newsom are working out a deal that would allow Kaiser to directly contract with Medi-Cal in many of the counties of California.</li> </ul> </li> <li>• The list of motions approved at the board and committee meetings is available from CO&amp;E or Board Services.</li> </ul> <p>The next Board meeting is scheduled on May 5.</p> <p>Member Poz asked for more information regarding Kaiser. Ms. Perez responded that currently L.A. County operates under a two plan model. Kaiser will now be directly contracted with Medi-Cal, only for current Kaiser members. It will not be open enrollment.</p> <p>Member McFerson asked that the Board not exclude the senior community due to this virtual world that they're living in and how they distribute information directly to emails and different things like that, instead of direct person-to-person or phone calls for that matter. People with mental disabilities seem to be having an issue with the virtual world. She has spoken to people with disabilities and they feel left out. She suggested having some sort of program showing them an easy way to create emails and different things that they can take advantage of, because they already know how to do it and they don't do it.</p> <p>Ms. Perez stated that in past ECAC meetings, Board Services and CO&amp;E provided information in regard to the status of the election process. L.A. Care has plans to start with RCAC meetings. During this process of reconvening, Board Services and CO&amp;E will keep members updated in regards to the Board nomination. As of right now there's no exact date for the election.</p> |  |
| <b>COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE</b> | <p>Auleria Eakins, <i>Ed.D, Manager, CO&amp;E</i>, gave the Communications and Community Relations update (<i>a copy of the report can be obtained from CO&amp;E</i>):</p> <p><b>Inglewood CRC</b><br/>Wellness Nutrition Group</p>   |  |



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|  | <p>A Registered Dietitian will conduct group classes on specific topics related to health disparities and nutritional education. There will be 1-hour in-person sessions every Wednesday starting April 6 at 10:00 a.m., 11:00 a.m. and 12:00 p.m. Members must register in person.</p> <p><b>Lynwood CRC</b><br/>On-site Food Pantry on April 22 from 10:00 a.m. to 1:00 p.m. She encouraged members to attend get some fresh food.</p> <p><b>East LA CRC</b><br/>Monthly Food Pantry<br/>She asked members to join staff as they partner with God's Pantry to distribute free bags of assorted groceries. The event will take place on April 22 from 11am - 3pm.</p> <p><b>Wilmington CRC</b><br/>C.H.A.T. Class<br/>"Creando Habilidades y Actitudes en Ti", is a workshop focused on empowering and strengthening self-esteem, managing stress, communication and emotions. This will take place every Thursday starting April 21 from 3:00 p.m. to 5:00 p.m.</p> <p><b>Pomona CRC</b><br/>Circuit Training for Adults. This event will be live streamed. Members can work out in the comfort of their home with these gentle and modified exercises that are perfect for exercising your body. Every Tuesday and Thursday from 11:00 a.m. to 12:00 p.m.</p> <ul style="list-style-type: none"> <li>• Norwalk CRC is now staffed and open. Grand opening event will be held with date to be determined.</li> <li>• El Monte CRC is also now staffed and open. Grand opening event tentatively planned for early May.</li> <li>• Long Beach CRC is still under construction and on track to be completed by late June/early July.</li> <li>• Westside CRC is also under construction and expected to be completed by October.</li> </ul> <p><b>RCAC Spring Reconvening</b></p> <ul style="list-style-type: none"> <li>• By now members should have received information on the RCAC Connection meetings for April-assigned RCACs. These meeting will be informal and are planned to ensure that we can start meetings with maximum participation of RCAC members. For April the following RCACs will meet with their Field Specialist: RCAC 1, RCAC 2, RCAC 3, RCAC 5, RCAC 6, and RCAC 10</li> </ul> |  |
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- If members have not received information due to staff not being able to connect with them, she asked that RCAC members please reach out to their assigned Field specialist for additional information and next steps
- To maximize access and participation of members and the public we will utilize the Zoom platform and call in features

| RCAC CHECK-IN ATTENDANCE REPORT BY RCAC                |           |           |           |           |            |
|--|-----------|-----------|-----------|-----------|------------|
| RCAC   | RCAC<br>4 | RCAC<br>7 | RCAC<br>8 | RCAC<br>9 | RCAC<br>11 |
| RCAC MEMBERSHIP  | 14        | 12        | 17        | 20        | 11         |
| TOTAL MEMBERS WHO<br>ATTENDED THE CHECK<br>IN PER RCAC | 6         | 12        | 6         | 8         | 11         |
| PERCENTAGE OF<br>MEMBERS WHO<br>ATTENDED PER RCAC      | 42%       | 100%      | 35%       | 40%       | 100%       |

| RCAC CHECK-IN ATTENDANCE REPORT<br>OVER ALL |     |
|---|-----|
| TOTAL MEMBERS                               | 74  |
| TOTAL MEMBERS WHO ATTENDED                  | 43  |
| PERCENTAGE OF MEMBERS WHO<br>ATTENDED       | 58% |

#### SUMMARY

- Three RCACs had low attendance, below 50%
- Two RCACs had 100% attendance, all members participated
- Overall attendance was more than 50%

#### Mental Health Awareness Month

Mental Health Awareness Day is May 19, 2022. CO&E will host an education webinar via Zoom from 10:00 a.m. to 12:00 p.m. Michael Brodsky, MD, *Medical Director, Behavioral Health and Social Services*, will be the moderator. Guest panelist will discuss issues of mental health and homelessness, Adverse Childhood Experiences and Stigmas associated with mental health support.

### **2022 RCAC Community Partnership**

This year's focus will be on Tech Justice and will align with L.A. County's Internal Departments Service community program "Delete the Divide". Staff is working with other key departments and will be working with ECAC members over the coming months to discuss how to engage community based organizations and community members in this effort.

Member Poz stated that she was unable to hear Dr. Eakins, report and asked for a copy. Dr. Eakins responded that she would provide her report to her.

Member McFerson said she appreciates the information that was presented, it is very important. She believes they need to be able to communicate properly to the public and different things like that, and to confirm who is speaking during meetings for future reference. The clock needs to be condensed and the screen should display panelists. As she mentioned before, the whole process of the RCACs and joining the virtual world that they're going to have with the meetings for the future, it would be great to be able to have some sort of initiation through a class that teaches them how to use the virtual tools. People may be more willing to participate if they have some sort of training class first which is not virtual. She suggested that staff reach out to members to do this. Dr. Eakins responded that members can choose to change the settings to view the speaker and not the clock. She has instructed all staff to reach out to their members and identify any challenges that the members may have so that staff can help the person prior to the RCAC Connection event. RCAC Connections are an opportunity for staff to ascertain who can participate and who cannot participate, and then from there, figure out the next best steps.

There may be some additional training that is needed in terms of technical assistance to help members. Cindy Pozos, *Liaison, CO&E*, has been working closely with members who have identified that they need this additional assistance. Once we have a full picture we will decide next steps.

Ms. Perez said that members expressed lack of communication about events that were mentioned today. She encouraged members to visit the L.A. Care website to get this information. She said that members can also check out L.A. Care's social media platforms to get information about L.A. Care events. She noted that some members feel disconnected because the RCACs have not met. She asked staff to reach out to members to provide the information. Dr. Eakins thanked Ms. Perez for being solution-oriented, and she will connect with Ms. Perez offline to hear her suggestions.

Chairperson Vazquez thanked Dr. Eakins for giving RCAC 7 the opportunity to meet. The meeting was successful. Ms. Pozos and staff were all very helpful. Dr. Eakins responded that she appreciates the feedback.

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| <b>MEMBER ISSUES</b>               | <p>Member McClain stated that Elizabeth Cooper, <i>RCAC 2 member</i>, reached out to her via email. She said Ms. Cooper would like the customer solution center staff to assist members with obtaining wheelchairs. She also suggested that staff provide more information to consumer members on how to obtain this time of medical equipment and would like someone to attend ECAC to present information about the process to obtain a wheelchair. There should be someone to represent people with disabilities on the Board and it should be culturally diverse. Member Eakins stated that Ms. Cooper has mentioned this before to the Board. Member McClain asked how can she place a motion on the floor. Dr. Eakins asked that she send an email so staff can properly respond.</p> <p>Member McFerson thanked Member McClain for her request. She hopes that she can solidify something with staff in regards to the Board Seat Election. She noted that low income people receive improper treatment at their doctor offices. They are rejected and are not diagnosed properly. They are not receiving proper tests. It escalates to other illnesses because they are not diagnosed properly or receiving proper treatment. In order to do that doctors must be able to converse with their patients to determine what their medical issues are.</p> <p>Member Poz stated that a previous RCAC 4 member was trying to see a doctor and they were asked to pay cash for services. She advised the member that she was a Medi-Cal recipient. Appointments were not available until September for people with her insurance. The member has already called member services and submitted a grievance. She asked if this was going on in other RCAC communities. She would like to know if L.A. Care is aware of these types of issues. In regards to Ms. Cooper's comment, she noted that Blue Shield Promise has a communal program that assists disabled members with the process of obtaining wheelchairs and medical equipment.</p> |  |
| <b>NEW BUSINESS</b>                |  |  |
| <b>POPULATION NEEDS ASSESSMENT</b> | <p>Lynne Kemp, <i>Health Education Program Manager II, Health Education</i>, gave a presentation on Population Needs Assessment (<i>a copy of the presentation can be obtained from Board Services.</i>).</p> <ul style="list-style-type: none"> <li>• Purpose of the Population Needs Assessment (PNA) <ul style="list-style-type: none"> <li>- Identify member health needs and health disparities</li> <li>- Identify gaps in health education, Cultural &amp; Linguistics, and Quality Improvement programs</li> <li>- Address identified health needs, health disparities or gaps</li> </ul> </li> <li>• Member Input</li> </ul> <p>L.A. Care would like to hear from Members.</p> <p><b>Health Education</b></p>   |  |

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|  | <ul style="list-style-type: none"> <li>• Programs, services and resources to keep members healthy or manage health conditions.</li> <li>• Individual telephone counseling</li> <li>• Written materials</li> <li>• Online tools and workshops</li> <li>• Special programs (diabetes, asthma, pregnancy)</li> </ul> <p><b>Cultural and Linguistic (C&amp;L) Program</b><br/>Supports culturally and linguistically appropriate health care and services through the language assistance services and cultural competency training.</p> <p><b>FY20-21 C&amp;L Program Evaluation Summary</b><br/>L.A. Care Bilingual Staff</p> <ul style="list-style-type: none"> <li>• 345 qualified bilingual staff in 10 languages.</li> </ul> <p>Interpreting Services</p> <ul style="list-style-type: none"> <li>• In-person: 4,366 requests in 40 languages. 90% of members were satisfied.</li> <li>• Telephonic: 193,764 calls in 82 languages. 95% of members were satisfied.</li> </ul> <p>Translation Services</p> <ul style="list-style-type: none"> <li>• 2,851 documents processed.</li> </ul> <p>Cultural Competency Training</p> <ul style="list-style-type: none"> <li>• A total of 2,675 L.A. Care staff and 1,221 providers completed cultural competency related trainings.</li> </ul> <p><b>PUBLIC COMMENT</b><br/><b>Submitted by Carrie Broadus on April 13, 2022 via chat:</b><br/><i>I don't see Legislative Discussion under Standing Items or New Business. Currently there are 117 State bills. Where is ECAC in the discussion and advocacy?</i></p> <p>Member McFerson said that giving successful suggestions sometimes gets taken back by the African-American community. Sometimes 'T' is a double edged sword, almost as if you're being confrontational, then also it hurts, it makes people look bad. They need to have more communication with the African-American community because they are reluctant to actually give information. They are reluctant to see their doctor. African Americans aren't treated fairly at their doctor's office and are followed around at the store. It affects high blood pressure. Different things like that, is what needs to be discussed in the African-American community and we can do so by taking surveys after a doctor appointment. It could be anonymous calls, computers. That would make them feel more comfortable with expressing themselves so they are not put in front of people. As far as the data, they can</p> |  |
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|                            | <p>receive more data from the LGBTQ community and how the social determinants affect their health as well. She noted that LGBTQ Pride month is coming up in June. She suggested that members get involved in that as well. Ms. Kemp thanked Member McFerson for her suggestions.</p> <p>Member Poz asked if they can be helped through the process of getting children or family members tested for conditions or disabilities. She said it would be great to learn to do that. Ms. Kemp thanked Ms. Poz for her suggestions.</p> <p>Member McClain thanked Ms. Kemp for attending ECAC. She is the Member At-Large at ECAC and represents seniors and people with disabilities. She is concerned that training is being conducted by professionals and not by people that are disabled. She thinks it would be helpful to reach out to someone that is disabled to give the training.</p> <p>Ms. Perez said she is a member of RCAC 6 and is also the Member Representative on the Board of Governors. She suggested that adult education be more accessible to everyone. She goes to a community clinic which has different videos playing in the waiting room. She asked Ms. Kemp if L.A. Care has anything like this. She asked if a health educator could be at community clinics to reach out to members, and to people that aren't L.A. Care members as well. Ms. Kemp thanked Ms. Perez for her comments. She said that L.A. Care has a number of videos on the L.A. Care public-facing website and the member portal. There are many resources online. There are number of resources at the community resource centers for people that do not know how to access a computer. She noted that the resource centers closed due to the pandemic, but are beginning to reopen. There will also be L.A. Care dietitians in the resource centers, although the details are still being worked out.</p> |  |
| <b>FUTURE AGENDA ITEMS</b> |  |  |
|                            | <p>Member Poz would like to add a motion to the agenda asking to clarify the removal of RCAC members due to absences and lack of participation. She would also like to discuss opening up space for new members.</p> <p>Member McFerson would like a focus group or an ad hoc for Latino Heritage Month. She noted that Latino Heritage Month is from September 15 to October 15. Suicide Prevention Day is September 10. She would like to make sure there is an update. She would like to know the history of Asian Pacific Islander Awareness Month and how it relates to what they do.</p>   |  |
| <b>PUBLIC COMMENTS</b>     |  |  |
| <b>PUBLIC COMMENT</b>      | <p>Member McFerson noted that next month is Mental Health Awareness month. Since they are at the meeting to discuss different things about the community it is important that she tells this story. She has family members that have a daughter that is developmentally delayed and has chronic mental illness. She has been threatening to kill herself. That is the</p>  |  |

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|                    | reason why she is speaking about Mental Health Awareness Month, it is a personal thing for her as well. She asked her family members if their daughter is taking her medication properly and they automatically assume that she is. She mentioned that she may need to get a calendar with a face or something funny that she can relate to. Maybe Justin Bieber. And they give her a dollar every day she takes her medication so she can buy herself something at the end of the month like nachos. Once she reaches \$150 dollars she can come and visit from Indiana. Building an incentive for people having mental issues can help them take their medication. ECAC definitely needs to discuss this. She knows someone that is post-incarceration, there are certain instances where people go back to jail because they can't find a job. It is important to provide options for these people to find a job so they can pay their rent. |  |
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| <b>ADJOURNMENT</b> | The meeting was adjourned at 1:14 p.m.  |  |

**RESPECTFULLY SUBMITTED BY:**

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

**APPROVED BY**

Fatima Vasquez (due to public health orders the document will be signed when it is possible)  
Fatima Vasquez, *ECAC Chair* \_\_\_\_\_  
Date 5/11/2022

# BOARD OF GOVERNORS

## Children's Health Consultant Advisory Committee

### Meeting Minutes – November 16, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

#### Members

Tara Ficek, MPH, *Chair*  
Linda Aragon, MPH\*  
Edward Bloch, MD\*  
Maria Chandler, MD, MBA  
Rebecca Dudovitz, MD, MS  
Rosina Franco, MD  
Susan Fleischman, MD\*

Toni Frederick, PhD\*  
Gwendolyn Ross Jordan  
Lynda Knox, PhD  
James Kyle, MD, M.Div.  
Nayat Mutaftyan\*  
Hilda Perez

Maryjane Puffer, BSN, MPA  
Richard Seidman, MD, MPH  
Ilan Shapiro, MD, FAAP\*  
Diane Tanaka, MD\*

#### Management

Katrina Miller Parrish, MD, FAAP,  
*Chief Quality and Information Executive, Health Services*  
Cynthia Carmona, Senior Director, Safety Net Initiatives,  
*Safety Net Initiatives*  
Michael Brodsky, MD, Medical Director, Behavioral Health  
*and Social Services, Behavioral Health*

*\*Absent \*\*Present, but not quorum*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

| AGENDA ITEM/<br>PRESENTER                  | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN  |
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| <b>CALL TO ORDER</b>                       | Chairperson Tara Ficek, MPH, called the meeting to order at 8:32 a.m. without quorum.                        |   |
| <b>APPROVAL OF MEETING<br/>AGENDA</b>      | The Committee reached a quorum at 8:38 a.m.<br><br>The Agenda for today's meeting was approved as submitted. | Approved unanimously.<br>9 AYES (Chandler,<br>Ficek, Franco, Jordan,<br>Knox, Kyle, Perez,<br>Ramos, Seidman)<br><br>1 Abstention<br>(Puffer) |
| <b>APPROVAL OF THE<br/>MEETING MINUTES</b> |  | Approved unanimously.<br>9 AYES (Chandler,<br>Ficek, Franco, Jordan,  |

**APPROVED**



| AGENDA ITEM/<br>PRESENTER                                       | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN  |
|---|---|---|
|   | The minutes of the August 17, 2021 meeting were approved as submitted.  | Knox, Kyle, Perez,<br>Ramos, Seidman)<br><br>1 Abstention<br>(Puffer) |
| CHAIRPERSON'S<br>REPORT   | Chairperson Ficek did not give a report.  |   |
| PUBLIC COMMENT  | No public comment was submitted.  |   |
| CHIEF MEDICAL<br>OFFICER REPORT<br><br>Richard Seidman, MD, MPH | <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the November 2021 Chief Medical Officer report. <i>(A copy of his written report can be obtained from Board Services.)</i></p> <p>Lead Screening<br/>Another state priority is to improve lead screening. The L.A. Care Quality Improvement (QI) Department conducted an analysis looking at the geographic distribution by zip code of increased lead levels among our members. This led to identifying a lead “hotspot” in the community in the 90011 zip code in Southeast LA. Based on the information, QI reached out to the Los Angeles County Department of Public Health (LAC DPH) Childhood Lead Poisoning Prevention Program. County DPH runs a lead abatement, a case management and education program called Lead Free Homes in LA. As a result of this analysis and outreach, L.A. Care will be collaborating with Public Health on social media to promote their hotline and lead abatement program in high risk zip codes, including 90011. L.A. Care also sends a list of members not yet screened for lead to their doctors, to encourage efforts to get them in for lead screening and routine care they may need such as Well Child Care visits and immunizations.</p> <p>Member James Kyle, MD, M.Div, thanked the county for collaborating. He stated that this issue got their attention. They realized how important this issue is. It was escalated and made funding available for abatement. He thanked the county and he will continue to follow up on this and other issues. Member Seidman stated that they did not have the funds at the time, but they do so now.</p> |   |
| L.A. CARE COMMUNITY<br>RESOURCE CENTERS                         | Francisco Oaxaca, <i>Chief of Communications and Community Relations, Communications</i> , and Thomas Tran, <i>Senior Manager, Blue Shield Promise Health Plan</i> , gave a presentation about L.A.   |   |

| AGENDA ITEM/<br>PRESENTER                       | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|---|---|--------------|
| <b>PARTNERSHIP WITH<br/>BLUE SHIELD PROMISE</b> | <p>Care's Community Resource Centers (CRC) Partnership with Blue Shield Promise <i>(a copy of the presentation can be obtained from Board Services.)</i>.</p> <p>CRCs: Mission, Vision, Desired Outcomes</p> <ul style="list-style-type: none"> <li>• Fewer than 2 years ago, Community Resource Centers were merely an idea conceived in the aspiration of making Los Angeles healthier</li> <li>• L.A. Care intended the CRCs as a platform to embed ourselves into the community so that we achieve the following: <ul style="list-style-type: none"> <li>➤ Improve access to health and social resources</li> <li>➤ Improve member engagement</li> <li>➤ Improve health outcomes</li> <li>➤ Improve brand recognition</li> <li>➤ Strengthen connections to community stakeholders</li> </ul> </li> </ul> <p>The idea of CRCs materialized into a 5-year partnership between Blue Shield Promise (BSP) and L.A. Care (LAC), committing both to the following:</p> <ul style="list-style-type: none"> <li>• Mission: To work together to grow a network of CRCs that will increase access to health-related resources and personalized services, foster community connections, address social needs and improve health outcomes for Blue Shield Promise and L.A. Care members and the Los Angeles community</li> <li>• Vision: Active, healthy and informed communities</li> <li>• Desired Outcomes: Achieve the following within 5 Years of CRCs Partnership: <ul style="list-style-type: none"> <li>➤ Launch 14 co-branded CRCs, pilot 2 Mobile CRCs</li> <li>➤ Improve Engagement with Members and the Community</li> <li>➤ Improve Health of Members and the Community</li> </ul> </li> </ul> <p>Availability:</p> <ul style="list-style-type: none"> <li>• Open to everyone, not just L.A. Care or Blue Shield Promise members</li> <li>• Hours: Monday thru Friday, 9am to 5pm</li> <li>• Visit <a href="http://www.activehealthyinformed.org">www.activehealthyinformed.org</a> for more information or call local CRC</li> </ul> <p>Referrals to our Community Resource Centers</p> <p>CBO and providers can greatly benefit from referring patients to our Center for health education and fitness classes, and a range of wellness tools to improve health outcomes:</p> <ul style="list-style-type: none"> <li>• The Center offers support for all of your patients in between medical appointments</li> </ul> |              |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|---------------------------|---|--------------|
|                           | <ul style="list-style-type: none"> <li>• Your patients can access social services support for their needs, such as securing food and housing assistance</li> <li>• Health plan members can receive high-touch, personalized support for their health needs</li> </ul> <p>Medi-Cal Overview</p> <ul style="list-style-type: none"> <li>• Comprehensive health coverage for children, families and adults <ul style="list-style-type: none"> <li>➤ Free or Low-cost</li> <li>➤ Limited income and resources</li> </ul> </li> <li>• All Managed Care Plans (MCPs) offer the same basic benefits: <ul style="list-style-type: none"> <li>➤ Primary care doctor, wellness, and specialist visits</li> <li>➤ Pharmacy</li> <li>➤ Nurse Advice Line</li> <li>➤ Health Education</li> <li>➤ Hospital and Emergency Services</li> <li>➤ Urgent Care</li> <li>➤ Dental Care</li> </ul> </li> <li>• Services are free if: <ul style="list-style-type: none"> <li>➤ Medically necessary</li> <li>➤ Provided by an in-network provider</li> </ul> </li> <li>• Members <ul style="list-style-type: none"> <li>➤ Must choose a Primary Care Physician (PCP) within 30 days of enrollment or the managed care plan (MCP) will chose one</li> <li>➤ Can change their PCP at any time</li> </ul> </li> <li>• Appeals <ul style="list-style-type: none"> <li>➤ Notice of Action (NOA)</li> <li>➤ Appeals must be filed within 60 calendar days from the date the NOA is received</li> <li>➤ Writing, by phone or online</li> </ul> </li> <li>• Pre-Approval (Prior Authorization) <ul style="list-style-type: none"> <li>➤ Non-emergency hospitalization</li> <li>➤ Services outside of MCP's network</li> <li>➤ Outpatient surgery</li> <li>➤ Long-term care at a nursing facility</li> <li>➤ Specialized treatments</li> </ul> </li> </ul> |              |

| AGENDA ITEM/<br>PRESENTER                                 | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|---|---|--------------|
|   | <ul style="list-style-type: none"> <li>• Staying Informed about Coverage <ul style="list-style-type: none"> <li>➤ MCP website</li> <li>➤ Member Handbook (Explanation of Coverage)</li> <li>➤ MCP's Customer Care Team</li> </ul> </li> <li>• Enrollment Assistance at the CRCs <ul style="list-style-type: none"> <li>➤ Medi-Cal</li> <li>➤ Covered CA</li> <li>➤ Medicare</li> </ul> </li> <li>• Medi-Cal Expansion to Undocumented Californians Age 50 and Over</li> <li>• Medi-Cal for undocumented children and young adults</li> </ul> <p>Member Hila Perez thanked Mr. Oaxaca for attending the meeting and providing information that to the members of the committee. She noted that his presentation covered all aspect of the CRCs. She invited all committee members to visit the CRCs and Family Resource Centers so they can get an idea of what the resource centers provide. She hopes the public health emergency ends soon so families can visit them. Many people attended the many flu clinics and food pantries. The back to school events were not held at the centers due to drive thru access only. She had an opportunity to engage with members of the community.</p> |              |
| <b>CALIFORNIA STRONG<br/>START INDEX<br/>PRESENTATION</b> | <p>Regan Foust, PhD, <i>Executive Director, Children's Data Network, University of Southern California</i>, gave a presentations about the California Strong Start Index Presentation (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>The California strong start index comprises of 12 indicators from birth records that have been shown to be related to good outcomes for children. Indicators:</p> <p>Family</p> <ul style="list-style-type: none"> <li>• Legal parentage established at birth</li> <li>• Born to non-teen parents</li> <li>• Born to parents with at least a High School degree</li> </ul> <p>Health</p> <ul style="list-style-type: none"> <li>• Healthy birth weight</li> <li>• Absence of congenital anomalies, abnormalities, or complications at birth</li> <li>• Absence of a transmissible (mother-to-child) infections</li> </ul>   |              |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|---------------------------|--|--------------|
|                           | <p>Service</p> <ul style="list-style-type: none"> <li>• Access to and receipt of timely prenatal care</li> <li>• Receipt of nutritional services (WIC) if eligible</li> <li>• Hospital with high percentage of births with timely prenatal care</li> </ul> <p>Financial</p> <ul style="list-style-type: none"> <li>• Ability to afford and access healthcare</li> <li>• Born to a parent with a college degree</li> <li>• Born to parents with employment history</li> </ul> <p>Areas of Focus:</p> <ul style="list-style-type: none"> <li>• Race and Ethnicity</li> <li>• Maternal and Child Health Indicators</li> <li>• Infant Mortality</li> <li>• California Counties</li> </ul> <p>The Strong Start Index adds unique insight into the conditions into which children are born in California unlike most indices, it is built solely from existing data strengths-based specific to the conditions of infants, and scores are empirically related to key indicators of child health and well-being (i.e., child protection involvement and death before age 5) has proven helpful in ensuring investments are intentional and equitable.</p> <p>Member Lyndee Knox, <i>PhD</i>, stated that it's great to be able to use data in that manner and thanked her for her presentation.</p> |              |
| <b>ADJOURNMENT</b>        | The meeting was adjourned at 10:00 a.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:  
Tara Ficek, *MPH, Chairperson*

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5/20/2022 | 11:10 AM PDT

Date Signed: \_\_\_\_\_



# Legislative Matrix

Last Updated: May 16, 2022

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## Legislative Matrix as of 5/16/2022

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

If there are any questions, please contact Cherie Compartore of Government Affairs at [ccompartore@lacare.org](mailto:ccompartore@lacare.org).

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## Bills by Issue

### 2022 Legislation (116)

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

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

**Organizational Notes**

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

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

**Title**

Civil damages: medical malpractice.

**Description**

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

**Primary Sponsors**

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



**Title**

Health care coverage: insulin affordability.

**Description**

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

**Primary Sponsors**

Adrin Nazarian

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:06 PM

Oppose: CA. Assoc. of Health Plans

**Title**

Medi-Cal benefits: rapid Whole Genome Sequencing.

**Description**

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

**Primary Sponsors**

Brian Maienschein

**Title**

Local health department workforce assessment.

**Description**

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

**Primary Sponsors**

Freddie Rodriguez

**Title**

Behavioral health: older adults.

**Description**

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

**Primary Sponsors**

Rudy Salas

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

Wendy Carrillo

**Organizational Notes**

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

**Title**

Program of All-Inclusive Care for the Elderly.

**Description**

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

**Primary Sponsors**

Cottie Petrie-Norris

**Title**

Integrated School-Based Behavioral Health Partnership Program.

**Description**

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

**Primary Sponsors**

Sharon Quirk-Silva

**Title**

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

**Description**

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

**Primary Sponsors**

Patrick O'Donnell, Rudy Salas, Jim Wood



**Title**

Health care practitioners: electronic prescriptions: nurse practitioner scope of practice: practice without standardized procedures.

**Description**

AB 852, as amended, Wood. Health care practitioners: electronic prescriptions: nurse practitioner scope of practice: practice without standardized procedures. (1) Existing law requires health care practitioners authorized to issue prescriptions to have the capability to issue electronic data transmission prescriptions and requires a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription to have the capability to receive those electronic transmissions. Existing law requires those health care practitioners to issue a prescription as an electronic data transmission prescription, except under certain conditions, including that the electronic prescription is unavailable due to a temporary technological or electrical failure. Existing law requires a pharmacy that receives an electronic prescription from a prescribing health care practitioner who has issued a prescription but has not dispensed the medication to the patient to immediately transfer or forward the electronic prescription to an alternative pharmacy designated by the requester. This bill would prohibit a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill would permit a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996. With respect to health care practitioners who are required to issue a prescription as an electronic data transmission prescription, the bill would make additional exceptions to that requirement, including for a prescriber who registers with the California State Board of Pharmacy and states that they satisfy one or more criteria, including that they issue 100 or fewer prescriptions per calendar year. The bill would make specified exceptions to the requirement for a pharmacy to immediately transfer an electronic prescription to an alternative pharmacy. (2) Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including, among others, conducting an advanced assessment; ordering, performing, and interpreting diagnostic procedures, as specified; and presc... (click bill link to see more).

**Primary Sponsors**

Jim Wood

**Title**

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

**Description**

AB 882, as amended, Gray. Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, an initiative measure approved as Proposition 56 at the November 8, 2016, statewide general election, increases taxes imposed on distributors of cigarettes and tobacco products and requires all revenues to be deposited into the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund, a continuously appropriated fund. Proposition 56 requires the Controller to transfer 82% of those revenues to the Healthcare Treatment Fund, to be used by the department to increase funding for the Medi-Cal program and other specified health care programs and services in a way that, among other things, ensures timely access, limits geographic shortages of services, and ensures quality care. The act authorizes the Legislature to amend the provision relating to the allocation of revenues in the Healthcare Treatment Fund to further the purposes of the act with a 2/3 vote of the membership of each house of the Legislature. Existing law, until January 1, 2026, establishes the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which requires the department to develop and administer the program to provide loan assistance payments to qualifying, recent graduate physicians and dentists who serve beneficiaries of the Medi-Cal program and other specified health care programs using moneys from the Healthcare Treatment Fund. Existing law requires this program to be funded using moneys appropriated to the department for this purpose in the Budget Act of 2018, and requires the department to administer 2 separate payment pools for participating physicians and dentists, respectively, consistent with the allocations provided for in the Budget Act of 2018. For purposes of that program, and by January 1, 2022, this bill would require the department to exclusively provide loan assistance payments to Medi-Cal physicians and dentists who maintain a patient caseload composed of a minimum of 30% Medi-Cal beneficiaries and who meet one or more of specified requirements relating to practicing in areas, or serving populations, with provider shortages. The bill would make this provision inapplicable to an individual who enters into, and maintains compliance with, an Awardee Agreement to receive loan assistance payments before January 1, 2022. The b... (click bill link to see more).

**Primary Sponsors**

Adam Gray, Rudy Salas, Melissa Hurtado

**Organizational Notes**

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

**Title**

Emergency ground medical transportation.

**Description**

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

**Primary Sponsors**

Tasha Boerner Horvath

**Title**

California Health Care Quality and Affordability Act.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Medi-Cal.

**Description**

AB 1132, as amended, Wood. Medi-Cal. (1) Existing law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process, and would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program. No sooner than January 1, 2023, the bill would require the department to develop and implement a mandatory process for county jails and county juvenile facilities to coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for inmates, as specified, and would authorize the sharing of prescribed data with and among counties and other specified entities, as determined necessary by the department.

(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health and substance use disorder services, either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law provides for the federal Medicare program, which is a public health insurance program for persons who are 65 years of age or older and specified persons with disabilities who are under 65 years of age. Under existing law, a demonstration project known as the Coordinated Care Initiative (CCI) enables beneficiaries who are dually eligible for the Medi-Cal program and the Medicare Program to receive a continuum of services that maximizes access to, and coordination of, benefits between these programs. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program (GPP), the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing... (click bill link to see more).

**Primary Sponsors**

Jim Wood

**Title**

Health care coverage: claims payments.

**Description**

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

**Primary Sponsors**

Carlos Villapudua

**Organizational Notes**

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

Oppose: California Association of Health Plans

**Title**

Medi-Cal: serious mental illness: drugs.

**Description**

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

**Primary Sponsors**

Jacqui Irwin

**Title**

Medi-Cal: Independent Medical Review System.

**Description**

AB 1355, as amended, Levine. Medi-Cal: Independent Medical Review System. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The act requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services based on whether the service is medically necessary. This bill would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2023, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, and would define “disputed health care service” as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be displayed in or on specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and the department’s internet website. The bill would specify that Medi-Cal managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act and enrollees of those plans would instead follow the review system established pursuant to that act. The bill would also make the IMRS provisions applicable to a California Program of All-Inclusive Care for the Elderly (PACE) organization, as specified. The bill would authorize a beneficiary to apply to the department for an Independent Medical Review (IMR) of a decision involving a disputed health care service within 6 months of receipt of the notice o... (click bill link to see more).

**Primary Sponsors**

Marc Levine

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:45 PM  
Support: Western Center on Law and Poverty (Sponsor)



**Title**

Mental Health Services Oversight and Accountability Commission.

**Description**

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

**Primary Sponsors**

Jim Patterson

**Title**

Mental health services.

**Description**

AB 1859, as introduced, Levine. Mental health services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for essential health benefits, which include mental health services. Existing law, the Lanterman-Petris-Short Act, sets forth procedures for the involuntary detention, for up to 72 hours for evaluation and treatment, of a person who, as a result of a mental health disorder, is a danger to others or to themselves or is gravely disabled. This bill would require a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. The bill would prohibit a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Marc Levine

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

California Health Benefit Exchange: affordability assistance.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

Support if Amended: CA. Assoc. of Health Plans

**Title**

Prior authorization and step therapy.

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

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

**Title**

Medi-Cal: orthotic and prosthetic appliances.

**Description**

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

**Primary Sponsors**

Heath Flora

**Title**

Medi-Cal: income level for maintenance.

**Description**

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

ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. This bill, to the extent that any necessary federal authorization is obtained, would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level. The bill would require the department to seek any necessary federal authorization for maintaining that income level for maintenance and would make conforming changes to related provisions.

#### Primary Sponsors

Joaquin Arambula, Jim Wood

#### Organizational Notes

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

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

Bill Number

**AB 1917**

Status

**In Assembly**

Position

**Monitor**

#### Title

Personal information: contact tracing.

#### Description

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

#### Primary Sponsors

Marc Levine

**Title**

Medi-Cal: violence preventive services.

**Description**

AB 1929, as amended, Gabriel. Medi-Cal: violence preventive services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would require the department to establish a community violence prevention and recovery program, under which violence preventive services would be provided by qualified violence prevention professionals, as defined, as a covered benefit under the Medi-Cal program, in order to reduce the incidence of violent injury or reinjury, trauma, and related harms, and promote trauma recovery, stabilization, and improved health outcomes. Under the bill, the services would be available to a Medi-Cal beneficiary who (1) has been violently injured as a result of community violence, as defined, (2) for whom a licensed health care provider has determined that the beneficiary is at significant risk of experiencing violent injury as a result of community violence, or (3) has experienced chronic exposure to community violence. The bill would authorize the department to meet these requirements by ensuring that qualified violence prevention professionals are designated as community health workers. The bill would set forth training and certification and continuing education requirements for those professionals, as specified, and would require the department to approve one or more training and certification programs with certain curriculum components. The bill would require an entity that employs or contracts with a qualified violence prevention professional to take specified actions to ensure the professional's compliance with these requirements. The bill would require the department to post on its internet website the date upon which violence preventive services could be provided and billed. The bill would condition implementation of its provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

**Primary Sponsors**

Jesse Gabriel, Mike Gipson

**Title**

Medi-Cal: comprehensive perinatal services.

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

Support: Western Center on Law and Poverty



**Title**

Local government: open and public meetings.

**Description**

AB 1944, as amended, Lee. Local government: open and public meetings. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely. The bill would also require an updated agenda reflecting all of the members participating in the meeting remotely to be posted, if a member of the legislative body elects to participate in the meeting remotely after the agenda is posted. This bill would authorize, under specified circumstances and upon a determination by a majority vote of the legislative body, a member to be exempt from identifying the address of the member's teleconference location in the notice and agenda or having the location be accessible to the public, if the member elects to teleconference from a location that is not a public place. This bill would require all open and public meetings of a legislative body that elects to use teleconferencing to provide a video stream accessible to members of the public and an option for members of the public to address the body remotely during the public comment period through an audio-visual or call-in option. This bill would repeal these provisions on January 1, 2030. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with fin... (click bill link to see more).

**Primary Sponsors**

Alex Lee, Cristina Garcia

**Title**

Telehealth: dental care.

**Description**

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

**Primary Sponsors**

Miguel Santiago

**Title**

Medi-Cal: premiums, contributions, and copayments.

**Description**

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

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

#### **Primary Sponsors**

Joaquin Arambula

#### **Organizational Notes**

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

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

**Title**

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

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Title**

Health care language assistance services.

**Description**

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

**Primary Sponsors**

Suzette Valladares

**Title**

Health care coverage: diagnostic imaging.

**Description**

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

**Primary Sponsors**

Laura Friedman

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Health care coverage: treatment for infertility.

**Description**

AB 2029, as amended, Wicks. Health care coverage: treatment for infertility. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. Existing law provides that any employer that is a religious organization, or a health care service plan or disability insurer that is a subsidiary of an entity whose owner or corporate member is a religious organization, is not required to offer coverage for forms of treatment of infertility in a manner inconsistent with the religious organization's religious and ethical principles, as specified. This bill would require a health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of \$75,000. The bill would except specialty health care service plan contracts and disability insurance policies from that requirement. The bill also would require a small group health care service plan contract or disability insurance policy, except a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2023, to offer coverage for the treatment of infertility, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders and prospective group contractholders and policyholders. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. The bill would prohibit a health care service plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, ... (click bill link to see more).

**Primary Sponsors**

Buffy Wicks

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

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

**Description**

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

**Primary Sponsors**

Lisa Calderon

**Organizational Notes**

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

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

**Title**

Health Care Consolidation and Contracting Fairness Act of 2022.

**Description**

AB 2080, as amended, Wood. Health Care Consolidation and Contracting Fairness Act of 2022. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General... (click bill link to see more).

**Primary Sponsors**

Jim Wood

**Organizational Notes**

Last edited by Cherie Compartore at Apr 11, 2022, 6:18 PM  
California Assoc. of Health Plans - Oppose Unless Amended



**Title**

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

**Description**

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

**Primary Sponsors**

Mia Bonta

**Title**

Acute hospital care at home.

**Description**

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

**Primary Sponsors**

Akilah Weber

**Title**

Mobile stroke units.

**Description**

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

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:34 PM

Oppose: (removed) California Association of Health Plans

**Title**

Health care coverage: dependent adults.

**Description**

AB 2127, as amended, Santiago. Health care coverage: dependent adults. Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. Existing law requires a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP at the time of solicitation and on the application. This bill would clarify that a health care service plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number at the time of solicitation and, for a plan or insurer, on the application. Because a violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would state the intent of the Legislature to ensure an individual is informed of and understands their specific rights and health care options before enrolling a Medicare-eligible or enrolled dependent parent or stepparent in individual health care coverage. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Miguel Santiago

**Title**

California Medical School Tuition for Medical Service Pilot Program.

**Description**

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

**Primary Sponsors**

Carlos Villapudua

**Title**

Reproductive health care.

**Description**

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

**Primary Sponsors**

Akilah Weber, Cristina Garcia, Anna Caballero

**Title**

Mental health: information sharing.

**Description**

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

**Primary Sponsors**

James Ramos

**Title**

Birthing Justice for California Families Pilot Project.

**Description**

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

**Primary Sponsors**

Buffy Wicks



**Title**

California Health Benefit Exchange: abortion services coverage reporting.

**Description**

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

**Primary Sponsors**

Wendy Carrillo

**Title**

CalWORKs and CalFresh: work requirements.

**Description**

AB 2300, as amended, Kalra. CalWORKs and CalFresh: work requirements. (1) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law generally requires a recipient of CalWORKs benefits to participate in welfare-to-work activities as a condition of eligibility for aid. Existing law exempts certain persons from the welfare-to-work activities, including an individual whose presence in the home is required because of the illness or incapacity of another member of the household and whose caretaking responsibilities impair the recipient's ability to be regularly employed or to participate in welfare-to-work activities. Under this bill, a parent, including both a birthing and nonbirthing parent, would qualify for that exemption for 12 weeks following the birth of a child. Under the bill, an adoptive or foster parent would also qualify for the exemption for 12 weeks following the adoption or foster placement of each child. Existing law prohibits sanctions from being applied for a failure or refusal to comply with program requirements if, among other reasons, the employment, offer of employment, activity, or other training for employment discriminates on specified bases or involves conditions that are in violation of applicable health and safety standards, or the employment or offer of employment exceeds the daily or weekly hours of work customary to the occupation. This bill would additionally prohibit sanctions from being applied for a failure or refusal to comply with program requirements if the recipient provides documentation that the anticipated hours would be so unpredictable for that specific recipient that they would not allow the recipient to anticipate compliance with program requirements related to the job, or if the recipient provides documentation that the scheduled hours exhibit a pattern of unpredictability for that specific recipient so that the recipient cannot anticipate compliance with program requirements related to the job. The bill would also prohibit sanctions from being applied if the recipient states that the employment or offer of employment fails to comply with the Healthy Workplaces, Healthy Families Act of 2014, that the recipient experienced sexual harassment or other abusive conduct at the workplace, or that the recipient's rights under specified laws were violated. The bill would require the county human services agency, when an applicant or recipient reports refusing any offer of employment, reducing hours, voluntarily quitting any employment, or being discharged from any employment, to provide the applicant or recipient... (click bill link to see more).

**Primary Sponsors**

Ash Kalra

**Organizational Notes**

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

**Title**

Children's psychiatric residential treatment facilities.

**Description**

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

**Primary Sponsors**

James Ramos

**Title**

Reproductive health care pilot program.

**Description**

AB 2320, as amended, Cristina Garcia. Reproductive health care pilot program. Existing law establishes the Department of Health Care Access and Information, and requires the department to administer various health professions development programs. This bill, until January 1, 2028, would require the department to establish and administer a pilot program to direct funds to primary care clinics that provide reproductive health care services in 5 counties. The bill would require a participating primary care clinic to implement at least one of a number of specified activities to improve health care delivery for marginalized patients, and to annually report to the department over 2 years regarding its efforts and progress with those activities. The bill would require the department to report to the Legislature on the program on or before June 1, 2026.

**Primary Sponsors**

Cristina Garcia

**Title**

Lead poisoning prevention: laboratory reporting.

**Description**

AB 2326, as amended, Reyes. Lead poisoning prevention: laboratory reporting. Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention (CDC) screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested and requires other specified information to be reported when the laboratory has that information. Existing law authorizes the department to fine a laboratory that knowingly fails to meet the reporting requirements. This bill would require the laboratory to report additional information, including the National Provider Identifier (NPI) of the health care provider that ordered the analysis, the Clinical Laboratory Improvement Amendments (CLIA) number and the NPI of the laboratory, and the person's race, ethnicity, and pregnancy status. The bill would require a laboratory to request all of the required information from the health care provider who obtained the blood sample or ordered the test, but would waive the laboratory's reporting requirement when the health care provider cannot, or will not, provide the requested information. Existing law requires the laboratory to report within 3 working days if the result of the blood lead analysis is a blood lead

level equal to or greater than 10 micrograms of lead per deciliter of blood and within 30 working days if the blood lead level is lower than that threshold. This bill would make the threshold for reporting within 3 working days the most recent CDC reference level for an elevated blood lead level. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case management, investigation, environmental assessment, environmental remediation, or abatement with the local health department, environmental health agency, or building department, and with the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill would authorize the department to share the information for purposes of care coordination as well. The bill would authorize the department to share the information with specified health care providers and with the ... (click bill link to see more).

#### **Primary Sponsors**

Eloise Reyes

#### **Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Prescription drug coverage.

**Description**

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

**Primary Sponsors**

Adrin Nazarian

**Organizational Notes**

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

**Title**

Medi-Cal: continuous eligibility.

**Description**

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

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

#### **Primary Sponsors**

Blanca Rubio

#### **Organizational Notes**

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

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

**Title**

Martin Luther King, Jr. Community Hospital.

**Description**

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

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

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

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



**Title**

Open meetings: local agencies: teleconferences.

**Description**

AB 2449, as introduced, Blanca Rubio. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would authorize a local agency to use teleconferencing without complying with those specified teleconferencing requirements if at least a quorum of the members of the legislative body participates in person from a singular location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. The bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with federal law. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that ame... (click bill link to see more).

**Primary Sponsors**

Blanca Rubio

**Title**

California Children's Services: reimbursement rates.

**Description**

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

**Primary Sponsors**

Akilah Weber

**Title**

Health care coverage: human papillomavirus.

**Description**

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

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

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

Oppose: California Association of Health Plans

**Title**

California Health Benefit Exchange: financial assistance.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

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

**Title**

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

**Description**

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

**Primary Sponsors**

Frank Bigelow

**Title**

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

**Description**

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

**Primary Sponsors**

Rudy Salas

**Title**

Health care coverage: nonpharmacological pain management treatment.

**Description**

AB 2585, as introduced, McCarty. Health care coverage: nonpharmacological pain management treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. These provisions require specified services and drugs to be covered by various health care services plans and health insurers. This bill would permit an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that covers hospital, medical, or surgical expenses to provide coverage for nonpharmacological pain management treatment, as defined. Because a willful violation of these provisions by a health care service plan is a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Kevin McCarty

**Title**

Air ambulance services.

**Description**

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

**Primary Sponsors**

Tim Grayson



**Title**

Medi-Cal managed care: midwifery services.

**Description**

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

**Primary Sponsors**

Jim Patterson

**Title**

Medi-Cal: Community Health Navigator Program.

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Title**

Medi-Cal: community health workers and promotores.

**Description**

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

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Medi-Cal: alternate health care service plan.

**Description**

AB 2724, as amended, Arambula. Medi-Cal: alternate health care service plan. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill would prohibit the AHCSP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSP to cease enrollment in a service area. The bill would require the contract with the AHCSP to include the same standards and requirements, except with respect to enrollment, as for other Medi-Cal managed care plans, as specified. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in specified regulations. Under the bill, except when an AHCSP is already contracted with the department as a Medi-Cal managed care plan as of January 1, 2022, contracts entered into pursuant to these provisions would be effective no sooner than January 1, 2024, as specified. The bill would authorize the department to implement these provisions through plan letters or other similar instructions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

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

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

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

**Title**

Mental health and substance use disorders: database of facilities.

**Description**

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

**Primary Sponsors**

Marie Waldron

**Title**

Long-Term Services and Supports Benefit Program.

**Description**

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

**Primary Sponsors**

Miguel Santiago

**Title**

COVID-19 testing capacity.

**Description**

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

**Primary Sponsors**

Jacqui Irwin



**Title**

Taxes to fund health care coverage and cost control.

**Description**

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

**Primary Sponsors**

Ash Kalra, Alex Lee

**Title**

Office of Racial Equity.

**Description**

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

**Primary Sponsors**

Richard Pan, Joaquin Arambula, David Chiu

**Organizational Notes**

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

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

**Title**

Health care workforce development: California Medicine Scholars Program.

**Description**

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

**Primary Sponsors**

Melissa Hurtado

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

Maria Durazo, Joaquin Arambula

**Organizational Notes**

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

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

**Title**

Health care coverage: abortion services: cost sharing.

**Description**

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

**Primary Sponsors**

Lena Gonzalez, Sydney Kamlager, Connie Leyva

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Health care coverage.

**Description**

SB 250, as amended, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to establish criteria or guidelines that meet specified requirements to be used to determine whether or not to authorize, modify, or deny health care services. This bill would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified. This bill would require a health care service plan contract or health insurance contract issued, amended, or renewed on or after January 1, 2022, to reimburse a contracting individual health professional, as defined, the in-network cost-sharing amount for services provided to an enrollee or insured at a contracting health facility, as defined. The bill would also require a plan or insurer and its delegated entities, on or before January 1, 2023, and annually thereafter, to report, among other things, its average number of denied prospective utilization review requests, as specified. The bill would require, on and after January 1, 2023, a plan or insurer to examine an individual health professional's record of prospective utilization review requests during the preceding 12 months and grant the individual health professional "deemed approved" status for 2 years, meaning an exemption from the prospective utilization review process, if specified criteria are met. The bill would authorize a plan or insurer to request an audit of an individual health professional's records after the initial 2 years of an individual health professional's deemed approved status and every 2 years thereafter, and would specify the audit criteria by which an individual health professional would keep or lose that status. The bill would authorize the commissioner to adopt regulations to implement these provisions, as specified. Because a willful... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

California Advancing and Innovating Medi-Cal.

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

Medi-Cal: California Community Transitions program.

**Description**

SB 281, as amended, Dodd. Medi-Cal: California Community Transitions program. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Bill Dodd



**Title**

Medi-Cal specialty mental health services.

**Description**

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

**Primary Sponsors**

Monique Limon, Adam Gray, Anthony Portantino

**Title**

California Health Benefit Exchange.

**Description**

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

**Primary Sponsors**

Connie Leyva

**Title**

Health care coverage: insulin cost sharing.

**Description**

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

**Primary Sponsors**

Pat Bates

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Drug manufacturers: value-based arrangement.

**Description**

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

**Primary Sponsors**

Steve Bradford

**Title**

Health care coverage: contraceptives.

**Description**

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

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

**Primary Sponsors**

Connie Leyva

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Deductibles: chronic disease management.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Medi-Cal managed care: behavioral health services.

**Description**

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

**Primary Sponsors**

Richard Roth

**Title**

Health care: prescription drugs.

**Description**

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

**Primary Sponsors**

Richard Pan



**Title**

Prescription drug coverage.

**Description**

SB 853, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug or dosage form. The bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that covers prescription drug benefits to provide coverage for a drug, dose of a drug, or dosage form during utilization review and any appeals if that drug has been previously approved for a medical condition of the enrollee or insured and has been prescribed by a health care provider. The bill would prohibit a plan or insurer from seeking reimbursement, other than applicable cost sharing, for that coverage if the final utilization review decision is to deny coverage for the prescription drug, dose, or dosage form. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

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

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

**Title**

Health care service plans: discipline: civil penalties.

**Description**

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

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

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

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

**Title**

Minors: vaccine consent.

**Description**

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

**Primary Sponsors**

Scott Wiener, Richard Pan, Buffy Wicks

**Title**

Public health: immunizations.

**Description**

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

**Primary Sponsors**

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

**Title**

Biomarker testing.

**Description**

SB 912, as amended, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill would expand the Medi-Cal schedule of benefits to includ... (click bill link to see more).

**Primary Sponsors**

Monique Limon

**Organizational Notes**

Last edited by Cherie Compartore at Apr 11, 2022, 6:21 PM

Oppose: CA. Assoc. of Health Plans

## Title

Gender-affirming care.

## Description

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

## Primary Sponsors

Scott Wiener, Cristina Garcia

## Organizational Notes

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

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

**Title**

Prescription drug pricing.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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

**Title**

California Health Benefit Exchange: affordability assistance.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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



**Title**

Medication and Patient Safety Act of 2022.

**Description**

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

**Primary Sponsors**

Monique Limon, Anthony Portantino

**Organizational Notes**

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

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

**Title**

Behavioral health.

**Description**

SB 964, as amended, Wiener. Behavioral health. (1) Existing law, the Donahoe Higher Education Act, sets forth the missions and functions of the 3 segments comprising the state's public postsecondary education system. These segments are the University of California, administered by the Regents of the University of California, the California State University, administered by the Trustees of the California State University, and the California Community Colleges, administered by the Board of Governors of the California Community Colleges. Provisions of the act apply to the University of California only to the extent that the regents act, by resolution, to make the provisions applicable. This bill would amend the act to require the California Community Colleges and the California State University, and to request the University of California, to develop 2 accelerated programs of study related to degrees in social work. The bill would require one program to offer a concurrent bachelor's and master's of social work program that would allow students to combine their last one or 2 years of undergraduate study in social work with their graduate study in social work in order to complete both programs at an accelerated rate. The bill would require the 2nd program to offer an accelerated academic program in which students with experience as peer support specialists, registered or certified alcohol or other drug counselors, community health workers, or psychiatric technicians could receive their associate's degree, as well as a bachelor's and master's degree in social work. The bill would require both programs to require a student to take a course on working with the severely mentally ill, with a focus on working in the public behavioral health system. (2) Existing law establishes the Department of Health Care Access and Information and authorizes the department, among other things, to award competitive grants to entities and individuals it deems qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth. This bill would establish the Behavioral Health Workforce Preservation and Restoration Fund as a fund in the state treasury, to be administered by the department, for the purpose of stabilizing the current licensed, certified, or registered clinical behavioral health workforce. The bill would authorize moneys from the fund to be used, upon appropriation by the Legislature, to provide hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to licensed, certified, or registered professionals working in the behavioral health sector. The bill would also require the department to establish a stipend program, in ... (click bill link to see more).

**Primary Sponsors**

Scott Wiener, Anna Caballero, Henry Stern

**Title**

Federally qualified health centers and rural health clinics: visits.

**Description**

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

**Primary Sponsors**

Monique Limon, Rudy Salas

**Organizational Notes**

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

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

**Title**

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

**Description**

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

**Primary Sponsors**

Bob Hertzberg, Joaquin Arambula

**Title**

Health care coverage: diagnostic imaging.

**Description**

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

**Primary Sponsors**

Anthony Portantino, Cristina Garcia

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

California Cancer Care Equity Act.

**Description**

SB 987, as amended, Portantino. California Cancer Care Equity Act. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a Medi-Cal managed care plan to include in its contracted provider network at least one National Cancer Institute (NCI)-Designated Cancer Center, as specified, and ensure that any beneficiary diagnosed with a complex cancer diagnosis, as defined, is referred to an NCI-Designated Cancer Center within 15 business days of the diagnosis, unless the beneficiary selects a different cancer treatment provider. Existing law also requires a Medi-Cal managed care plan to give a beneficiary timely and adequate notice of an adverse benefit determination, as defined, in writing consistent with specified federal regulations that set forth, among other things, rules for standard and expedited decisions regarding authorization of services. This bill would require a Medi-Cal managed care plan to give a request for, or related to, treatment pursuant to a complex cancer diagnosis to receive an expedited authorization decision, as specified. This bill, to the extent necessary federal approvals are obtained and federal financial participation is available, would, among other things, also require Medi-Cal managed care plans to comply with additional requirements relating to contracting and eligible enrollees' access to services. The bill would require contracts between Medi-Cal managed care plans and primary care providers to require the diagnosing or treating provider who determines cancer stage or response to treatment to inform enrollees who receive a complex cancer diagnosis of the right to receive care through an NCI-Designated Cancer Center. The bill would require a Medi-Cal managed care plan to provide written and verbal notice to an enrollee of their right to access care through an NCI-Designated Cancer Center, as specified, and would require the department, in consultation with others, to develop a standard written notice and a process for verbally notifying enrollees of their right to access cancer treatment care through an NCI-Designated Cancer Center. The bill would, beginning January 1, 2023, require each applicable Medi-Cal managed care plan to reimburse an NCI-Designated Cancer Center provider furnishing services to a Medi-Cal beneficiary with a complex cancer diagnosis enrolled in that plan, and require each NCI-Designated Cancer Center... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

Last edited by Joanne Campbell at May 11, 2022, 8:04 PM

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

**Title**

Health coverage: mental health and substance use disorders.

**Description**

SB 999, as amended, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. This bill would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including that a health care service plan and a disability insurer, or an entity acting on the plan's or insurer's behalf, maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding specific issues related to treatment. Because a willful violation of the requirements governing a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Dave Cortese

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Enhanced Clinically Integrated Program for Federally Qualified Health Centers.

**Description**

SB 1014, as amended, Hertzberg. Enhanced Clinically Integrated Program for Federally Qualified Health Centers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, federally qualified health center (FQHC) services are covered benefits under the Medi-Cal program, to be reimbursed on a per-visit basis, as specified, to the extent that federal financial participation is obtained. Existing federal law authorizes a state plan to provide for payment in any fiscal year to an FQHC for specified services in an amount that is determined under an alternative payment methodology (APM) if it is agreed to by the state and the FQHC and results in a payment to the FQHC of an amount that is at least equal to the amount otherwise required to be paid to the FQHC. Existing state law requires the department to authorize an APM pilot project for FQHCs that agree to participate, for implementation with respect to a county for a period of up to 3 years. This bill would require the department to authorize a new supplemental payment program for FQHCs pursuant to federal law, or as specified, to be named the Enhanced Clinically Integrated Program (ECIP). Under the bill, the nonfederal share of ECIP funding would be subject to an appropriation. The bill would require the department to request at least this amount to fund the program on an ongoing basis in future fiscal years. Under the bill, participation in ECIP would be optional for FQHCs, supplemental funding under ECIP would be provided in addition to all other funding received by FQHCs, as specified, and participation in ECIP would result in total payments to participating FQHCs that are greater than the prospective payment system (PPS) rate otherwise required to be paid to the FQHC. The bill would, subject to an appropriation, require the department, no later than July 1, 2023, to make funding available for the purpose of direct compensation of health center workers. The bill would require ECIP to improve quality and access to care by allocating funds, if appropriated, to FQHCs that meet certain standards relating to wage thresholds and commitment to participation in bona fide labor-management cooperation committees (LMCCs), as specified. The bill would set forth various requirements for funding allocations to, and uses by, participating FQHCs. The bill would require the department to establish a statewide 15-member board, as specified, with the responsibility of developing eligibility criteria, an application process, a fund distributio... (click bill link to see more).

**Primary Sponsors**

Bob Hertzberg, Wendy Carrillo, Ash Kalra



**Title**

Medi-Cal managed care plans: mental health benefits.

**Description**

SB 1019, as amended, Gonzalez. Medi-Cal managed care plans: mental health benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits. The bill would require that the outreach and education efforts be informed by stakeholder engagement and the plan's Population Needs Assessment, as specified, and that the efforts meet cultural and linguistic appropriateness standards and incorporate best practices in stigma reduction. The bill would require the department to review annual outreach and education efforts, to approve them if specified conditions are met, and to consult with stakeholders to develop the standards for the review and approval. The bill would condition implementation of the outreach and education efforts on the department's approval. The bill would require the department to annually assess enrollee experience with mental health benefits covered by Medi-Cal managed care plans, as specified. The bill would require the department, by January 1, 2024, to develop survey tools and methodologies relating to the assessment of consumer experience, including best practice methods for data collection and reporting, as specified. The bill would require a Medi-Cal managed care plan to share certain information with the department for inclusion in the department's assessments. The bill would require the department to publish annual reports on its internet website on consumer experience with mental health benefits covered by Medi-Cal managed care plans. The bill would require the reports to include plan-by-plan data, provide granularity for subpopulations, address inequities based on key demographic factors, and provide recommendations.

**Primary Sponsors**

Lena Gonzalez

**Organizational Notes**

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

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

**Title**

Health care coverage.

**Description**

SB 1033, as introduced, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance, which is under the control of the Insurance Commissioner. Existing law requires the Department of Managed Health Care and the commissioner to develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. Existing law requires the Department of Managed Health Care and commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. Existing law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups, and requires health care service plans and health insurers to update the needs assessment, demographic profile, and language translation requirements every 3 years. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations, no later than July 1, 2023, and to require health care service plans and health insurers to assess the cultural, linguistic, and health-related social needs of the enrollees and insured groups for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. The bill would also require the department and commissioner to require plans and insurers to obtain accreditation, as described, establish standardized categories for the collection and reporting of self-reported demographic and health-related social needs, as outlined, and establish a program to provide technical assistance and other support to plans and providers. The bill would require plans and insurers to update the assessments every year. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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

**Title**

CalWORKs: pregnancy and homeless assistance.

**Description**

SB 1083, as introduced, Skinner. CalWORKs: pregnancy and homeless assistance. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law requires \$47 per month to be paid to a pregnant person qualified for CalWORKs aid to meet special needs resulting from pregnancy, and requires county human services agencies to refer all these recipients of aid to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. This bill would, among other things, also require county human services agencies to refer those recipients to perinatal home visiting services administered by county public health departments. Existing law provides for homeless assistance to a homeless family seeking shelter when the family is eligible for CalWORKs aid, and provides that a family is considered homeless for these purposes when, among other things, the family has received a notice to pay rent or quit. Existing law limits eligibility for temporary shelter assistance and permanent housing assistance to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months, except as specified. This bill would also make the homeless assistance available to a family that is in danger of becoming homeless, and would additionally provide that a family is considered homeless if they receive any notice that may lead to an eviction. The bill would require homeless assistance to be granted immediately after the family's application is submitted. This bill would increase the maximum days of benefits in a 12-month period to 40 cumulative calendar days, and would exclude from the those limits an eligible family that includes a pregnant person. This bill would also authorize a county human services agency to provide additional days of temporary shelter assistance, for an indeterminate period, if the pregnant person or family would be without any shelter if the assistance were ended, and would require a family receiving homeless assistance to remain eligible for that assistance following termination of their participation in the CalWORKs program due to reporting income that makes the family ineligible for aid, as specified. By imposing duties on counties that administer CalWORKs, the bill would impose a state-mandated local program. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program. This bill would instead provide that the continuous appropriation would not be made for purposes of implementing these provisions. The California Constitution... (click bill link to see more).

**Primary Sponsors**

Nancy Skinner

**Organizational Notes**

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

**Title**

Medi-Cal: eyeglasses: Prison Industry Authority.

**Description**

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

**Primary Sponsors**

Scott Wilk

**Title**

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

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

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

**Description**

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

**Primary Sponsors**

Dave Cortese

**Title**

Medi-Cal: pharmacogenomic testing.

**Description**

SB 1191, as amended, Bates. Medi-Cal: pharmacogenomic testing.

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

**Primary Sponsors**

Pat Bates

**Title**

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

**Description**

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

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans



**Title**

Los Angeles County Abortion Access Safe Haven Pilot Program.

**Description**

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

**Primary Sponsors**

Sydney Kamlager

**Title**

Behavioral Health Continuum Infrastructure Program.

**Description**

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

**Primary Sponsors**

Rosilicie Ochoa Bogh

**Title**

Coordinated specialty care for early psychosis: interventions and access to care.

**Description**

SB 1337, as amended, McGuire. Coordinated specialty care for early psychosis: interventions and access to care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on and after January 1, 2023, to provide coverage for coordinated specialty care (CSC) services for the treatment of early psychosis, composed of specified treatment modalities and affiliated activities including, but not limited to, case management, pharmacotherapy and medication management, psychotherapy, and outreach and recruitment activities. The bill would require those treatment modalities and affiliated activities to be billed and reimbursed as a bundle. The bill would require the CSC services provided to be consistent with specified provisions applicable to the treatment of mental health and substance use disorders. The bill would specify the membership of the CSC team. The bill would specify that these provisions do not apply to specified Medi-Cal managed care contracts entered into between the State Department of Health Care Services and a health care service plan for enrolled Medi-Cal beneficiaries. The bill would require the California Health and Human Services Agency, in consultation with the Mental Health Services Oversight and Accountability Commission, to commission a study to improve understanding, awareness, and accountability associated with psychosis, the duration of untreated psychosis, and its impacts. Among other components, the bill would require the study to document the annual prevalence rate for the onset of psychosis in California and the availability of coordinated specialty care services to Californians who experience a first episode of psychosis, and to recommend a state or county-based system, or both, to monitor outcomes associated with access to the most effective interventions and services in response to psychosis and those associated with the lack of access to effective interventions and services, as specified. The bill also would require the agency, in consultation with the commission, to develop and implement strategies to annually improve access to ef... (click bill link to see more).

**Primary Sponsors**

Mike McGuire

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:39 PM

Oppose: CA. Assoc. of Health Plans

**Title**

Prescription drugs: cost sharing: pharmacy benefit managers.

**Description**

SB 1361, as amended, Kamlager. Prescription drugs: cost sharing: pharmacy benefit managers. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill, commencing no later than January 1, 2024, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2026. (2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. This bill, until January 1, 2025, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision. (3) Existing law defines a "pharmacy benefit manager" as a person, business, or other entity that, pursuant to a contract with a health care service plan, either directly or indirectly provides one or more pharmacy benefit management services on behalf of the health care service plan, as specified. Existing law requires a pharmacy benefit manager under contract with a health care service plan, among other things, to register with the Department of Managed Health Care, disclose specified unifo... (click bill link to see more).

**Primary Sponsors**

Sydney Kamlager

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:32 PM

Oppose: California Association of Health Plans

**Title**

Nursing: nurse practitioners.

**Description**

SB 1375, as introduced, Atkins. Nursing: nurse practitioners.

(1) Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law makes a violation of this act a crime. In order to

perform an abortion by aspiration techniques under the act, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife is required to complete board-recognized training. This bill would revise that provision to specify that it applies to a person with a license or certificate to practice as a nurse practitioner practicing pursuant to a standardized procedure, and to a qualified nurse practitioner functioning pursuant to certain advanced practice provisions. By expanding the application of a crime, the bill would impose a state-mandated local program. Existing law requires a person with a license or certificate to practice as a nurse practitioner or a certified nurse midwife, in order to perform an abortion by aspiration techniques, to adhere to standardized procedures that specify, among other conditions, the extent of supervision by a physician and surgeon with relevant training and expertise. This bill would revise the above-described requirement, with respect to a nurse practitioner, to apply to practice as a nurse practitioner practicing pursuant to standardized procedures and would specify that it does not apply to a qualified nurse practitioner functioning pursuant to certain advanced practice registered nurse practitioner provisions. The bill would also delete a provision authorizing a nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency to perform abortions by aspiration techniques. Existing law defines specified terms for purposes of provisions governing advanced practice registered nurses. Existing law defines "transition to practice" under these provisions to mean additional clinical experience and mentorship provided to prepare a nurse practitioner to independently practice. Existing law requires the board, by regulation, to define minimum standards for transition to practice and further specifies that clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board. This bill would delete the above-described requirement for the board to define, by regulation, minimum standards for transition to practice. The bill would require a nurse practitioner who has been practicing a minimum of 3 full-time equivalent years or 4,600 hours as of January 1, 2023, to satisfy the transition to practice requirement. The bill would... (click bill link to see more).

**Primary Sponsors**

Toni Atkins, Jim Wood

**Title**

Health information.

**Description**

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

**Primary Sponsors**

Josh Becker

**Title**

Health care coverage: enrollment periods.

**Description**

SB 1473, as amended, Pan. Health care coverage: enrollment periods. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide a special enrollment period for individual health benefit plans offered through the Exchange from December 16 of the preceding calendar year to January 31 of the benefit year, inclusive, for policy years beginning on or after January 1, 2020. Under existing law, February 1 of the benefit year is the effective coverage date for individual health benefit plans offered outside and through the Exchange that are selected from December 16 to January 31, inclusive. This bill would eliminate the above-described special enrollment period for individual health benefit plans offered through the Exchange for policy years on or after January 1, 2023, and would instead create an annual enrollment period from November 1 of the preceding calendar year to January 31 of the benefit year, inclusive. The bill would specify that the effective date of coverage for individual health benefit plans offered outside and through the Exchange would be no later than January 1 of the benefit year for plan selection made from November 1 to December 31 of the preceding calendar year, inclusive, and would be no later than February 1 of the benefit year for plan selection made from January 1 to January 31 of the benefit year, inclusive. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Richard Pan

**Title**

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

**Description**

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

**Primary Sponsors**

Richard Pan

# BOARD OF GOVERNORS

## Executive Committee

Meeting Minutes – April 26, 2022

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



**L.A. Care**  
HEALTH PLAN

### Members

Hector De La Torre, *Chairperson*

Al Ballesteros, *Vice Chairperson*

Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer \**

Stephanie Booth, MD, *Secretary*

Hilda Perez

### Management/Staff

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

Linda Greenfeld, *Chief Product Officer*

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

Tom MacDougall, *Chief Technology & Information Officer*

Thomas Mapp, *Chief Compliance Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

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

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

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|--------------------------|---|--------------|
| <b>CALL TO ORDER</b>     | <p>Hector De La Torre, <i>Chairperson</i>, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:04 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> <li>For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.</li> <li>If you have access to the internet, the materials for today's meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.</li> <li>Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.</li> </ul> |              |

**APPROVED**



| AGENDA<br>ITEM/PRESENTER                  | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN   |
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|   | <ul style="list-style-type: none"> <li>The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda.</li> </ul> <p>He provided information on how to comment live and directly using the "chat" feature.</p>  |  |
| <b>APPROVE MEETING<br/>AGENDA</b>         | The Agenda for today's meeting was approved.  | <b>Approved unanimously by<br/>roll call. 4 AYES<br/>(Ballesteros, Booth, De La<br/>Torre, and Perez).</b> |
| <b>PUBLIC COMMENT</b>                     | There were no public comments.  |  |
| <b>APPROVE MEETING<br/>MINUTES</b>        | The minutes of the March 22, 2022 meeting were approved as submitted.   | <b>Approved unanimously by<br/>roll call. 4 AYES</b>   |
| <b>CHAIRPERSON'S<br/>REPORT</b>           | Chairperson De La Torre noted two recent news items. The U.S. Department of Justice announced that it has determined that Kaiser Permanente has fraudulently billed over \$1 billion to Medicare and a legal process is underway. This will impact healthcare everywhere as Kaiser is a major healthcare organization. It was also announced that Centene Corporation, the parent company of Magellan, which began managing the Medi-Cal pharmacy benefits on January 1, 2022, is under investigation by the California Department of Health Care Services for improper actions. This will also impact healthcare in California, and will impact L.A. Care's members in Los Angeles County.   |  |
| <b>CHIEF EXECUTIVE<br/>OFFICER REPORT</b> | <p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>Like all healthcare providers, L.A. Care is finding it difficult to recruit nurses for open positions in utilization management (UM) and care management (CM). L.A. Care has started a public campaign in social media, radio and television, to advertise the open positions. The campaign specifies the recruitment for UM and CM, in order to attract nurses who may be considering positions other than direct patient care. L.A. Care is offering sign up bonuses. There has been a slight improvement in the successful recruitment of four nurses in the past week. L.A. Care is also recruiting in the customer service area.</li> <li>It was previously reported that the expansion of Medi-Cal eligibility for undocumented adults ages 50 and up may result in additional enrollment of up to</li> </ul> |  |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
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|                          | <p>75,000 in May-July. L.A. Care is preparing for an increase in calls to the Member Services department.</p> <ul style="list-style-type: none"> <li>• The public health emergency has been extended to July 15, and it is expected that it will not be extended further. The state and county agencies are preparing to resume the process of eligibility redetermination for Medi-Cal when the public health emergency is lifted. The eligibility redetermination process has been suspended since the beginning of the public health emergency in February 2020, so there is a huge backlog. It is expected that redetermination kits will start to be distributed to current beneficiaries in August 2022. L.A. Care is preparing call center staff to help beneficiaries with that process and will be conducting an extensive outreach campaign to remind Medi-Cal members to complete the redetermination process and avoid interruption of coverage for members. L.A. Care will work closely with its partners including advisory committee members, federally qualified health centers (FQHCs) and others to assist Medi-Cal beneficiaries with the redetermination process. Medi-Cal members that may lose coverage due to an increase in income over the last two years, may be eligible for premium subsidies offered through the L.A. Care Covered program, and could maintain continuity of care by moving to that program.</li> <li>• Mr. Baackes has previously reported in his CEO Reports and will continue to update Board members on the extraordinary transformational change in the new Medi-Cal contract which will begin in January 2024. The changes will increase the health plan oversight role over Plan Partners and delegated entities, with more reporting required on financial arrangements and performance. Additional contract terms will put more of an administrative burden on all health plans, and it will be a major effort to make the necessary changes.</li> <li>• Those contract changes are similar to the significant work that L.A. Care has put into implementing the new California Advancing and Improving Medi-Cal (CalAIM) provisions which began on January 1, 2022. Mr. Baackes will be reporting utilization metrics so Board Members can get a sense of the scale of the changes in utilization management through Enhanced Care Management (ECM) and Community Supports (CS) programs in CalAIM. The prior Health Homes and Whole Person Care programs were replaced by ECM and CS, which had 40 vendor contracts. The implementation of ECM and CS increased the number of vendors to 59 for ECM and 50 for CS. The increase in administrative effort to monitor those contracts is significant. In the first six months L.A. Care is working particularly closely with</li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER           | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                                    | <p>those contractors to help them become acclimated to the detailed reporting and billing requirements. Additional information will be provided at the upcoming Board Meeting.</p> <ul style="list-style-type: none"> <li>• A request to renew the Elevating the Safety Net (ESN) program will be brought for Board consideration. It was five years since the request was made to set aside funds to use for this program. ESN has become a significant four-part program and has not used all the funding that was set aside. Sufficient funding remains to renew ESN for five years, with some modifications.</li> <li>• The work L.A. Care has done through the Equity Committee includes an Anti-racism and Cultural Humility training program, run by Dr. Jan Marie Garcia at the University of California, Davis. The two-day training began for Chief Officers at L.A. Care last fall. L.A. Care has a goal to train all Directors and above, which resumed in April, and will continue through the end of the fiscal year in September.</li> </ul>  |              |
| <b>Vision 2024 Progress Report</b> | <p>Mr. Baackes noted that the written Vision 2024 Progress Report is included in the meeting materials to inform Board Members of L.A. Care's progress on the tactical elements in the plan. The four broad attributes have remained the same, but new tactics are developed each year to make progress toward achieving the attributes.</p> <p>Board Member Booth asked about the number of ECM and CS providers indicated in the Vision Report. Mr. Baackes indicated that in order to meet the demand for services, the number of vendors has increased. There are limitations for the services, including staffing at the service sites. The process of building capacity for ECM and CS was closely monitored by state representatives, as the desire was that health plans support community based organizations through these programs. Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, noted that the number of providers in the network is driven by the demand for services, and the number in the Vision 2024 document may not be current.</p> <p>Board Member Booth asked if the Generating African Infant and Nurturers Survival Initiative would be conducted as a study, because the problem is so great and it is important to develop good baseline data. As a medical study there could be important generalized information that could help people caring for African American moms and babies.</p> <p>Mr. Baackes responded that within L.A. Care's Quality Department there is examination of disparities and this is a key area. He asked James Kyle, MD, <i>Chief of Equity &amp; Quality Medical Director</i>, to comment on this program. Dr. Kyle noted that it is not an academic</p> |              |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
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|                          | <p>exercise. Regional data is available, and it is pretty discouraging. L.A. Care has a cross functional team that is actively looking for ways to improve the numbers. L.A. Care is in contact with the Charles R. Drew University Center for Excellence in Black Birthing and is exploring the work of Doulas and Mid-wives to help with the network of providers. When the initiative is launched and operating, additional data will be gathered to assess the progress made. This is seen as a long-term initiative to generate the highest impact. The African American maternal and infant mortality rates are between three and five times that of white mothers, irrespective of economics or education, and there is a great deal of work to be done in this area. In terms of disparities, this is one of the highest priority initiatives. Dr. Kyle has also asked staff to begin cataloging disparities and prioritize efforts to eliminate or improve them. He will report more specifically at future meetings. He indicated it was not the intention of this initiative to design a medical study in this area, although data is being collected. There is much study of this area already, but solutions so far have not had much effect. The data seems to indicate that structural racism underlies this issue. The disparities in outcome for maternal and infant health among a population of people, irrespective of education or health status, does not appear to have a biological cause but may indicate issues with access to care, lack of attention from providers, lack of early intervention, and other structural issues. It appears that it is about resources, the numbers of providers and retraining providers, advocating on behalf of patients and training patients to advocate on their own behalf. There are a number of strategies which L.A. Care will evaluate and use the best strategies in Los Angeles.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, noted that Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, submitted a “chat” comment in response to Board Member Booth’s question about the number of ECM and CS providers indicated in the Vision Report:</p> <p style="padding-left: 40px;">Board Member Booth, it is a timing issue. Vision 2024 Progress Report covers the January to March quarter.</p> <p>Dr. Seidman indicated that it is likely that seven providers were added in the second quarter. He stated that the network is larger than it was before and the total number of ECM providers is very close to what Mr. Baackes reported.</p> <p>Continuing the discussion about the Generating African Infant and Nurturers Survival Initiative, Ms. Schiffer noted that this was not structured as a research study. A request for proposal has been distributed through the Community Health Investment Fund. The review panel is working on selecting the grantees, who are all doing different programs so</p> |              |

| AGENDA<br>ITEM/PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN                                     |
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|   | it does not necessarily lend itself to a research study but there will be an evaluation. More information will be provided at future meetings.   |  |
| <b>Government Affairs Update</b>  | <p>Mr. Baackes reported that the California State Legislature is still in session.</p> <p>L.A. Care is monitoring bills that have been introduced, particularly the bill that will approve the direct contract for Medi-Cal, exempting Kaiser from the competitive bidding process in which the other commercial health plans are currently engaged. A hearing was held at the Assembly Budget Committee where two health plan members of Local Health Plans of California (LHPC) testified, Jarrod B. McNaughton, Chief Executive Officer of Inland Empire Health Plan, and Stephanie Sonnenshine, Chief Executive Officer of Central California Alliance for Health. It would be naïve to think that the approval of this contract through the legislative initiative will be stopped, but health plans are seeking amendments to the bill to ensure that the impact of the contract will not have unintended consequences. The focus is on how the contract approval might negatively affect patients and safety net providers. LHPC has proposed five broad amendments to the bill, and some of those amendments are expected to be adopted although the bill is expected to be approved and Kaiser awarded a direct contract to provide managed care services to Medi-Cal beneficiaries. Staff will continue to report to the Board at future meetings.</p> |  |
| <b>Annual Disclosure Commissions paid to brokers for employee health insurance programs</b> | Terry Brown, <i>Chief Human Resources Officer</i> , reported that L.A. Care is required to provide this report to the Board annually. The brokerage commissions paid in 2020-21 were the same as those paid in the prior year and are in line with the accepted ranges. In fact, L.A. Care is paying 2.7% of the overall premium, where the median in the marketplace for organizations of its size in California is 3.7%.   |  |
| <b>Approve Human Resources Policy HR-709 (Language Proficiency Assessment)</b>              | <p>Mr. Brown noted that a change in the policy is that a proficiency passing level grids were added as appendices to the policy. A comment was received from a Board Member prior to this meeting regarding sign language. L.A. Care will verify if there is a requirement for sign language, and if there is no requirement, it will be removed from this policy.</p> <p><b><u>Motion EXE A.0422</u></b><br/> <b>To approve the Human Resources Policy &amp; Procedure HR-709 (Language Proficiency Assessment), as presented.</b></p> <p>Board Member Perez noted that at the last Executive Community Advisory Committee meeting she stated to Mr. Baackes that the Community Outreach &amp; Engagement</p>   | <b>Approved unanimously by roll call. 4 AYES</b> |

| AGENDA<br>ITEM/PRESENTER         | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN                                     |
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|                                  | <p>(CO&amp;E) is understaffed. Participation by CO&amp;E staff members is demanded by consumer advisory committee members who would like to be involved in many different activities. She feels that it could be understaffing or collaboration with other departments to help with the activities suggested by the members. She encourages members to be more proactive and be involved in many activities. Unfortunately, during the pandemic there was no opportunity to meet in person and the Regional Community Advisory Committee (RCAC) members are just beginning to meet again virtually. She understands that there are concerns about funding. At the same time, there is a way to reset projects. She would like to see, during her time remaining on the Board, that if L.A. Care wants members involved, she suggests that there be internal coordination of that effort. She encouraged consideration of this idea to create a conversation about full engagement of CO&amp;E in supporting members. She noted that CO&amp;E staff has been great in reaching out to members by telephone and email, asking if members need anything. She recommended that the Community Resource Centers and Family Resource Centers reach out to RCAC members to inform them of the programs available, instead of referring RCAC members to the website to find the information.</p> <p>Mr. Brown responded that he will follow up with CO&amp;E to make sure they have resources they need. Board Member Perez thanked Mr. Brown for being at L.A. Care events. She noted that the need she sees in the communities is apparent at the L.A. Care events. Even small support really helps. Families are struggling with the cost of rent, so any events that provide support for the community are really needed. She encouraged Board Members to participate in the community events.</p> |  |
| Approve Consent Agenda           | <p>Approve the list of items that will be considered on a Consent Agenda for May 5, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• April 7, 2022 Board of Governors Meeting Minutes</li> <li>• Quarterly Investments Reports</li> </ul>  | <b>Approved unanimously by roll call. 4 AYES</b> |
| <b>PUBLIC COMMENTS</b>           | There were no public comments.  |  |
| <b>ADJOURN TO CLOSED SESSION</b> | <p>The Joint Powers Authority Executive Committee meeting was adjourned at 2:50 p.m.</p> <p>Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:51 p.m.</p>  |  |

| AGENDA<br>ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|--------------------------|--|--------------|
|                          | <p>CONTRACT RATES<br/>Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET<br/>Pursuant to Welfare and Institutions Code Section 14087.38(n)<br/>Discussion Concerning New Service, Program, Business Plan<br/>Estimated date of public disclosure: <i>April 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act<br/>Names of Five Cases:</p> <ul style="list-style-type: none"> <li>• Methodist Hospital of Southern CA v. L.A. Care, Case No. 21STCV39978</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6386</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, Case No. 21STCV38231</li> <li>• THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6798</li> <li>• USC Center for Health Financing, Policy, and Management, et al. v. Local Initiative Health Authority for Los Angeles County, Case No. 22STCP01429</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION<br/>Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:<br/>Three Potential Cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES<br/>Consultation with Tom MacDougall, <i>Chief Information &amp; Technology Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION<br/>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act<br/>Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION<br/>Pursuant to Section 54957 of the Ralph M. Brown Act<br/>Title: Chief Executive Officer</p> |              |

| AGENDA<br>ITEM/PRESENTER     | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|------------------------------|--|--------------|
|                              | <p>CONFERENCE WITH LABOR NEGOTIATOR</p> <p>Pursuant to Section 54957.6 of the Ralph M. Brown Act</p> <p>Agency Designated Representative: Hector De La Torre</p> <p>Unrepresented Employee: John Baackes</p> |              |
| RECONVENE IN<br>OPEN SESSION | The meeting reconvened in open session at 4:14 p.m. No reportable actions were taken during the closed session.  |              |
| ADJOURNMENT                  | The meeting adjourned at 4:14 p.m.   |              |

Respectfully submitted by:

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

APPROVED BY:

DocuSigned by:

*Hector De La Torre*

Hector De La Torre, *Chair*

Date: 5/26/2022 | 10:43 AM PDT





**L.A. Care**  
HEALTH PLAN®

# Financial Update

## Board of Governors Meeting

June 2, 2022

# Agenda

## Financial Performance – April 2022 YTD

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

## Financial Informational Updates

- Investment Transactions

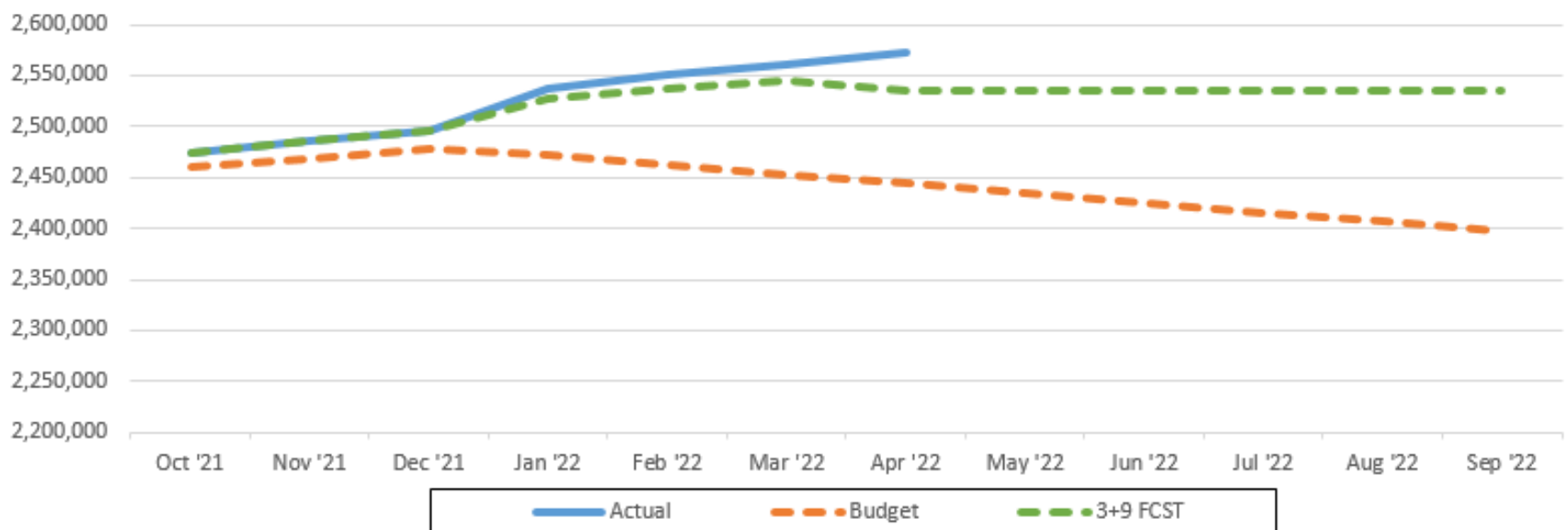
## Supplemental Information

- Board Designated Funds
- Community Resource Centers

# Membership

for the 7 months ended April 2022

|               | April 2022 |           |          | Year-to-Date |            |          |
|---------------|------------|-----------|----------|--------------|------------|----------|
| Sub-Segment   | Actual     | 3+9 FCST  | Variance | Actual       | 3+9 FCST   | Variance |
| Plan Partners | 1,088,742  | 1,073,845 | 14,897   | 7,535,072    | 7,499,890  | 35,182   |
| SPD/CCI       | 239,271    | 243,425   | (4,154)  | 1,660,100    | 1,682,169  | (22,069) |
| TANF/MCE      | 1,061,467  | 1,040,628 | 20,839   | 7,237,122    | 7,194,200  | 42,922   |
| CMC           | 17,756     | 17,829    | (73)     | 127,995      | 127,607    | 388      |
| Commercial    | 165,558    | 160,119   | 5,439    | 1,116,711    | 1,098,592  | 18,119   |
| Consolidated  | 2,572,794  | 2,535,847 | 36,947   | 17,677,000   | 17,602,459 | 74,541   |



# Consolidated Financial Performance

for the month of April 2022

| <b>(\$ in Thousands)</b>       | <b>Actual</b> | <b>3+9 FCST</b> | <b>Variance</b> |
|--------------------------------|---------------|-----------------|-----------------|
| Member Months                  | 2,572,794     | 2,535,847       | 36,947          |
| Total Revenues                 | \$791,657     | \$759,126       | \$32,530        |
| Total Healthcare Expenses      | \$762,128     | \$699,798       | (\$62,330)      |
| Operating Margin               | \$29,528      | \$59,328        | (\$29,800)      |
| Total Admin Expenses           | \$37,702      | \$41,426        | \$3,724         |
| Income/(Loss) from Operations  | (\$8,174)     | \$17,902        | (\$26,076)      |
| Non-Operating Income (Expense) | (\$4,741)     | (\$4,646)       | (\$95)          |
| Net Surplus (Deficit)          | (\$12,915)    | \$13,256        | (\$26,171)      |

# Consolidated Financial Performance

for the 7 months ended April 2022

| <b>(\$ in Thousands)</b>       | <b>Actual</b> | <b>3+9 FCST</b> | <b>Variance</b> |
|--------------------------------|---------------|-----------------|-----------------|
| Member Months                  | 17,677,000    | 17,602,459      | 74,541          |
| Total Revenues                 | \$5,265,403   | \$5,468,470     | (\$203,067)     |
| Total Healthcare Expenses      | \$4,907,372   | \$5,101,553     | \$194,181       |
| Operating Margin               | \$358,032     | \$366,918       | (\$8,886)       |
| Total Admin Expenses           | \$306,764     | \$284,701       | (\$22,063)      |
| Income/(Loss) from Operations  | \$51,268      | \$82,216        | (\$30,949)      |
| Non-Operating Income (Expense) | (\$28,295)    | (\$26,421)      | (\$1,874)       |
| Net Surplus (Deficit)          | \$22,973      | \$55,796        | (\$32,823)      |

# Operating Margin by Segment

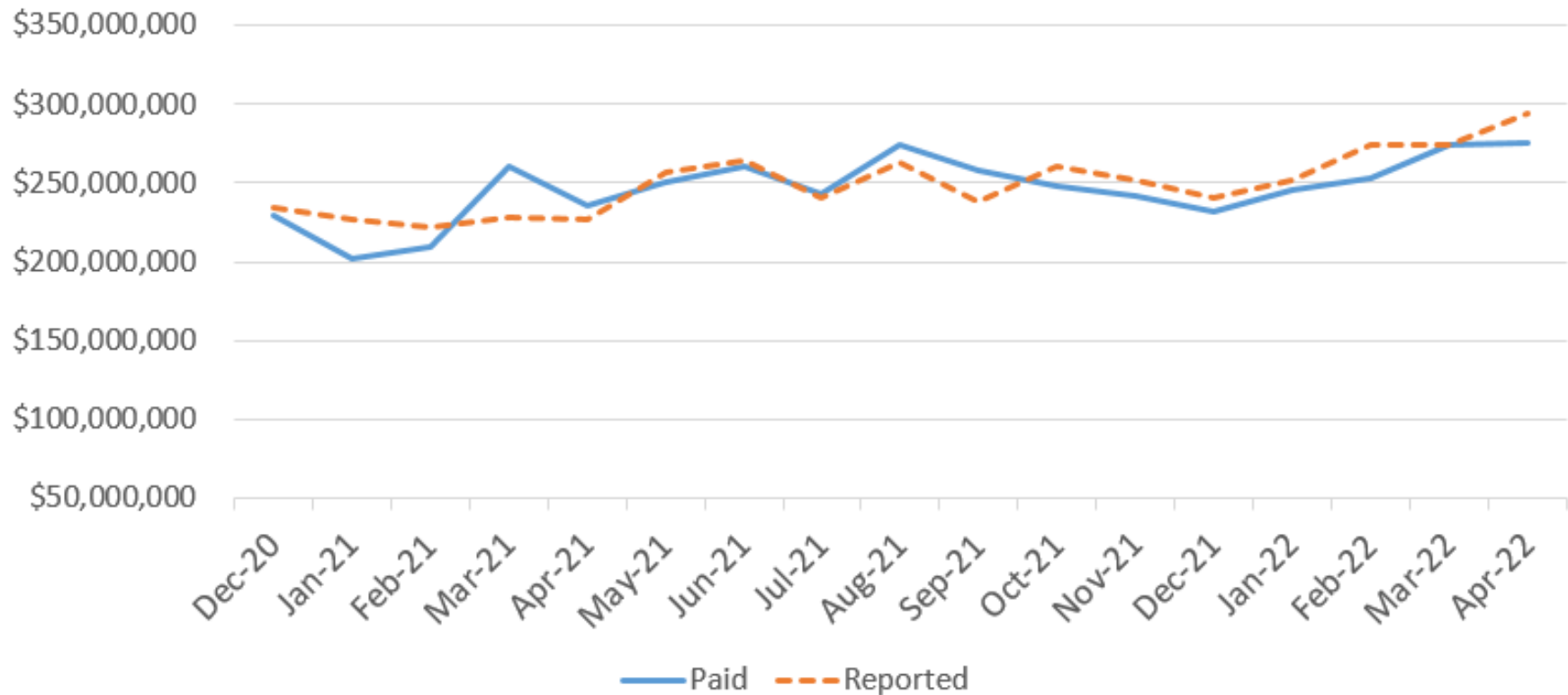
for the 7 months ended April 2022

(\$ in Thousands)

|                  | Medi-Cal<br>Plan Partners | Medi-Cal<br>SPD/CCI | Medi-Cal<br>TANF/MCE | CMC       | Commercial | Total       |
|------------------|---------------------------|---------------------|----------------------|-----------|------------|-------------|
| Revenue          | \$1,719,812               | \$1,351,302         | \$1,654,274          | \$196,758 | \$343,257  | \$5,265,403 |
| Healthcare Exp.  | \$1,630,524               | \$1,286,283         | \$1,524,987          | \$176,199 | \$289,383  | \$4,907,372 |
| Operating Margin | \$89,288                  | \$65,019            | \$129,287            | \$20,560  | \$53,874   | \$358,032   |
| MCR %            | 94.8%                     | 95.2%               | 92.2%                | 89.6%     | 84.3%      | 93.2%       |
| Forecast MCR%    | 95.6%                     | 91.2%               | 93.3%                | 92.8%     | 89.2%      | 93.3%       |

# Reported vs Paid Claims Trend

Paid Claims through April 2022



# Key Financial Ratios

for the 7 months ended April 2022

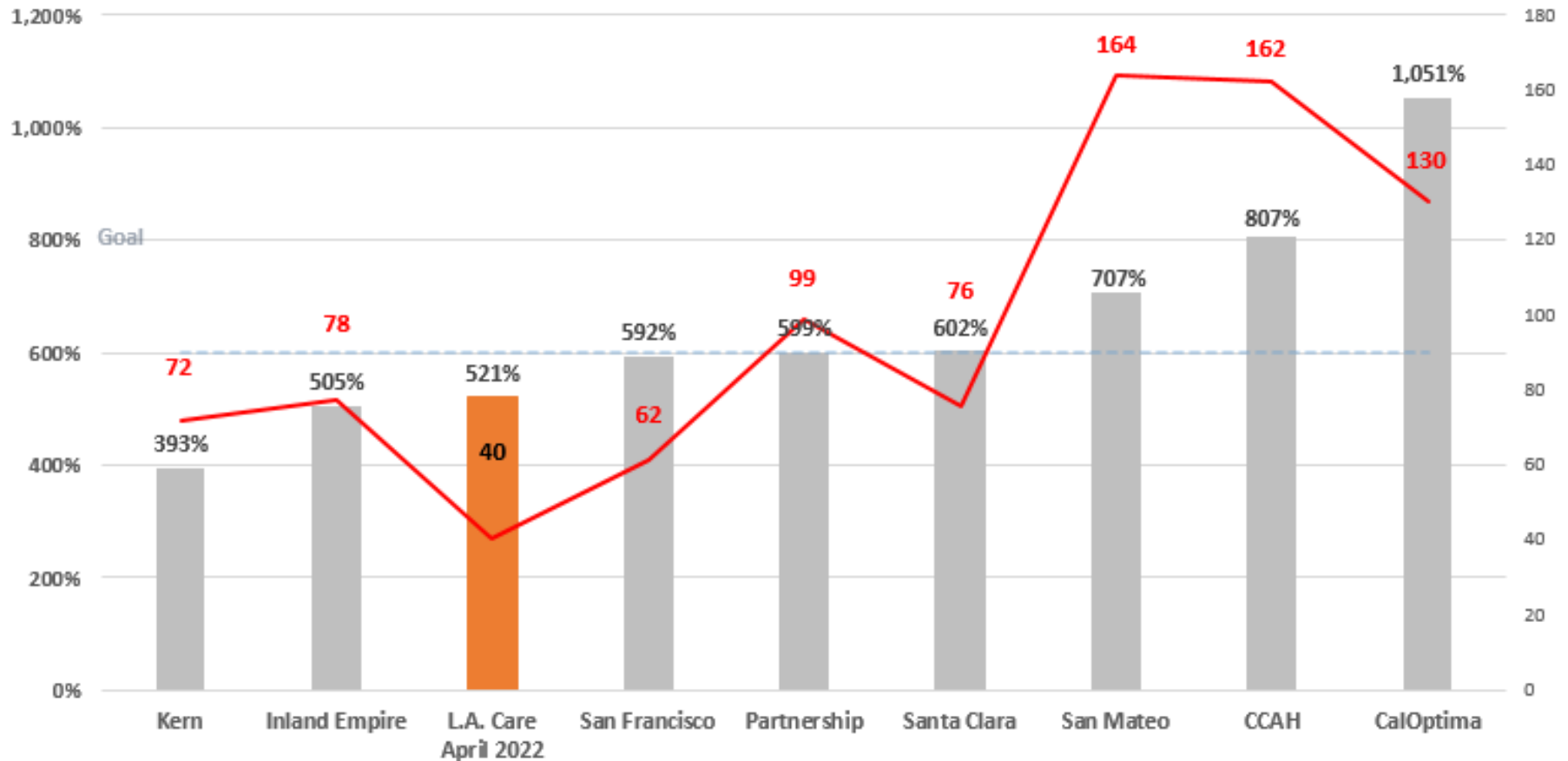
|             | Actual | 3+9 FCST  |   |
|-------------|--------|-----------|---|
| MCR         | 93.2%  | vs. 93.3% | ✓ |
| Admin Ratio | 5.8%   | vs. 5.2%  | ✗ |

|                     | Actual | Benchmark |   |
|---------------------|--------|-----------|---|
| Working Capital     | 1.25   | vs. 1.00+ | ✓ |
| Cash to Claims      | 0.53   | vs. 0.75+ | ✗ |
| Tangible Net Equity | 5.21   | vs. 1.30+ | ✓ |



# Tangible Net Equity & Days of Cash On-Hand

for the 7 months ended April 2022



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

# Questions & Consideration

## Motion FIN 101

- To accept the Financial Reports for the seven months ended April 30, 2022, as submitted.

# Informational Items

## Investment Transactions

- As of April 30, 2022, L.A. Care's total investment market value was \$1.7B
  - \$1.4B managed by Payden & Rygel and New England Asset Management (NEAM)
  - \$73M in Local Agency Investment Fund
  - \$253M in Los Angeles County Pooled Investment Fund

# Supplemental Information

# Board Designated Funds

## As of April 2022

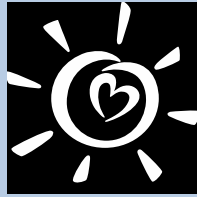
| <i>(\$ in thousands)</i>                     | <b>Contribution</b> | <b>Expenditure</b>  | <b>Balance at<br/>04/30/22</b> |
|--|---------------------|---------------------|--------------------------------|
| <b>Prior to 2014</b>                         | \$ 225,624          | \$ (225,624)        | \$ -                           |
| <b>2014 - Present</b>                        |                     |                     |                                |
| <b>I. Community Health Investment</b>        |                     |                     |                                |
| CHIF Ad Hoc                                  | 6,105               | (4,174)             | 1,931                          |
| Oral Health Initiative                       | 1,675               | (1,575)             | 100                            |
| Tranquada                                    | 5,150               | (4,200)             | 950                            |
| Safety Net                                   | 16,600              | (13,590)            | 3,010                          |
| Access to Service                            | 10,300              | (4,020)             | 6,280                          |
| Social/Health determinants                   | 13,100              | (12,629)            | 471                            |
| LACDHC Flexhousing subsidy                   | 20,000              | (20,000)            | -                              |
| <b>Total</b>                                 | <b>72,930</b>       | <b>(60,188)</b>     | <b>12,742</b>                  |
| <b>II. Workforce Development Initiative</b>  |                     |                     |                                |
| Medical School Scholarship                   | 18,511              | (18,511)            | -                              |
| Medical School Loan Repayment                | 18,000              | (18,000)            | -                              |
| Primary Care Leadership Program              | 300                 | (300)               | -                              |
| Residency Support Program                    | 10,776              | (10,776)            | -                              |
| Health Careers Intern and Fellowship Program | 800                 | (800)               | -                              |
| Provider Recruitment Programs                | 22,415              | (22,415)            | -                              |
| Undesignated                                 | 84,198              | -                   | 84,198                         |
| <b>Total</b>                                 | <b>155,000</b>      | <b>(70,802)</b>     | <b>84,198</b>                  |
| <b>III. CRC Maintenance and Expansion</b>    | <b>48,300</b>       | <b>(20,980)</b>     | <b>27,320</b>                  |
| <b>Grand Total</b>                           | <b>\$ 501,854</b>   | <b>\$ (377,594)</b> | <b>\$ 124,260</b>              |

# Community Resource Centers

## As of April 2022

| (\$ in thousands)       | Year       | Inception to Date   |                    | Total            |
|-------------------------|------------|---------------------|--------------------|------------------|
|                         | CRC Opened | Operations Expenses | Capital Expenses * |                  |
| CRC - Lynwood           | 2007       | \$ 10,363           | \$ 2,590           | \$ 12,953        |
| CRC - Inglewood         | 2009       | 6,244               | 3,079              | 9,323            |
| CRC - East LA           | 2010       | 1,588               | 2,495              | 4,083            |
| CRC - Boyle Heights     | 2014       | 2,079               | 13                 | 2,092            |
| CRC - Pacoima           | 2014       | 3,773               | 798                | 4,571            |
| CRC - HQ Administration | 2016       | 4,422               | -                  | 4,422            |
| CRC - Palmdale          | 2017       | 2,287               | 1,826              | 4,113            |
| CRC - Metro LA          | 2018       | 1,209               | 2,900              | 4,108            |
| CRC - Pomona            | 2019       | 1,848               | 2,969              | 4,817            |
| CRC - El Monte          | 2021       | 633                 | 2,631              | 3,265            |
| CRC - Norwalk           | 2021       | 320                 | 2,925              | 3,246            |
| CRC - Wilmington        | 2021       | 803                 | 3,022              | 3,825            |
| CRC - Long Beach        | 2022       | 1                   | 812                | 813              |
| CRC - Westside          | 2022       | 0                   | 103                | 103              |
| Total:                  |            | <u>\$ 35,570</u>    | <u>\$ 26,164</u>   | <u>\$ 61,733</u> |

\* Approx. \$9M was funded by Blue Shield Grant as of April 2022



**L.A. Care**  
HEALTH PLAN®

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

**Date:** June 2, 2022

**Motion No.** FIN 101.0622

**Committee:** Finance & Budget

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

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

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

**Background:** N/A

**Member Impact:** N/A

**Budget Impact:** N/A

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



Financial Performance  
April 2022  
(Unaudited)



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**Overall**

The combined member months are 17.7 million year-to-date, which is 74,541 member months favorable to the 3+9 forecast. The performance is a surplus of \$23.0 million or 0.4% of revenue and is \$32.8 million unfavorable to the forecast. The unfavorability is driven by higher operating expenses as a result of regulatory fines totaling \$55 million. Inpatient claims are favorable but offset by higher skilled nursing facility costs and outpatient claims. Other favorable items contribute to the surplus are lower provider incentives expense due to timing, higher pharmacy rebates, CMC Medicare quality withhold earnings for calendar year 2020, and an adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods. A final shared risk true-up for calendar year 2021 is a reduction in net surplus. The unfavorable variance in revenues and favorable variance in capitation expenses are driven by the reconciliation of the Prop 56 risk corridor for SFY 18-19 and the Bridge Period, which reduces \$280 million in revenues and \$264 million in capitation expenses. The previously accrued liability due to providers for Prop 56 is now a payable due to DHCS under the risk corridor provision.

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**MediCal Plan Partners**

The member months are 7.5 million, which is 35,182 member months favorable to the 3+9 forecast. The performance is a surplus of \$29.5 million and is \$10.6 million unfavorable to the forecast. The unfavorability is due to higher operating expenses as a result of the regulatory fines. Partially offsetting the unfavorability is the timing in provider incentives expense accrual. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$188 million with a corresponding decrease in capitation expenses.

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**MediCal SPD-CCI**

The member months are 1.7 million which is 22,069 member months unfavorable to the 3+9 forecast. The performance is a deficit of \$43.5 million and is \$69.6 million unfavorable to the forecast. The unfavorability is due to higher skilled nursing facility costs, inpatient claims and outpatient claims; but partially offset by higher pharmacy rebates. Higher operating expenses as a result of the regulatory fines also contribute to the unfavorable variance in surplus. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$11 million and capitation expenses by \$9 million.

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**MediCal TANF-MCE**

The member months are 7.2 million, which is 42,922 member months favorable to the forecast. The performance is a surplus of \$10.1 million and is \$10.5 million unfavorable to the forecast. The unfavorability is driven by higher operating expenses as a result of the regulatory fines, higher skilled nursing facility costs, higher outpatient claims, and the reconciliation for Prop 56 risk corridor for SFY 18-19 and the Bridge Period which reduces revenues by \$81 million and capitation expenses by \$67 million. Partially offsetting these unfavorable variances are lower inpatient claims and higher pharmacy rebates. The favorability in the timing of the provider incentives expenses accrual is offset by an unfavorable variance in shared risk driven by the final true-up for calendar year 2021.

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**Cal MediConnect (CMC)**

The member months are 127,995, which is 388 member months favorable to the forecast. The performance is a surplus of \$6.9 million and is \$6.3 million favorable to the forecast. The favorability is driven by lower inpatient claims and the quality withhold earnings for calendar year 2020 for Medicare. Partially offsetting these favorable variances are the shared risk final true-up for calendar year 2021 and higher skilled nursing facility costs.

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**Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1.1 million, which is 18,119 member months favorable to the forecast. The performance is a surplus of \$35.5 million and is \$34.4 million favorable to the forecast due to lower operating expenses driven by the adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods and higher membership than forecasted. The shared risk final true-up for calendar year 2021 also contributes to the surplus.

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

April 2022

| Current Actual   |                  | Current Forecast  |                  | Fav(Unfav) Forecast |                   | YTD Actual  |                  | YTD Forecast        |                  | Fav(Unfav) Forecast |                   |
|--|------------------|-------------------|------------------|---------------------|-------------------|---|------------------|---------------------|------------------|---------------------|-------------------|
| \$   | PMPM             | \$                | PMPM             | \$                  | PMPM              | \$  | PMPM             | \$                  | PMPM             | \$                  | PMPM              |
| <b>Membership</b><br>Member Months   |                  |                   |                  |                     |                   | <b>Revenue</b><br>Capitation<br><b>Total Revenues</b>                               |                  |                     |                  |                     |                   |
| 2,572,794  |                  | 2,535,847         |                  | 36,947              |                   | 17,677,000  |                  | 17,602,459          |                  | 74,541              |                   |
| \$ 791,657   | \$ 307.70        | \$ 759,126        | \$ 299.36        | \$ 32,530           | \$ 8.34           | \$ 5,265,404  | \$ 297.87        | \$ 5,468,470        | \$ 310.67        | \$ (203,067)        | \$ (12.80)        |
| <b>\$ 791,657</b>  | <b>\$ 307.70</b> | <b>\$ 759,126</b> | <b>\$ 299.36</b> | <b>\$ 32,530</b>    | <b>\$ 8.34</b>    | <b>\$ 5,265,404</b>   | <b>\$ 297.87</b> | <b>\$ 5,468,470</b> | <b>\$ 310.67</b> | <b>\$ (203,067)</b> | <b>\$ (12.80)</b> |
| <b>Healthcare Expenses</b><br>Capitation<br>Inpatient Claims<br>Outpatient Claims<br>Skilled Nursing Facility<br>Pharmacy<br>Provider Incentives and Shared Risk<br>Medical Administrative Expenses<br><b>Total Healthcare Expenses</b><br><i>MCR(%)</i> |                  |                   |                  |                     |                   | <b>Operating Margin</b><br><b>Total Operating Expenses</b><br><i>Admin Ratio(%)</i> |                  |                     |                  |                     |                   |
| \$ 435,414   | \$ 169.24        | \$ 419,155        | \$ 165.29        | \$ (16,259)         | \$ (3.95)         | \$ 2,739,603  | \$ 154.98        | \$ 2,965,273        | \$ 168.46        | \$ 225,670          | \$ 13.48          |
| \$ 121,296   | \$ 47.15         | \$ 107,739        | \$ 42.49         | \$ (13,557)         | \$ (4.66)         | \$ 717,109  | \$ 40.57         | \$ 755,252          | \$ 42.91         | \$ 38,143           | \$ 2.34           |
| \$ 105,932   | \$ 41.17         | \$ 84,041         | \$ 33.14         | \$ (21,891)         | \$ (8.03)         | \$ 593,787  | \$ 33.59         | \$ 560,551          | \$ 31.85         | \$ (33,236)         | \$ (1.75)         |
| \$ 83,827  | \$ 32.58         | \$ 66,967         | \$ 26.41         | \$ (16,859)         | \$ (6.17)         | \$ 555,548  | \$ 31.43         | \$ 502,333          | \$ 28.54         | \$ (53,215)         | \$ (2.89)         |
| \$ (422)   | \$ (0.16)        | \$ 6,388          | \$ 2.52          | \$ 6,810            | \$ 2.68           | \$ 212,936  | \$ 12.05         | \$ 221,155          | \$ 12.56         | \$ 8,218            | \$ 0.52           |
| \$ 9,582   | \$ 3.72          | \$ 8,382          | \$ 3.31          | \$ (1,200)          | \$ (0.42)         | \$ 41,709   | \$ 2.36          | \$ 47,663           | \$ 2.71          | \$ 5,954            | \$ 0.35           |
| \$ 6,500   | \$ 2.53          | \$ 7,127          | \$ 2.81          | \$ 627              | \$ 0.28           | \$ 46,679   | \$ 2.64          | \$ 49,325           | \$ 2.80          | \$ 2,647            | \$ 0.16           |
| <b>\$ 762,129</b>  | <b>\$ 296.23</b> | <b>\$ 699,798</b> | <b>\$ 275.96</b> | <b>\$ (62,330)</b>  | <b>\$ (20.26)</b> | <b>\$ 4,907,372</b>   | <b>\$ 277.61</b> | <b>\$ 5,101,553</b> | <b>\$ 289.82</b> | <b>\$ 194,181</b>   | <b>\$ 12.21</b>   |
| 96.3%  |                  | 92.2%             |                  | -4.1%               |                   | 93.2%   |                  | 93.3%               |                  | 0.1%                |                   |
| \$ 29,528  | \$ 11.48         | \$ 59,328         | \$ 23.40         | \$ (29,800)         | \$ (11.92)        | \$ 358,032  | \$ 20.25         | \$ 366,918          | \$ 20.84         | \$ (8,886)          | \$ (0.59)         |
| \$ 37,702  | \$ 14.65         | \$ 41,426         | \$ 16.34         | \$ 3,724            | \$ 1.68           | \$ 306,764  | \$ 17.35         | \$ 284,701          | \$ 16.17         | \$ (22,063)         | \$ (1.18)         |
| 4.8%   |                  | 5.5%              |                  | 0.7%                |                   | 5.8%  |                  | 5.2%                |                  | -0.6%               |                   |
| \$ (8,174)   | \$ (3.18)        | \$ 17,902         | \$ 7.06          | \$ (26,076)         | \$ (10.24)        | \$ 51,267   | \$ 2.90          | \$ 82,216           | \$ 4.67          | \$ (30,949)         | \$ (1.77)         |
| \$ (884)   | \$ (0.34)        | \$ (5,312)        | \$ (2.09)        | \$ 4,428            | \$ 1.75           | \$ (7,450)  | \$ (0.42)        | \$ (26,124)         | \$ (1.48)        | \$ 18,674           | \$ 1.06           |
| \$ 1,009   | \$ 0.39          | \$ 666            | \$ 0.26          | \$ 342              | \$ 0.13           | \$ 6,190  | \$ 0.35          | \$ 5,139            | \$ 0.29          | \$ 1,051            | \$ 0.06           |
| \$ (15)  | \$ (0.01)        | \$ -              | \$ -             | \$ (15)             | \$ (0.01)         | \$ (14)   | \$ (0.00)        | \$ 26               | \$ 0.00          | \$ (40)             | \$ (0.00)         |
| \$ (4,850)   | \$ (1.89)        | \$ -              | \$ -             | \$ (4,850)          | \$ (1.89)         | \$ (27,021)   | \$ (1.53)        | \$ (5,462)          | \$ (0.31)        | \$ (21,559)         | \$ (1.22)         |
| <b>\$ (4,741)</b>  | <b>\$ (1.84)</b> | <b>\$ (4,646)</b> | <b>\$ (1.83)</b> | <b>\$ (95)</b>      | <b>\$ (0.01)</b>  | <b>\$ (28,295)</b>  | <b>\$ (1.60)</b> | <b>\$ (26,421)</b>  | <b>\$ (1.50)</b> | <b>\$ (1,874)</b>   | <b>\$ (0.10)</b>  |
| <b>\$ (12,915)</b>   | <b>\$ (5.02)</b> | <b>\$ 13,256</b>  | <b>\$ 5.23</b>   | <b>\$ (26,171)</b>  | <b>\$ (10.25)</b> | <b>\$ 22,972</b>  | <b>\$ 1.30</b>   | <b>\$ 55,795</b>    | <b>\$ 3.17</b>   | <b>\$ (32,823)</b>  | <b>\$ (1.87)</b>  |
| -1.6%  |                  | 1.7%              |                  | -3.4%               |                   | 0.4%  |                  | 1.0%                |                  | -0.6%               |                   |
| <b>Net Surplus (Deficit)</b><br><i>Margin(%)</i>   |                  |                   |                  |                     |                   |   |                  |                     |                  |                     |                   |



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

April 2022

| Current Actual    |                  | Current Forecast  |                  | Fav(Unfav) Forecast |                  |
|-------------------|------------------|-------------------|------------------|---------------------|------------------|
| \$                | PMPM             | \$                | PMPM             | \$                  | PMPM             |
| 1,088,742         |                  | 1,073,845         |                  | 14,897              |                  |
| \$ 269,067        | \$ 247.14        | \$ 259,833        | \$ 241.97        | \$ 9,233            | \$ 5.17          |
| <b>\$ 269,067</b> | <b>\$ 247.14</b> | <b>\$ 259,833</b> | <b>\$ 241.97</b> | <b>\$ 9,233</b>     | <b>\$ 5.17</b>   |
| \$ 254,345        | \$ 233.61        | \$ 244,510        | \$ 227.70        | \$ (9,835)          | \$ (5.92)        |
| \$ (1)            | \$ (0.00)        | \$ -              | \$ -             | \$ 1                | \$ 0.00          |
| \$ (0)            | \$ (0.00)        | \$ -              | \$ -             | \$ 0                | \$ 0.00          |
| \$ -              | \$ -             | \$ -              | \$ -             | \$ -                | \$ -             |
| \$ 2,803          | \$ 2.57          | \$ 3,016          | \$ 2.81          | \$ 213              | \$ 0.23          |
| \$ 1,216          | \$ 1.12          | \$ 1,240          | \$ 1.15          | \$ 24               | \$ 0.04          |
| <b>\$ 258,364</b> | <b>\$ 237.30</b> | <b>\$ 248,766</b> | <b>\$ 231.66</b> | <b>\$ (9,597)</b>   | <b>\$ (5.65)</b> |
| 96.0%             |                  | 95.7%             |                  | -0.3%               |                  |
| \$ 10,703         | \$ 9.83          | \$ 11,067         | \$ 10.31         | \$ (364)            | \$ (0.48)        |
| \$ 6,046          | \$ 5.55          | \$ 6,532          | \$ 6.08          | \$ 486              | \$ 0.53          |
| 2.2%              |                  | 2.5%              |                  | 0.3%                |                  |
| \$ 4,657          | \$ 4.28          | \$ 4,536          | \$ 4.22          | \$ 122              | \$ 0.05          |
| \$ (1,066)        | \$ (0.98)        | \$ 689            | \$ 0.64          | \$ (1,755)          | \$ (1.62)        |
| \$ 3,591          | \$ 3.30          | \$ 5,225          | \$ 4.87          | \$ (1,634)          | \$ (1.57)        |
| 1.3%              |                  | 2.0%              |                  | -0.7%               |                  |

| YTD Actual                                  |                  | YTD Forecast        |                  | Fav(Unfav) Forecast |                   |
|---|------------------|---------------------|------------------|---------------------|-------------------|
| \$  | PMPM             | \$                  | PMPM             | \$                  | PMPM              |
| 7,535,072                                   |                  | 7,499,890           |                  | 35,182              |                   |
| <b>Membership</b>                           |                  |                     |                  |                     |                   |
| Member Months                               |                  |                     |                  |                     |                   |
| <b>Revenue</b>                              |                  |                     |                  |                     |                   |
| Capitation                                  |                  |                     |                  |                     |                   |
| \$ 1,719,812                                | \$ 228.24        | \$ 1,882,763        | \$ 251.04        | \$ (162,951)        | \$ (22.80)        |
| <b>\$ 1,719,812</b>                         | <b>\$ 228.24</b> | <b>\$ 1,882,763</b> | <b>\$ 251.04</b> | <b>\$ (162,951)</b> | <b>\$ (22.80)</b> |
| <b>Total Revenues</b>                       |                  |                     |                  |                     |                   |
| <b>Healthcare Expenses</b>                  |                  |                     |                  |                     |                   |
| Capitation                                  |                  |                     |                  |                     |                   |
| \$ 1,615,274                                | \$ 214.37        | \$ 1,775,044        | \$ 236.68        | \$ 159,770          | \$ 22.31          |
| Inpatient Claims                            |                  |                     |                  |                     |                   |
| \$ (1)                                      | \$ (0.00)        | \$ 0                | \$ 0.00          | \$ 1                | \$ 0.00           |
| Outpatient Claims                           |                  |                     |                  |                     |                   |
| \$ (1)                                      | \$ (0.00)        | \$ (0)              | \$ (0.00)        | \$ 1                | \$ 0.00           |
| Pharmacy                                    |                  |                     |                  |                     |                   |
| \$ -  | \$ -             | \$ -                | \$ -             | \$ -                | \$ -              |
| Provider Incentives and Shared Risk         |                  |                     |                  |                     |                   |
| \$ 7,084                                    | \$ 0.94          | \$ 16,358           | \$ 2.18          | \$ 9,274            | \$ 1.24           |
| Medical Administrative Expenses             |                  |                     |                  |                     |                   |
| \$ 8,168                                    | \$ 1.08          | \$ 8,472            | \$ 1.13          | \$ 304              | \$ 0.05           |
| <b>\$ 1,630,524</b>                         | <b>\$ 216.39</b> | <b>\$ 1,799,874</b> | <b>\$ 239.99</b> | <b>\$ 169,350</b>   | <b>\$ 23.60</b>   |
| 94.8%                                       |                  | 95.6%               |                  | 0.8%                |                   |
| <b>Operating Margin</b>                     |                  |                     |                  |                     |                   |
| \$ 89,288                                   | \$ 11.85         | \$ 82,889           | \$ 11.05         | \$ 6,399            | \$ 0.80           |
| <b>Total Operating Expenses</b>             |                  |                     |                  |                     |                   |
| \$ 54,308                                   | \$ 7.21          | \$ 45,200           | \$ 6.03          | \$ (9,108)          | \$ (1.18)         |
| 3.2%  |                  | 2.4%                |                  | -0.8%               |                   |
| <b>Income (Loss) from Operations</b>        |                  |                     |                  |                     |                   |
| \$ 34,981                                   | \$ 4.64          | \$ 37,690           | \$ 5.03          | \$ (2,709)          | \$ (0.38)         |
| <b>Total Non-Operating Income (Expense)</b> |                  |                     |                  |                     |                   |
| \$ (5,528)                                  | \$ (0.73)        | \$ 2,343            | \$ 0.31          | \$ (7,871)          | \$ (1.05)         |
| <b>Net Surplus (Deficit)</b>                |                  |                     |                  |                     |                   |
| \$ 29,452                                   | \$ 3.91          | \$ 40,032           | \$ 5.34          | \$ (10,580)         | \$ (1.43)         |
| 1.7%  |                  | 2.1%                |                  | -0.4%               |                   |



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

April 2022

| Current Actual |          | Current Forecast |         | Fav(Unfav) Forecast |         | YTD Actual                  |        | YTD Forecast |          | Fav(Unfav) Forecast |          |                                      |  |    |           |    |         |    |           |    |        |    |          |    |         |
|----------------|----------|------------------|---------|---------------------|---------|-----------------------------|--------|--------------|----------|---------------------|----------|--------------------------------------|--|----|-----------|----|---------|----|-----------|----|--------|----|----------|----|---------|
| \$             | PMPM     | \$               | PMPM    | \$                  | PMPM    | \$                          | PMPM   | \$           | PMPM     | \$                  | PMPM     |                                      |  |    |           |    |         |    |           |    |        |    |          |    |         |
| 239,271        |          | 243,425          |         | (4,154)             |         | Membership<br>Member Months |        | 1,660,100    |          | 1,682,169           |          | (22,069)                             |  |    |           |    |         |    |           |    |        |    |          |    |         |
|                |          |                  |         |                     |         | Revenue                     |        |              |          |                     |          |                                      |  |    |           |    |         |    |           |    |        |    |          |    |         |
| \$             | 196,396  | \$               | 820.81  | \$                  | 183,764 | \$                          | 754.91 | \$           | 12,633   | \$                  | 65.90    | Capitation                           |  | \$ | 1,351,302 | \$ | 813.99  | \$ | 1,344,993 | \$ | 799.56 | \$ | 6,309    | \$ | 14.43   |
| \$             | 196,396  | \$               | 820.81  | \$                  | 183,764 | \$                          | 754.91 | \$           | 12,633   | \$                  | 65.90    | Total Revenues                       |  | \$ | 1,351,302 | \$ | 813.99  | \$ | 1,344,993 | \$ | 799.56 | \$ | 6,309    | \$ | 14.43   |
|                |          |                  |         |                     |         | Healthcare Expenses         |        |              |          |                     |          |                                      |  |    |           |    |         |    |           |    |        |    |          |    |         |
| \$             | 25,161   | \$               | 105.16  | \$                  | 23,600  | \$                          | 96.95  | \$           | (1,561)  | \$                  | (8.21)   | Capitation                           |  | \$ | 150,345   | \$ | 90.56   | \$ | 157,207   | \$ | 93.45  | \$ | 6,862    | \$ | 2.89    |
| \$             | 55,237   | \$               | 230.86  | \$                  | 38,000  | \$                          | 156.11 | \$           | (17,237) | \$                  | (74.75)  | Inpatient Claims                     |  | \$ | 288,481   | \$ | 173.77  | \$ | 278,831   | \$ | 165.76 | \$ | (9,650)  | \$ | (8.02)  |
| \$             | 54,880   | \$               | 229.37  | \$                  | 44,396  | \$                          | 182.38 | \$           | (10,484) | \$                  | (46.98)  | Outpatient Claims                    |  | \$ | 306,358   | \$ | 184.54  | \$ | 291,878   | \$ | 173.51 | \$ | (14,480) | \$ | (11.03) |
| \$             | 69,389   | \$               | 290.00  | \$                  | 56,496  | \$                          | 232.09 | \$           | (12,893) | \$                  | (57.91)  | Skilled Nursing Facility             |  | \$ | 471,252   | \$ | 283.87  | \$ | 428,244   | \$ | 254.58 | \$ | (43,008) | \$ | (29.29) |
| \$             | (1,731)  | \$               | (7.24)  | \$                  | (1,069) | \$                          | (4.39) | \$           | 662      | \$                  | 2.84     | Pharmacy                             |  | \$ | 46,928    | \$ | 28.27   | \$ | 49,526    | \$ | 29.44  | \$ | 2,598    | \$ | 1.17    |
| \$             | 1,951    | \$               | 8.16    | \$                  | 405     | \$                          | 1.66   | \$           | (1,546)  | \$                  | (6.49)   | Provider Incentives and Shared Risk  |  | \$ | 7,789     | \$ | 4.69    | \$ | 4,633     | \$ | 2.75   | \$ | (3,156)  | \$ | (1.94)  |
| \$             | 2,096    | \$               | 8.76    | \$                  | 2,317   | \$                          | 9.52   | \$           | 221      | \$                  | 0.76     | Medical Administrative Expenses      |  | \$ | 15,130    | \$ | 9.11    | \$ | 15,859    | \$ | 9.43   | \$ | 729      | \$ | 0.31    |
| \$             | 206,983  | \$               | 865.06  | \$                  | 164,145 | \$                          | 674.32 | \$           | (42,838) | \$                  | (190.74) | Total Healthcare Expenses            |  | \$ | 1,286,283 | \$ | 774.82  | \$ | 1,226,178 | \$ | 728.93 | \$ | (60,105) | \$ | (45.90) |
| 105.4%         |          | 89.3%            |         | -16.1%              |         | MCR(%)                      |        | 95.2%        |          | 91.2%               |          | -4.0%                                |  |    |           |    |         |    |           |    |        |    |          |    |         |
| \$             | (10,587) | \$               | (44.25) | \$                  | 19,618  | \$                          | 80.59  | \$           | (30,205) | \$                  | (124.84) | Operating Margin                     |  | \$ | 65,019    | \$ | 39.17   | \$ | 118,814   | \$ | 70.63  | \$ | (53,796) | \$ | (31.47) |
| \$             | 9,632    | \$               | 40.26   | \$                  | 14,179  | \$                          | 58.25  | \$           | 4,546    | \$                  | 17.99    | Total Operating Expenses             |  | \$ | 103,856   | \$ | 62.56   | \$ | 93,379    | \$ | 55.51  | \$ | (10,477) | \$ | (7.05)  |
| 4.9%           |          | 7.7%             |         | 2.8%                |         | Admin Ratio(%)              |        | 7.7%         |          | 6.9%                |          | -0.7%                                |  |    |           |    |         |    |           |    |        |    |          |    |         |
| \$             | (20,219) | \$               | (84.50) | \$                  | 5,439   | \$                          | 22.35  | \$           | (25,658) | \$                  | (106.85) | Income (Loss) from Operations        |  | \$ | (38,837)  | \$ | (23.39) | \$ | 25,436    | \$ | 15.12  | \$ | (64,273) | \$ | (38.52) |
| \$             | (941)    | \$               | (3.93)  | \$                  | 266     | \$                          | 1.09   | \$           | (1,207)  | \$                  | (5.03)   | Total Non-Operating Income (Expense) |  | \$ | (4,704)   | \$ | (2.83)  | \$ | 583       | \$ | 0.35   | \$ | (5,288)  | \$ | (3.18)  |
| \$             | (21,160) | \$               | (88.44) | \$                  | 5,706   | \$                          | 23.44  | \$           | (26,866) | \$                  | (111.88) | Net Surplus (Deficit)                |  | \$ | (43,541)  | \$ | (26.23) | \$ | 26,019    | \$ | 15.47  | \$ | (69,561) | \$ | (41.70) |
| -10.8%         |          | 3.1%             |         | -13.9%              |         | Margin(%)                   |        | -3.2%        |          | 1.9%                |          | -5.2%                                |  |    |           |    |         |    |           |    |        |    |          |    |         |



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

April 2022

| Current Actual |           | Current Forecast |           | Fav(Unfav) Forecast |            | YTD Actual                           |           | YTD Forecast |           | Fav(Unfav) Forecast |            |
|----------------|-----------|------------------|-----------|---------------------|------------|--------------------------------------|-----------|--------------|-----------|---------------------|------------|
| \$             | PMPM      | \$               | PMPM      | \$                  | PMPM       | \$                                   | PMPM      | \$           | PMPM      | \$                  | PMPM       |
| Membership     |           |                  |           |                     |            | Revenue                              |           |              |           |                     |            |
| Member Months  |           |                  |           |                     |            | Capitation                           |           |              |           |                     |            |
| 1,061,467      |           |                  |           |                     |            | Total Revenues                       |           |              |           |                     |            |
| 1,040,628      |           |                  |           |                     |            | Healthcare Expenses                  |           |              |           |                     |            |
| 20,839         |           |                  |           |                     |            | Capitation                           |           |              |           |                     |            |
|                |           |                  |           |                     |            | Inpatient Claims                     |           |              |           |                     |            |
|                |           |                  |           |                     |            | Outpatient Claims                    |           |              |           |                     |            |
|                |           |                  |           |                     |            | Skilled Nursing Facility             |           |              |           |                     |            |
|                |           |                  |           |                     |            | Pharmacy                             |           |              |           |                     |            |
|                |           |                  |           |                     |            | Provider Incentives and Shared Risk  |           |              |           |                     |            |
|                |           |                  |           |                     |            | Medical Administrative Expenses      |           |              |           |                     |            |
|                |           |                  |           |                     |            | Total Healthcare Expenses            |           |              |           |                     |            |
|                |           |                  |           |                     |            | MCR(%)                               |           |              |           |                     |            |
|                |           |                  |           |                     |            | Operating Margin                     |           |              |           |                     |            |
|                |           |                  |           |                     |            | Total Operating Expenses             |           |              |           |                     |            |
|                |           |                  |           |                     |            | Admin Ratio(%)                       |           |              |           |                     |            |
|                |           |                  |           |                     |            | Income (Loss) from Operations        |           |              |           |                     |            |
|                |           |                  |           |                     |            | Total Non-Operating Income (Expense) |           |              |           |                     |            |
|                |           |                  |           |                     |            | Net Surplus (Deficit)                |           |              |           |                     |            |
|                |           |                  |           |                     |            | Margin(%)                            |           |              |           |                     |            |
| \$ 246,435     | \$ 232.16 | \$ 238,724       | \$ 229.40 | \$ 7,710            | \$ 2.76    | \$ 1,654,274                         | \$ 228.58 | \$ 1,725,149 | \$ 239.80 | \$ (70,875)         | \$ (11.22) |
| \$ 246,435     | \$ 232.16 | \$ 238,724       | \$ 229.40 | \$ 7,710            | \$ 2.76    | \$ 1,654,274                         | \$ 228.58 | \$ 1,725,149 | \$ 239.80 | \$ (70,875)         | \$ (11.22) |
| \$ 123,076     | \$ 115.95 | \$ 119,923       | \$ 115.24 | \$ (3,153)          | \$ (0.71)  | \$ 755,963                           | \$ 104.46 | \$ 818,924   | \$ 113.83 | \$ 62,962           | \$ 9.37    |
| \$ 57,277      | \$ 53.96  | \$ 55,169        | \$ 53.01  | \$ (2,108)          | \$ (0.95)  | \$ 327,718                           | \$ 45.28  | \$ 362,107   | \$ 50.33  | \$ 34,389           | \$ 5.05    |
| \$ 43,089      | \$ 40.59  | \$ 32,674        | \$ 31.40  | \$ (10,416)         | \$ (9.20)  | \$ 228,762                           | \$ 31.61  | \$ 216,951   | \$ 30.16  | \$ (11,810)         | \$ (1.45)  |
| \$ 12,566      | \$ 11.84  | \$ 9,165         | \$ 8.81   | \$ (3,400)          | \$ (3.03)  | \$ 69,049                            | \$ 9.54   | \$ 62,539    | \$ 8.69   | \$ (6,510)          | \$ (0.85)  |
| \$ (5,070)     | \$ (4.78) | \$ (2,136)       | \$ (2.05) | \$ 2,934            | \$ 2.72    | \$ 103,840                           | \$ 14.35  | \$ 107,442   | \$ 14.93  | \$ 3,602            | \$ 0.59    |
| \$ 3,136       | \$ 2.95   | \$ 3,329         | \$ 3.20   | \$ 192              | \$ 0.24    | \$ 18,398                            | \$ 2.54   | \$ 18,705    | \$ 2.60   | \$ 307              | \$ 0.06    |
| \$ 2,870       | \$ 2.70   | \$ 3,155         | \$ 3.03   | \$ 285              | \$ 0.33    | \$ 21,257                            | \$ 2.94   | \$ 22,546    | \$ 3.13   | \$ 1,288            | \$ 0.20    |
| \$ 236,945     | \$ 223.22 | \$ 221,278       | \$ 212.64 | \$ (15,667)         | \$ (10.59) | \$ 1,524,987                         | \$ 210.72 | \$ 1,609,215 | \$ 223.68 | \$ 84,228           | \$ 12.96   |
| 96.1%          |           | 92.7%            |           | -3.5%               |            | 92.2%                                |           | 93.3%        |           | 1.1%                |            |
| \$ 9,489       | \$ 8.94   | \$ 17,446        | \$ 16.76  | \$ (7,956)          | \$ (7.82)  | \$ 129,287                           | \$ 17.86  | \$ 115,934   | \$ 16.11  | \$ 13,352           | \$ 1.75    |
| \$ 9,868       | \$ 9.30   | \$ 13,775        | \$ 13.24  | \$ 3,907            | \$ 3.94    | \$ 115,991                           | \$ 16.03  | \$ 97,483    | \$ 13.55  | \$ (18,508)         | \$ (2.48)  |
| 4.0%           |           | 5.8%             |           | 1.8%                |            | 7.0%                                 |           | 5.7%         |           | -1.4%               |            |
| \$ (379)       | \$ (0.36) | \$ 3,671         | \$ 3.53   | \$ (4,049)          | \$ (3.88)  | \$ 13,296                            | \$ 1.84   | \$ 18,452    | \$ 2.56   | \$ (5,156)          | \$ (0.73)  |
| \$ (596)       | \$ (0.56) | \$ 578           | \$ 0.56   | \$ (1,173)          | \$ (1.12)  | \$ (3,184)                           | \$ (0.44) | \$ 2,162     | \$ 0.30   | \$ (5,346)          | \$ (0.74)  |
| \$ (974)       | \$ (0.92) | \$ 4,248         | \$ 4.08   | \$ (5,223)          | \$ (5.00)  | \$ 10,112                            | \$ 1.40   | \$ 20,613    | \$ 2.87   | \$ (10,501)         | \$ (1.47)  |
| -0.4%          |           | 1.8%             |           | -2.2%               |            | 0.6%                                 |           | 1.2%         |           | -0.6%               |            |



## CMC Income Statement (\$ in thousands)

April 2022

| Current Actual |      | Current Forecast |      | Fav(Unfav) Forecast |      | YTD Actual  |      | YTD Forecast |      | Fav(Unfav) Forecast |      |
|----------------|------|------------------|------|---------------------|------|-------------|------|--------------|------|---------------------|------|
| \$             | PMPM | \$               | PMPM | \$                  | PMPM | \$          | PMPM | \$           | PMPM | \$                  | PMPM |
| 17,756         |      | 17,829           |      | (73)                |      | 127,995     |      | 127,607      |      | 388                 |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
| \$ 26,467      |      | \$ 1,490.61      |      | \$ 852              |      | \$ 53.90    |      | \$ 196,758   |      | \$ 120.97           |      |
| \$ 26,467      |      | \$ 1,490.61      |      | \$ 852              |      | \$ 53.90    |      | \$ 196,758   |      | \$ 120.97           |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
| \$ 9,166       |      | \$ 516.24        |      | \$ 1,466            |      | \$ 80.11    |      | \$ 79,774    |      | \$ (21.08)          |      |
| \$ 3,558       |      | \$ 200.37        |      | \$ 2,333            |      | \$ 130.02   |      | \$ 39,409    |      | \$ 65.99            |      |
| \$ 2,240       |      | \$ 126.15        |      | \$ 304              |      | \$ 16.51    |      | \$ 19,113    |      | \$ (3.02)           |      |
| \$ 1,808       |      | \$ 101.82        |      | \$ (502)            |      | \$ (28.58)  |      | \$ 14,565    |      | \$ (25.85)          |      |
| \$ 1,244       |      | \$ 70.09         |      | \$ (5)              |      | \$ (0.54)   |      | \$ 6,492     |      | \$ (5.08)           |      |
| \$ 4,491       |      | \$ 252.95        |      | \$ (3,521)          |      | \$ (198.50) |      | \$ 15,486    |      | \$ (75.96)          |      |
| \$ 203         |      | \$ 11.41         |      | \$ 89               |      | \$ 4.93     |      | \$ 1,360     |      | \$ 2.35             |      |
| \$ 22,710      |      | \$ 1,279.02      |      | \$ 164              |      | \$ 3.95     |      | \$ 176,199   |      | \$ (62.65)          |      |
| 85.8%          |      | 89.3%            |      | 3.5%                |      |             |      | 89.6%        |      | 3.2%                |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
| \$ 3,757       |      | \$ 211.58        |      | \$ 1,016            |      | \$ 57.85    |      | \$ 20,560    |      | \$ 58.31            |      |
| \$ 2,650       |      | \$ 149.24        |      | \$ (850)            |      | \$ (48.27)  |      | \$ 13,603    |      | \$ (8.30)           |      |
| 10.0%          |      | 7.0%             |      | -3.0%               |      |             |      | 6.9%         |      | 0.0%                |      |
| \$ 1,107       |      | \$ 62.35         |      | \$ 166              |      | \$ 9.57     |      | \$ 6,957     |      | \$ 50.01            |      |
| \$ (14)        |      | \$ (0.77)        |      | \$ (24)             |      | \$ (1.36)   |      | \$ (72)      |      | \$ (0.89)           |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
| \$ 1,093       |      | \$ 61.58         |      | \$ 142              |      | \$ 8.21     |      | \$ 6,884     |      | \$ 49.12            |      |
| 4.1%           |      | 3.7%             |      | 0.4%                |      |             |      | 3.5%         |      | 3.2%                |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
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|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |
|                |      |                  |      |                     |      |             |      |              |      |                     |      |



## Commercial Income Statement (\$ in thousands)

April 2022

| Current Actual   |                  | Current Forecast |                  | Fav(Unfav) Forecast |                   |
|------------------|------------------|------------------|------------------|---------------------|-------------------|
| \$               | PMPM             | \$               | PMPM             | \$                  | PMPM              |
| 165,558          |                  | 160,119          |                  | 5,439               |                   |
|                  |                  |                  |                  |                     |                   |
| \$ 53,292        | \$ 321.89        | \$ 51,190        | \$ 319.70        | \$ 2,102            | \$ 2.19           |
| <b>\$ 53,292</b> | <b>\$ 321.89</b> | <b>\$ 51,190</b> | <b>\$ 319.70</b> | <b>\$ 2,102</b>     | <b>\$ 2.19</b>    |
|                  |                  |                  |                  |                     |                   |
| \$ 23,664        | \$ 142.94        | \$ 20,489        | \$ 127.96        | \$ (3,176)          | \$ (14.98)        |
| \$ 5,225         | \$ 31.56         | \$ 8,680         | \$ 54.21         | \$ 3,454            | \$ 22.65          |
| \$ 5,722         | \$ 34.56         | \$ 4,427         | \$ 27.65         | \$ (1,295)          | \$ (6.91)         |
| \$ 65            | \$ 0.39          | \$ -             | \$ -             | \$ (65)             | \$ (0.39)         |
| \$ 5,134         | \$ 31.01         | \$ 8,353         | \$ 52.17         | \$ 3,219            | \$ 21.16          |
| \$ (2,800)       | \$ (16.91)       | \$ 662           | \$ 4.13          | \$ 3,461            | \$ 21.04          |
| \$ 115           | \$ 0.69          | \$ 124           | \$ 0.77          | \$ 9                | \$ 0.08           |
| <b>\$ 37,126</b> | <b>\$ 224.25</b> | <b>\$ 42,735</b> | <b>\$ 266.89</b> | <b>\$ 5,608</b>     | <b>\$ 42.64</b>   |
| 69.7%            |                  | 83.5%            |                  | 13.8%               |                   |
|                  |                  |                  |                  |                     |                   |
| \$ 16,165        | \$ 97.64         | \$ 8,455         | \$ 52.81         | \$ 7,710            | \$ 44.83          |
| <b>\$ 9,477</b>  | <b>\$ 57.24</b>  | <b>\$ 4,939</b>  | <b>\$ 30.85</b>  | <b>\$ (4,538)</b>   | <b>\$ (26.39)</b> |
| 17.8%            |                  | 9.6%             |                  | -8.1%               |                   |
|                  |                  |                  |                  |                     |                   |
| \$ 6,688         | \$ 40.40         | \$ 3,516         | \$ 21.96         | \$ 3,172            | \$ 18.44          |
| <b>\$ (95)</b>   | <b>\$ (0.57)</b> | <b>\$ (95)</b>   | <b>\$ (0.59)</b> | <b>\$ (0)</b>       | <b>\$ 0.02</b>    |
|                  |                  |                  |                  |                     |                   |
| <b>\$ 6,594</b>  | <b>\$ 39.83</b>  | <b>\$ 3,422</b>  | <b>\$ 21.37</b>  | <b>\$ 3,172</b>     | <b>\$ 18.46</b>   |
| 12.4%            |                  | 6.7%             |                  | 5.7%                |                   |

| YTD Actual                                  |                  | YTD Forecast      |                  | Fav(Unfav) Forecast |                 |
|---|------------------|-------------------|------------------|---------------------|-----------------|
| \$  | PMPM             | \$                | PMPM             | \$                  | PMPM            |
|   |                  |                   |                  |                     |                 |
| <b>Membership</b>                           |                  |                   |                  |                     |                 |
| Member Months                               |                  |                   |                  |                     |                 |
| 1,116,711                                   |                  | 1,098,592         |                  | 18,119              |                 |
|   |                  |                   |                  |                     |                 |
| <b>Revenue</b>                              |                  |                   |                  |                     |                 |
| Capitation                                  |                  |                   |                  |                     |                 |
| \$ 343,257                                  | \$ 307.38        | \$ 334,840        | \$ 304.79        | \$ 8,417            | \$ 2.59         |
| <b>\$ 343,257</b>                           | <b>\$ 307.38</b> | <b>\$ 334,840</b> | <b>\$ 304.79</b> | <b>\$ 8,417</b>     | <b>\$ 2.59</b>  |
| <b>Total Revenues</b>                       |                  |                   |                  |                     |                 |
|   |                  |                   |                  |                     |                 |
| <b>Healthcare Expenses</b>                  |                  |                   |                  |                     |                 |
| Capitation                                  |                  |                   |                  |                     |                 |
| \$ 138,248                                  | \$ 123.80        | \$ 137,255        | \$ 124.94        | \$ (992)            | \$ 1.14         |
| \$ 61,502                                   | \$ 55.07         | \$ 66,604         | \$ 60.63         | \$ 5,102            | \$ 5.55         |
| \$ 39,555                                   | \$ 35.42         | \$ 33,052         | \$ 30.09         | \$ (6,503)          | \$ (5.34)       |
| \$ 682                                      | \$ 0.61          | \$ 328            | \$ 0.30          | \$ (354)            | \$ (0.31)       |
| \$ 55,681                                   | \$ 49.86         | \$ 58,364         | \$ 53.13         | \$ 2,683            | \$ 3.26         |
| \$ (7,047)                                  | \$ (6.31)        | \$ 2,221          | \$ 2.02          | \$ 9,268            | \$ 8.33         |
| \$ 763                                      | \$ 0.68          | \$ 793            | \$ 0.72          | \$ 31               | \$ 0.04         |
| <b>\$ 289,383</b>                           | <b>\$ 259.14</b> | <b>\$ 298,618</b> | <b>\$ 271.82</b> | <b>\$ 9,235</b>     | <b>\$ 12.68</b> |
| MCR(%)                                      | 84.3%            | 89.2%             |                  | 4.9%                |                 |
|   |                  |                   |                  |                     |                 |
| <b>Operating Margin</b>                     |                  |                   |                  |                     |                 |
| \$ 53,874                                   | \$ 48.24         | \$ 36,222         | \$ 32.97         | \$ 17,652           | \$ 15.27        |
|   |                  |                   |                  |                     |                 |
| <b>Total Operating Expenses</b>             |                  |                   |                  |                     |                 |
| \$ 17,705                                   | \$ 15.85         | \$ 34,418         | \$ 31.33         | \$ 16,713           | \$ 15.47        |
| Admin Ratio(%)                              | 5.2%             | 10.3%             |                  | 5.1%                |                 |
|   |                  |                   |                  |                     |                 |
| <b>Income (Loss) from Operations</b>        |                  |                   |                  |                     |                 |
| \$ 36,169                                   | \$ 32.39         | \$ 1,804          | \$ 1.64          | \$ 34,365           | \$ 30.75        |
|   |                  |                   |                  |                     |                 |
| <b>Total Non-Operating Income (Expense)</b> |                  |                   |                  |                     |                 |
| \$ (662)                                    | \$ (0.59)        | \$ (663)          | \$ (0.60)        | \$ 0                | \$ 0.01         |
|   |                  |                   |                  |                     |                 |
| <b>Net Surplus (Deficit)</b>                |                  |                   |                  |                     |                 |
| \$ 35,507                                   | \$ 31.80         | \$ 1,141          | \$ 1.04          | \$ 34,365           | \$ 30.76        |
| Margin(%)                                   | 10.3%            | 0.3%              |                  | 10.0%               |                 |



## Comparative Balance Sheet

| (Dollars in thousands)                          | May-21             | Jun-21             | Jul-21             | Aug-21             | Sep-21             | Oct-21             | Nov-21             | Dec-21             | Jan-22             | Feb-22             | Mar-22             | Apr-22             |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>ASSETS</b>                                   |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| <b>CURRENT ASSETS</b>                           |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| Total Current Assets                            | \$5,008,584        | \$4,417,086        | \$4,476,248        | \$4,406,866        | \$4,782,439        | \$4,483,572        | \$4,781,058        | \$4,475,327        | \$5,037,258        | \$4,719,524        | \$5,474,251        | \$4,849,447        |
| Capitalized Assets - net                        | \$108,499          | \$108,480          | \$108,396          | \$106,100          | \$105,915          | \$105,290          | \$105,477          | \$105,456          | \$105,465          | \$105,437          | \$106,054          | \$106,171          |
| <b>NONCURRENT ASSETS</b>                        | \$3,587            | \$3,451            | \$3,525            | \$3,637            | \$3,523            | \$3,466            | \$3,393            | \$3,251            | \$3,170            | \$3,023            | \$2,878            | \$2,739            |
| <b>TOTAL ASSETS</b>                             | <b>\$5,120,670</b> | <b>\$4,529,017</b> | <b>\$4,588,169</b> | <b>\$4,516,602</b> | <b>\$4,891,876</b> | <b>\$4,592,328</b> | <b>\$4,889,928</b> | <b>\$4,584,034</b> | <b>\$5,145,893</b> | <b>\$4,827,984</b> | <b>\$5,583,182</b> | <b>\$4,958,357</b> |
| <b>LIABILITIES AND FUND EQUITY</b>              |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| <b>CURRENT LIABILITIES</b>                      |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| Total Current Liability                         | \$4,098,215        | \$3,506,888        | \$3,550,234        | \$3,486,394        | \$3,838,981        | \$3,516,064        | \$3,810,650        | \$3,498,864        | \$4,025,400        | \$3,756,304        | \$4,494,782        | \$3,883,690        |
| Long Term Liability                             | \$2,666            | \$2,520            | \$2,429            | \$2,994            | \$3,441            | \$3,328            | \$3,417            | \$2,174            | \$2,231            | \$2,194            | \$3,058            | \$2,240            |
| <b>Total Liabilities</b>                        | <b>\$4,100,881</b> | <b>\$3,509,407</b> | <b>\$3,552,663</b> | <b>\$3,489,388</b> | <b>\$3,842,421</b> | <b>\$3,519,391</b> | <b>\$3,814,067</b> | <b>\$3,501,038</b> | <b>\$4,027,631</b> | <b>\$3,758,498</b> | <b>\$4,497,840</b> | <b>\$3,885,929</b> |
| <b>FUND EQUITY</b>                              |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| Invested in Capital Assets, net of related debt | \$108,499          | \$108,480          | \$108,396          | \$106,100          | \$105,915          | \$105,290          | \$105,477          | \$105,456          | \$105,465          | \$105,437          | \$106,054          | \$106,171          |
| Restricted Equity                               | \$450              | \$450              | \$450              | \$450              | \$600              | \$600              | \$600              | \$600              | \$600              | \$600              | \$600              | \$600              |
| Minimum Tangible Net Equity                     | \$204,783          | \$202,695          | \$202,973          | \$204,075          | \$200,751          | \$201,278          | \$202,065          | \$203,167          | \$203,167          | \$205,043          | \$204,666          | \$205,980          |
| Board Designated Funds                          | \$106,234          | \$101,558          | \$97,416           | \$93,180           | \$91,741           | \$103,141          | \$100,133          | \$89,697           | \$88,702           | \$86,298           | \$125,441          | \$124,260          |
| Unrestricted Net Assets                         | \$599,822          | \$606,426          | \$626,271          | \$623,409          | \$650,449          | \$662,628          | \$667,585          | \$684,076          | \$720,328          | \$672,107          | \$648,581          | \$635,417          |
| <b>Total Fund Equity</b>                        | <b>\$1,019,789</b> | <b>\$1,019,609</b> | <b>\$1,035,506</b> | <b>\$1,027,214</b> | <b>\$1,049,455</b> | <b>\$1,072,937</b> | <b>\$1,075,861</b> | <b>\$1,082,996</b> | <b>\$1,118,262</b> | <b>\$1,069,486</b> | <b>\$1,085,342</b> | <b>\$1,072,427</b> |
| <b>TOTAL LIABILITIES AND FUND EQUITY</b>        | <b>\$5,120,670</b> | <b>\$4,529,017</b> | <b>\$4,588,169</b> | <b>\$4,516,602</b> | <b>\$4,891,876</b> | <b>\$4,592,328</b> | <b>\$4,889,928</b> | <b>\$4,584,034</b> | <b>\$5,145,893</b> | <b>\$4,827,984</b> | <b>\$5,583,182</b> | <b>\$4,958,357</b> |
| <b>Solvency Ratios</b>                          |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| Working Capital Ratio                           | 1.22               | 1.26               | 1.26               | 1.26               | 1.25               | 1.28               | 1.25               | 1.28               | 1.25               | 1.26               | 1.22               | 1.25               |
| Cash to Claims Ratio                            | 0.77               | 0.57               | 0.57               | 0.55               | 0.72               | 0.59               | 0.66               | 0.59               | 0.66               | 0.54               | 0.76               | 0.53               |
| Tangible Net Equity Ratio                       | 4.98               | 5.03               | 5.10               | 5.03               | 5.23               | 5.33               | 5.32               | 5.33               | 5.50               | 5.22               | 5.30               | 5.21               |





## Cash Flows Statement (\$ in thousands)

April 2022

|   | Oct-21              | Nov-21            | Dec-21              | Jan-22              | Feb-22              | Mar-22              | Apr-22              | YTD                 |
|---|---------------------|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <b>Cash Flows from Operating Activities:</b>  |                     |                   |                     |                     |                     |                     |                     |                     |
| Capitation Revenue  | \$ 763,872          | \$ 743,782        | \$ 830,492          | \$ 703,097          | \$ 725,391          | \$ 761,918          | \$ 849,122          | \$ 5,377,674        |
| Other Income (Expense), net   | \$ 10,099           | \$ (2,297)        | \$ (8,057)          | \$ (1,229)          | \$ (1,606)          | \$ (861)            | \$ (4,833)          | \$ (8,784)          |
| Healthcare Expenses   | \$ (769,260)        | \$ (685,351)      | \$ (854,089)        | \$ (606,627)        | \$ (673,516)        | \$ (767,350)        | \$ (709,826)        | \$ (5,066,019)      |
| Operating Expenses  | \$ (31,084)         | \$ (30,643)       | \$ (54,724)         | \$ (33,016)         | \$ (39,706)         | \$ (36,746)         | \$ (40,221)         | \$ (266,140)        |
| <b>Net Cash Provided By Operating Activities</b>  | <b>\$ (26,373)</b>  | <b>\$ 25,491</b>  | <b>\$ (86,378)</b>  | <b>\$ 62,225</b>    | <b>\$ 10,563</b>    | <b>\$ (43,039)</b>  | <b>\$ 94,242</b>    | <b>\$ 36,731</b>    |
| <b>Cash Flows from Investing Activities</b>   |                     |                   |                     |                     |                     |                     |                     |                     |
| Purchase of investments - Net   | \$ 70,245           | \$ 85,685         | \$ (82,191)         | \$ 22,709           | \$ 511              | \$ 32,993           | \$ (75,560)         | \$ 54,392           |
| Purchase of Capital Assets  | \$ (1,333)          | \$ (2,179)        | \$ (1,833)          | \$ (1,847)          | \$ (1,827)          | \$ (2,552)          | \$ (1,987)          | \$ (13,558)         |
| <b>Net Cash Provided By Investing Activities</b>  | <b>\$ 68,912</b>    | <b>\$ 83,506</b>  | <b>\$ (84,024)</b>  | <b>\$ 20,862</b>    | <b>\$ (1,316)</b>   | <b>\$ 30,441</b>    | <b>\$ (77,547)</b>  | <b>\$ 40,834</b>    |
| <b>Cash Flows from Financing Activities:</b>  |                     |                   |                     |                     |                     |                     |                     |                     |
| Gross Premium Tax (MCO Sales Tax) - Net   | \$ (26,829)         | \$ 14,276         | \$ 14,596           | \$ (26,338)         | \$ 14,591           | \$ 14,999           | \$ (27,892)         | \$ (22,597)         |
| Pass through transactions (AB 85, IGT, etc.)  | \$ (297,777)        | \$ 160,499        | \$ (137,249)        | \$ 360,537          | \$ (395,556)        | \$ 762,594          | \$ (762,563)        | \$ (309,515)        |
| <b>Net Cash Provided By Financing Activities</b>  | <b>\$ (324,606)</b> | <b>\$ 174,775</b> | <b>\$ (122,653)</b> | <b>\$ 334,199</b>   | <b>\$ (380,965)</b> | <b>\$ 777,593</b>   | <b>\$ (790,455)</b> | <b>\$ (332,112)</b> |
| <b>Net Increase in Cash and Cash Equivalents</b>  | <b>\$ (282,067)</b> | <b>\$ 283,772</b> | <b>\$ (293,055)</b> | <b>\$ 417,286</b>   | <b>\$ (371,718)</b> | <b>\$ 764,995</b>   | <b>\$ (773,760)</b> | <b>\$ (254,547)</b> |
| Cash and Cash Equivalents, Beginning  | \$ 990,897          | \$ 708,830        | \$ 992,602          | \$ 699,547          | \$ 1,116,833        | \$ 745,115          | \$ 1,510,110        | \$ 990,897          |
| <b>Cash and Cash Equivalents, Ending</b>  | <b>\$ 708,830</b>   | <b>\$ 992,602</b> | <b>\$ 699,547</b>   | <b>\$ 1,116,833</b> | <b>\$ 745,115</b>   | <b>\$ 1,510,110</b> | <b>\$ 736,350</b>   | <b>\$ 736,350</b>   |
| <b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b> |                     |                   |                     |                     |                     |                     |                     |                     |
| <b>Excess of Revenues over Expenses</b>   | <b>\$ 23,481</b>    | <b>\$ 2,924</b>   | <b>\$ 7,135</b>     | <b>\$ 35,266</b>    | <b>\$ (48,776)</b>  | <b>\$ 15,857</b>    | <b>\$ (12,915)</b>  | <b>\$ 22,972</b>    |
| <b>Adjustments to Excess of Revenues Over Expenses:</b>   |                     |                   |                     |                     |                     |                     |                     |                     |
| Depreciation  | \$ 1,957            | \$ 1,991          | \$ 1,855            | \$ 1,838            | \$ 1,856            | \$ 1,935            | \$ 1,870            | \$ 13,302           |
| Realized and Unrealized (Gain)/Loss on Investments  | \$ 2,947            | \$ 1,228          | \$ 1,261            | \$ 5,239            | \$ 3,431            | \$ 8,064            | \$ 4,865            | \$ 27,035           |
| Deferred Rent   | \$ (113)            | \$ 90             | \$ (1,244)          | \$ 57               | \$ (37)             | \$ 864              | \$ (818)            | \$ (1,201)          |
| Gross Premium Tax provision   | \$ (280)            | \$ (516)          | \$ (837)            | \$ (2,011)          | \$ (1,000)          | \$ (1,072)          | \$ (1,145)          | \$ (6,861)          |
| Loss on Disposal of Capital Assets  | \$ -                | \$ -              | \$ -                | \$ -                | \$ -                | \$ -                | \$ -                | \$ -                |
| <b>Total Adjustments to Excess of Revenues over Expenses</b>  | <b>\$ 4,511</b>     | <b>\$ 2,793</b>   | <b>\$ 1,035</b>     | <b>\$ 5,123</b>     | <b>\$ 4,250</b>     | <b>\$ 9,791</b>     | <b>\$ 4,772</b>     | <b>\$ 32,275</b>    |
| <b>Changes in Operating Assets and Liabilities:</b>   |                     |                   |                     |                     |                     |                     |                     |                     |
| Capitation Receivable   | \$ (47,907)         | \$ (64,579)       | \$ 25,121           | \$ 216,121          | \$ (45,704)         | \$ (35,458)         | \$ (16,558)         | \$ 31,036           |
| Interest and Non-Operating Receivables  | \$ 164              | \$ (19)           | \$ (209)            | \$ 176              | \$ (8)              | \$ 160              | \$ (3,566)          | \$ (3,302)          |
| Prepaid and Other Current Assets  | \$ 1,810            | \$ (964)          | \$ (971)            | \$ 3,108            | \$ (4,076)          | \$ (3,123)          | \$ 3,114            | \$ (1,102)          |
| Accounts Payable and Accrued Liabilities  | \$ 68               | \$ 6,440          | \$ (10,195)         | \$ (19,850)         | \$ 56,020           | \$ 2,273            | \$ (4,736)          | \$ 30,020           |
| Subcapitation Payable   | \$ 36,845           | \$ 75,826         | \$ (105,110)        | \$ (147,776)        | \$ 29,226           | \$ (43,177)         | \$ 22,211           | \$ (131,955)        |
| MediCal Adult Expansion Payable   | \$ 37,928           | \$ (40)           | \$ (171)            | \$ (114)            | \$ (54)             | \$ 467              | \$ 1,149            | \$ 39,165           |
| Deferred Capitation Revenue   | \$ (898)            | \$ (567)          | \$ 1,353            | \$ 4,098            | \$ 1,887            | \$ 1,339            | \$ 74,023           | \$ 81,235           |
| Accrued Medical Expenses  | \$ (2,474)          | \$ 2,920          | \$ 625              | \$ (44,258)         | \$ 6,593            | \$ 9,589            | \$ (706)            | \$ (27,711)         |
| Reserve for Claims  | \$ 12,037           | \$ 9,596          | \$ 9,601            | \$ 11,579           | \$ 17,754           | \$ 138              | \$ 25,330           | \$ 86,035           |
| Reserve for Provider Incentives   | \$ (92,318)         | \$ (9,394)        | \$ (16,679)         | \$ (483)            | \$ (7,007)          | \$ (1,061)          | \$ 2,371            | \$ (124,571)        |
| Grants Payable  | \$ 380              | \$ 555            | \$ 2,087            | \$ (765)            | \$ 458              | \$ 166              | \$ (247)            | \$ 2,634            |
| <b>Net Changes in Operating Assets and Liabilities</b>  | <b>\$ (54,365)</b>  | <b>\$ 19,774</b>  | <b>\$ (94,548)</b>  | <b>\$ 21,836</b>    | <b>\$ 55,089</b>    | <b>\$ (68,687)</b>  | <b>\$ 102,385</b>   | <b>\$ (18,516)</b>  |
| <b>Net Cash Provided By Operating Activities</b>  | <b>\$ (26,373)</b>  | <b>\$ 25,491</b>  | <b>\$ (86,378)</b>  | <b>\$ 62,225</b>    | <b>\$ 10,563</b>    | <b>\$ (43,039)</b>  | <b>\$ 94,242</b>    | <b>\$ 36,731</b>    |



DATE: May 24, 2022  
TO: Finance & Budget Committee  
FROM: Marie Montgomery, *Chief Financial Officer*

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

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from April 1 to April 30, 2022.

L.A. Care's investment market value as of April 30, 2022, was \$1.7 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$73 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$254 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of April 30, 2022, of \$1.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units          | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount    |
|----------|----------|------------------|----------------|---|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 04/04/22 | 04/05/22 | Buy              | 28,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn 912796T82              | (27,998,878.44)   |                                  | 0.00                  | 0.00                  | (27,998,878.44) |
| 04/04/22 | 04/05/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn 912796T82              | (49,997,997.22)   |                                  | 0.00                  | 0.00                  | (49,997,997.22) |
| 04/04/22 | 04/05/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn 912796T82              | (49,997,997.22)   |                                  | 0.00                  | 0.00                  | (49,997,997.22) |
| 04/04/22 | 04/05/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn 912796T82              | (49,997,997.22)   |                                  | 0.00                  | 0.00                  | (49,997,997.22) |
| 04/04/22 | 04/05/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn 912796T82              | (49,997,997.22)   |                                  | 0.00                  | 0.00                  | (49,997,997.22) |
| 04/11/22 | 04/12/22 | Buy              | 4,900,000.000  | SUMITOMO MITSUI BANK YCD<br>MAT 07/08/22 Cpn 0.70 86565CKU2   | (4,897,025.85)    | (8,956.11)                       | 0.00                  | 0.00                  | (4,905,981.96)  |
| 04/07/22 | 04/13/22 | Buy              | 3,750,000.000  | ARIFL 2022-A A1 FLEET 144A<br>MAT 04/17/23 Cpn 1.49 00217QAA9 | (3,750,000.00)    |                                  | 0.00                  | 0.00                  | (3,750,000.00)  |
| 04/05/22 | 04/13/22 | Buy              | 5,500,000.000  | GMCAR 2022-2 A1 CAR<br>MAT 04/17/23 Cpn 1.21 362585AA9        | (5,500,000.00)    |                                  | 0.00                  | 0.00                  | (5,500,000.00)  |
| 04/04/22 | 04/13/22 | Buy              | 7,500,000.000  | MMAF 2022-A A1 EQP 144A<br>MAT 05/03/23 Cpn 1.48 55317RAA0    | (7,500,000.00)    |                                  | 0.00                  | 0.00                  | (7,500,000.00)  |
| 04/05/22 | 04/13/22 | Buy              | 2,950,000.000  | WOLS 2022-A A1 LEASE<br>MAT 04/17/23 Cpn 0.98 98163NAA4       | (2,950,000.00)    |                                  | 0.00                  | 0.00                  | (2,950,000.00)  |
| 04/05/22 | 04/13/22 | Buy              | 1,700,000.000  | WOLS 2022-A A2 LEASE<br>MAT 10/15/24 Cpn 2.63 98163NAB2       | (1,699,953.59)    |                                  | 0.00                  | 0.00                  | (1,699,953.59)  |
| 04/18/22 | 04/18/22 | Buy              | 30,000,000.000 | U.S. TREASURY BILL<br>MAT 04/26/22 Cpn 912796U23              | (29,998,563.33)   |                                  | 0.00                  | 0.00                  | (29,998,563.33) |
| 04/18/22 | 04/18/22 | Buy              | 40,000,000.000 | U.S. TREASURY BILL<br>MAT 05/26/22 Cpn 912796Q36              | (39,986,784.44)   |                                  | 0.00                  | 0.00                  | (39,986,784.44) |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units          | Description  |  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount    |
|----------|----------|------------------|----------------|--|--|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/21/22 Cpn 912796G45                 |  | (49,999,266.67)   |                                  | 0.00                  | 0.00                  | (49,999,266.67) |
| 04/18/22 | 04/18/22 | Buy              | 11,000,000.000 | U.S. TREASURY BILL<br>MAT 04/28/22 Cpn 912796P37                 |  | (10,999,527.00)   |                                  | 0.00                  | 0.00                  | (10,999,527.00) |
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 05/17/22 Cpn 912796U98                 |  | (49,985,701.39)   |                                  | 0.00                  | 0.00                  | (49,985,701.39) |
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 05/19/22 Cpn 912796H44                 |  | (49,987,578.47)   |                                  | 0.00                  | 0.00                  | (49,987,578.47) |
| 04/18/22 | 04/18/22 | Buy              | 40,000,000.000 | U.S. TREASURY BILL<br>MAT 06/07/22 Cpn 912796V89                 |  | (39,972,166.67)   |                                  | 0.00                  | 0.00                  | (39,972,166.67) |
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 06/09/22 Cpn 912796R35                 |  | (49,963,852.78)   |                                  | 0.00                  | 0.00                  | (49,963,852.78) |
| 04/18/22 | 04/18/22 | Buy              | 10,000,000.000 | U.S. TREASURY BILL<br>MAT 05/24/22 Cpn 912796V22                 |  | (9,996,600.00)    |                                  | 0.00                  | 0.00                  | (9,996,600.00)  |
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 05/24/22 Cpn 912796V22                 |  | (49,983,000.00)   |                                  | 0.00                  | 0.00                  | (49,983,000.00) |
| 04/18/22 | 04/18/22 | Buy              | 20,000,000.000 | U.S. TREASURY BILL<br>MAT 06/02/22 Cpn 912796Q44                 |  | (19,990,362.50)   |                                  | 0.00                  | 0.00                  | (19,990,362.50) |
| 04/18/22 | 04/18/22 | Buy              | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 06/02/22 Cpn 912796Q44                 |  | (49,975,906.25)   |                                  | 0.00                  | 0.00                  | (49,975,906.25) |
| 04/19/22 | 04/20/22 | Buy              | 30,000,000.000 | U.S. TREASURY BILL<br>MAT 06/14/22 Cpn 912796V97                 |  | (29,976,372.92)   |                                  | 0.00                  | 0.00                  | (29,976,372.92) |
| 04/26/22 | 04/27/22 | Buy              | 7,500,000.000  | TORONTO-DOMINION NY YCD<br>MAT 08/29/22 Cpn 1.40 89114WVV4       |  | (7,500,000.00)    |                                  | 0.00                  | 0.00                  | (7,500,000.00)  |
| 04/28/22 | 04/28/22 | Buy              | 4,200,000.000  | CA SAN JOSE FIN AUTH LEASE RE<br>MAT 07/28/22 Cpn 1.25 79815WCZ9 |  | (4,200,000.00)    |                                  | 0.00                  | 0.00                  | (4,200,000.00)  |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units           | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount     |
|----------|----------|------------------|-----------------|---|-------------------|----------------------------------|-----------------------|-----------------------|------------------|
| 04/27/22 | 05/03/22 | Buy              | 10,000,000.000  | U.S. TREASURY BILL<br>MAT 05/31/22 Cpn 912796V30                | (9,995,683.33)    |                                  | 0.00                  | 0.00                  | (9,995,683.33)   |
| 04/27/22 | 05/03/22 | Buy              | 50,000,000.000  | U.S. TREASURY BILL<br>MAT 05/31/22 Cpn 912796V30                | (49,978,416.67)   |                                  | 0.00                  | 0.00                  | (49,978,416.67)  |
|          |          |                  | 807,000,000.000 |   | (806,777,629.18)  | (8,956.11)                       | 0.00                  | 0.00                  | (806,786,585.29) |
| 04/01/22 | 04/01/22 | Coupon           |                 | SVENSKA HANDELSBANKEN YCD F<br>MAT 09/01/22 Cpn 0.47 86959RXQ8  |                   | 2,143.75                         | 0.00                  | 0.00                  | 2,143.75         |
| 04/04/22 | 04/04/22 | Coupon           |                 | INTL FINANCE CORP FRN SOFRA<br>MAT 04/03/24 Cpn 0.37 45950VQM1  |                   | 2,523.35                         | 0.00                  | 0.00                  | 2,523.35         |
| 04/04/22 | 04/04/22 | Coupon           |                 | SUMITOMO MITSUI BANK FRN YCD<br>MAT 08/02/22 Cpn 0.46 86565C4F3 |                   | 834.17                           | 0.00                  | 0.00                  | 834.17           |
| 04/10/22 | 04/10/22 | Coupon           |                 | CRVNA 2021-P2 A2 CAR<br>MAT 07/10/24 Cpn 0.30 14687TAB3         |                   | 954.45                           | 0.00                  | 0.00                  | 954.45           |
| 04/10/22 | 04/10/22 | Coupon           |                 | CRVNA 2021-P4 A2 CAR<br>MAT 04/10/25 Cpn 0.82 14687KAB2         |                   | 5,125.00                         | 0.00                  | 0.00                  | 5,125.00         |
| 04/11/22 | 04/11/22 | Coupon           |                 | CREDIT AGRICOLE YCD FRN SOFR<br>MAT 05/09/22 Cpn 0.40 22532XQP6 |                   | 630.56                           | 0.00                  | 0.00                  | 630.56           |
| 04/13/22 | 04/13/22 | Coupon           |                 | INTL BANK RECON & DEVELOP FR<br>MAT 01/13/23 Cpn 0.40 459058JQ7 |                   | 1,071.13                         | 0.00                  | 0.00                  | 1,071.13         |
| 04/14/22 | 04/14/22 | Coupon           |                 | BANK OF NOVA SCOTIA FRN YCD<br>MAT 09/14/22 Cpn 0.45 06417MVT9  |                   | 924.31                           | 0.00                  | 0.00                  | 924.31           |
| 04/15/22 | 04/15/22 | Coupon           |                 | CARMAX 2019-1 A3 CAR<br>MAT 03/15/24 Cpn 3.05 14315NAC4         |                   | 1,398.73                         | 0.00                  | 0.00                  | 1,398.73         |
| 04/15/22 | 04/15/22 | Coupon           |                 | CARMX 2019-2 A3 CAR<br>MAT 03/15/24 Cpn 2.68 14316LAC7          |                   | 2,302.07                         | 0.00                  | 0.00                  | 2,302.07         |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/15/22 | 04/15/22 | Coupon           |       | CARMAX 2019-3 A3 CAR<br>MAT 08/15/24 Cpn 2.18 14315PAD7           |                   | 6,822.48                         | 0.00                  | 0.00                  | 6,822.48     |
| 04/15/22 | 04/15/22 | Coupon           |       | CARMX 2021-4 A2A CAR<br>MAT 11/15/24 Cpn 0.24 14317JAB3           |                   | 736.54                           | 0.00                  | 0.00                  | 736.54       |
| 04/15/22 | 04/15/22 | Coupon           |       | CNH 2021-C A2 EQP<br>MAT 01/15/25 Cpn 0.33 12598LAB2              |                   | 2,062.50                         | 0.00                  | 0.00                  | 2,062.50     |
| 04/15/22 | 04/15/22 | Coupon           |       | HALST 2020-B A3 CAR LEASE 144A<br>MAT 09/15/23 Cpn 0.51 44891PAC8 |                   | 2,866.00                         | 0.00                  | 0.00                  | 2,866.00     |
| 04/15/22 | 04/15/22 | Coupon           |       | HALST 2021-C A2 CAR LEASE 144A<br>MAT 01/16/24 Cpn 0.24 44933MAB7 |                   | 932.81                           | 0.00                  | 0.00                  | 932.81       |
| 04/15/22 | 04/15/22 | Coupon           |       | HALST 2021-C A2 CAR LEASE 144A<br>MAT 01/16/24 Cpn 0.24 44933MAB7 |                   | 225.35                           | 0.00                  | 0.00                  | 225.35       |
| 04/15/22 | 04/15/22 | Coupon           |       | HONDA 2021-2 A2 CAR<br>MAT 11/15/23 Cpn 0.17 43811JAB3            |                   | 538.26                           | 0.00                  | 0.00                  | 538.26       |
| 04/15/22 | 04/15/22 | Coupon           |       | HAROT 2022-1 A2 CAR<br>MAT 10/15/24 Cpn 1.44 43815BAB6            |                   | 6,000.00                         | 0.00                  | 0.00                  | 6,000.00     |
| 04/15/22 | 04/15/22 | Coupon           |       | HYUNDAI 2021-A A2 CAR<br>MAT 02/15/24 Cpn 0.23 44933LAB9          |                   | 235.15                           | 0.00                  | 0.00                  | 235.15       |
| 04/15/22 | 04/15/22 | Coupon           |       | KUBOTA 2020-1A A3 EQP 144A<br>MAT 03/15/24 Cpn 1.96 50117WAC8     |                   | 5,854.79                         | 0.00                  | 0.00                  | 5,854.79     |
| 04/15/22 | 04/15/22 | Coupon           |       | KUBOTA 2020-1A A3 EQP 144A<br>MAT 03/15/24 Cpn 1.96 50117WAC8     |                   | 1,404.62                         | 0.00                  | 0.00                  | 1,404.62     |
| 04/15/22 | 04/15/22 | Coupon           |       | MERCEDES 2020-B A2 LEASE<br>MAT 02/15/23 Cpn 0.31 58769EAB4       |                   | 27.47                            | 0.00                  | 0.00                  | 27.47        |
| 04/15/22 | 04/15/22 | Coupon           |       | MERCEDES 2021-B A2 LEASE<br>MAT 01/16/24 Cpn 0.22 58769KAC8       |                   | 1,062.75                         | 0.00                  | 0.00                  | 1,062.75     |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/15/22 | 04/15/22 | Coupon           |       | MBMOT 2019-BA A 144A<br>MAT 05/15/24 Cpn 2.61 58768UAM5         |                   | 12,349.65                        | 0.00                  | 0.00                  | 12,349.65    |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2019-A A3 CAR<br>MAT 07/17/23 Cpn 2.91 89239AAD5         |                   | 3,230.62                         | 0.00                  | 0.00                  | 3,230.62     |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2         |                   | 2,177.73                         | 0.00                  | 0.00                  | 2,177.73     |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2         |                   | 218.37                           | 0.00                  | 0.00                  | 218.37       |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2021-A A2 CAR<br>MAT 07/17/23 Cpn 0.16 89240BAB4         |                   | 190.62                           | 0.00                  | 0.00                  | 190.62       |
| 04/15/22 | 04/15/22 | Coupon           |       | WORLD OMNI 2021-B A2 CAR<br>MAT 07/15/24 Cpn 0.20 98163LAB6     |                   | 477.87                           | 0.00                  | 0.00                  | 477.87       |
| 04/16/22 | 04/16/22 | Coupon           |       | GMCAR 2021-A A2 CAR<br>MAT 06/17/24 Cpn 0.27 380149AB0          |                   | 555.12                           | 0.00                  | 0.00                  | 555.12       |
| 04/18/22 | 04/18/22 | Coupon           |       | CREDIT AGRICOLE YCD FRN SOFR<br>MAT 05/18/22 Cpn 0.41 22532XQR2 |                   | 2,350.83                         | 0.00                  | 0.00                  | 2,350.83     |
| 04/18/22 | 04/18/22 | Coupon           |       | CREDIT INDUST ET COMM YCD FR<br>MAT 05/16/22 Cpn 0.40 22536UY61 |                   | 1,819.44                         | 0.00                  | 0.00                  | 1,819.44     |
| 04/18/22 | 04/18/22 | Coupon           |       | HONDA 2019-1 A3 CAR<br>MAT 03/20/23 Cpn 2.83 43814WAC9          |                   | 1,166.92                         | 0.00                  | 0.00                  | 1,166.92     |
| 04/18/22 | 04/18/22 | Coupon           |       | HONDA 2020-3 A2 CAR<br>MAT 02/21/23 Cpn 0.27 43813KAB8          |                   | 81.51                            | 0.00                  | 0.00                  | 81.51        |
| 04/18/22 | 04/18/22 | Coupon           |       | HONDA 2021-3 A2 CAR<br>MAT 02/20/24 Cpn 0.20 43815EAB0          |                   | 464.77                           | 0.00                  | 0.00                  | 464.77       |
| 04/20/22 | 04/20/22 | Coupon           |       | EFF 2022-1 A1 FLEET 144A<br>MAT 04/20/23 Cpn 1.49 29375JAA2     |                   | 2,186.71                         | 0.00                  | 0.00                  | 2,186.71     |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/20/22 | 04/20/22 | Coupon           |       | GMALT 2021-2 A2 LEASE<br>MAT 07/20/23 Cpn 0.22 380144AB1      |                   | 458.12                           | 0.00                  | 0.00                  | 458.12       |
| 04/20/22 | 04/20/22 | Coupon           |       | SRT 2021-C A2 LEASE 144A<br>MAT 04/22/24 Cpn 0.29 80286CAB6   |                   | 776.52                           | 0.00                  | 0.00                  | 776.52       |
| 04/20/22 | 04/20/22 | Coupon           |       | TESLA 2021-B A2 LEASE 144A<br>MAT 09/22/25 Cpn 0.36 88161KAB1 |                   | 915.00                           | 0.00                  | 0.00                  | 915.00       |
| 04/20/22 | 04/20/22 | Coupon           |       | VALET 2021-1 A2 CAR<br>MAT 10/21/24 Cpn 0.49 92868KAB9        |                   | 3,062.50                         | 0.00                  | 0.00                  | 3,062.50     |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   |                   | 1,312.46                         | 0.00                  | 0.00                  | 1,312.46     |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   |                   | 329.45                           | 0.00                  | 0.00                  | 329.45       |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   |                   | 3,328.83                         | 0.00                  | 0.00                  | 3,328.83     |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2019-C A1A PHONE<br>MAT 04/22/24 Cpn 1.94 92348AAA3   |                   | 4,367.04                         | 0.00                  | 0.00                  | 4,367.04     |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2019-C A1A PHONE<br>MAT 04/22/24 Cpn 1.94 92348AAA3   |                   | 2,139.85                         | 0.00                  | 0.00                  | 2,139.85     |
| 04/22/22 | 04/22/22 | Coupon           |       | DEFT 2021-2 A1 EQP 144A<br>MAT 09/22/22 Cpn 0.18 24702VAA0    |                   | 123.83                           | 0.00                  | 0.00                  | 123.83       |
| 04/25/22 | 04/25/22 | Coupon           |       | BMW 2021-2 A2 LEASE<br>MAT 11/27/23 Cpn 0.19 09690AAB9        |                   | 745.64                           | 0.00                  | 0.00                  | 745.64       |
| 04/25/22 | 04/25/22 | Coupon           |       | BMW 2019-A A3 CAR<br>MAT 01/25/24 Cpn 1.92 05588CAC6          |                   | 1,015.02                         | 0.00                  | 0.00                  | 1,015.02     |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KF36 A<br>MAT 08/25/24 Cpn 0.79 3137FBAR7                |                   | 857.90                           | 0.00                  | 0.00                  | 857.90       |



## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KF38 A<br>MAT 09/25/24 Cpn 0.78 3137FBUC8                   |                   | 262.66                           | 0.00                  | 0.00                  | 262.66       |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI04 A 1MOFRN CMBS<br>MAT 07/25/24 Cpn 0.81 3137FNAV2       |                   | 408.55                           | 0.00                  | 0.00                  | 408.55       |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI05 A<br>MAT 07/25/24 Cpn 0.79 3137FQXG3                   |                   | 249.63                           | 0.00                  | 0.00                  | 249.63       |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI06 A 1MOFRN CMBS<br>MAT 03/25/25 Cpn 0.67 3137FVNA6       |                   | 761.23                           | 0.00                  | 0.00                  | 761.23       |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI07 A SOFRFRN<br>MAT 09/25/26 Cpn 0.33 3137H3KA9           |                   | 1,314.66                         | 0.00                  | 0.00                  | 1,314.66     |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI08 A 1MOFRN CMBS<br>MAT 10/25/26 Cpn 0.36 3137H4RC6       |                   | 806.23                           | 0.00                  | 0.00                  | 806.23       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS KS01 A2 CMBS<br>MAT 01/25/23 Cpn 2.52 3137B1U75             |                   | 5,490.85                         | 0.00                  | 0.00                  | 5,490.85     |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS Q015 A 1MOFRN CMBS<br>MAT 08/25/24 Cpn 0.49 3137FYUR5       |                   | 437.63                           | 0.00                  | 0.00                  | 437.63       |
| 04/25/22 | 04/25/22 | Coupon           |       | BANCO SANTANDER FRN YCD SOF<br>MAT 07/25/22 Cpn 0.43 05966DE32   |                   | 1,324.12                         | 0.00                  | 0.00                  | 1,324.12     |
| 04/27/22 | 04/27/22 | Coupon           |       | BANK OF NOVA SCOTIA FRN YCD<br>MAT 10/27/22 Cpn 0.48 06417MVM4   |                   | 4,426.39                         | 0.00                  | 0.00                  | 4,426.39     |
| 04/28/22 | 04/28/22 | Coupon           |       | CA SAN JOSE FIN AUTH LEASE CP<br>MAT 04/28/22 Cpn 0.23 79815WCY2 |                   | 5,343.56                         | 0.00                  | 0.00                  | 5,343.56     |
|          |          |                  |       |  |                   | 114,204.07                       | 0.00                  | 0.00                  | 114,204.07   |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units           | Description                     |               | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount   |
|----------|----------|------------------|-----------------|---------------------------------|---------------|-------------------|----------------------------------|-----------------------|-----------------------|----------------|
| 04/01/22 | 04/01/22 | Income           | 9.410           | ADJ NET INT MAT                 | Cpn USD       |                   | 9.41                             | 0.00                  | 0.00                  | 9.41           |
| 04/18/22 | 04/18/22 | Contributn       | 400,000,000.000 | NM MAT                          | Cpn USD       | 400,000,000.00    |                                  | 0.00                  | 0.00                  | 400,000,000.00 |
| 04/01/22 | 04/04/22 | Sell Long        | 2,000,000.000   | U.S. TREASURY BILL MAT 04/05/22 | Cpn 912796T74 | 1,999,622.36      | 366.58                           | (4.14)                | 0.00                  | 1,999,988.94   |
| 04/01/22 | 04/04/22 | Sell Long        | 13,000,000.000  | U.S. TREASURY BILL MAT 04/05/22 | Cpn 912796T74 | 12,997,545.35     | 2,382.79                         | (26.90)               | 0.00                  | 12,999,928.14  |
| 04/01/22 | 04/04/22 | Sell Long        | 35,000,000.000  | U.S. TREASURY BILL MAT 04/05/22 | Cpn 912796T74 | 34,994,206.53     | 5,600.00                         | (76.80)               | 0.00                  | 34,999,806.53  |
| 04/01/22 | 04/04/22 | Sell Long        | 2,000,000.000   | U.S. TREASURY BILL MAT 04/05/22 | Cpn 912796T74 | 1,999,855.61      | 133.33                           | (5.50)                | 0.00                  | 1,999,988.94   |
| 04/06/22 | 04/07/22 | Sell Long        | 10,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 9,997,162.50      | 2,550.00                         | (37.50)               | 0.00                  | 9,999,712.50   |
| 04/06/22 | 04/07/22 | Sell Long        | 20,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 19,994,325.00     | 5,100.00                         | (75.00)               | 0.00                  | 19,999,425.00  |
| 04/06/22 | 04/07/22 | Sell Long        | 30,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 29,991,487.50     | 7,650.00                         | (112.50)              | 0.00                  | 29,999,137.50  |
| 04/06/22 | 04/07/22 | Sell Long        | 20,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 19,998,675.00     | 750.00                           | (158.33)              | 0.00                  | 19,999,425.00  |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33  |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33  |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000  | U.S. TREASURY BILL MAT 04/12/22 | Cpn 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33  |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units          | Description                            |           | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount  |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 49,997,000.00     | 2,708.33                         | (83.33)               | 0.00                  | 49,999,708.33 |
| 04/08/22 | 04/11/22 | Sell Long        | 28,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 27,998,875.32     | 961.34                           | (3.12)                | 0.00                  | 27,999,836.66 |
| 04/08/22 | 04/11/22 | Sell Long        | 22,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 21,999,116.34     | 755.33                           | (2.44)                | 0.00                  | 21,999,871.67 |
| 04/08/22 | 04/11/22 | Sell Long        | 28,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 27,998,875.33     | 961.33                           | (3.12)                | 0.00                  | 27,999,836.66 |
| 04/08/22 | 04/11/22 | Sell Long        | 22,000,000.000 | U.S. TREASURY BILL<br>MAT 04/12/22 Cpn | 912796T82 | 21,999,116.34     | 755.33                           | (2.44)                | 0.00                  | 21,999,871.67 |
| 04/11/22 | 04/12/22 | Sell Long        | 25,000,000.000 | U.S. TREASURY BILL<br>MAT 04/14/22 Cpn | 912796P29 | 24,993,981.26     | 5,755.55                         | (57.63)               | 0.00                  | 24,999,736.81 |
| 04/11/22 | 04/12/22 | Sell Long        | 25,000,000.000 | U.S. TREASURY BILL<br>MAT 04/14/22 Cpn | 912796P29 | 24,996,870.14     | 2,866.66                         | (84.03)               | 0.00                  | 24,999,736.80 |
| 04/11/22 | 04/12/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/14/22 Cpn | 912796P29 | 49,993,740.28     | 5,733.33                         | (168.05)              | 0.00                  | 49,999,473.61 |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units          | Description                            |           | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount  |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 04/12/22 | 04/13/22 | Sell Long        | 10,000,000.000 | U.S. TREASURY BILL<br>MAT 04/19/22 Cpn | 912796T90 | 9,998,225.08      | 1,416.25                         | (101.17)              | 0.00                  | 9,999,641.33  |
| 04/12/22 | 04/13/22 | Sell Long        | 18,000,000.000 | U.S. TREASURY BILL<br>MAT 04/19/22 Cpn | 912796T90 | 17,996,805.15     | 2,549.25                         | (182.10)              | 0.00                  | 17,999,354.40 |
| 04/13/22 | 04/14/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 04/21/22 Cpn | 912796G45 | 49,989,840.28     | 8,263.89                         | (194.44)              | 0.00                  | 49,998,104.17 |
| 04/13/22 | 04/14/22 | Sell Long        | 32,000,000.000 | U.S. TREASURY BILL<br>MAT 04/19/22 Cpn | 912796T90 | 31,994,290.67     | 4,669.33                         | (353.33)              | 0.00                  | 31,998,960.00 |
| 04/14/22 | 04/18/22 | Sell Long        | 30,000,000.000 | U.S. TREASURY BILL<br>MAT 04/26/22 Cpn | 912796U23 | 29,992,829.17     | 6,064.16                         | 170.00                | 0.00                  | 29,998,893.33 |
| 04/14/22 | 04/18/22 | Sell Long        | 11,000,000.000 | U.S. TREASURY BILL<br>MAT 04/28/22 Cpn | 912796P37 | 10,997,199.59     | 2,322.22                         | 132.92                | 0.00                  | 10,999,521.81 |
| 04/22/22 | 04/25/22 | Sell Long        | 30,000,000.000 | U.S. TREASURY BILL<br>MAT 04/26/22 Cpn | 912796U23 | 29,998,618.34     | 1,257.08                         | 55.01                 | 0.00                  | 29,999,875.42 |
| 04/29/22 | 05/02/22 | Sell Long        | 10,000,000.000 | U.S. TREASURY BILL<br>MAT 05/03/22 Cpn | 912796U72 | 9,996,787.92      | 3,194.58                         | 107.78                | 0.00                  | 9,999,982.50  |
| 04/29/22 | 05/02/22 | Sell Long        | 50,000,000.000 | U.S. TREASURY BILL<br>MAT 05/03/22 Cpn | 912796U72 | 49,983,939.58     | 15,972.92                        | 538.89                | 0.00                  | 49,999,912.50 |
| 04/29/22 | 05/03/22 | Sell Long        | 30,000,000.000 | U.S. TREASURY BILL<br>MAT 05/05/22 Cpn | 912796P45 | 29,991,158.33     | 8,712.50                         | 554.16                | 0.00                  | 29,999,870.83 |
| 04/29/22 | 05/03/22 | Sell Long        | 10,000,000.000 | U.S. TREASURY BILL<br>MAT 05/10/22 Cpn | 912796U80 | 9,996,012.78      | 3,720.83                         | 446.11                | 0.00                  | 9,999,733.61  |

Payden &amp; Rygel

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date              | St Date  | Transaction Type | Units                    | Description  | Proceeds / (Cost)       | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount            |
|----------------------|----------|------------------|--------------------------|--|-------------------------|----------------------------------|-----------------------|-----------------------|-------------------------|
| Fixed Income - cont. |          |                  |                          |  |                         |                                  |                       |                       |                         |
| 04/29/22             | 05/03/22 | Sell Long        | 20,000,000.000           | U.S. TREASURY BILL MAT 05/10/22 Cpn 912796U80                  | 19,992,025.55           | 7,441.67                         | 892.22                | 0.00                  | 19,999,467.22           |
|                      |          |                  | <u>1,083,000,000.000</u> |  | <u>1,082,854,187.22</u> | <u>132,281.30</u>                | <u>498.51</u>         | <u>0.00</u>           | <u>1,082,986,468.52</u> |
| 04/10/22             | 04/10/22 | Pay Princpl      | 678,103.137              | CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30 14687TAB3           | 678,103.14              |                                  | 76.94                 | 0.00                  | 678,103.14              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 118,539.650              | CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4           | 118,539.65              |                                  | 0.00                  | (715.83)              | 118,539.65              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 152,909.397              | CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7            | 152,909.40              |                                  | 0.00                  | (1,234.67)            | 152,909.40              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 380,570.862              | CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7           | 380,570.86              |                                  | (3,352.73)            | 0.00                  | 380,570.86              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 369,431.457              | CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3           | 369,431.46              |                                  | 2.66                  | 0.00                  | 369,431.46              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 896,377.351              | HALST 2020-B A3 CAR LEASE 144A MAT 09/15/23 Cpn 0.51 44891PAC8 | 896,377.35              |                                  | (53.93)               | 0.00                  | 896,377.35              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 323,387.920              | HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7 | 323,387.92              |                                  | 7.25                  | 0.00                  | 323,387.92              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 78,125.399               | HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7 | 78,125.40               |                                  | 746.86                | 0.00                  | 78,125.40               |
| 04/15/22             | 04/15/22 | Pay Princpl      | 557,307.718              | HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3            | 557,307.72              |                                  | 2.52                  | 0.00                  | 557,307.72              |
| 04/15/22             | 04/15/22 | Pay Princpl      | 184,146.173              | HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9          | 184,146.17              |                                  | 8.52                  | 0.00                  | 184,146.17              |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units       | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/15/22 | 04/15/22 | Pay Princpl      | 299,623.660 | KUBOTA 2020-1A A3 EQP 144A<br>MAT 03/15/24 Cpn 1.96 50117WAC8 | 299,623.66        |                                  | (3,983.94)            | 0.00                  | 299,623.66   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 71,882.806  | KUBOTA 2020-1A A3 EQP 144A<br>MAT 03/15/24 Cpn 1.96 50117WAC8 | 71,882.81         |                                  | (884.41)              | 0.00                  | 71,882.81    |
| 04/15/22 | 04/15/22 | Pay Princpl      | 106,353.923 | MERCEDES 2020-B A2 LEASE<br>MAT 02/15/23 Cpn 0.31 58769EAB4   | 106,353.92        |                                  | 0.00                  | 0.48                  | 106,353.92   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 657,207.126 | MERCEDES 2021-B A2 LEASE<br>MAT 01/16/24 Cpn 0.22 58769KAC8   | 657,207.13        |                                  | 30.69                 | 0.00                  | 657,207.13   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 287,351.186 | TOYOTA 2019-A A3 CAR<br>MAT 07/17/23 Cpn 2.91 89239AAD5       | 287,351.19        |                                  | 0.00                  | (1,511.65)            | 287,351.19   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 232,634.083 | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2       | 232,634.08        |                                  | 0.00                  | (0.00)                | 232,634.08   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 23,327.027  | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2       | 23,327.03         |                                  | 0.00                  | 0.00                  | 23,327.03    |
| 04/15/22 | 04/15/22 | Pay Princpl      | 468,737.091 | TOYOTA 2021-A A2 CAR<br>MAT 07/17/23 Cpn 0.16 89240BAB4       | 468,737.09        |                                  | (11.60)               | 0.00                  | 468,737.09   |
| 04/15/22 | 04/15/22 | Pay Princpl      | 391,965.687 | WORLD OMNI 2021-B A2 CAR<br>MAT 07/15/24 Cpn 0.20 98163LAB6   | 391,965.69        |                                  | 6.87                  | 0.00                  | 391,965.69   |
| 04/16/22 | 04/16/22 | Pay Princpl      | 377,832.803 | GMCAR 2021-A A2 CAR<br>MAT 06/17/24 Cpn 0.27 380149AB0        | 377,832.80        |                                  | 0.00                  | 10.10                 | 377,832.80   |
| 04/18/22 | 04/18/22 | Pay Princpl      | 180,472.876 | HONDA 2019-1 A3 CAR<br>MAT 03/20/23 Cpn 2.83 43814WAC9        | 180,472.88        |                                  | 0.00                  | (530.39)              | 180,472.88   |
| 04/18/22 | 04/18/22 | Pay Princpl      | 362,273.395 | HONDA 2020-3 A2 CAR<br>MAT 02/21/23 Cpn 0.27 43813KAB8        | 362,273.40        |                                  | 0.00                  | 2.41                  | 362,273.40   |
| 04/18/22 | 04/18/22 | Pay Princpl      | 297,166.911 | HONDA 2021-3 A2 CAR<br>MAT 02/20/24 Cpn 0.20 43815EAB0        | 297,166.91        |                                  | 19.05                 | 0.00                  | 297,166.91   |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units       | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/20/22 | 04/20/22 | Pay Princpl      | 629,545.785 | EFF 2022-1 A1 FLEET 144A<br>MAT 04/20/23 Cpn 1.49 29375JAA2   | 629,545.79        |                                  | 0.01                  | 0.00                  | 629,545.79   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 459,328.421 | GMALT 2021-2 A2 LEASE<br>MAT 07/20/23 Cpn 0.22 380144AB1      | 459,328.42        |                                  | 4.32                  | 0.00                  | 459,328.42   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 349,569.062 | SRT 2021-C A2 LEASE 144A<br>MAT 04/22/24 Cpn 0.29 80286CAB6   | 349,569.06        |                                  | 12.04                 | 0.00                  | 349,569.06   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 112,940.673 | TESLA 2021-B A2 LEASE 144A<br>MAT 09/22/25 Cpn 0.36 88161KAB1 | 112,940.67        |                                  | 8.45                  | 0.00                  | 112,940.67   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 289,631.491 | VALET 2021-1 A2 CAR<br>MAT 10/21/24 Cpn 0.49 92868KAB9        | 289,631.49        |                                  | 19.04                 | 0.00                  | 289,631.49   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 139,559.128 | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   | 139,559.13        |                                  | 0.00                  | (679.96)              | 139,559.13   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 35,032.189  | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   | 35,032.19         |                                  | (163.08)              | 0.00                  | 35,032.19    |
| 04/20/22 | 04/20/22 | Pay Princpl      | 353,967.518 | VERIZON 2019-B 1A1 PHONE<br>MAT 12/20/23 Cpn 2.33 92349GAA9   | 353,967.52        |                                  | (1,533.27)            | 0.00                  | 353,967.52   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 373,789.779 | VERIZON 2019-C A1A PHONE<br>MAT 04/22/24 Cpn 1.94 92348AAA3   | 373,789.78        |                                  | (2,309.08)            | 0.00                  | 373,789.78   |
| 04/20/22 | 04/20/22 | Pay Princpl      | 183,156.991 | VERIZON 2019-C A1A PHONE<br>MAT 04/22/24 Cpn 1.94 92348AAA3   | 183,156.99        |                                  | (1,093.99)            | 0.00                  | 183,156.99   |
| 04/22/22 | 04/22/22 | Pay Princpl      | 421,337.807 | DEFT 2021-2 A1 EQP 144A<br>MAT 09/22/22 Cpn 0.18 24702VAA0    | 421,337.81        |                                  | 0.00                  | 0.00                  | 421,337.81   |
| 04/25/22 | 04/25/22 | Pay Princpl      | 582,765.600 | BMW 2021-2 A2 LEASE<br>MAT 11/27/23 Cpn 0.19 09690AAB9        | 582,765.60        |                                  | 22.80                 | 0.00                  | 582,765.60   |
| 04/25/22 | 04/25/22 | Pay Princpl      | 102,479.272 | BMW 2019-A A3 CAR<br>MAT 01/25/24 Cpn 1.92 05588CAC6          | 102,479.27        |                                  | 0.00                  | (553.68)              | 102,479.27   |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units                 | Description                                       |  | Proceeds / (Cost)    | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount         |
|----------|----------|------------------|-----------------------|---|--|----------------------|----------------------------------|-----------------------|-----------------------|----------------------|
| 04/25/22 | 04/25/22 | Pay Princpl      | 35,879.170            | FHMS KF36 A MAT 08/25/24 Cpn 0.79 3137FBAR7       |  | 35,879.17            |                                  | 0.00                  | 14.68                 | 35,879.17            |
| 04/25/22 | 04/25/22 | Pay Princpl      | 667.871               | FHMS KF38 A MAT 09/25/24 Cpn 0.78 3137FBUC8       |  | 667.87               |                                  | 0.00                  | 0.44                  | 667.87               |
| 04/01/22 | 04/25/22 | Pay Princpl      | 11,755.916            | FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75 |  | 11,755.92            |                                  | 0.00                  | (131.09)              | 11,755.92            |
|          |          |                  | <u>11,577,134.311</u> |   |  | <u>11,577,134.34</u> |                                  | <u>(12,418.02)</u>    | <u>(5,329.16)</u>     | <u>11,577,134.34</u> |
| 04/05/22 | 04/05/22 | Mature Long      | 28,000,000.000        | U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74     |  | 27,998,055.56        | 1,944.44                         | 0.00                  | 0.00                  | 28,000,000.00        |
| 04/05/22 | 04/05/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74     |  | 49,996,527.78        | 3,472.22                         | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/05/22 | 04/05/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74     |  | 49,996,527.78        | 3,472.22                         | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/05/22 | 04/05/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74     |  | 49,996,527.78        | 3,472.22                         | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/05/22 | 04/05/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74     |  | 49,999,227.08        | 772.92                           | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/07/22 | 04/07/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/07/22 Cpn 912796N47     |  | 49,990,756.25        | 9,243.75                         | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/12/22 | 04/12/22 | Mature Long      | 28,000,000.000        | U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82     |  | 27,998,878.44        | 1,121.56                         | (0.00)                | 0.00                  | 28,000,000.00        |
| 04/12/22 | 04/12/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82     |  | 49,997,997.22        | 2,002.78                         | 0.00                  | 0.00                  | 50,000,000.00        |
| 04/12/22 | 04/12/22 | Mature Long      | 50,000,000.000        | U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82     |  | 49,997,997.22        | 2,002.78                         | 0.00                  | 0.00                  | 50,000,000.00        |



## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units             | Description  |  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount     |
|----------|----------|------------------|-------------------|--|--|-------------------|----------------------------------|-----------------------|-----------------------|------------------|
| 04/21/22 | 04/21/22 | Mature Long      | 50,000,000.000    | U.S. TREASURY BILL<br>MAT 04/21/22 Cpn 912796G45                 |  | 49,999,266.67     | 733.33                           | 0.00                  | 0.00                  | 50,000,000.00    |
| 04/28/22 | 04/28/22 | Mature Long      | 29,000,000.000    | U.S. TREASURY BILL<br>MAT 04/28/22 Cpn 912796P37                 |  | 28,992,266.66     | 7,733.34                         | (0.00)                | 0.00                  | 29,000,000.00    |
| 04/28/22 | 04/28/22 | Mature Long      | 11,000,000.000    | U.S. TREASURY BILL<br>MAT 04/28/22 Cpn 912796P37                 |  | 10,999,527.00     | 473.00                           | 0.00                  | 0.00                  | 11,000,000.00    |
| 04/28/22 | 04/28/22 | Mature Long      | 8,000,000.000     | CA SAN JOSE FIN AUTH LEASE CP<br>MAT 04/28/22 Cpn 0.23 79815WCY2 |  | 8,000,000.00      |                                  | 0.00                  | 0.00                  | 8,000,000.00     |
|          |          |                  | 504,000,000.000   |  |  | 503,963,555.44    | 36,444.56                        | (0.01)                | 0.00                  | 504,000,000.00   |
| 04/01/22 | 04/01/22 | Withdrawal       | (3,065.550)       | CUSTODY FEE<br>MAT Cpn USD                                       |  | (3,065.55)        |                                  | (3,065.55)            | 0.00                  | (3,065.55)       |
| 04/04/22 | 04/04/22 | Withdrawal       | (50,000,000.000)  | WD<br>MAT Cpn USD  |  | (50,000,000.00)   |                                  | (50,000,000.00)       | 0.00                  | (50,000,000.00)  |
| 04/07/22 | 04/07/22 | Withdrawal       | (130,000,000.000) | WD<br>MAT Cpn USD  |  | (130,000,000.00)  |                                  | (130,000,000.00)      | 0.00                  | (130,000,000.00) |
| 04/11/22 | 04/11/22 | Withdrawal       | (550,000,000.000) | WD<br>MAT Cpn USD  |  | (550,000,000.00)  |                                  | (550,000,000.00)      | 0.00                  | (550,000,000.00) |
| 04/12/22 | 04/12/22 | Withdrawal       | (230,000,000.000) | WD<br>MAT Cpn USD  |  | (230,000,000.00)  |                                  | (230,000,000.00)      | 0.00                  | (230,000,000.00) |
| 04/14/22 | 04/14/22 | Withdrawal       | (50,000,000.000)  | WD<br>MAT Cpn USD  |  | (50,000,000.00)   |                                  | (50,000,000.00)       | 0.00                  | (50,000,000.00)  |
| 04/21/22 | 04/21/22 | Withdrawal       | (50,000,000.000)  | WD<br>MAT Cpn USD  |  | (50,000,000.00)   |                                  | (50,000,000.00)       | 0.00                  | (50,000,000.00)  |
| 04/25/22 | 04/25/22 | Withdrawal       | (30,000,000.000)  | WD<br>MAT Cpn USD  |  | (30,000,000.00)   |                                  | (30,000,000.00)       | 0.00                  | (30,000,000.00)  |

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2022  
through 04/30/2022

| <i>Tr Date</i> | <i>St Date</i> | <i>Transaction<br/>Type</i> | <i>Units</i>               | <i>Description</i> |     |     | <i>Proceeds / (Cost)</i>  | <i>Accrued Interest<br/>(Purch) or Sold</i> | <i>G/L &lt; 1 Yr<br/>Amort Cost</i> | <i>G/L &gt; 1 Yr<br/>Amort Cost</i> | <i>Total<br/>Amount</i>   |
|----------------|----------------|-----------------------------|----------------------------|--------------------|-----|-----|---------------------------|---|-------------------------------------|-------------------------------------|---------------------------|
| 04/28/22       | 04/28/22       | Withdrawal                  | (40,000,000.000)           | WD<br>MAT          | Cpn | USD | (40,000,000.00)           |   | (40,000,000.00)                     | 0.00                                | (40,000,000.00)           |
|                |                |                             | <u>(1,130,003,065.550)</u> |                    |     |     | <u>(1,130,003,065.55)</u> |   | <u>(1,130,003,065.55)</u>           | <u>0.00</u>                         | <u>(1,130,003,065.55)</u> |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units       | Description  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/21/22 | 04/22/22 | Buy              | 900,000.000 | U.S. TREASURY NOTE<br>MAT 03/31/27 Cpn 2.50 91282CEF4            | (881,015.63)      | (1,352.46)                       | 0.00                  | 0.00                  | (882,368.09) |
| 04/01/22 | 04/01/22 | Coupon           |             | CA BAY AREA TOLL AUTH TOLL BR<br>MAT 04/01/24 Cpn 2.25 072024WP3 |                   | 13,749.40                        | 0.00                  | 0.00                  | 13,749.40    |
| 04/01/22 | 04/01/22 | Coupon           |             | CA STATE GO/ULT-TXB<br>MAT 04/01/22 Cpn 2.37 13063DAD0           |                   | 5,680.80                         | 0.00                  | 0.00                  | 5,680.80     |
| 04/01/22 | 04/01/22 | Coupon           |             | CA LOS ALTOS SCH DIST GO BANS<br>MAT 10/01/24 Cpn 1.00 544290JH3 |                   | 4,000.00                         | 0.00                  | 0.00                  | 4,000.00     |
| 04/01/22 | 04/01/22 | Coupon           |             | CA MANTECA REDEV AGY TAB TX<br>MAT 10/01/23 Cpn 1.74 56453RAX2   |                   | 4,345.00                         | 0.00                  | 0.00                  | 4,345.00     |
| 04/01/22 | 04/01/22 | Coupon           |             | CA SAN MARCOS REDEV AGY TAB<br>MAT 10/01/22 Cpn 2.25 79876CBS6   |                   | 5,793.75                         | 0.00                  | 0.00                  | 5,793.75     |
| 04/01/22 | 04/01/22 | Coupon           |             | CA STOCKTON PFA WTR REV-GRE<br>MAT 10/01/24 Cpn 2.37 861398CH6   |                   | 3,561.00                         | 0.00                  | 0.00                  | 3,561.00     |
| 04/04/22 | 04/04/22 | Coupon           |             | INTL FINANCE CORP FRN SOFRRRA<br>MAT 04/03/24 Cpn 0.37 45950VQM1 |                   | 312.90                           | 0.00                  | 0.00                  | 312.90       |
| 04/15/22 | 04/15/22 | Coupon           |             | CARMX 2020-1 A3 CAR<br>MAT 12/16/24 Cpn 1.89 14315XAC2           |                   | 600.66                           | 0.00                  | 0.00                  | 600.66       |
| 04/15/22 | 04/15/22 | Coupon           |             | CARMX 2021-2 A3 AUTO<br>MAT 02/17/26 Cpn 0.52 14314QAC8          |                   | 411.67                           | 0.00                  | 0.00                  | 411.67       |
| 04/15/22 | 04/15/22 | Coupon           |             | CARMX 2021-3 A3 CAR<br>MAT 06/15/26 Cpn 0.55 14317DAC4           |                   | 435.42                           | 0.00                  | 0.00                  | 435.42       |
| 04/15/22 | 04/15/22 | Coupon           |             | CAPITAL ONE 2020-1 A3 CAR<br>MAT 11/15/24 Cpn 1.60 14043MAC5     |                   | 428.02                           | 0.00                  | 0.00                  | 428.02       |
| 04/15/22 | 04/15/22 | Coupon           |             | FIFTH THIRD 2019-1 A3 CAR<br>MAT 12/15/23 Cpn 2.64 31680YAD9     |                   | 113.82                           | 0.00                  | 0.00                  | 113.82       |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/15/22 | 04/15/22 | Coupon           |       | FORDL 2021-B A3 LEASE<br>MAT 10/15/24 Cpn 0.37 345329AC0         |                   | 277.50                           | 0.00                  | 0.00                  | 277.50       |
| 04/15/22 | 04/15/22 | Coupon           |       | HONDA 2019-3 A3 CAR<br>MAT 08/15/23 Cpn 1.78 43815NAC8           |                   | 221.97                           | 0.00                  | 0.00                  | 221.97       |
| 04/15/22 | 04/15/22 | Coupon           |       | JOHN DEERE 2020-A A3 EQP<br>MAT 08/15/24 Cpn 1.10 47789KAC7      |                   | 446.42                           | 0.00                  | 0.00                  | 446.42       |
| 04/15/22 | 04/15/22 | Coupon           |       | JOHN DEERE 2021-A A3 EQP<br>MAT 09/15/25 Cpn 0.36 47788UAC6      |                   | 165.00                           | 0.00                  | 0.00                  | 165.00       |
| 04/15/22 | 04/15/22 | Coupon           |       | KUBOTA 2021-2A A3 EQP 144A<br>MAT 11/17/25 Cpn 0.56 50117XAE2    |                   | 443.33                           | 0.00                  | 0.00                  | 443.33       |
| 04/15/22 | 04/15/22 | Coupon           |       | MERCEDES 2020-A A3 CAR LEASE<br>MAT 12/15/22 Cpn 1.84 58770FAC6  |                   | 43.11                            | 0.00                  | 0.00                  | 43.11        |
| 04/15/22 | 04/15/22 | Coupon           |       | MERCEDES 2021-B A3 LEASE<br>MAT 11/15/24 Cpn 0.40 58769KAD6      |                   | 200.00                           | 0.00                  | 0.00                  | 200.00       |
| 04/15/22 | 04/15/22 | Coupon           |       | CA SAN DIEGO CITY PUB FACS LE<br>MAT 10/15/22 Cpn 3.23 797299LU6 |                   | 13,731.75                        | 0.00                  | 0.00                  | 13,731.75    |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2019-A A3 CAR<br>MAT 07/17/23 Cpn 2.91 89239AAD5          |                   | 241.22                           | 0.00                  | 0.00                  | 241.22       |
| 04/15/22 | 04/15/22 | Coupon           |       | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2          |                   | 208.44                           | 0.00                  | 0.00                  | 208.44       |
| 04/15/22 | 04/15/22 | Coupon           |       | WORLD OMNI 2021-A A3 LEASE<br>MAT 08/15/24 Cpn 0.42 98163JAC9    |                   | 245.00                           | 0.00                  | 0.00                  | 245.00       |
| 04/16/22 | 04/16/22 | Coupon           |       | GMCAR 2021-2 A3 CAR<br>MAT 04/16/26 Cpn 0.51 380149AC8           |                   | 93.50                            | 0.00                  | 0.00                  | 93.50        |
| 04/20/22 | 04/20/22 | Coupon           |       | GMALT 2021-2 A LEASE<br>MAT 05/20/25 Cpn 0.41 380144AD7          |                   | 256.25                           | 0.00                  | 0.00                  | 256.25       |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/20/22 | 04/20/22 | Coupon           |       | INTL BANK RECON & DEVELOP<br>MAT 04/20/23 Cpn 0.13 459058JV6  |                   | 212.50                           | 0.00                  | 0.00                  | 212.50       |
| 04/20/22 | 04/20/22 | Coupon           |       | SRT 2021-C A3 LEASE 144A<br>MAT 03/20/25 Cpn 0.50 80286CAC4   |                   | 208.33                           | 0.00                  | 0.00                  | 208.33       |
| 04/20/22 | 04/20/22 | Coupon           |       | TESLA 2021-B A2 LEASE 144A<br>MAT 09/22/25 Cpn 0.36 88161KAB1 |                   | 120.00                           | 0.00                  | 0.00                  | 120.00       |
| 04/20/22 | 04/20/22 | Coupon           |       | VERIZON 2020-B A PHONE<br>MAT 02/20/25 Cpn 0.47 92290BAA9     |                   | 372.08                           | 0.00                  | 0.00                  | 372.08       |
| 04/22/22 | 04/22/22 | Coupon           |       | FNMA<br>MAT 04/22/25 Cpn 0.63 3135G03U5                       |                   | 3,000.00                         | 0.00                  | 0.00                  | 3,000.00     |
| 04/25/22 | 04/25/22 | Coupon           |       | BMW 2021-1 A4 LEASE<br>MAT 07/25/24 Cpn 0.37 05591RAD6        |                   | 92.50                            | 0.00                  | 0.00                  | 92.50        |
| 04/25/22 | 04/25/22 | Coupon           |       | BMW 2019-A A3 CAR<br>MAT 01/25/24 Cpn 1.92 05588CAC6          |                   | 241.67                           | 0.00                  | 0.00                  | 241.67       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K020 A2 CMBS<br>MAT 05/25/22 Cpn 2.37 3137ATRW           |                   | 73.48                            | 0.00                  | 0.00                  | 73.48        |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K020 A2 CMBS<br>MAT 05/25/22 Cpn 2.37 3137ATRW           |                   | 90.07                            | 0.00                  | 0.00                  | 90.07        |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2          |                   | 640.26                           | 0.00                  | 0.00                  | 640.26       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2          |                   | 1,013.74                         | 0.00                  | 0.00                  | 1,013.74     |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2          |                   | 480.19                           | 0.00                  | 0.00                  | 480.19       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K031 A2<br>MAT 04/25/23 Cpn 3.30 3137B3NX2               |                   | 2,200.00                         | 0.00                  | 0.00                  | 2,200.00     |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K033 A2<br>MAT 07/25/23 Cpn 3.06 3137B4WB8       |                   | 2,091.00                         | 0.00                  | 0.00                  | 2,091.00     |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K034 A2<br>MAT 07/25/23 Cpn 3.53 3137B5JM6       |                   | 1,412.40                         | 0.00                  | 0.00                  | 1,412.40     |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K725 AM CMBS<br>MAT 02/25/24 Cpn 3.10 3137BWWE   |                   | 2,095.20                         | 0.00                  | 0.00                  | 2,095.20     |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS K726 AM CMBS<br>MAT 04/25/24 Cpn 2.99 3137BYPR5  |                   | 1,417.88                         | 0.00                  | 0.00                  | 1,417.88     |
| 04/25/22 | 04/25/22 | Coupon           |       | FHMS KI05 A<br>MAT 07/25/24 Cpn 0.79 3137FQXG3        |                   | 16.92                            | 0.00                  | 0.00                  | 16.92        |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS KJ28 A1<br>MAT 02/25/25 Cpn 1.77 3137FREB3       |                   | 383.81                           | 0.00                  | 0.00                  | 383.81       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS KJ30 A1 CMBS<br>MAT 01/25/25 Cpn 0.53 3137FUZN7  |                   | 114.98                           | 0.00                  | 0.00                  | 114.98       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS KS01 A2 CMBS<br>MAT 01/25/23 Cpn 2.52 3137B1U75  |                   | 278.20                           | 0.00                  | 0.00                  | 278.20       |
| 04/01/22 | 04/25/22 | Coupon           |       | FHMS KSMC A2 CMBS<br>MAT 01/25/23 Cpn 2.62 3137B04Y7  |                   | 1,939.46                         | 0.00                  | 0.00                  | 1,939.46     |
| 04/30/22 | 04/30/22 | Coupon           |       | U.S. TREASURY NOTE<br>MAT 04/30/25 Cpn 0.38 912828ZL7 |                   | 1,753.13                         | 0.00                  | 0.00                  | 1,753.13     |
| 04/30/22 | 04/30/22 | Coupon           |       | U.S. TREASURY NOTE<br>MAT 04/30/26 Cpn 0.75 91282CBW0 |                   | 2,456.25                         | 0.00                  | 0.00                  | 2,456.25     |
| 04/30/22 | 04/30/22 | Coupon           |       | U.S. TREASURY NOTE<br>MAT 04/30/26 Cpn 0.75 91282CBW0 |                   | 3,525.00                         | 0.00                  | 0.00                  | 3,525.00     |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date              | St Date  | Transaction Type | Units      | Description   | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount     |
|----------------------|----------|------------------|------------|---|-------------------|----------------------------------|-----------------------|-----------------------|------------------|
| Fixed Income - cont. |          |                  |            |   |                   |                                  |                       |                       |                  |
| 04/30/22             | 04/30/22 | Coupon           |            | U.S. TREASURY NOTE<br>MAT 10/31/24 Cpn 1.50 912828YM6           |                   | 300.00                           | 0.00                  | 0.00                  | 300.00           |
|                      |          |                  |            |   |                   | <u>82,534.98</u>                 | <u>0.00</u>           | <u>0.00</u>           | <u>82,534.98</u> |
| 04/15/22             | 04/15/22 | Pay Princpl      | 30,794.339 | CARMX 2020-1 A3 CAR<br>MAT 12/16/24 Cpn 1.89 14315XAC2          | 30,794.34         |                                  | 0.00                  | (418.08)              | 30,794.34        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 28,108.452 | CAPITAL ONE 2020-1 A3 CAR<br>MAT 11/15/24 Cpn 1.60 14043MAC5    | 28,108.45         |                                  | 0.00                  | 2.53                  | 28,108.45        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 14,097.395 | FIFTH THIRD 2019-1 A3 CAR<br>MAT 12/15/23 Cpn 2.64 31680YAD9    | 14,097.40         |                                  | 0.00                  | 0.46                  | 14,097.40        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 23,807.283 | HONDA 2019-3 A3 CAR<br>MAT 08/15/23 Cpn 1.78 43815NAC8          | 23,807.28         |                                  | 0.00                  | 0.02                  | 23,807.28        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 39,766.427 | JOHN DEERE 2020-A A3 EQP<br>MAT 08/15/24 Cpn 1.10 47789KAC7     | 39,766.43         |                                  | 0.00                  | 1.05                  | 39,766.43        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 28,115.685 | MERCEDES 2020-A A3 CAR LEASE<br>MAT 12/15/22 Cpn 1.84 58770FAC6 | 28,115.69         |                                  | 0.00                  | 0.38                  | 28,115.69        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 21,455.555 | TOYOTA 2019-A A3 CAR<br>MAT 07/17/23 Cpn 2.91 89239AAD5         | 21,455.56         |                                  | 0.00                  | 0.46                  | 21,455.56        |
| 04/15/22             | 04/15/22 | Pay Princpl      | 22,266.708 | TOYOTA 2019-C A3 CAR<br>MAT 09/15/23 Cpn 1.91 89238UAD2         | 22,266.71         |                                  | 0.00                  | 0.00                  | 22,266.71        |
| 04/20/22             | 04/20/22 | Pay Princpl      | 14,811.892 | TESLA 2021-B A2 LEASE 144A<br>MAT 09/22/25 Cpn 0.36 88161KAB1   | 14,811.89         |                                  | 1.11                  | 0.00                  | 14,811.89        |
| 04/25/22             | 04/25/22 | Pay Princpl      | 24,399.827 | BMW 2019-A A3 CAR<br>MAT 01/25/24 Cpn 1.92 05588CAC6            | 24,399.83         |                                  | 0.00                  | 0.65                  | 24,399.83        |

## TRANSACTIONS BY TYPE

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

04/01/2022  
through 04/30/2022

| Tr Date  | St Date  | Transaction Type | Units              | Description  | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount      |
|----------|----------|------------------|--------------------|--|-------------------|----------------------------------|-----------------------|-----------------------|-------------------|
| 04/01/22 | 04/25/22 | Pay Princpl      | 37,155.617         | FHMS K020 A2 CMBS<br>MAT 05/25/22 Cpn 2.37 3137ATRW    | 37,155.62         |                                  | 0.00                  | (10.73)               | 37,155.62         |
| 04/01/22 | 04/25/22 | Pay Princpl      | 45,545.595         | FHMS K020 A2 CMBS<br>MAT 05/25/22 Cpn 2.37 3137ATRW    | 45,545.59         |                                  | 0.00                  | (83.19)               | 45,545.59         |
| 04/01/22 | 04/25/22 | Pay Princpl      | 581.094            | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2   | 581.09            |                                  | 0.00                  | (6.96)                | 581.09            |
| 04/01/22 | 04/25/22 | Pay Princpl      | 920.065            | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2   | 920.06            |                                  | 0.00                  | (11.01)               | 920.06            |
| 04/01/22 | 04/25/22 | Pay Princpl      | 435.820            | FHMS K029 A2 CMBS<br>MAT 02/25/23 Cpn 3.32 3137B36J2   | 435.82            |                                  | 0.00                  | (4.54)                | 435.82            |
| 04/01/22 | 04/25/22 | Pay Princpl      | 23,578.558         | FHMS KJ28 A1<br>MAT 02/25/25 Cpn 1.77 3137FREB3        | 23,578.56         |                                  | 0.00                  | 0.06                  | 23,578.56         |
| 04/01/22 | 04/25/22 | Pay Princpl      | 21,245.010         | FHMS KJ30 A1 CMBS<br>MAT 01/25/25 Cpn 0.53 3137FUZN7   | 21,245.01         |                                  | 0.00                  | 0.25                  | 21,245.01         |
| 04/01/22 | 04/25/22 | Pay Princpl      | 595.633            | FHMS KS01 A2 CMBS<br>MAT 01/25/23 Cpn 2.52 3137B1U75   | 595.63            |                                  | 0.00                  | (1.85)                | 595.63            |
|          |          |                  | <u>377,680.953</u> |  | <u>377,680.96</u> |                                  | <u>1.11</u>           | <u>(530.48)</u>       | <u>377,680.96</u> |
| 04/01/22 | 04/01/22 | Mature Long      | 480,000.000        | CA STATE GO/ULT-TXB<br>MAT 04/01/22 Cpn 2.37 13063DAD0 | 480,000.00        |                                  | 0.00                  | 0.00                  | 480,000.00        |



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 04/01/2022 To 04/30/2022

| Cash Date      | Trade/Ex-Date | Settle/Pay Date | Custodian | Cusip     | Description                 | Quantity     | Income Amount | Principal Amount | Contributions/Withdrawals | Total Amount   |
|----------------|---------------|-----------------|-----------|-----------|-----------------------------|--------------|---------------|------------------|---------------------------|----------------|
| BUY            |               |                 |           |           |                             |              |               |                  |                           |                |
| 04/21/22       | 04/19/22      | 04/21/22        | BKAMER19  | 74005PBQ6 | LINDE INC/CT                | 2,250,000.00 | (16,200.00)   | (2,230,717.50)   | 0.00                      | (2,246,917.50) |
| 04/25/22       | 04/25/22      | 04/25/22        | BKAMER19  | 09248U718 | BLACKROCK TREASURY TRUST    | 208,200.94   | 0.00          | (208,200.94)     | 0.00                      | (208,200.94)   |
| 04/28/22       | 04/26/22      | 04/28/22        | BKAMER19  | 437076CN0 | HOME DEPOT INC              | 2,750,000.00 | (6,588.54)    | (2,686,337.50)   | 0.00                      | (2,692,926.04) |
| TOTAL BUY      |               |                 |           |           |                             | 5,208,200.94 | (22,788.54)   | (5,125,255.94)   | 0.00                      | (5,148,044.48) |
| DIVIDEND       |               |                 |           |           |                             |              |               |                  |                           |                |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 09248U718 | BLACKROCK TREASURY TRUST    | 1,483,295.87 | 120.66        | 0.00             | 0.00                      | 120.66         |
| TOTAL DIVIDEND |               |                 |           |           |                             | 1,483,295.87 | 120.66        | 0.00             | 0.00                      | 120.66         |
| INTEREST       |               |                 |           |           |                             |              |               |                  |                           |                |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 341081FZ5 | FLORIDA POWER & LIGHT CO    | 0.00         | 106,875.00    | 0.00             | 0.00                      | 106,875.00     |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 369550BK3 | GENERAL DYNAMICS CORP       | 0.00         | 81,250.00     | 0.00             | 0.00                      | 81,250.00      |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 375558AW3 | GILEAD SCIENCES INC         | 0.00         | 111,000.00    | 0.00             | 0.00                      | 111,000.00     |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 46625HRV4 | JPMORGAN CHASE & CO         | 0.00         | 51,625.00     | 0.00             | 0.00                      | 51,625.00      |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 68233JBZ6 | ONCOR ELECTRIC DELIVERY     | 0.00         | 8,250.00      | 0.00             | 0.00                      | 8,250.00       |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 743756AB4 | PROV ST JOSEPH HLTH OBL     | 0.00         | 20,595.00     | 0.00             | 0.00                      | 20,595.00      |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 828807CS4 | SIMON PROPERTY GROUP LP     | 0.00         | 42,187.50     | 0.00             | 0.00                      | 42,187.50      |
| 04/01/22       | 04/01/22      | 04/01/22        | BKAMER19  | 911312BX3 | UNITED PARCEL SERVICE       | 0.00         | 97,500.00     | 0.00             | 0.00                      | 97,500.00      |
| 04/12/22       | 04/12/22      | 04/12/22        | BKAMER19  | 05565EAW5 | BMW US CAPITAL LLC          | 0.00         | 51,750.00     | 0.00             | 0.00                      | 51,750.00      |
| 04/15/22       | 04/15/22      | 04/15/22        | BKAMER19  | 90320WAF0 | UPMC                        | 0.00         | 9,015.00      | 0.00             | 0.00                      | 9,015.00       |
| 04/18/22       | 04/18/22      | 04/18/22        | BKAMER19  | 05565EBH7 | BMW US CAPITAL LLC          | 0.00         | 94,500.00     | 0.00             | 0.00                      | 94,500.00      |
| 04/20/22       | 04/20/22      | 04/20/22        | BKAMER19  | 459058JV6 | INTL BK RECON & DEVELOP     | 3,000,000.00 | 1,890.00      | 0.00             | 0.00                      | 1,890.00       |
| 04/23/22       | 04/23/22      | 04/23/22        | BKAMER19  | 61761JVL0 | MORGAN STANLEY              | 0.00         | 55,500.00     | 0.00             | 0.00                      | 55,500.00      |
| TOTAL INTEREST |               |                 |           |           |                             | 3,000,000.00 | 731,937.50    | 0.00             | 0.00                      | 731,937.50     |
| SELL           |               |                 |           |           |                             |              |               |                  |                           |                |
| 04/21/22       | 04/20/22      | 04/21/22        | BKAMER19  | 747525AE3 | QUALCOMM INC                | 250,000.00   | 3,145.83      | 250,395.00       | 0.00                      | 253,540.83     |
| 04/25/22       | 04/25/22      | 04/25/22        | BKAMER19  | 09248U718 | BLACKROCK TREASURY TRUST    | 1,483,295.87 | 0.00          | 1,483,295.87     | 0.00                      | 1,483,295.87   |
| 04/28/22       | 04/27/22      | 04/28/22        | BKAMER19  | 747525AE3 | QUALCOMM INC                | 1,250,000.00 | 16,458.33     | 1,251,550.00     | 0.00                      | 1,268,008.33   |
| 04/28/22       | 04/27/22      | 04/28/22        | BKAMER19  | 912828TY6 | UNITED STATES TREASURY NOTE | 1,400,000.00 | 10,306.63     | 1,401,526.56     | 0.00                      | 1,411,833.19   |
| TOTAL SELL     |               |                 |           |           |                             | 4,383,295.87 | 29,910.79     | 4,386,767.43     | 0.00                      | 4,416,678.22   |

5/4/2022  
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**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 04/01/2022 To 04/30/2022

| Cash Date      | Trade/Ex-Date | Settle/Pay Date | Custodian | Cusip     | Description   | Quantity      | Income Amount | Principal Amount | Contributions/Withdrawals | Total Amount |
|----------------|---------------|-----------------|-----------|-----------|---------------|---------------|---------------|------------------|---------------------------|--------------|
| WITHDRAW       |               |                 |           |           |               |               |               |                  |                           |              |
| 04/07/22       | 04/07/22      | 04/07/22        | BKAMER19  | CASHCASH6 | C-04 BANK FEE | 0.00          | 0.00          | 0.00             | (691.90)                  | (691.90)     |
| TOTAL WITHDRAW |               |                 |           |           |               | 0.00          | 0.00          | 0.00             | (691.90)                  | (691.90)     |
| GRAND TOTAL    |               |                 |           |           |               | 14,074,792.68 | 739,180.41    | (738,488.51)     | (691.90)                  | 0.00         |
| Avg Date 24    |               |                 |           |           |               |               |               |                  |                           |              |

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – April 26, 2022

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

#### Members

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

Stephanie Booth, MD

Hector De La Torre

Hilda Perez

G. Michael Roybal, MD

\*Absent \*\* Via Teleconference

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



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

#### Management/Staff

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

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

Tom MacDougall, *Chief Technology & Information Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

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

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

**APPROVED**

| AGENDA<br>ITEM/PRESENTER          | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN  |
|-----------------------------------|--|---|
|                                   | <p>Submitters of public comment must identify the Agenda item which the comment is addressing. If the submitter does not identify an agenda item for the comment to be read, the submitter's comment will be read for three minutes at the "Public Comment" item.</p> <p>At the appropriate item on the Agenda, staff will read for three minutes the public comment from each submitter. Depending on how many comments are submitted, the three-minute time could be adjusted to allow for more submitters to have their comments read.</p> <p>The Board will continue reviewing and improving how public comments are received and distributed to Board members.</p>  |   |
| <b>APPROVE MEETING<br/>AGENDA</b> | The Agenda for today's meeting was approved.   | <b>Approved unanimously by roll call. 4 AYES (Booth, De La Torre, Perez, and Roybal)</b>  |
| <b>PUBLIC COMMENTS</b>            | There were no public comments.   |   |
| <b>APPROVE CONSENT<br/>AGENDA</b> | <ul style="list-style-type: none"> <li>March 22, 2022 meeting minutes</li> <li>Quarterly Investment Report<br/><b><u>Motion FIN 100.0522</u></b><br/><b>To accept the Quarterly Investment Report for the quarter ending March 31, 2022, as submitted.</b></li> </ul> <p>Board Member Booth requested information about the statements of work included in FIN A and the motion was considered separately. Thomas Mapp, <i>Chief Compliance Officer</i>, clarified that Resources Global Professional (RGP) is a consultant for internal audit activities at L.A. Care since last year. Acacia Reed, <i>Chief Operating Officer</i>, added that "statements of work" describe the work to be done through each vendor contract.</p> <ul style="list-style-type: none"> <li>Resources Global Professional Contract Amendment (FIN A)<br/><b><u>Motion FIN A.0422</u></b><br/><b>To authorize staff to amend a contract authorizing the expenditure of an additional \$700,000 (bringing the total of this SOW 3 to \$1,405,000) with Resources Connection LLC dba Resources Global Professionals (RGP) for continued Compliance support.</b></li> </ul> | <p><b>The March 22, 2022 minutes and FIN 100 were approved unanimously by roll call. 4 AYES</b></p> <p><b>The Committee approved including FIN 100 to the Consent Agenda for the May 5, 2022 Board of Governors' meeting.</b></p> <p><b>FIN A was approved unanimously by roll call. 4 AYES</b></p> <p><b>FIN A does not require full Board approval.</b></p> |

| AGENDA<br>ITEM/PRESENTER                    | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|---|---|--------------|
| <b>CHAIRPERSON'S<br/>REPORT</b>             | <p>Chairperson De La Torre summarized the impact of two recent news items:</p> <ul style="list-style-type: none"> <li>• The U.S. Department of Justice announced that it has determined that Kaiser Permanente has fraudulently billed over \$1 billion to Medicare and a legal process is underway. This will impact healthcare everywhere as Kaiser is a major healthcare organization.</li> <li>• It was also announced that Centene Corporation, the parent company of Magellan, which began managing the Medi-Cal pharmacy benefits on January 1, 2022, is under investigation by the California Department of Health Care Services for improper actions. This will also impact healthcare in California, and will impact L.A. Care's members in Los Angeles County.</li> </ul>  |              |
| <b>CHIEF EXECUTIVE<br/>OFFICER'S REPORT</b> | <p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>• As with all healthcare providers, L.A. Care is finding it difficult to recruit nurses for open positions in utilization management (UM) and care management (CM). L.A. Care has started a public campaign in social media, radio and television to advertise the open positions. The campaign specifies recruitment for UM and CM in order to attract nurses who may be considering positions other than direct patient care. L.A. Care is offering sign up bonuses, and there has been a slight improvement, four nurses were hired in the past week.</li> <li>• L.A. Care is recruiting in the customer service area to prepare for an increase in calls. It was previously reported that the expansion of Medi-Cal eligibility for undocumented adults ages 50 and up may result in additional enrollment of up to 75,000 in May-July.</li> <li>• The public health emergency has been extended to July 15, and right now, it is expected that it will not be extended further. The state and county agencies are preparing to resume the process for redetermination of eligibility for Medi-Cal when the public health emergency is lifted. The eligibility redetermination process was suspended at the beginning of the public health emergency in February 2020, so there is a huge backlog. It is expected that redetermination kits will be distributed to current beneficiaries starting in August 2022. L.A. Care is preparing call center staff to help beneficiaries with the process and will be conducting an extensive outreach campaign to remind Medi-Cal members to complete the redetermination process and avoid interruption of coverage for members.</li> </ul> |              |

| AGENDA<br>ITEM/PRESENTER                | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN |
|---|--|--------------|
| COMMITTEE ITEMS                         |  |              |
| <b>Chief Financial Officer's Report</b> | <p>Marie Montgomery, <i>Chief Financial Officer</i>, reported:</p> <p><u>Membership</u><br/> Membership for March 2022 is 2,561,075, 15,263 members favorable to the 3+9 forecast, and 37,594 favorable year-to-date (YTD); driven by the increased enrollment for the CalAIM mandatory managed care population. The forecast did not include those additional members for Plan Partners. Membership for L.A. Care Covered (LACC) held steady at 115,000 members for the second month in a row. The Open Enrollment period is not being extended as it was in prior years.</p> <p><u>Consolidated Financial Performance</u><br/> There is a \$16 million net surplus for March; \$1.9 million unfavorable to the 3+9 forecast. From an operating margin standpoint, it is slightly favorable to the forecast by \$941,000. The unfavorable healthcare cost is mitigated by favorable revenue.</p> <p>The revenue for long-term care (LTC) is higher than the forecast by \$8.7 million which was offset by higher skilled nursing facility costs. Cal MediConnect (CMC) Medicare Quality Withhold earnings for CY 2020 was favorable by \$4.8 million net. L.A. Care earned 100% of the quality withhold due to COVID. The vaccine incentive program is \$3.2 million favorable. Provider incentives were also favorable \$5.5 million due to timing.</p> <p>Incurred claims were \$6.6 million unfavorable to forecast partially due to higher LTC cases. The favorable LTC revenue mitigates this unfavorability. Community Based Adult Services (CBAS) continues to be unfavorable, \$8.1 million vs the forecast in March. Lower utilization was assumed because these services were expected to move back in center. Pharmacy was \$4 million unfavorable which included a \$2.6 million adjustment to the provider cap deduct estimate. Shared Risk was \$3.7 million unfavorable due to a final true-up for CY 2021.</p> <p>Administrative expense was \$717,000 favorable to the forecast. Non-operating expense is the biggest driver of the unfavorability this month, \$3.6 million higher as compared to the forecast. An \$8 million unrealized loss was reported this month because of the increase in interest rates, not the deterioration in the quality of L.A. Care's investment portfolio. The quarterly investment report approved earlier in the Consent Agenda has detailed information on the portfolio performance. The report also includes Wilshire Associates' report that L.A. Care is in compliance with its investment policy. The unrealized loss is partially offset by lower spending in Community Resource Centers (CRCs) and timing in grant spending.</p> |              |

#### YTD Consolidated Financial Performance

The net surplus YTD is \$36 million; \$6.7 million unfavorable to the forecast. The large variances in revenues and healthcare costs are due to the Proposition 56 reconciliation for SFY 2018-19 and the 18-month Bridge Period discussed in prior months; \$280 million decrease to revenue and a \$264 million decrease to healthcare expense. The operating margin is favorable \$21 million. The main items driving the favorability are incurred claims, provider incentives, Pharmacy, and the CMC Quality Withhold earnings mentioned earlier. Those items are offset by the Proposition 56 risk corridor reconciliation, unfavorability in CBAS, the risk corridors for Enhanced Care Management (ECM) and Major Organ Transplant compared to the forecast, and shared risk final true-up for CY 2021.

Administrative expense is unfavorable \$25.8 million due to the \$55 million regulatory fines incurred in February which is partially offset by \$22 million Patient-Centered Research Institute (PCORI) fees adjustment discussed in prior months. Non-operating expense is \$1.8 million unfavorable YTD due to unrealized loss variance but offset by lower CRC spending and timing in grant spending. The unrealized loss is \$22 million for the fiscal YTD.

#### Operating Margin by Segment

Overall the Medical Care Ratio (MCR) is 92.7% versus forecast of 93.5%. The operating margins at the segment level are better than the forecast due to fee for service claims and the other items discussed earlier.

#### Reported vs Paid Claims Trend

The updated forecast level of reported claims is favorable. Staff believes the current reserve position is sufficient to address the more recent COVID surge as well. March 2022 saw paid claims increase and reported claims level off so they are in the same position. Staff assumed higher fee for service claims related to the Omicron surge in the 3+9 forecast. The reported claims are consistent with recent periods. Based on what staff can see so far, the margins are being pressured by the recent claims uptick but believe the reserve is adequate to cushion against moderately adverse development but will monitor the trend as we move into the new quarter.

#### Key Financial Ratio

- The administrative ratio was 6.0%, higher than the forecast of 5.2% due to regulatory fines.
- Working Capital and Tangible Net Equity are ahead of benchmarks.
- Cash to claims is ahead of the benchmark due to the receipt of the pass-through funds including the hospital directed payments in March but paid out in April. As previously

| AGENDA<br>ITEM/PRESENTER   | MOTIONS / MAJOR DISCUSSIONS  | ACTION TAKEN  |
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|  | <p>reported, the cash to claims ratio will not fully recover until In-Home Support Services (IHSS) balances are settled with the Department of Health Care Services (DHCS).</p> <p><u>Tangible Net Equity &amp; Days of Cash on Hand</u></p> <p>The March 2022 Fund Balance was \$1.1 billion which represents 530% of Tangible Net Equity. The target of 600% was based on the average of eight other Local Initiatives and County Organized Health Systems. L.A. Care has enough cash to cover operating expenses for the next 44 days.</p> <p><b><u>Motion FIN 101.0522</u></b></p> <p><b>To accept the Financial Report as submitted for March 2022.</b></p>   | <p><b>Approved unanimously by roll call. 4 AYES</b></p> |
| <ul style="list-style-type: none"> <li>Monthly Investment Transactions Report</li> </ul> | <p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials (<i>a copy of the report can be obtained by contacting Board Services</i>). This report is provided to the Committee to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of March 31, 2022 was \$2.5 billion.</p> <ul style="list-style-type: none"> <li>\$2.2 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$73 million in Local Agency Investment Fund</li> <li>\$253 million in Los Angeles County Pooled Investment Fund</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>Quarterly Internal Policy Reports</li> </ul>      | <p>Ms. Montgomery referred to the 2<sup>nd</sup> Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2021-22 included in the meeting materials (<i>a copy of the reports can be obtained by contacting Board Services</i>). L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items, and do not require approval.</p> <ul style="list-style-type: none"> <li>Policy AFS-004 (Non-Travel Expense Report)</li> <li>Policy AFS-027 (Travel Expense Report)</li> <li>Policy AFS-006 (Authorization and Approval Limits)</li> <li>Policy AFS-007 (Procurement)</li> </ul> |   |



| AGENDA<br>ITEM/PRESENTER                            | MOTIONS / MAJOR DISCUSSIONS   | ACTION TAKEN |
|---|---|--------------|
| Public Comments on the Closed Session agenda items. | There were no public comments.  |              |
| <b>ADJOURN TO<br/>CLOSED SESSION</b>                | <p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:40 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:41 pm.</p> <p>CONTRACT RATES<br/>Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET<br/>Pursuant to Welfare and Institutions Code Section 14087.38(n)<br/>Discussion Concerning New Service, Program, Technology, Business Plan<br/>Estimated date of public disclosure: <i>April 2024</i></p> |              |
| <b>RECONVENE IN<br/>OPEN SESSION</b>                | <p>The meeting reconvened in open session at 2:09 pm.</p> <p>Ms. Haydel advised the public that no reportable actions were taken during the closed session.</p>   |              |
| <b>ADJOURNMENT</b>                                  | The meeting adjourned at 2:09 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:

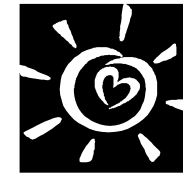
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Ilan Shapiro MD, MBA, FAAP, FACHE, *Chairperson*  
Date Signed \_\_\_\_\_

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – March 17, 2022

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



**L.A. Care**  
HEALTH PLAN

#### Members

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

#### Senior Management

Augustavia J. Haydel, *General Counsel*  
Thomas Mapp, *Chief Compliance Officer*  
Richard Seidman, MD, MPH, *Chief Medical Officer*  
Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*  
Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*  
Michael Devine, *Director, Special Investigations Unit, Payment Integrity*

\* *Absent*

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

| AGENDA ITEM/<br>PRESENTER                 | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |
|---|--|--|
| <b>CALL TO ORDER</b>                      | Chairperson Stephanie Booth called the meeting to order for the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee at 2:03 p.m. She announced a new member, John Raffoul, has joined the Committee.<br><br>She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email. She reviewed the process for submitting public comment. |  |
| <b>APPROVAL OF<br/>MEETING<br/>AGENDA</b> | The Meeting Agenda was approved as submitted.  | <b>Approved<br/>unanimously by<br/>roll call.<br/>4 AYES</b> |

**APPROVED**

| AGENDA ITEM/<br>PRESENTER                  | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |
|--|--|--|
|  |  | (Ballesteros,<br>Booth, Roybal<br>and Vaccaro)   |
| <b>PUBLIC COMMENT</b>                      | There was no public comment.   |  |
| <b>APPROVAL OF<br/>MEETING<br/>MINUTES</b> | The January 20, 2022 meeting minutes were approved as submitted.   | Approved<br>unanimously by<br>roll call.<br>4 AYES<br>(Ballesteros,<br>Booth, Roybal<br>and Vaccaro) |
| <b>CHAIRPERSON<br/>REPORT</b>              | Chairperson Booth thanked everyone for attending and welcomed everyone.. She noted that there were extensive materials distributed for the meeting. She hopes that everyone had a chance to review the materials, including a review of Compliance and Quality programs for the past year and plans for 2022. It is a very complete report. She thanked the staff in Health Services and Compliance departments for their work.  |  |
| <b>CHIEF MEDICAL<br/>OFFICER REPORT</b>    | <p><i>(Member Hilda Perez and Member John Raffoul joined the meeting.)</i></p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, presented the Chief Medical Officer report <i>(a copy of his written report can be obtained from Board Services)</i>. He thanked staff for their work and expressed his thanks to Chairperson Booth for her acknowledgement of that work.</p> <p><u>COVID-19 Vaccine/Incentive Program Update</u></p> <p>L.A. Care continues to encourage health plan members to get vaccinated and boosted as soon as they are eligible. The member vaccine incentive program is ongoing. Building on prior collaborations with the LA County Department of Public Health, in-network pharmacies, Community Clinics and high-volume solo and small group private practices in the network, L.A. Care has expanded provider incentive payments to the Los Angeles County Department of Health Services (DHS) for every L.A. Care member assigned to DHS that gets vaccinated.</p> <p><u>Sustainability Tracking Assessment &amp; Rating System (STARS)</u></p> <p>He commended the product team and quality improvement staff led by Dr. Parrish and the internal steering committee, which held its first meeting recently. This is an important milestone in improving the</p> |  |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <p>STARs rating. Given the increased importance of the STARs performance for current California Covered product and for the future D-SNP product and the L.A. Care Covered product, L.A. Care has launched a new, enterprise-wide STARs team. The team includes staff from across the organization and will guide strategic efforts throughout the organization to optimize L.A. Care's STARs performance. A significant portion of the overall STARs score is based on member experience. Higher STARs ratings are an indicator that members are getting better care. STARs ratings are critical to obtaining maximum payments and maintaining preferential member assignment status with CMS. A risk is that for programs with consistently low STARs ratings, it is possible that the contract might not be renewed by CMS for those services. California Covered has announced that new contracts for 2023 will have a performance clause based on STARs ratings. STARs performance is an enterprise-wide effort and a network-wide effort. L.A. Care participates in the California Right Meds collaborative, which is a statewide effort to improve Diabetes outcomes, leveraging the key role that pharmacists can play in management of chronic conditions. Pharmacies have been added to L.A. Care's network and disease states have been added to the program to help support and improve outcomes for members with cardio-vascular disease and behavioral health conditions.</p> <p><u>Pharmacy Update</u></p> <p>In an effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.</p> <p>Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC): L.A. Care has added an additional seven pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management for our L.A. Care Covered and Personal Assistance Services Council members. Nearly 40% of the 298 members engaged in the program live in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.</p> <p>Member G. Michael Roybal, MD, asked Dr. Seidman if there is a focus in the Pharmacy Department regarding Healthcare Effectiveness Data and Information Set (HEDIS) measures. Dr. Seidman responded that it's on the list of ways in which the Pharmacy Department can help. Member experience is a major contributor to L.A. Care's STARs performance. There are a number of Pharmacy measures in the STARs</p> |                 |

| AGENDA ITEM/<br>PRESENTER  | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|  | <p>scores that are also reflected in HEDIS measures. A pharmacist working with a member can help achieve better health outcomes.</p> <p>Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive, stated that the Pharmacy Department and the Quality Improvement Department are working to align on not just HEDIS measures or how it affects CMM. HEDIS measures are used as a starting point for addressing a holistic view of the patient. The enterprise goals have HEDIS measures embedded within them, for control of blood pressure and hemoglobin A1C for diabetes management, and specifically looking at reducing disparities. Dr. Parrish reported that there is a comprehensive set of programs that are all focused on these chronic conditions and disease states.</p> <p>Chairperson Booth stated that she noticed that for Appeals &amp; Grievances, two of the four priorities for next year involve working with the Pharmacy Department. She noted there wasn't much data to review, that issues seemed to be more about access and billing for pharmacy. Dr. Miller-Parrish responded that they will be working more with the pharmacies to make sure it is as easy as possible for members to get the right prescriptions. For example, If members don't have automatic refills for medications, L.A. Care is looking at getting members up to 100-day refills instead of having to get multiple refills. L.A. Care is working to improve information available to the pharmacy at the point of sale to improve that process for members. Member Booth asked about the STARS rating. Dr. Parrish noted that there are other organizations performing at a very high level, and L.A. Care competes with these organizations to achieve its STARS rating.</p> <p>Dr. Booth Committee members introduced themselves to new Member John Raffoul. Member Raffoul stated that he is the President of Adventist Health White Memorial has been in the area for 40 years and is happy to join the Board of Governors and this committee.</p> |                 |
| <b>APPROVE<br/>QUALITY<br/>IMPROVEMENT<br/>(QI) PROGRAM<br/>(COM 100.0422)</b> | <p>Betty Santana, Manager, Quality Improvement Initiatives, Quality Improvement, gave the following reports (<i>a copy of the presentation can be obtained from Board Services</i>):</p> <p><b><u>2022 QI Program Description &amp; Work Plan</u></b></p> <ul style="list-style-type: none"> <li>• The Quality Improvement (QI) Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to: <ul style="list-style-type: none"> <li>- Quality and Safety of Clinical Care</li> <li>- Quality of Service</li> <li>- Member Experience</li> <li>- Access to Care</li> </ul> </li> </ul>   |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <ul style="list-style-type: none"> <li>The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities. <ul style="list-style-type: none"> <li>Staff throughout L.A. Care contribute to the activities</li> <li>QI committees regularly meet to oversee the various activities</li> </ul> </li> </ul> <p>Clinical Initiatives</p> <ul style="list-style-type: none"> <li>Completed 25 interventions: social media, mailings, automated &amp; live agent calls.</li> <li>Patient Experience Trainings (35) to approximately 1,200 unique providers.</li> <li>In response to COVID-19, conducted a “Back to Care” social media campaign aimed to drive members to seek preventive primary care, with a focus on well visits. <ul style="list-style-type: none"> <li>Partnered with Health Net, Anthem Blue Cross, and Blue Shield Promise Health Plan to align messaging and maximize reach across Los Angeles County.</li> </ul> </li> <li>Several 2020 interventions targeting members and/or providers proved to be effective.</li> <li>Supported PPGs (13) with improving their HEDIS and CAHPS scores.</li> <li>Provider training webinars (11) conducted.</li> <li>Presented at 7 Community Advisory Committees.</li> <li>Collaborated with national, governmental and community-based organizations. <ul style="list-style-type: none"> <li>2021 partnership with the American Cancer Society led to the development of social media videos featuring survivors and James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director</i>.</li> </ul> </li> </ul> <p>HEDIS Performance</p> <p>Department of Health Care Services Auto Assignment:</p> <ul style="list-style-type: none"> <li>Auto-assigned allocation for Medi-Cal members L.A. Care 67% vs 33% for Health Net.</li> </ul> <p>Member Experience</p> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance:</p> <ul style="list-style-type: none"> <li>Medi-Cal Adult scores remained low in 2021. Child scores were statistically unchanged from 2020 to 2021. Opportunities to improve CAHPS performance are in the access measures.</li> <li>L.A. Care Covered scores declined from 2019 to 2021. We are rated one star for Marketplace. Considerable work is needed to improve scores in all areas, but most of all focused on access.</li> <li>Cal MediConnect, most scores declined from 2019 to 2021.</li> </ul> <p>Measurement Year (MY) 2020 Appointment Availability</p> <p>Provider compliance with appointment wait times and after hours accessibility standards.</p> <ul style="list-style-type: none"> <li>L.A. Care did not meet its goal for: Appointment Availability or After Hours Standards</li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
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|                           | <ul style="list-style-type: none"> <li>- L.A. Care enhanced how its goals were established and set new goals using a 2-tailed test with a 95% confidence level. The new methodology will be used for MY2021 Survey results.</li> <li>• Decrease in MY2020 Provider Response rate compared to MY2019 Rates. <ul style="list-style-type: none"> <li>- Root Cause Analysis identified COVID as the reason for the decreased response rate.</li> </ul> </li> </ul> <p>Addressing Disparities</p> <ul style="list-style-type: none"> <li>• The QI department introduced additional health equity activities: <ul style="list-style-type: none"> <li>- Cultural humility training to QI employees</li> <li>- Launched a new Provider Equity award</li> </ul> </li> <li>• During the FY 2020-2021 QI analyzed the Medi-Cal, three year trends for eight select HEDIS measures stratified by race and ethnicity. The data showed that disparities were statistically significant between the highest and lowest performing race/ethnicity group for each of the eight HEDIS measures analyzed.</li> </ul> <p>Patient Safety</p> <p>Potential Quality of Care Issues (PQI)</p> <ul style="list-style-type: none"> <li>• There were 3,901 PQIs processed</li> <li>• 3,245 (97.8%) PQIs were reviewed within the required 6 months; the 85% goal was exceeded.</li> <li>• Oversight of Customer Solution Center (CSC) and Appeal and Grievance (A&amp;G) cases to identify potential missed PQIs. <ul style="list-style-type: none"> <li>- No CSC cases identified for PQI.</li> <li>- 20 (6%) of 294 grievances were found to have potential quality of care concerns. These were routed back to A&amp;G for additional follow through.</li> </ul> </li> </ul> <p>Patient Hospital Safety</p> <ul style="list-style-type: none"> <li>• Overall hospital scores/ratings were reviewed aggregating scores from Hospital-CAHPS, Nulliparous, Term, Singleton, Vertex C-Section rate, and Hospital Acquired Infections. Overall ratings: <ul style="list-style-type: none"> <li>- Twenty-six hospitals “Below Average”.</li> <li>- Thirteen hospitals “Above Average”</li> <li>- Twelve hospitals “Good” rating.</li> </ul> </li> </ul> <p>Facility Site Review (FSR)</p> <ul style="list-style-type: none"> <li>• Needle stick safety goal was not met.</li> <li>• Spore testing of autoclaves goal was met.</li> </ul> <p>Accreditation</p> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN  |
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|                           | <p>National Committee for Quality Assurance (NCQA) Accreditation</p> <ul style="list-style-type: none"> <li>In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a “star” rating system (1-5 stars). <ul style="list-style-type: none"> <li>Medi-Cal 4 Star</li> <li>Medicare 3 Star</li> <li>LACC no NCQA rating</li> </ul> </li> <li>L.A. Care is “Accredited” for its Medi-Cal, CMC and LACC lines of business. <ul style="list-style-type: none"> <li>L.A. Care will be resurveyed in June 2023</li> </ul> </li> <li>In 2021 L.A. Care earned Multicultural Health Care Distinction (MHCD).</li> <li>In 2021 NCQA changed MHCD to Health Equity Accreditation. <ul style="list-style-type: none"> <li>L.A. Care will be surveyed for HE Accreditation December 2023.</li> </ul> </li> </ul> <p>Barriers</p> <ul style="list-style-type: none"> <li>The COVID-19 pandemic and public health measures taken to mitigate disease spread directly resulted in decreases in appointments and services delivered.</li> <li>Continually changing regulatory, compliance and other requirements.</li> <li>Outdated internal systems do not allow for adequate capture and management of member and provider data.</li> <li>Providers lack of understanding of the HEDIS specifications and use of incorrect codes.</li> <li>Limited appointment availability, including outside of regular business hours when members may be more available.</li> </ul> <p>Overall Effectiveness and Opportunities</p> <ul style="list-style-type: none"> <li>Overall, the 2021 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes.</li> <li>The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report.</li> <li>These and other QI activities are detailed in the 2021 QI Work Plan and will be tracked through the QI committees and the governance structure.</li> </ul> <p>Member Nina Vacarro asked Ms. Santana if she is finding that barriers identified are industrywide health plan barriers. She would like to know if they were unique to L.A. Care. Ms. Santana responded that they weren’t unique to L.A. Care. Some providers were unable to properly capture data for telehealth.</p> <p><b><u>Motion COM 100.0422</u></b><br/> <b>To approve the 2022 QI Program Description &amp; Work Plan, as submitted</b></p> | <p><b>Approved unanimously by roll call.<br/>6 AYES<br/>(Ballesteros, Booth, Perez, Raffoul, Roybal and Vaccaro)</b></p> |



| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
|---------------------------|---|-----------------|
|                           | <p><b><u>2021 QI Program Annual Report and Evaluation</u></b></p> <p>2022 Program Description Revisions</p> <p>General Revisions</p> <ul style="list-style-type: none"> <li>• Strategic Priorities (2022-2024), Goals, and Objectives</li> </ul> <p>Program Structure</p> <ul style="list-style-type: none"> <li>• QI Program Goals and Objections</li> </ul> <p>Organizational Structure, QI Program Leadership and Resources</p> <ul style="list-style-type: none"> <li>• Positions were added, removed, if they no longer exist, or modified as appropriate.</li> </ul> <p>Committee Structure Added</p> <ul style="list-style-type: none"> <li>• Equity Council Steering Committee and its subcommittees</li> <li>• National Committee for Quality Assurance</li> <li>• Steering Committee Stars Steering Committee</li> </ul> <p>Scope of the Program</p> <ul style="list-style-type: none"> <li>• Included language throughout to address providing <i>equitable</i> care and services.</li> </ul> <p>Significant Program Changes</p> <p>Quality of Care</p> <ul style="list-style-type: none"> <li>• HEDIS measures (28) will be prioritized, by Line of Business, for interventions and/or monitored in 2022.</li> <li>• Cultural and Linguistic Services added.</li> <li>• Transitional Care Program included.</li> <li>• CalAIM: Enhanced Care Management (ECM), effective January 1, 2022 <ul style="list-style-type: none"> <li>- Whole Person Care transitioned to ECM</li> <li>- Health Homes sunset December 2021</li> <li>- Launch expanded programs for members experiencing homelessness through the Community Supports initiative in 2022.</li> <li>- January 1, 2022, launch Homeless and Housing Support Services (a combined program offering both Housing Navigation and Tenancy Services) and Recuperative Care, and will add Housing Deposits on July 1, 2022.</li> </ul> </li> <li>• January 2022, Medi-Cal Rx transitioned to the Department of Health Care Services.</li> </ul> <p>Quality of Service</p> <ul style="list-style-type: none"> <li>• First 5 LA 3-year program/pilot to improve awareness of and increase developmental milestones screenings for children ages 0-5 years.</li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <ul style="list-style-type: none"> <li>Virtual Specialty Care Program, which is an opt-in alternative specialty care access pathway for L.A. Care Direct Network Primary Care Physicians and members only.</li> </ul> <p>2022 QI Work Plan Updates</p> <p>Medi-Cal:</p> <ul style="list-style-type: none"> <li>Lead Screening in Children</li> <li>Hemoglobin A1c Control for Patients with Diabetes &gt;9% (HBD)</li> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse –30 Days</li> <li>Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM)</li> <li>Kidney Health Evaluation for Patients with Diabetes (KED)</li> <li>Race/Ethnicity Diversity of Membership (RDM)</li> </ul> <p>Cal MediConnect:</p> <ul style="list-style-type: none"> <li>Use of High-Risk Medications in Older Adults - Rate 3</li> <li>Osteoporosis Screening in Older Women</li> <li>Appropriate Testing for Pharyngitis</li> <li>Appropriate Treatment for Upper Respiratory Infection</li> <li>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis <ul style="list-style-type: none"> <li>KED</li> <li>RDM</li> </ul> </li> </ul> <p>L.A. Care Covered:</p> <ul style="list-style-type: none"> <li>Childhood Immunization Status (Combo-10)</li> <li>FUM - 30 Days</li> <li>HBD - HbA1c Poor Control &gt;9%</li> </ul> <p>NCQA Health Plan Rating Measure Updates</p> <p>Measures/indicators for revision ALOB:</p> <ul style="list-style-type: none"> <li>Replace Comprehensive Diabetes Care - BP Control &lt;140/90 with Blood Pressure Control for Patients with Diabetes</li> <li>Replace Comprehensive Diabetes Care - Eye Exams with Eye Exam for Patients with Diabetes</li> <li>Replace Comprehensive Diabetes Care —HbA1c Control &lt;8% with Hemoglobin A1c Control for Patients with Diabetes —HbA1c Control &lt;8%</li> </ul> <p>2022 Goals</p> <ul style="list-style-type: none"> <li>For goals not met, the QI Department:</li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER                                   | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN   |
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|   | <ul style="list-style-type: none"> <li>- Reviews the findings</li> <li>- Completes a barrier analysis</li> <li>- Develops a plan to address the barriers</li> <li>- Prioritizes interventions</li> <li>- Implements the interventions</li> <li>- Evaluates the effectiveness of interventions</li> <li>• The QI Work Plan is a fluid document and revised on an ongoing basis throughout the year.</li> <li>• Total Measures for 2022: <ul style="list-style-type: none"> <li>- HEDIS: 28</li> <li>- CAHPS: 32</li> <li>- Service: 72</li> <li>- Monitoring Measures: 29 (Medi-Cal Managed Care Accountability Set (MCAS), Cal MediConnect (CMC), &amp; Quality Rating System (QRS))</li> <li>- Priority 3 HEDIS Measures: 36 (MCAS, CMC, &amp; QRS)</li> </ul> </li> </ul> <p><b><u>Motion COM 100.0422</u></b><br/> <b>To approve the 2021 QI Program Annual Report and Evaluation, as submitted.</b></p>  | <p><b>Approved<br/>unanimously by<br/>roll call.<br/>6 AYES</b></p> |
| <p><b>PROVIDER<br/>INCENTIVE<br/>PROGRAM<br/>UPDATE</b></p> | <p>Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave the following report (<i>A copy of the report can be obtained from Board Services.</i>):</p> <ul style="list-style-type: none"> <li>• Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. <ul style="list-style-type: none"> <li>- L.A. Care incentives programs are currently all no-risk or “up-side”.</li> </ul> </li> <li>• The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> <li>- Performance measurement and reporting</li> <li>- Peer-group benchmarking</li> <li>- Value-based revenue</li> </ul> </li> <li>• Designed to align the quality improvement goals of Plan Partners, IPAs, clinics and physicians. <ul style="list-style-type: none"> <li>- Aim to foster systematic process improvements and better care coordination</li> <li>- Reduce variation and promote consistency</li> </ul> </li> </ul> <p>Accomplishments &amp; Updates</p> <ul style="list-style-type: none"> <li>• P4P Programs adapted for COVID-19 <ul style="list-style-type: none"> <li>- Utilized MY 2020 thresholds &amp; benchmarks (performance targets) rather than prior year for measures most adversely impacted by COVID.</li> </ul> </li> </ul> |   |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |         |         |         |         |                    |      |        |        |        |        |        |        |        |     |        |        |        |  |
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|                           | <ul style="list-style-type: none"><li>• MY 2020 final Medi-Cal P4P reports and payments<ul style="list-style-type: none"><li>- About 1,000 Physicians &amp; Clinics participated, payout was \$20.6 million.</li><li>- Over 50 IPAs participated, payout was \$14.7 million.</li></ul></li><li>• MY 2020 LACC and CMC VIIP reports and payments<ul style="list-style-type: none"><li>- LACC VIIP collaboration with IHA, payout was \$1.8 million.</li><li>- CMC VIIP first ever payouts accomplished with MY 2020, payout was \$400k.</li></ul></li><li>• Launch and payout for the new Direct Network P4P Program.<ul style="list-style-type: none"><li>- About 60 providers were measured for performance, payout was \$300k.</li></ul></li><li>• MY 2021 P4P Programs<ul style="list-style-type: none"><li>- Final IPA Action Plans received.</li><li>- Reports and payments will be completed Q4 2022</li></ul></li></ul> <p>Performance Score Trends<br/>Medi-Cal (VIIP+P4P) Program</p> <table><tr><th colspan="2">IPAs</th><th>MY 2018</th><th>MY 2019</th><th>MY 2020</th></tr><tr><td rowspan="3">Performance Scores</td><td>Mean</td><td>29.54%</td><td>33.11%</td><td>32.41%</td></tr><tr><td>Median</td><td>26.85%</td><td>30.48%</td><td>30.27%</td></tr><tr><td>Max</td><td>77.97%</td><td>68.73%</td><td>81.61%</td></tr></table> <p>Future Planning</p> <ul style="list-style-type: none"><li>• Action Plan Analysis<ul style="list-style-type: none"><li>- Compare action plans vs VIIP scores.</li><li>- Potential modifications to 2022 action plan methodology.</li></ul></li><li>• Development of MY 2022 P4P Programs<ul style="list-style-type: none"><li>- Testing new measures and domains.<ul style="list-style-type: none"><li>• MCAS and NCQA updates</li></ul></li><li>- Exploring the utilization of external benchmarks.</li><li>- Aiming to announce new programs towards end of Q1 2022.</li></ul></li><li>• Physician Pay-for-Performance (P4P) Program<ul style="list-style-type: none"><li>- Pay on new domains (Utilization &amp; Member Experience)</li></ul></li><li>• New D-SNP Value Based Incentive Program (<i>launch for 2023</i>)<ul style="list-style-type: none"><li>- Upside and downside risk for IPAs</li><li>- Testing and modeling new design</li><li>- Stars focused</li></ul></li></ul> | IPAs            |         | MY 2018 | MY 2019 | MY 2020 | Performance Scores | Mean | 29.54% | 33.11% | 32.41% | Median | 26.85% | 30.48% | 30.27% | Max | 77.97% | 68.73% | 81.61% |  |
| IPAs                      |  | MY 2018         | MY 2019 | MY 2020 |         |         |                    |      |        |        |        |        |        |        |        |     |        |        |        |  |
| Performance Scores        | Mean   | 29.54%          | 33.11%  | 32.41%  |         |         |                    |      |        |        |        |        |        |        |        |     |        |        |        |  |
|                           | Median   | 26.85%          | 30.48%  | 30.27%  |         |         |                    |      |        |        |        |        |        |        |        |     |        |        |        |  |
|                           | Max  | 77.97%          | 68.73%  | 81.61%  |         |         |                    |      |        |        |        |        |        |        |        |     |        |        |        |  |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <p>Provider Recognition Awards Event</p> <ul style="list-style-type: none"> <li>• The 4th annual event is planned for March 2022 <ul style="list-style-type: none"> <li>- L.A. Care, Anthem Blue Cross and Blue Shield of California jointly recognize excellent performance in our networks</li> <li>- Expanded award winners with new categories!</li> <li>- Adapting to COVID <ul style="list-style-type: none"> <li>➤ Week(s) celebration.</li> <li>➤ Celebrating winners on social media, providers page and L.A. Care intranet</li> <li>➤ Putting up billboards for winners</li> </ul> </li> </ul> </li> </ul> <p>Member Hilda Perez asked if clinics, physicians, and medical groups receive funds, in addition to the awards being displayed on billboards to celebrate excellence in member service. She asked if the recipients of the awards receive funds for their efforts and if there are any regulations on how they can use it. Mr. Solomon responded there is no added funding for providers that are awarded recognition. L.A. Care has an incentive program for providers and does not stipulate that those funds be used in a specific way. He noted that L.A. Care advises that it is good practice to pass incentive dollars down to the staff in individual practices. L.A. Care leaves it up to them to use the incentive money however they like. Some invest the incentive funds into the facility or use it to improve performance. Member Perez asked if the providers that didn't win receive a survey about the program. Mr. Solomon indicated that is not done at this time. L.A. Care conducts a media campaign about the awards to encourage providers to improve, and he will explore the idea for a survey with his team. Member Booth noted that the recognition does help providers overcome burnout.</p> <p>Member Vaccaro asked if L.A. Care will consider the effects of the pandemic and if it will use the 2020 threshold for Measurement Year 2021, rather than the performance improvement from the prior year, before the pandemic. Mr. Solomon responded that L.A. Care has not solidified that yet, and data is still being collected to determine if modifications will be made. Member Vaccaro asked how L.A. Care is incorporating health equity and social determinants of health into its measures. Mr. Solomon responded that it is still very early and the methodology is still being developed. Typically, any time a new measure is introduced it will be introduced as test measure before assigning incentive funding. The test measure process helps Providers get used to the measure. L.A. Care is currently focusing on measures like controlling blood pressure and prenatal care, to address equity as they are measures with known specific disparities. To address social determinants of health, L.A. Care is considering including measures for addressing food insecurity and housing. Member Vaccaro asked if L.A. Care is speaking to provider groups about the systems they have to collect relevant data, because systems are not standardized through the health care system. Mr. Solomon responded that is certainly the case. Dr. Miller-Parrish stated that</p> |                 |

| AGENDA ITEM/<br>PRESENTER                      | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|  | <p>there are ICD-10 codes that are specific to social determinants of health, and L.A. Care will focus on those codes first and foremost, as there is a requirement to focus on a short set of those codes, because they will be easy to capture in the encounters domain. L.A. Care will also be looking at assessment related data for provider recognition health equity awards. L.A. Care is also updating the data system to capture relevant equity data to enhance the information available. Dr. Seidman thanked Member Vaccaro for her questions. He noted that the number of codes has increased for measuring social determinants of health, but system-wide adoption of the routine use of available codes is a major uphill battle, particularly if there is no business case for the entity being asked to use their time and resources to use the codes. L.A. Care will work to build the business case for providers to use the new codes.</p>   |                 |
| <b>CHIEF<br/>COMPLIANCE<br/>OFFICER REPORT</b> | <p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department managers presented the Chief Compliance Officer Report (<i>a copy of the report and meeting materials can be obtained from Board Services</i>). He referenced the Compliance Program Overview included in the meeting materials.</p> <p>Compliance Program Overview</p> <ul style="list-style-type: none"> <li>• The key</li> </ul> <p>Compliance Program Key Components</p> <p>L.A. Care is required to develop a compliance program that strives to prevent, detect and correct compliance issues; and ensures appropriate communication with regulatory agencies</p> <ul style="list-style-type: none"> <li>• Three key elements and seven functional processes <ul style="list-style-type: none"> <li>- Three key elements <ul style="list-style-type: none"> <li>➤ Prevention of compliance issues</li> <li>➤ Detection - Identification of potential compliance issues</li> <li>➤ Correction - Resolution of those issues through corrective action.</li> </ul> </li> <li>- Seven functional processes to support the key elements: (1) policies, procedures, standards of conduct; (2) Compliance officer, committees, governing body focused on Compliance; (3) training and education for staff; (4) lines of communication; (5) well-publicized disciplinary guidelines; (6) systems for monitoring and auditing to prevent and correct problems; (7) existing systems to appropriately elevate and respond to compliance issues</li> </ul> </li> <li>• Compliance documentation - Compliance Program and Code of Conduct</li> </ul> <p>Mr. Mapp has a direct line of communication to the CEO and the Board of Governors. He informed members of the committee that the Compliance Department also reports on its activities to internal committees (Internal Compliance Committee and the Sanctions Committee).</p> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <p>Mr. Mapp introduced senior staff in the Compliance Department listed on the organization chart in his presentation.</p> <ul style="list-style-type: none"> <li>• Todd Gower, <i>Vice President of RGP</i>, is an external consultant, supports Internal Audit and risk management, as needed. Mr. Mapp noted that the Committee will receive internal audit reports throughout the year. Currently there are two reports pending completion, related to Claims and Grievances.</li> <li>• Mr. Mapp reported that the Sr. Director, Risk Management and Operations Support position is currently vacant. The role evaluates and identifies the risk and remediation activities and supports other business units. He introduced Marie Mercado Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, because she reports to this Sr. Director. Her area is responsible for regulatory change and policy management, to ensure that those are implemented correctly. Mr. Mapp also introduced Gabriela Flores, <i>Senior Manager, Compliance Material Review</i>, and she reported that her role is to work with L.A. Care, Plan Partners, and delegated entities to ensure that member and provider communications are compliant with regulations and contractual requirements. This includes annual distribution of Evidence of Coverage and Handbooks. The department also handles inquiries about marketing guidelines and regulations.</li> <li>• Elysse Tarabola, <i>Senior Director, Regulatory Compliance</i>, reported that her area is comprised of two units: Regulatory Audits &amp; Monitoring and Regulatory Affairs &amp; Reporting. Regulatory Audits &amp; Monitoring unit led by <i>Chelsea Hertler, Manager</i> manages all regulatory audits (i.e. DHCS, DMHC, CMS; program, medical, routine, data validation, financial) for all lines of business. This involves collection and review of pre-audit document requests, risk assessments, mock audits/interviews, onsite logistics and coordination, and corrective action plan (CAP) monitoring. The Regulatory Affairs &amp; Reporting unit led by <i>Surah Alsawaf, Manager</i> is the primary liaison between L.A. Care and our regulatory contract managers. This unit manages regulatory inquiries, self-disclosures, notices of non-compliance and ensuring remediation of any compliance issues. This unit also oversees timely, complete, and accurate submission of regulatory reports.</li> <li>• Serge Herrera, <i>Director, Privacy Officer</i>, oversees the privacy program which ensures L.A. Care's compliance with federal and state privacy rules and regulations by protecting the members' information that is collected, used, maintained and disclosed. Some key activities include: <ul style="list-style-type: none"> <li>○ Conducting privacy assessments to ensure appropriate safeguards are in place to protect the confidentiality, integrity and availability of protected health information,</li> <li>○ Process member rights requests such as access to protected health information, amendments or correction to information, and confidentiality communications requests</li> <li>○ Notice of Privacy practices updates</li> </ul> </li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <ul style="list-style-type: none"> <li>○ Work closely with Information Security and Legal Services on incident response and breach notifications</li> <li>○ Collaborate with delegation oversight on conducting privacy audits of delegates to monitor compliance with federal and state regulations and contractual requirements</li> <li>○ Work with various business units and legal to review and approve vendor contracts to assure alignment with minimum necessary standards, and compliance with federal and state regulations and contractual requirements.</li> <li>○ Co-chair the security and privacy oversight committee which meets quarterly to discuss HIPPA related risk, trends and initiatives.</li> </ul> <ul style="list-style-type: none"> <li>• Mr. Mapp noted that the Special Investigations Unit is not directly a part of the Compliance Department but is part of the Operations Department, and works closely with Compliance on Fraud, Waste and Abuse activities. He introduced Michael Devine, <i>Director, Special Investigations Unit</i>. Mr. Devine reported that the 13 members of SIU staff have different investigative backgrounds. SIU works with internal staff and external agencies to address fraud, waste and abuse. Last year, SIU activities resulted in \$10 million in savings and recovery.</li> </ul> <p>Mr. Mapp reported that Compliance staff also has a special evolving relationship with Enterprise Performance Optimization, and he introduced Cagla Ozden, <i>Chief of Enterprise Performance Optimization</i> to inform the Committee about the various functions of this department. Ms. Ozden reported that the department is responsible for supplying L.A. Care with performance intelligence on delegated and non-delegated functions, uniting internal and external monitoring by creating performance criteria and key performance indicators, tracking and reporting performance to L.A. Care's leadership. The external oversight includes pre-delegation assessments and annual delegation audits.</p> <p>Mr. Mapp reviewed the roles of the various committees that the Compliance department reports to or support the compliance activities. Compliance reports to regulatory agencies the status of and coordination of matters with the Compliance &amp; Quality Committee. Minutes of this committee are reviewed during the regulatory audits. The internal compliance committee also reviews issues that are ultimately brought before the Compliance &amp; Quality Committee. The Sanctions Committee is an internal committee to evaluate non-compliance of L.A. Care delegated entities and determine potential sanctions for non-performance. The Regulatory Implementation Committee communicates regulatory changes and tracks implementation of those changes.</p> <p>Ms. Tarabola reported on the Compliance Program Effectiveness (CPE) Audit.<br/>Audit Overview</p> <ul style="list-style-type: none"> <li>• CMS requires us to annually undergo a third-party evaluation of the Compliance Program: <ul style="list-style-type: none"> <li>- Prevention of Compliance issues</li> </ul> </li> </ul> |                 |



| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS   | ACTION<br>TAKEN |
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|                           | <ul style="list-style-type: none"> <li>- Identify potential compliance issues</li> <li>- Resolution of those issues through corrective action</li> <li>• Audit was conducted by ATTAC Consulting Group in January 2022.</li> <li>• The scope of the audit is focused on the Cal MediConnect line of business, but the Compliance Program is for all of L.A. Care's lines of business therefore findings are applicable to all lines of business.</li> <li>• Review Period: November 1, 2020 to November 1, 2021</li> <li>• Status: Final report received and <i>Gabriela Flores, Senior Manager, Compliance</i> is working with impacted business units on developing corrective action plans.</li> </ul> <p>Ms. Tarabola reported on CPE audit findings and CPE Audit Observations (<i>A copy of the report can be obtained from Board Services.</i>). The first finding was specific to members of the Board of Governors, relating to the timeliness of compliance training for Board Members. The second finding involves developing a process for disseminating compliance policies and the Code of Conduct to Board Members and to delegated entities. A third finding is related to establishing an effective system for delegate monitoring and auditing. Enterprise Performance Optimization is enhancing the existing Delegation Oversight Program and developing a Key Performance Indicators (KPIs) for the organization. The last finding was related to consistency and timeliness in addressing corrective action plans. Mr. Mapp reported that the recommendation was to conduct a more formal process to address compliance issues that are at risk.</p> <p>Ms. Tarabola reported in detail on the observations of the auditors to improve compliance.</p> <ul style="list-style-type: none"> <li>• Compliance Helpline and Fraud and Abuse Hotline should be placed in a readily available landing page.</li> <li>• There should be non-retaliation language and availability of anonymous reporting language</li> <li>• Special Investigations Unit (SIU), the team that manages investigation of fraud, waste, and abuse, should report to a neutral and protected area such as Compliance department or directly to CEO</li> <li>• Delegation Oversight Committee should be re-established to provide a forum for in-depth oversight discussion</li> <li>• SIU should conduct a formal risk assessment of the operational areas and delegates.</li> <li>• Consider a staffing assessment to ensure there is sufficient and appropriately skilled staff within the Compliance department</li> <li>• 3 or 6 consecutive months meeting a "yellow" threshold should require root cause analysis, impact analysis, and corrective action plans.</li> </ul> |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                           | <p>Member Booth asked about the product lines for which the findings and observations would apply. Ms. Tarabola responded that the audit was conducted for the Cal MediConnect product line, however corrections of the findings and observations from the audit would apply to all of L.A. Care's products.</p> <p>Ms. Vacarro asked for definitions for acronyms used by Compliance at future meetings. Mr. Mapp responded that acronyms in future presentations will be clearly defined. He will create a document with acronyms defined so that committee members can better understand the presentations.</p> <p>Mr. Mapp reported on areas for Compliance Focus in 2022:</p> <ul style="list-style-type: none"> <li>• Code of Conduct Review and Update</li> <li>• Coordination with Enterprise Performance Optimization/Delegation Oversight/data reporting initiatives and process improvements</li> <li>• Support and enhance internal communication and escalation of compliance issues</li> <li>• Improve timeliness of investigations processes; additional staff needs</li> <li>• Process improvements to address readiness for regulatory audits and to address repeat findings, and ensure that processes support L.A. Care members</li> <li>• Regulatory Implementation/change management for new laws and regulations</li> <li>• Targeted internal audits to support regulatory agency corrective action plans</li> </ul> <p>Member Raffoul asked if L.A. Care has looked at gaps and has a process in place to address those gaps in light of the recent issues with the Department of Managed Health Care. Mr. Mapp responded that L.A. Care has identified gaps and developed corrective action plans (CAPs) to address those issues. Some of those matters will be presented in more detail to the Executive Committee. There was discussion about which committee should hear the report on enforcement matters. Some of the original concerns were identified and reported to Regulatory Affairs last year, and CAPs were in place beginning in August 2021. Compliance is working to monitor those actions to ensure that issues were addressed through remediation, a core function of the Compliance Department. Member Raffoul stated that the Compliance &amp; Quality Committee members should be familiar with the gaps and the CAPs, and members should receive reports on a regular basis. Mr. Mapp responded that the Compliance Department will plan those discussions and report on what they are doing to improve those processes.</p> <p>Chairperson Booth stated that the Executive Committee delegates tasks to the Compliance &amp; Quality Committee. She can summarize during future meetings of this Committee what is discussed at the Executive Committee. The Chairperson of the Executive Committee is highly involved in this oversight. Most of the issues to date have gone through the Executive Committee, including holding extra meetings.</p> |                 |

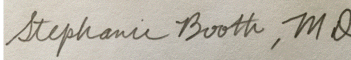
| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN  |
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|                           | <p>The Compliance &amp; Quality Committee was not scheduled to meet in February. Mr. Mapp noted that it is important and completed and future items for remediation will be communicated to Board Members.</p> <p>Member Vacarro stated that the duties of this Committee are not entirely clear to her, and she suggested more detail about the role of the Compliance and Quality Committee would be helpful. Mr. Mapp responded that he will review her concerns, and work to reinforce Committee Members' understanding of their role. Mr. Raffoul noted that the Committee Members should understand its area of responsibility. Member Roybal suggested increasing the frequency of Committee meetings. Member Ballesteros suggested that the Committee also be informed about additional staff needs. Mr. Mapp noted that staffing is a challenge in the current environment.</p> <p>Chairperson Booth suggested that the Compliance &amp; Quality Committee invite the Board Chair to attend the Compliance &amp; Quality Committee to discuss the DMHC and DHCS enforcement matters. Augustavia J. Haydel, <i>General Counsel</i>, added that the discussions about negotiations with the DMHC and DHCS will occur at the upcoming Executive Committee and Board of Governors meetings.</p> <p><b><u>Motion</u></b><br/> <b>To approve the Compliance Program, with an amendment that the role of the Compliance &amp; Quality Committee be sufficiently described in the written document, and the updated description of the Compliance &amp; Quality Committee role will be brought to this Committee for final approval.</b></p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, reported:<br/> DHCS Medical Audit Update – DHCS issued a final report on February 3, 2022. The report includes 27 total findings with 15 unique deficiencies. Compliance is working with the departments responsible for the deficiency areas to develop corrective action plans (CAPs) to address those deficiencies. The CAPs were submitted to DHCS on March 16, 2022.</p> <p>Ms. Hertler and Michael Devine, Director, <i>Special Investigations Unit (SIU), Payment Integrity</i>, reported on Key Performance Indicators as of November 2021 (<i>a copy of the report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Timely effectuation of standard appeals for Cal Medi-Connect (CMC) is now at 100%</li> <li>• Timeliness of Expedited Appeals (End to End process) CMC, none reported during this period</li> <li>• Preliminary investigation of a suspected Fraud Waste and Abuse case to be reported to NBI MEDIC (described below) ≤ 14 days of notification (CMC), and Preliminary investigation of a suspected FWA case to be reported to DHCS ≤ 10 working days of notification (Medi-Cal) went down from 100% to 97.6%, share the same root cause as the SIU department received several leads over a weekend and one case was missed when the analyst was conducting the intake triage, and remediation was implemented by assigning responsibility for the reviews to a more senior analyst.</li> </ul> | <p>Approved unanimously by roll call.<br/> <b>6 AYES</b></p> |

| AGENDA ITEM/<br>PRESENTER            | MOTIONS / MAJOR DISCUSSIONS  | ACTION<br>TAKEN |
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|                                      | <p>Mr. Devine explained that <b>NBI MEDIC</b> refers to the entity that reviews cases involving Medicare. L.A. Care reports FWA cases to NBI MEDIC.</p> <ul style="list-style-type: none"> <li>• Calls answered within 30 seconds (Call Center) Medi-Cal and call Abandonment Rate (Medi-Cal), also share a root cause in that L.A. Care's call center vendor is not able to meet staffing demands. The vendor is working on remediation of the root cause by training additional staff.</li> </ul> <p>Member Roybal asked Ms. Hertler about the systemic issue which prompted remediation for NBI MEDIC Key Performance Indicator. Mr. Devine responded that L.A. Care received a number of issues in one day and the analysts mistakenly overlooked one issue.</p> <p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, presented the Risk Assessment report (<i>A copy of the report can be found in the meeting packet on the L.A. Care website or obtained from Board Services</i>):</p> <ul style="list-style-type: none"> <li>• Improving accurate data from delegated entities that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes. L.A. Care continues to work with the PPGs on submitting Standardized Provider File data on a monthly basis to meet the 85% for ingestion of data into L.A. Care's system. Internally we continue to work on ways to improve the process.</li> </ul> <p>Mr. Mapp stated that the Issues Log will be reviewed in more detail at a future meeting so that Committee Members are informed about issues that Compliance has identified and is tracking.</p> |                 |
| <b>ADJOURN TO<br/>CLOSED SESSION</b> | <p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:17 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:20 pm.</p> <p>PEER REVIEW<br/>Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION<br/>Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act<br/>Two Potential Cases</p>  |                 |
| <b>RECONVENE IN<br/>OPEN SESSION</b> | <p>The Committee reconvened in open session at 5:11 p.m.</p> <p>There was no report from closed session.</p>   |                 |

| AGENDA ITEM/<br>PRESENTER | MOTIONS / MAJOR DISCUSSIONS            | ACTION<br>TAKEN |
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| ADJOURNMENT               | The meeting was adjourned at 5:11 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:

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Stephanie Booth, MD, *Chairperson*  
Date Signed: 4/30/2022 | 1:50 PM PDT

In Process