



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

For All of L.A.

# BOARD OF GOVERNORS MEETING

February 1, 2024 • 1:00 PM

L.A. Care Health Plan

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

## Statement

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

## Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.9 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

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

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

## Programs

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



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

<b>L.A. Care Membership by Product Line – As of December 2023</b>	
Medi-Cal	<b>2,730,138</b>
L.A. Care Covered	<b>137,006</b>
D-SNP	<b>18,447</b>
PASC-SEIU	<b>48,064</b>
Total membership	<b>2,933,655</b>
<b>L.A. Care Providers – As of April 2022</b>	
Physicians	<b>5,709</b>
Specialists	<b>13,534</b>
Both	<b>364</b>
Hospitals, clinics and other health care professionals	<b>14,276</b>
<b>Financial Performance (FY 2023-2024 budget)</b>	
Revenue	<b>\$11B</b>
Fund Equity	<b>\$1,779,445</b>
Net Operating Surplus	<b>\$103.9M</b>
Administrative cost ratio	<b>5.1%</b>
<b>Staffing highlights</b>	
Full-time employees (Actual as of September 2023)	<b>2,269</b>
Projected full-time employees (FY 2023-2024 budget)	<b>2,407</b>





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

**DRAFT**

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

To listen to the meeting via videoconference please register by using the link below:  
<https://lacare.webex.com/lacare/j.php?MTID=m7046aa07869776701d8356ad21db5103>

To listen to the meeting via teleconference please dial: +1-213-306-3065  
 English Meeting Access Number: 2499 154 9627 Password: lacare  
 Spanish Meeting Access Number: 2495 868 8725 Password: lacare

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

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by 1:00 P.M. on February 1, 2024, it will be provided to the members of the Board in writing 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 include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

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

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

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

**Welcome**

Alvaro Ballesteros, MBA  
*Chair*

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

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

*Chair*

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

- Provider Rates
  - DHCS Rates
  - Plan Partner Services Agreement
5. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Four Potential Cases
6. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069  
Department of Health Care Services (Case No. Unavailable)
7. 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
8. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and  
CONFERENCE WITH LABOR NEGOTIATOR  
Sections 54957 and 54957.6 of the Ralph M. Brown Act  
Title: CEO  
Agency Designated Representative: Alvaro Ballesteros, MBA  
Unrepresented Employee: John Baackes

**RECONVENE IN OPEN SESSION**

*Chair*

9. Approve Consent Agenda Items *Chair*  
*(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with “BOG”.)*
- December 7, 2023 meeting minutes p.19
  - Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and to delegate to the Chief Executive Officer to execute amendment **(EXE 100)** p.58
  - ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services **(FIN 100)** p.142
  - Invent Health Contract Amendment to continue providing risk adjustment analytic services for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business **(FIN 101)** p.144
  - CY 2024 Annual Internal Audit Work Plan **(COM 100)** p.146
  - CY 2024 Annual Risk Assessment **(COM 101)** p.152
  - CY 2024 Annual Compliance Program Plan **(COM 102)** p.166
10. Chairperson’s Report *Chair*

11. Chief Executive Officer Report p.200
- Vision 2024 FY 2023-24 Progress Report p.202
  - Government Affairs Update
  - Monthly Grants & Sponsorship Reports p.225
- John Baackes  
*Chief Executive Officer*
- Cherie Compartore  
*Senior Director, Government Affairs*
12. Chief Medical Officer Report p.228
- Update on Field Medicine Program p.246
- Sameer Amin, MD  
*Chief Medical Officer*  
Michael Brodsky  
*Senior Medical Director, Community Health*  
Charles Robinson  
*Senior Director, Community Health*

### Public Advisory Committee Reports

13. Executive Community Advisory Committee
- Fatima Vazquez / Layla Gonzalez  
*Consumer member and Advocate member*
14. Children’s Health Consultant Advisory Committee
- Tara Ficek, MPH  
*Committee Chair*
15. Technical Advisory Committee
- Alex Li, MD  
*Committee Chair / Chief Equity Officer*

### Board Committee Reports

16. Executive Committee
- Chair*
17. Finance & Budget Committee
- Stephanie Booth, MD  
*Committee Chair*
- Chief Financial Officer Report p.267
    - Financial Report – October and November 2023 **(FIN 102)** p.277
    - Monthly Investment Transactions Reports – October and November 2023 p.292
- Afzal Shah  
*Chief Financial Officer*  
Jeffrey Ingram  
*Deputy Chief Financial Officer*
18. Audit Committee
- Hector De La Torre  
*Committee Chair*
19. Compliance & Quality Committee
- Stephanie Booth, MD  
*Committee Chair*

### ADJOURN TO CLOSED SESSION (if needed)

*Chair*

### Adjournment

*Chair*

The next meeting is scheduled on March 7, 2024 at 1 PM, it may be conducted as a teleconference meeting.  
The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](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.  
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE’S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>

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2. L.A. Care's Offices at 1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby, or
3. by email request to [BoardServices@lacare.org](mailto:BoardServices@lacare.org)

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

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

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

# **SCHEDULE OF MEETINGS**





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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
<b>BOARD OF GOVERNORS</b>	<p><b>1<sup>st</sup> Thursday</b> 1:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Placeholder meeting</i> <i>*** Meeting 4<sup>th</sup> Thursday</i> <i>due to summer holiday</i> <i>schedule</i> <i>**** All Day Retreat.</i> <i>Location TBD</i></p>	<p><i>No meeting in January</i> February 1 <b>March 7 *</b> April 4 May 2 June 6 <b>July 25 ***</b> <i>No meeting in August</i> <b>September 5 ****</b> <b>October 3 *</b> November 7 December 5</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p><b>Staff Contact:</b> John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
<b>BOARD COMMITTEES</b>			
<b>EXECUTIVE COMMITTEE</b>	<p><b>4<sup>th</sup> Wednesday of the month</b> 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*3<sup>rd</sup> Wednesday due to</i> <i>Thanksgiving holiday</i></p>	<p>February 28 March 27 April 24 May 22 June 26 <i>No meeting in July</i> August 28 September 25 October 23 <b>November 20 *</b> <i>No meeting in</i> <i>December</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> <i>Governance Committee Chair</i> <i>Compliance &amp; Quality Committee Chair</i></p> <p><b>Staff Contact:</b> Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

**For information on the current month's meetings, check calendar of events at [www.lacare.org](http://www.lacare.org). Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 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  
2024 MEETING SCHEDULE / MEMBER LISTING**

	<b>MEETING DAY, TIME &amp; LOCATION</b>	<b>MEETING DATES</b>	<b>BOARD MEMBERS / STAFF CONTACT</b>
<b>COMPLIANCE &amp; QUALITY COMMITTEE</b>	<p><b>3<sup>rd</sup> Thursday of the month</b> 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>February 15 March 21 April 18 May 16 June 20 <i>No meeting in July</i> August 15 September 19 October 17 November 21 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH</p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
<b>FINANCE &amp; BUDGET COMMITTEE</b>	<p><b>4<sup>th</sup> Wednesday of the month</b> 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*3<sup>rd</sup> Wednesday due to Thanksgiving holiday</i></p>	<p>February 28 March 27 April 24 May 22 June 26 <i>No meeting in July</i> August 28 September 25 October 23 <b>November 20 *</b> <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p><b>Staff Contact:</b> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
<b>PROVIDER RELATIONS ADVISORY COMMITTEE</b>	<p><b>Meets Quarterly</b> <b>3<sup>rd</sup> Wednesday of meeting month</b> 9:30 AM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>February 21 May 15 August 21 November 20</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p><b>Staff Contact:</b> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>

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

	<b>MEETING DAY, TIME &amp; LOCATION</b>	<b>MEETING DATES</b>	<b>BOARD MEMBERS / STAFF CONTACT</b>
<b>AUDIT COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		Hector De La Torre Layla Gonzalez George Greene  <b><u>Staff Contact</u></b> Malou Balones <i>Board Specialist III, Board Services, x 4183</i>
<b>GOVERNANCE COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		<i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH  <b><u>Staff Contact:</u></b> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>
<b>SERVICE AGREEMENT COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		Layla Gonzalez, <i>Chairperson</i> George W. Greene  <b><u>Staff Contact</u></b> Malou Balones <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  
2024 MEETING SCHEDULE / MEMBER LISTING**

<p align="center"><b>L.A. CARE COMMUNITY HEALTH PLAN</b></p>	<p><b>Meets Annually or as needed</b> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p><b>Staff Contact:</b> John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center"><b>L.A. CARE JOINT POWERS AUTHORITY</b></p>	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Placeholder meeting</i> <i>** Offsite meeting. Location TBD</i> <i>*** Meeting 4<sup>th</sup> Thursday due to summer holiday schedule</i> <i>**** All Day Retreat. Location TBD</i></p>	<p>February 1 <b>March 7 *</b> April 4 May 2 <b>June 6 **</b> <b>July 25 ***</b> <i>No meeting in August</i> <b>September 5 ****</b> <b>October 3 *</b> November 7 December 5</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p><b>Staff Contact:</b> John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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2024 MEETING SCHEDULE / MEMBER LISTING**

<b>PUBLIC ADVISORY COMMITTEES</b>			
<p align="center"><b>CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</b></p>	<p align="center"><b>3<sup>rd</sup> Tuesday of every other month</b> 8:30 AM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">March 19 May 21 August 20 October 15</p>	<p><b>Tara Ficek, MPH, Chairperson</b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center"><b>EXECUTIVE COMMUNITY ADVISORY COMMITTEE</b></p>	<p align="center"><b>2<sup>nd</sup> Wednesday of the month</b> 10:00 AM <i>(for approximately 3 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">February 14 March 13 April 10 May 8 June 12 July 10 <i>No meeting in August</i> September 11 October 9 November 13 December 11</p>	<p><b>Ana Rodriguez, Chairperson</b></p> <p><b>Staff Contact:</b> Idalia Chitica, <i>Community Outreach &amp; Education, Ext. 4420</i></p>
<p align="center"><b>TECHNICAL ADVISORY COMMITTEE</b></p>	<p align="center"><b>Meets Quarterly 2<sup>nd</sup> Thursday of meeting month</b> 2:00 PM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">April 11 August 8 October 10</p>	<p><b>Alex Li, MD, Chairperson</b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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2024 MEETING SCHEDULE / MEMBER LISTING**

<b>REGIONAL COMMUNITY ADVISORY COMMITTEES</b>			
<p align="center"><b>REGION 1 ANTELOPE VALLEY</b></p>	<p><b>3<sup>rd</sup> Friday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>		<p><b>Roger Rabaja, Chairperson</b></p> <p><b>Staff Contact:</b> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 2 SAN FERNANDO VALLEY</b></p>	<p><b>3<sup>rd</sup> Monday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942</p>		<p><b>Ana Rodriguez, Chairperson</b></p> <p><b>Staff Contact:</b> Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 3 ALHAMBRA, PASADENA AND FOOTHILL</b></p>	<p><b>3<sup>rd</sup> Tuesday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330</p>		<p><b>Lidia Parra, Chairperson</b></p> <p><b>Staff Contact:</b> Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 4 HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE</b></p>	<p><b>3<sup>rd</sup> Wednesday of every other month</b> 9:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>		<p><b>Sylvia Poz, Chairperson</b></p> <p><b>Staff Contact:</b> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach &amp; Education</i></p>

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT [WWW.LACARE.ORG](http://WWW.LACARE.ORG). MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 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  
2024 MEETING SCHEDULE / MEMBER LISTING**

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

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

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

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**L.A. Care**  
HEALTH PLAN

## Schedule of Meetings February 2024

Monday	Tuesday	Wednesday	Thursday	Friday
			<b>1</b> <i>Board of Governors Meeting</i> <b>1 pm</b> <i>(for approx. 6 hours)</i>	<b>2</b>
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>12</b>	<b>13</b>	<b>14</b> <i>ECAC Meeting</i> <b>10 AM</b> <i>(for approx. 3 hours)</i>	<b>15</b> <i>Compliance &amp; Quality Committee Meeting</i> <b>2 PM</b> <i>(for approx. 2 hours)</i>	<b>16</b>
<b>19</b>	<b>20</b>	<b>21</b> <i>Provider Relations Advisory Committee Meeting</i> <b>9:30 AM</b> <i>(for approx. 2 hours)</i>	<b>22</b>	<b>23</b>
<b>26</b>	<b>27</b>	<b>28</b> <i>Finance &amp; Budget Committee Meeting</i> <b>1 PM</b> <i>(for approx. 1 hour)</i>  <i>Executive Committee Meeting</i> <b>2 PM</b> <i>(for approx. 2 hours)</i>	<b>29</b>	

# **CONSENT AGENDA**

**Board of Governors  
Regular Meeting Minutes #323  
December 7, 2023**

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



**L.A. Care**  
HEALTH PLAN

**Members**

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

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

**Management**

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

\*Absent

\*\* Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>WELCOME</b></p>	<p>Alvaro Ballesteros, <i>Board Chairperson</i>, called to order the regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors meeting at 1:00 pm. The meetings were held simultaneously.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone 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 meetings; 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. All are welcome to provide input.</p>	
<p><b>APPROVAL OF MEETING AGENDA</b></p>	<p><b>The meeting Agendas were approved.</b></p>	<p><b>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</b></p>

**DRAFT**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	<p><i>Demetria Saffore commented that she has received CPAP treatment for 4 years. Every time she needs supplies, she has to chase the supplies and they're not delivered in a timely manner. It is not because of the provider, the provider submits the information for L.A. Care. But, for some reason, L.A. Care drags their feet on giving her supplies. So far, she's been a whole month without CPAP treatment to sleep at night because she doesn't have supplies. So she has all but given up on getting the treatment that L.A. Care authorized. She doesn't understand why the treatment would be authorized but L.A. Care doesn't let her have that stuff that goes with it. She feels like her concerns about this issue have fallen on deaf ears. She doesn't know what else to do. She just feels like, she's filed grievances; she's talked to just about everybody she's supposed to talk to here. It's not any better.</i></p> <p>Chairperson Ballesteros asked staff to follow up with Ms. Saffore.</p> <p><i>Ms. Saffore stated that it has gone on four years and she still has the same problem.</i></p> <p>Chairperson Ballesteros apologized.</p> <p><i>Ms. Saffore stated she is stopping treatments because she can't get the supplies.</i></p> <p>Chairperson Ballesteros apologized that this is happening. Staff are with you now.</p> <p><i>Andria McFerson commented that she knows exactly how Ms. Saffore feels. It is hard for Ms. McFerson to say it, but while she has been a member and chair unfortunately she has had four seizures during these meetings, the stress has caused a really bad feeling in her brain, not just her body. When she has seizures, hits her face, and breaks her teeth, she definitely has to see a dentist. It's a medical necessity. Due to a grave disease that she has, which is called epilepsy, she cannot get L.A. Care to approve things like that, not right away. Not while she's in pain that's causing her seizures. At night, she doesn't know whether she can sleep at night. Actually she doesn't. Maybe two hours, three hours, something like that. But because of that, she had brain surgery. And she absolutely doesn't quite understand why they don't have a voice. Her name is Andria McFerson. She got moved from RCAC 6 because she moved to another region. Mind you, there are 13 chairs that have met their tenure. So staff hand chooses what situation the co-chairs are no longer a part of. But even with that, as far as the RCACs go, they have not been able to speak. And as the Board can see, they have a voice; they have medical necessities that need to be put on the floor for the Board to speak about. But yet they are not able to meet as a RCAC. Why, she does not know. But the Board knows this; the Board knows that we have not had an opportunity to openly use Robert's Rule of Order and the Brown Act in order to bring things to the Board to talk about. These decisions are not made by ECAC, they're not made by the Board, they're made by staff. They have listening sessions; they can't even file motions on the listening sessions. She doesn't know if that's polling, she's not quite sure, but it's unethical [stet] and it's not right, and they have grave illnesses that need to be talked about.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>John Baackes, <i>Chief Executive Officer</i>, stated that, as previously reported, L.A. Care has been reviewing changes in the Regional Community Advisory Committees (RCACs) to comply with new state regulations that go into effect January 1, 2024. The RCACs have been meeting. The meetings are called listening sessions now because L.A. Care wants feedback from people. Meetings have been held on a regular cadence with the last of the regional meetings this month. L.A. Care is listening to the members who come to those RCAC meetings. Once those meetings are completed, the Executive Community Advisory Committee (ECAC) will consider recommendations for changes for the RCACs to comply with the new state regulations in January 2024. Changes accepted by ECAC will then come to the Board for consideration. ECAC has the authority to put a motion on the Board agenda. At that time, the Board would be able to approve what the ECAC recommends. Until then it is in discussion. There are requirements L.A. Care will have to meet in 2024 under the new state contract.</p> <p><i>Ms. McFerson noted that Mr. Baackes is awesome but there have not been RCAC meetings.</i></p> <p>Mr. Baackes offered to speak with Ms. McFerson after the meeting.</p> <p><i>Ms. McFerson asked for meetings with Robert's Rules of Order and the Brown Act. A listening session is not that.</i></p> <p>Chairperson Ballesteros noted that a report from Francisco Oaxaca, <i>Director of Communications and Community Relations</i> to the Board is expected.</p> <p>Mr. Baackes confirmed and said the report was not given today because it will go to ECAC first. The Board will hear a report from Mr. Oaxaca in February.</p> <p>Chairperson Ballesteros noted that the report is pending and the Board is waiting for the report. The discussion on this topic with RCAC members on the potential changes, additions, etc. will be brought to the Board. The Chairperson also offered to speak with Ms. McFerson during a break. He thanked her for her comments.</p> <p><i>Elizabeth Cooper wished everyone a happy holiday season. She is a little disappointed on the board book. She does not get the kind of cultural sensitivity from the staff. She reads the board book and she tries to be informed, but she did not get a board book, so she can read and see what's in the board. She asked the compliance officer and board to please take notice about making sure the public gets the board book per their request in a timely manner. She would like to say thank you to the Board members who approached her and said hello, good morning. The public make very important points and also board members. But to some of the board members, remember those of you who were elected to represent all the consumers. She encouraged them to kind of move around and just like, if she went to her congressman's office, and he saw her sitting up front and couldn't say hello to her,</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>she would be very disappointed. Remember board members, there are some, she's not criticizing all. She asked board members to please say hello to your members. They are the ones who Board members represent and Board members do not sit at the table representing themselves, they represent all the members. So remember they are there at the courtesy of those persons they represent. She appreciates each and every one, but she's very sensitive as a former chair there. She would like to speak also to the board members. It is very important Mr. Chair, that the rules are followed. She is a RCAC member, she served once as a vice chair, but there's some things on the Board that she's concerned. You can make the order regarding the participation of the RCACs. It is very important because she interacts with her neighbors. She tries to interact with different cultures. She does not restrict herself to herself as an African American, but she thinks she learns more when she interacts with other people. She asked Board member to please remember they represent all the people. Those representatives who sit at that seat, remember they represent all the people, they do not represent themselves, so please say hello too. She is concerned about the ECAC to have a vote on that, on that recommendation by the Department of Managed Care, who they do not know. They have never been to a Board meeting and given us their point of view. She asked Board members to please take into consideration the RCACs because they are the ones who get out there into the community. She appreciates all of you, she also wants to congratulate Mr. Baackes for his award.</i></p> <p><i>Deaka McClain congratulated Mr. Baackes for his award; well deserved. She wants to echo her fellow colleagues that have already spoken when it comes to the situation with the new changes to the RCACs. She understands about the listening sessions, her concern is that she knows they are waiting on Francisco to come back with a report. They did get the information about what the staff is asking for and what the state is asking for. She keeps hearing it's going go to the ECAC and then it's going to come to the Board. She is kind of concerned about that. When it comes to the ECAC, are they really going to be heard? Some of the things the staff are doing. Some of us might not be agreement with what the staff is doing. Like she said, the state is one thing, we don't have a choice. She's concerned about the staff recommendations, and if ECAC votes no, and it comes back here, is that going to be enough? She doesn't want just lip service and then they don't even get a voice to make a difference like is being said.</i></p> <p>Mr. Baackes stated that he will make sure that when a decision goes to the ECAC it clearly separates the requirements in the recommended changes that would bring us into compliance with the state regulations in the new contract, and the recommendations from the staff. If ECAC does not accept the recommendations by the staff, they will not be advanced to the Board.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<p><b>PUBLIC COMMENT</b>  <i>Andria McFerson commented the only reason why she's up here is to advocate for proper health care for everyone. For low income people, people who have maybe lost their jobs, for the disabled, for seniors. When she speaks on the mic about different issues, she represents her region. She represents the public, she represents Black people who may be discriminated against. She represents the undocumented, she represents doctors who may not be able to have approval for the procedures that they need to basically do to their patients in order to adhere to their necessities medically. She doesn't feel as though she is doing this to be in the way of the Board. With this motion, not giving them a public comment during this, how is it that you're going to make the decisions and have empathetic thoughts towards the decisions that are being made if you don't understand what they go through. She doesn't quite understand this motion, now, don't quote her on this. She has absolutely no idea what this motion entails. And that's another reason why this needs to be explained first. Because breaking it down in layman's terms, just going to say it like that, because you have L.A. Care members that have learning disabilities. You have L.A. Care members that are developmentally delayed. You have people like her that are on medication and she's doing the best that she can right now. She's not trying to be too direct or confrontational. She's just trying to say her name, Andria McFerson, and let, you know that she has a disability and she should have a civil right to freedom of speech. And everyone up here should have that as well, online or whatever the case may be. Even if you email, you should be able to have a right to have freedom of speech, and that can help save lives. That can help prevent different things having to do with people's health disparities. And that's why it's important to make it so that they have a voice, because it's a lot of people dying out here. She has on black right now. She has on black because her RCAC member passed away. She came right here and she wanted to speak on her particular health disparity. She felt uncomfortable when Francisco got on this mic and he polled for a vote to not have the RCACs anymore, or just to have the RCACs, but a smaller amount of people, and then also a focus group, allowing the staff to choose the topic that we speak about. She turned back around and after she turned around, she went home, tried to get information so that she can receive a specialist that should have been approved and should have prevented her death.</i></p> <p>Board Member Booth noted that if the question was about the consent agenda, it is a list of things that have already been approved by one group or another and the Board members can agree with everything that's been written and we just approve them all together so that we do not have to talk about them separately. It saves a lot of time.</p> <p>Chairperson Ballesteros indicated that public comment on the Consent Agenda should be limited to the items on the Consent Agenda. He is allowing the public comment, but it really should be limited to just those items. That is how it should be done. He suggested that further education could be done between meetings to help with understanding on public comment.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Elizabeth Cooper thanked Deaka McClain for her comments that were well noted. Regarding TTECAC 100 and 101, she's concerned about what you just spoke about, the ECAC will make the decision. How can they make a decision when they do not come back to the people they represent. She has seen all too often as she's gone to the ECAC meetings, there's no feedback from the chairs to the members and this is a very important issue regarding the ECAC. None of the members interact. Sometimes you can't even get them to say hello to you. How are you going to get him to do that? She noticed how friendly and professional you all are to the members. Why hand it to the ECAC, because she's concerned that you stated that ECAC will vote on these issues and the RCAC members have not ratified the Chairs. They do not have input, how is the RCACs going to make a decision if the ECAC representing each RCAC, 11 RCACs, do not come back to the members. This is bad. The Board needs to do something about them. She respects each and every Board Member as professionals. She respects the ECAC too, but let's face it the RCACs stand for the people, those who they represent and if they're not representing the people, how can they come and give you all a vote? And also, she would like to say, why didn't the Department of Managed Care come and give public hearing. Because they are making the decision and never met us. They're doing a fantastic job as the RCACs. She's sure some board members and Mr. Baackes know we try. So, this is her point. So, let the ECAC come back to the people first.</i></p> <p><i>(Board Member Greene joined the meeting.)</i></p> <p>Board Member Booth noted a correction to FIN 101 to remove the reference to AFS 004 in the motion language.</p> <ul style="list-style-type: none"> <li>• November 2, 2023 Board of Governors Meeting Minutes</li> <li>• Nomination for Charitable Organizations for donated Board Stipends <b>(BOG 100)</b></li> <li>• Quarterly Investment Reports <b>(FIN 100)</b></li> <li>• Annual Review of Accounting and Finance Policies: <b>(FIN 101)</b> <ul style="list-style-type: none"> <li>○ AFS-002 (Capital Assets)</li> <li>○ AFS-027 (Travel Expenses), and</li> <li>○ AFS-029 (Annual Budgets and Board of Governors Oversight)</li> </ul> </li> <li>• Revision of Accounting and Finance Policy AFS-006 (Authorization and Approval Limits) <b>(FIN 102)</b></li> <li>• InfoCrossing Contract Amendment to support regulatory enrollment requirements <b>(FIN 103)</b></li> <li>• Infosys, Ltd. Contract Amendment to provide Quality Assurance services <b>(FIN 104)</b></li> <li>• North Star Alliances, LLC Contract to provide event planning, logistics, staffing and execution services and community relations support <b>(FIN 105)</b></li> </ul>	<p><b>Unanimously approved by roll call with amendment for FIN 101.</b>  <b>11 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</b></p>



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Ratify the elected Chairperson and Vice Chairperson of the Technical Advisory Committee <b>(TAC 100)</b></li> <li>• Ratify the selection by RCAC members of new and continuing members of the Temporary Transitional Executive Community Advisory Committee <b>(TTECA 100)</b></li> <li>• Ratify the elected Chairperson and Vice Chairperson of the Temporary Transitional Executive Community Advisory Committee <b>(TTECA 101)</b></li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper stated that the Chairperson has done a fantastic job and she appreciates his greetings each time he comes in. She is concerned that there seems to be a lack of consideration; maybe it's her feeling. Is there a lack of consideration regarding the members, regarding what the public says? Because that's very important. Sometimes they may not say it right. She looks at how the votes go, and does anybody care about these motions. Does anybody study, look at it? She's speaking for the consumer. She sits here as a public person, and really appreciates all of the Board. But does anybody think about what the public thinks? Does anybody concern from the board members? Any input? The members come here with deep issues and deep concerns. She would like the Board members to make sure that the members are considered. The Chairperson does a wonderful job and she really appreciates the Board. What do you all care what we, the public, think? She knows they sit at the Board, but sometimes they bring up issues that might not be on the agenda and it's very important to each and every one of the Board members. The hospital association, many years ago when she was the vice chair, they supported that. They didn't look at it because it was a hospital, but does the Board care about what they think when they sit here? It's so important. They come here, and she respects each of the Board members and she respects ECAC. But please consider they might not say the right thing, but long as they say it, it is very important.</i></p> <p>Chair Ballesteros responded that he cares and he knows that his colleagues around the table care deeply, about what members and what the public feels and what they need. He will make a commitment to meet with members next month so he can understand any challenges that you may be having with putting things on the agenda, or getting things talked about. He made a commitment to come out and meet with the group and see, at least what he can try to do to alleviate some of that feeling. He wants everybody that is here to know that all Board members care very deeply about all of the members and the communities that L.A. Care serves.</p> <p><i>Andria McFerson commented that Chair DeLaTorre filed a motion EXE 100.0418, presented at the Board, March 28, 2018. This entitled how basically, the Executive Committee would allocate \$30 million annually. Don't quote her, but she thought it said annually for five years and she would like an update on some of the work that has been done focusing on the low income community this year and ever since actually, 2018. That would be great. Now</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>during this pandemic and after, there was a high rate of death. During the next ECAC meeting and all of our RCAC meetings, it should have gave them an opportunity to tell their story and to let you guys know how important it is to make sure that they talk about the COVID 19 challenges that they faced. The negative effect of it, the chronic conditions after, which they were not healthy. They want to know what was the budget and where did that budget go as far as the ECACs getting out to the community, talking to the community, peer on peer access to all events, and different things like that. That would have been great. Peer on peer communication get the public to speak their own story. Due to the fact that there are people, stakeholders, that have been through exactly what they've been through so they know how to speak to them directly. But, with this motion, she's completely confused. She asked for an update on this. If they had all of this money, why is it that they were not able to have their RCACs. She doesn't quite understand that. And for some strange reason, it's been listening sessions. During a listening session, she was in ECAC at the time, Francisco said how he wanted to change things and make it so that the RCACs were smaller and there were focus groups. She raised her hand to speak as a chair. Victor basically told her that she could not even make a comment during a listening session or they would call security. Imagine that. They need a voice. She asked, please allow them to have a voice. Her name is Andrew McFerson. (Ms. McFerson gave personal contact information that is not included in the minutes). She asked that people get in contact with her.</i></p> <p>Mr. Baackes responded that the motion referenced was authorization to move a certain amount of L.A. Care's unassigned reserves into a special board designated fund labeled, "Elevating the Safety Net." A report on the disbursement of that funding was provided at the September Board meeting. L.A. Care subsequently asked the Board to set aside another \$50 million, so we could keep that fund going for another five years. The fund has provided medical school scholarships, grants to bring new primary care doctors into the safety net provider network, and medical school debt relief to retain safety net providers. Elevating the Safety Net has paid for training of 6,000 in home support service workers and a number of other workforce development programs. That was the intent of that that fund.</p> <p>Chairperson Ballesteros reported that the Patient Care Foundation of Los Angeles County, the charitable arm of the Los Angeles County Medical Association, awarded Mr. Baackes its Healthcare Champion of the Year Award. Mr. Baackes was honored for his role in helping to get the first increase in Medi-Cal funding in 25 years. Mr. Baackes recognized that Medi-Cal reimbursement rates had to increase to keep physicians in the Los Angeles County Safety Net, providers who serve L.A. Care members. Recognizing that there would be a greater impact if all healthcare sectors worked together, he brought together doctors, hospitals, clinics and health plans to lead discussions that ultimately led to the increased Medi-Cal funding. The award was announced during the Patient Care Foundation's 11th Annual Healthcare Awards.</p>	

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	<p>Congratulations to John Baackes for the recognition of his hard work and for a job well done in getting the Medi-Cal increase.</p>	
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper congratulated Mr. Baackes for his outstanding achievement. She believes in diversity of issues, which he has done. Without the doctors and those who will provide this service wouldn't exist. So, her sincere thank you to the Board for giving Mr. Baackes that opportunity to have such an outstanding award. So she would like to thank you because without care providers, without the money for the providers, some of these services were not exist. So in order to be nice, she would like to make that comment now.</i></p> <p><i>Andria McFerson just wants to take the time out to say, thank you. If you would allow her to thank John Bacckes. He is an awesome guy that has made it so that they have had an opportunity to have programs to receive better care. But with that being said, it's time to move on to the next step. People here right now are going through it health wise. So, regardless of whether we have all of these programs to implement better health care, there are still people dying, people having brain surgery, people not being able to breathe at night, people dying of things like cancer and a lot of other things as well. They need to be able to have a voice to speak about these things, because these programs may exist but how will we have a strategical plan in order to adhere to people's necessities? By them being able to have freedom of speech, have the RCACs, have people that come in and have been doing this for years. They've been doing this for so long. They helped L.A. Care grow into the largest public insurance company in the nation. Before all of this. All they are asking for is a voice so that they can come and talk about different things having to do with their neighbors, their friends, families, and themselves. She can't do anything but give Mr. Baackes props, and she appreciates him. If you would open up your hearts and know that they're not here just to be confrontational or play victims. They're here to make sure that you know exactly what to do next in order to make sure that you can help save their lives; preventative care. That's important. So how can they do so without making it look like they are people out on the street begging for change, calling people over the phone for months, for years, making it so that you please, please approve their medical necessities. Its preventative care and you can do better preventative care by knowing exactly what we go through. They need to have a voice. They need their RCACs back.</i></p> <p><i>Deaka McClain congratulated Mr. Baackes. She also wants to say, thank you. When she calls on him, he's there. Just recently, he came to support her in an award that she won. She appreciates that and the donation for the students, she appreciates that. When you continue to advocate, she brought this up before, repetition is important, you're advocating for the funding for medical doctors, that's wonderful. But as you're advocating, can we please advocate for the services that are up under Medi-Cal. If there is not access for all. When it comes to differences between Medicare or Medi-Cal, you don't give the same</i></p>	

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	<p><i>benefits. She's one of them - she doesn't get the same benefits. She doesn't get the extra money that she needs for supplements that she's going to pay out of her pocket. The other situation is right now she needs a durable equipment wheelchair. The big bulky electric wheelchairs that her therapist recommends does not meet her needs. She found one that is a smaller, and lightweight, but they're not going to pay for it. Because they don't feel it fits their criteria. That's just an example, there's many other people going through the same thing. There's certain things that they pay for and certain things that they're not going to pay for, and we need those things that they're not going to pay for. If you can help advocate, continue to advocate on things like that, that would be greatly appreciated. Thank you.</i></p> <p>Mr. Baackes thanked everyone for the recognition from the Los Angeles County Medical Association. He noted that the recognition and the public comments made highlighted that the resources for Medi-Cal are not equivalent to Medicare or commercial insurance, and that contributes to health disparities for Medi-Cal beneficiaries L.A. Care serves. The effort to increase funding was aimed at making sure there are enough providers participating in the system. Keeping doctors involved in the health care safety net is critical if we are going to have access so we can deliver those services. What we have accomplished is just the beginning, there's a lot more that needs to be done and that certainly includes the issues around equal benefit access that Ms. McClain talked about. The work is not done and he has really enjoyed being part of this process, and he will continue to look for opportunities to advance the greater agenda.</p> <p>The Medi-Cal eligibility redetermination has completed six months of the 12-month process. Every Medi-Cal beneficiary will be reviewed for eligibility. For the first six months, L.A. Care has a net loss of 186,000 members, about 6.8% of the Medi-Cal members enrolled when the redetermination process started in July. L.A. Care had forecast a loss of about 13%. At the moment, L.A. Care is not exceeding the expected disenrollment. A new tool was provided by the California Department of Health Care Services (DHCS). In November, DHCS provided the anniversary dates for all Medi-Cal beneficiaries, and L.A. Care can direct outreach more effectively. In the past, without knowing those dates, all of the promotional work about eligibility redetermination was general announcements. The data was shared with provider groups. The providers can be the best ally for eligibility redetermination, because they see the patients and are a trusted resource. We think that a great many of the people who are losing coverage are people that have moved, because of the low volume of calls to the customer service center related to the redetermination process. It was expected that people would be deleted from the roles erroneously or because they failed to send in the redetermination package, and that they would then discover they lost coverage when they went to fill a prescription or went for an appointment. The number of calls is under 1,000 a month, less than 2% of total call volume. A great number of the people that are being removed have moved out</p>	

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	<p>of Los Angeles County or no longer eligible because their income is above 138% of federal poverty level. Those members, about 20,000, have been automatically enrolled in L.A. Care Covered at the Silver tier. L.A. Care has the lowest cost premium at the Silver tier. L.A. Care does not have the member data such as an active telephone number, and all those members have 60 days to confirm enrollment. Linda Greenfield, <i>Chief Products Officer</i>, and her team in Products are working very diligently to make sure all of those people are contacted and given the opportunity to confirm enrollment. About 7,000 people have elected to take coverage under Covered California. L.A. Care is also in open enrollment for Covered California and is receiving new enrollment. L.A. Care Covered currently has about 137,000 members and expects that number will go up as enrollment extends through the end of January 2024. About 40% of the people that are actively renewed have been determined through the exparte process to have met the eligibility criteria. Those beneficiaries receive a letter that they are qualified for another year and no action was required on their part. L.A. Care would like to see that increased and DHCS is working to make that happen, so that the process is not as onerous for the beneficiaries.</p> <p>The State of California, through our contract for Medi-Cal and Medicare managed care, is increasing the number of metrics for a variety of issues related to quality and disparities. The number of metrics by which health plans are being measured has increased. In addition, the amount of the financial sanctions connected with those measures is increasing. His opinion on increasing the number of metrics and imposing greater financial sanctions is not going to provide health plans with an incentive the health plans do not already have to do the best job possible. The new metrics have been applied to the auto assignment calculation. When people apply for Medi-Cal in Los Angeles County, they are asked to select whether they want to be in L.A. Care or Health Net. About 40% of the people consistently do not make a selection. The algorithm used to automatically assign people to a health plan used to be built on about four different quality metrics, and now uses 12 metrics. L.A. Care was getting 59% of the auto assignment and Health Net was getting the balance. Beginning in 2024, L.A. Care's share will go down to 53%. L.A. Care is evaluating those 12 metrics and how the decision was made to lower the assigned portion. It is somewhat of a mystery. Sameer Amin, <i>Chief Medical Officer</i>, will comment in his report how these various metrics are being used in other ways to measure health plan performance.</p> <p>At the last board meeting, there was a question about L.A. Care's relationship with hospitals, given that about a year ago the Hospital Association of Southern California (HASC) called our attention about a number of problems that their members were experiencing. L.A. Care has been working with individual contracted hospitals and through a HASC work group. The last meeting of the year was held with the HASC work group on Monday. He asked Acacia Reed, <i>Chief Operating Officer</i>, who represented L.A. Care at that meeting to report. Ms. Reed stated that</p>	

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	<p>at the last quarterly meeting with HASC and L.A. Care contracted hospitals, about five contracted hospitals attended. Usually the group goes over a number of items related to health services utilization, health services claims payments with claims, and network updates. The conversation in the meeting last week was one of the best that we have ever had. It was commented that there have been significant improvements across the board, the representatives acknowledged the significant work done with utilization management, and that they've seen improvement in their claim payment cycles and from L.A. Care. They are also excited about our reinvigorated joint operations meetings, and are looking forward to the conversations in 2024. It was an excellent conversation.</p>	
<ul style="list-style-type: none"> <li>L.A. Care Medicare Plus Enrollee Advisory Committee Meeting Summary</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written meeting summary included in the meeting materials.</i></p> <p>There was a mandatory contractual change in receiving consumer input for Medicare Plus, a dual special needs plan.</p>	
<ul style="list-style-type: none"> <li>Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p><i>(Board Member Ghaly joined the meeting.)</i></p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that the Attorney General's office has finalized the title and wording for the managed care organization (MCO) tax that is slated to be on the November 2024 ballot. L.A. Care is not advocating for a position on the initiative. This is only an informational update.</p> <p>The California Legislative Analyst Office released budget projections for the current budget year 2023-24 and 2024-25. It started out as a \$58 billion estimated loss and went up to \$68 billion loss. This will actually be the largest loss since 2008. There is about \$37 billion in California's rainy day reserve. Of that, \$23 billion is held aside for specific purposes and there are subgroups. There is \$900 million for Medi-Cal managed care and CalWORKs training. There is also a significant amount of money for education. That will help soften the blow. However, the projection is for significant budget challenges over the next two years. The reason they could not provide really good estimate until a couple days ago is because California allowed tax payments to be delayed until November and it took a while for the updated estimates to be calculated. The next legislative cycle is going to be very chaotic and there are likely to be many competing interest groups. The legislators will have competing priorities with less funding. It will be a challenge for the legislature to pass new programs. It is also an election year, and there</p>	

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	<p>are many ballot initiatives. The existing programs will likely be funded and new programs might receive one time funding. She will keep the board updated throughout the year.</p> <p>The federal legislature passed a continuing funding resolution with unusual expiration dates for some programs on January 19 and other programs on February 2. After the holidays, Congress will renew federal budget discussions.</p> <p>Board Member and Supervisor Solis congratulated Mr. Baackes on his award. He made Herculean effort in Sacramento and got so many people to help support the expansion of funding for a much-needed Medi-Cal program. She also congratulated him on the latest report regarding work with the hospital association. She is very pleased to hear the reports. She thinks things are moving in the right direction. She noted that there was no discussion of COVID vaccinations, given the recent uptick in health statistics for COVID. She asked what is being done to help encourage providers to make the vaccination accessible. She sees high rates in her district among communities that do not have access and may not have funds to pay for these vaccinations. Mr. Baackes noted that vaccinations are covered for Medi-Cal beneficiaries. In the past, access to vaccines was documented.</p> <p>He invited Dr. Amin to comment. Dr. Amin reported that a major issue is not around access but more around vaccine hesitancy. With the rollout of the new booster shots, the uptake rate has been poor. One of the main reasons is concern and fear associated with the vaccine, dating back to 2020. L.A. Care encourages providers and has a number of campaigns to encourage members to get the booster shots. It has been an uphill battle. L.A. Care just went through a number of efforts at the Community Resource Centers (CRCs) to vaccinate people for the flu. There were lengthy discussions about the fear of RSV, the flu and COVID hitting all at the same time. L.A. Care is working hard through its quality improvement department, to get people vaccinated and is providing as much education, much of it in the CRCs. Some of it is around misinformation that needs to get past.</p> <p>Mr. Baackes added that when the COVID vaccine became available, L.A. Care and other health plans were incentivized to get as many people vaccinated as possible. L.A. Care never achieved more than 70% for Medi-Cal members, and it was not due to access as much as it was hesitancy. He invited Alex Li, MD, <i>Chief Equity Officer</i>, to comment.</p> <p>Dr. Li agreed that access may not be the main issue, but vaccine misinformation is an issue. As Dr. Amin mentioned, L.A. Care is sending information to members about the flu, RSV and COVID in December. L.A. Care is working closely with colleagues at Los Angeles County Department of Public Health. L.A. Care recently held a special forum on vaccine misinformation with Dr. Muntu Davis and other experts. Supervisor Solis is very concerned that immigrant or other than English-speaking, Asian American and Pacific Islander and other</p>	

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	<p>communities are not getting appropriate information. She wonders how we navigate that. That is one of her concerns. Sometimes it is not about television, it is about radio in reaching these ethnic groups. Dr. Li responded that L.A. Care did quite a bit of that during the pandemic but is not planning to do it at this point, but will explore it. He thanked her for the suggestion.</p> <p>Mr. Baackes noted that members use social media more than one might think and L.A. Care is doing a lot of messaging through social media. He will take her suggestion under advisement for those particular groups mentioned that might need special attention.</p> <p>Supervisor Solis noted that she is concerned about disenrollment in relation to the Medi-Cal renewals and expansion. Recently, she met with a group of federally qualified health clinics (FQHCs) in the First District. She asked about collaborating with FQHCs to make sure they have timely access to data about disenrollment so they can reach out to those impacted members. Mr. Baackes responded that in November, L.A. Care received a list of the remaining people and their renewal dates. L.A. Care will disperse that to the providers. The names are first matched with the providers to get it out to the correct location.</p> <p>Mr. Baackes invited Phinney Ahn, <i>Executive Director for Medi-Cal</i>, to comment. Ms. Ahn reported that in addition to the data received very recently of the accurate renewal months for members and sharing that with providers, understanding that they most likely are trusted partners to their patients, we are also getting data from DHCS on a monthly basis. This is all Medi-Cal members who are receiving a renewal packet in the mail. These members have to take action to keep their Medi-Cal coverage. L.A. Care is also pushing that data out to providers as soon as it's received and letting them know actions that they can take to reach out to their own patients. Key and consistent messaging is very important to let them know that their patients need to take action to stay covered. L.A. Care has collaborated in the past with Community Clinic Association of Los Angeles County (CCALAC) outreach and eligibility roundtable. L.A. Care will make a repeat visit to hear directly from the clinics how they are dealing with the data and any other challenges that they are experiencing. Supervisor Solis thanked the Chairperson and the staff for the information.</p> <p>Board Member Vaccaro noted there is an additional access barrier with Medi-Cal patients that would like to be vaccinated at their primary care provider health center. There is a challenge in that the vaccines are covered for children under the Vaccines for Children program. That is not the case for adults 19 years of age or older. If the visit is considered a prospective payment system (PPS) eligible visit, it is not anything that the health centers are reimbursed for so there is a lot of hesitancy on the health center side to purchase these vaccines, because it is a financial loss as vaccines are supposed to be included as a part of the PPS rate. Many rates have not been reset in many years. Patients are being sent to pharmacies to get access to the COVID vaccine and that is very problematic. Supervisor Solis thanked her for the clarification, and</p>	



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	<p>noted that is why she is very concerned. Supervisor Solis offered to speak with Board Member Vaccaro offline about any ideas to remedy the challenges. Mr. Baackes offered that L.A. Care would explore this. The carve out of prescription drugs also muddies the issue about who is responsible for what. L.A. Care will take that under advisement and report back and take actions between now and the next meeting if there are any opportunities.</p> <p>Chairperson Ballesteros commented that the FQHCs received specific federal money to help with COVID vaccines for uninsured patients. The health centers have funding for individuals that do not currently have Medi-Cal. L.A. Care should develop a strategy to let the public know that the uninsured can get a vaccine at a community health center. They are limited, but they are there.</p>	
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><i>(Vice Chairperson Shapiro presided as Chairperson Ballesteros left the meeting.)</i></p> <p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson commented that she is learning Spanish and is open to anything, she is open to all voices no matter what. We need to be able to make sure that we have a voice for people who feel a lot of different disparities, not just health wise. Domestic violence victims, victims of child sexual abuse. The peer on peer, eye to eye contact that they can have would help a lot of people, including herself. She just thinks that topics like an abuser who can isolate you from your friends and family, continuously mistreating you, or treat you as though they are privileged and make it as though you cannot make your own decisions and you are a liability, it can hurt. It hurts not to communicate. She has been through it. And one feels as though speaking up for oneself, or speaking about different things that are going on and even positive wants that one has could be too combative. And sometimes these things make one feel hurt. And it could cause psychosis; it can cause a whole lot of different things having to do with one's health. So that's why she feels that first hand you've seen it, by us not being able to speak up and speak out for disparities that we had and bring up different situations that we've been through in order to help the community. Public meetings, having to do with the RCACs and what they have been through and what they would like to give to the community. She feels that Francisco Oaxaca has taken their right for freedom of speech and that has deterred a lot of RCAC members from actually speaking out, they see what we go through, the people who speak at this mic, every single meeting. He has told three black women that they cannot speak when they had the floor to speak and one white woman. They have a right to speak. They do not have any sort of freedom of speech anymore without the RCACs. Please allow them to keep the RCACs and please allow them to tell their story and give back to the community.</i></p> <p><i>Elizabeth Cooper asked that the CMO speak about prejudice when people might have communicable diseases. She would also like to inquire, she read in the daily LA Times</i></p>	

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	<p><i>newspaper, the flu and all is on the rise and hospitalization is increasing for many. She asked what he recommends. As a parent of a developmentally disabled son, is there anything the doctor can do by focusing on those population. She knows it's a small number in L.A. Care. Sometimes she has to be his spokesperson, but you do have consumers who are developmentally challenged as part of L.A. Care plan. When people say what's going on, what's going on about their privacy and all, but the hospitalizations is increasing now, she read it in the paper, flus and all. What do you tell parents or what do you tell the members and how can the Board set aside a special meeting, a special taskforce for the developmentally challenged. She said thank you for your service, because right now. And another thing she forgot to mention is the doctors of the county hospitals are hopefully Supervisor Solis is here, the doctors who do such a tremendous job, and she heard that some of them might be going on strike. Please support them because without the doctors, when we get sick, what are we going to do? And there has been a report about the doctors, the challenges they're facing, particularly in the county hospital, which will affect L.A. Care members too, because they are part of the county health clinics. She asked Dr. Amin to speak about these issues. She knows he cannot speak about the strike, that's not the purpose, but the lack of support they would have, and she thinks each person needs to be interested in that. She's interested in broad issues, but also interested in family issues.</i></p> <p>Vice Chairperson Shapiro responded that the community health workers have been doing an amazing job in the community to make sure that community members get services from colon cancer screenings to other efforts by L.A. Care to communicate preventive measures.</p> <p>Dr. Amin addressed the comments regarding the viruses rampant throughout the county and the increasing number of hospitalizations; we can get everybody vaccinated and work to cut through the misinformation through the providers' offices to get people vaccinated, not only for COVID but also for flu. This will help deter the rise in these cases. He noted that the misinformation expands even beyond vaccinations, and gets into the treatment of these as well. There are people who have a number of strange home remedies as well as thoughts regarding antibiotics as treatments for viruses. It is important to understand that these are mostly viral illnesses in the community now, and there are antivirals available that can be prescribed to cut the course, particularly for the flu. Probably the most effective treatment is actually good hygiene - make sure to wash your hands and cover your mouth when you cough, a public health announcement that everybody has to go wash their hands and be vaccinated.</p> <p>He referenced Mr. Baackes' comments about the auto assignment methodology and the Medi-Cal Accountability Set (MCAS) measures. These are a number of quality measures contractually required by California Department of Health Care Services (DHCS) that health plans are tracking to perform particularly well in moving the quality of care for members. Over time,</p>	

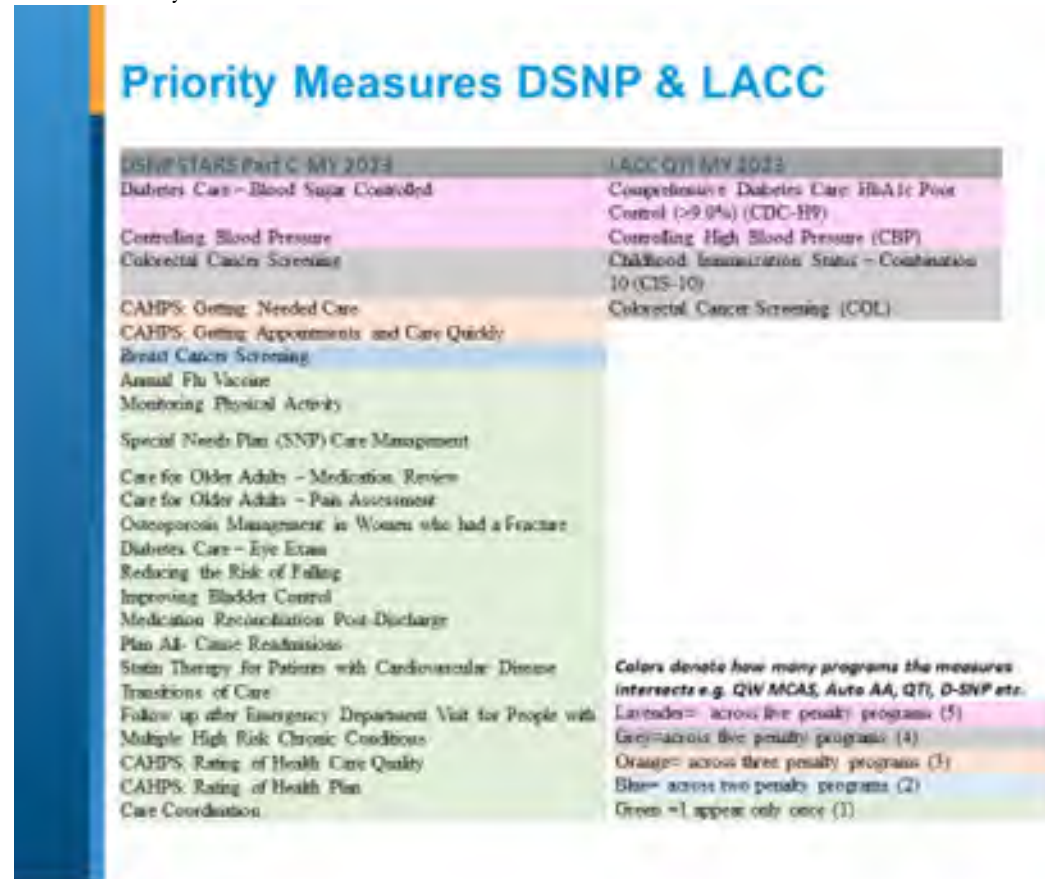
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those few measures have expanded dramatically. *(A copy of the presentation can be obtained by contacting Board Services.)*

Quality Measures/Measures (2019)	Auto-Assignment (2019-2023)	2023
Child and Adolescent Well-Care Visits (WCV)	Child and Adolescent Well-Care Visits (WCV)	Child and Adolescent Well-Care Visits (WCV)
Childhood Immunization Status--Combination 1 (CIS-1)	Childhood Immunization Status--Combination 1 (CIS-1)	Childhood Immunization Status--Combination 1 (CIS-1)
Diagnosis: A1c Control for Patients With Diabetes (HED)	Diagnosis: A1c Control for Patients With Diabetes (HED)	Diagnosis: A1c Control for Patients With Diabetes (HED)
Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure (CBP)
Immunization for Adolescents (Combination 2) (DAA-2)	Immunization for Adolescents (Combination 2) (DAA-2)	Immunization for Adolescents (DAA)
Perinatal and Postpartum Care: Postpartum Care (PPC-Pre)	Perinatal and Postpartum Care: Postpartum Care (PPC-Pre)	Perinatal and Postpartum Care: Postpartum Care (PPC-Pre)
Perinatal and Postpartum Care: Timeliness of Perinatal Care (PPC-Pre)	Perinatal and Postpartum Care: Timeliness of Perinatal Care (PPC-Pre)	Perinatal and Postpartum Care: Timeliness of Perinatal Care (PPC-Pre)
Well Child Visits in the First 30 Months of life--Well Child Visits for age 15 months-20 (W20)	Well Child Visits in the First 30 Months of life--Well Child Visits for age 15 months-20 (W20)	Well Child Visits in the First 18 Months of life--Well Child Visits for age 15 months-18 (W18)
Well Child Visits in the First 30 Months of life--Well Child Visits in the First 15 months (W15A)	Well Child Visits in the First 30 Months of life--Well Child Visits in the First 15 months (W15A)	Well Child Visits in the First 18 Months of life--Well Child Visits in the First 15 months (W15A)
CAHPS--Getting Needed Care: Adult & Getting Needed Care: Child	Follow-Up After Emergency Department Visit for Mental Illness (FUE)	Follow-Up After Emergency Department Visit for Mental Illness (FUE)
CAHPS--Getting Timely Care: Adult & Getting Timely Care: Child	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Follow-Up After Emergency Department Visit for Substance Use (FUA)
	CAHPS--Getting Needed Care: Adult & Getting Needed Care: Child	Antibiotic Medication Ratio (AMR)
	CAHPS--Getting Timely Care: Adult & Getting Timely Care: Child	Breast Cancer Screening (BCS)
	Depression Screening and Follow-Up for Adolescents and Adults (DFA)	Cervical Cancer Screening (CCS)
		Cholesterol Screening in Women (CW)
		Developmental Screening (DS)
		Lead Screening in Children (LSC)
		Topical Fluoride Varnish (TFV-OR)

Dr. Amin reported that the measures in the column all the way on the right have expanded from the initial group to a much larger set of 18 measures. The 18 measures have become not only goals to improve quality, but also have become a method by which the regulators can impose financial sanctions. Sanctions levied against a health plan remove funds that the health plan could better use to improve quality. The four core measures used to determine auto assignment have increased to a larger set of 12 measures. In addition, there is now a quality withhold determined from the same MCAS measures which affects revenue. One measure that starts looking poor can hit the health plan in three different ways: through the quality withhold, the auto assignment, and through sanctions.

On L.A. Care’s DSNP and exchange lines of business, there is another set of required accountability measures.



L.A. Care wants to improve the quality of care for members. The question is if we can perform well on 42 things at the same time. Would it be better to select 3, 4, 6, or maybe even 10 that plans could do even better? Mr. Baackes and Dr. Amin have spoken about this with Mary Watanabe, *Director, Department of Managed Health Care (DMHC)* and have spoken with representatives at DHCS. Dr. Amin has a meeting scheduled to talk about the administrative burden for providers on the quality measures.

L.A. Care was told in March that the methodology used to assess quality through MCAS would change. The 18 measures would be placed in five different domains. Those care domains are child and adolescent preventative health, reproductive health, behavioral health, chronic diseases and cancer prevention. Among the five domains, health plans would be ranked against state and regional measures to assess if the plans were performing at the minimum performance level. L.A. Care was congratulated at that time for excellent performance. L.A. Care was one of

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	<p>the few plans in the green tier and was told at that time that there would not be any sanctions associated with this because again LA Care was in the highest tier and performing well.</p> <p>On November 28, the methodology changed. L.A. Care was told that the assessment for quality would be separated from the sanctions. In the new rating, L.A. Care was still in the green tier, which was renamed Tier 1 and ratings would now be based on national ranking, instead of state ranking. When that change was implemented, six of L.A. Care's quality measures fell below the minimum performance level, and L.A. Care would now be subject to a sanction. It was assumed the amount of the sanction would be relatively small, since L.A. Care quality was doing well from a quality perspective. However, the methodology being used to calculate the sanction is actually much less dependent upon the severity of the shortfall from minimum performance levels. The most important factor in the equation that now determines the amount of the sanction is how many members are in a health plan. L.A. Care has 2.9 million members enrolled, and that is going to increase the sanction dramatically; it is actually one of the most impactful factors in the equation. The sanction was relatively large, and L.A. Care will discuss it with DHCS at a meeting scheduled on December 19.</p> <p>There is an ever-expanding number of quality metrics that L.A. Care is tracking, and L.A. Care is dedicated to improving quality for members. There is overlap among all of the quality metrics across lines of business. L.A. Care is moving toward a focus on those items and has included them in the enterprise goals. L.A. Care is actively talking with provider groups about the quality measures. L.A. Care is moving them into delegation oversight metrics and the quality measures are discussed constantly in joint operating meetings. He is very confident that L.A. Care will continue to do well, but disappointed that sanctions will be levied.</p> <p>Dr. Amin referred to the written CMO Report in the meeting materials, which includes a summary of the activities in each department in Health Services.</p> <p>Mr. Baackes emphasized a point made by Dr. Amin that is important to the larger issue of compensation and burnout. All of these quality measures trickle down to work that must be done by the providers, as they must collect the data to support L.A. Care's quality performance. Many providers tell L.A. Care that they do not have time to do this. There are providers that are dependent on a number of visits to generate income. Those providers do not have time to do all of this. L.A. Care is trying to bring this to the attention of regulators. Are we accomplishing what we need to accomplish by throwing on more measures, if there is not additional compensation provided to gather the data for those measures? Additionally, Dr. Amin noted that the plan is being asked to ensure that 100% of members receive and accept the treatment dictated by the MCAS measures. Though some people will decline, they still will be counted in the denominator. The health plan will be sanctioned for not having the procedures done. Therefore, beyond the sanctions themselves, there are questions regarding the intent.</p>	

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	<p>The focus should be on putting money into the system to improve care for those who want and need it.</p> <p>Board Member Ghaly commented that the public hospitals in California have been struggling with some of the same things described here for decades. There are scores of metrics that public hospitals are responsible for reporting on data for which there is no legal authority to obtain. In addition, public hospitals are responsible for reporting compliance with measures that discount the role of patient choice and patient autonomy, and the right to make decisions about one's own life. Public hospitals are penalized if women choose not to breastfeed and instead feed their babies with formula. She asked if there are opportunities for the health plans and the public hospitals to collaborate on telling some of these stories in an advocacy agenda with state regulators. In so many situations, while she trusts that the intent is good, the manner in which some of these programs are implemented really flies in the face of what patients want and need, and distract attention from making investments in the system in a way that would enhance patient experience, enhance access, and ultimately enhance the quality of care provided.</p> <p>Dr. Amin agrees, and he noted that Mr. Baackes been very successful in moving the provider community, the hospitals and a number of other collaborators to get the MCO tax reinstated and increase reimbursements. The next step there is to address the burden on the provider community. There is opportunity here for collaborators to gather in front of the decision makers for discussion. Mr. Baackes endorsed the suggestion as he learned during this past year the power of collaboration.</p>	
<p><b>MOTIONS FOR CONSIDERATION</b></p>	<p><i>(Chairperson Ballesteros rejoined the meeting.)</i></p> <p>Tom MacDougall, <i>Chief Information Officer</i>, summarized two motions</p> <ul style="list-style-type: none"> <li>• BOG 101.1223 is for a replacement appeals and grievance system, for \$2,699,000 with Hyland and Kirkworks, the vendors selected after an RFP process. The contract would be three years;  <b><u>Motion BOG 101.1223</u></b>  <b>To authorize staff to execute a contract with Hyland (i3/Kiriworks) in an amount not exceed \$2,699,118 to provide Appeals &amp; Grievances (A&amp;G) services and QNXT FAX Ingestion/Hyland Intelligent Document Processing platform for the period of January 1, 2024 to December 31, 2026.</b></li> <li>• BOG 102.1223 is for a contract with SAP America for cloud services, licensing and support to track budgeting, forecasting, and financial disbursements. It will include Ariba, a contract management system, for a total of \$4,146,000, also for a three-year term.  <b><u>Motion BOG 102.1223</u></b></li> </ul>	<p><b>BOG 101 and BOG 102 were unanimously approved by roll call. 12 AYES (Ballesteros, Booth, DeLaTorre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b>To authorize staff to amend contracts to increase funds in the amount of \$4,146,200 for a new total not to exceed amount of \$12,334,568 with SAP America to provide cloud services through December 31, 2026.</b></p> <p>Augustavia Haydel, <i>General Counsel</i>, summarized two motions:</p> <ul style="list-style-type: none"> <li>• BOG 103.1223 presents for consideration amendments to the Plan Partner Services Agreements (PPSA). The amendments concern delegation standards for the National Committee for Quality Assurance. She introduced Shirley Perez, <i>Quality Improvement Project Manager</i>. Ms. Perez reviewed the PPSA. Amendments for Blue Shield Promise Health Plan (Amendment No. 58) and Kaiser Foundation Health Plan (Amendment No. 47). The amendment for Anthem Blue Cross is pending.</li> </ul> <p>Board Member Booth asked about 2024 requirements, which were not included. Nadia Grochowski, <i>Associate Counsel</i>, noted that the updates to PPSAs are usually retroactive, due to the lengthy nature of negotiations with Plan Partners.</p> <p><b><u>Motion BOG 103.1223</u></b>  <b>To approve Amendment No. 57 and Amendment No. 46 to the Plan Partner Services Agreements which update the 2022 National Committee for Quality Assurance delegation standards for Blue Shield Promise Health Plan and Kaiser Foundation Health Plan, respectively, and to authorize the Chief Executive Officer, or his designate, to execute such amendments and to authorize staff to make non-substantive revisions to the amendments.</b></p> <ul style="list-style-type: none"> <li>• BOG 104.1223 is to approve the Department of Healthcare Services (DHCS) 2024 Contract. Ms. Ahn presented information about the updates in the DHCS 2024 Contract (<i>a copy of the presentation can be obtained by contacting Board Services</i>). She highlighted major changes in the contract. DHCS proposes to transform Medi-Cal managed care through multiple channels, introducing a new mix of high-quality managed care plans available to members through re-procurement of commercial managed care plans, a new single plan model and expansion of the county organized health system model in 17 California counties, and a direct contract with Kaiser Foundation Health Plan. She reviewed the ongoing investments in vision/priorities and major themes for 2024. The 2024 Contract changes include: <ul style="list-style-type: none"> <li>○ Increased references to plan’s accountability for oversight, training, and monitoring of delegated entities</li> <li>○ Newly defined terms to include subcontractor, downstream subcontractor, fully-delegated subcontractor, and partially-delegated subcontractor</li> <li>○ More plan transparency to include posting of content on website (e.g., compliance program, CAPs, QI/health equity activities, selected P&amp;Ps, delegation model)</li> </ul> </li> </ul>	<p><b>Motion BOG 103 was unanimously approved by roll call. 12 AYES</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<ul style="list-style-type: none"> <li>○ Inclusion of CalAIM requirements (e.g., ECM, CS, PHM)</li> <li>○ Community Reinvestment Plan for plan and delegates</li> <li>○ Development of a detailed delegation reporting and compliance plan</li> <li>○ More specific requirements for: <ul style="list-style-type: none"> <li>▪ MOUs with third parties</li> <li>▪ Structure and duties of Community Advisory Committees</li> <li>▪ Quality and health equity activities including NCQA health equity accreditation</li> <li>▪ Emergency preparedness planning</li> </ul> </li> </ul> <p>Board Member Booth asked about the possibility that the federal agencies would approve the new provisions. Ms. Ahn responded that it would likely be approved.</p> <p>Board Member Vazquez asked (<i>her comments were made in Spanish, and these minutes reflect the English translation by a professional interpreter at the meeting</i>), on behalf of members how this would directly affect members and how members will be informed about the changes. Ms. Ahn suggested that members would see increased quality and access, and additionally members would experience increased transparency. The contract increases the health plan’s accountability for the services delivered to members. Health Plans will be required to post additional information publicly so it is available to members and to the community. Board Member Vazquez asked if there would be more access on different platforms, including the use of text messages to send information to members. Ms. Ahn asked for clarification on the type of information. Board Member Vazquez indicated any information about changes in Medi-Cal benefits. Ms. Ahn responded that L.A. Care sends information about benefit changes to all members annually, including vaccination information and COVID updates. L.A. Care’s product team is constantly exploring ways to communicate with members, including new technologies such as text and email messages. The information will always be available on L.A. Care’s website (<a href="http://www.lacare.org">www.lacare.org</a>). L.A. Care will continue to explore new ways to communicate effectively.</p> <p><b><u>Motion BOG 104.1223</u></b>  <b>To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute the 2024 Medi-Cal Contract 23-30232, between L.A. Care Health Plan and the California Department of Health Care Services.</b></p>	<p><b>Motion BOG 104 was unanimously approved by roll call. 12 AYES</b></p>								
<p><b>BOARD OFFICER ELECTIONS</b></p>	<p><i>(Board Member Roybal presided for this item.)</i></p> <p>Board Member Roybal announced nominations for each office:</p> <table border="1" data-bbox="443 1360 1549 1505"> <tbody> <tr> <td data-bbox="443 1360 709 1433">Chairperson</td> <td data-bbox="709 1360 1003 1433">Vice Chairperson</td> <td data-bbox="1003 1360 1325 1433">Treasurer</td> <td data-bbox="1325 1360 1549 1433">Secretary</td> </tr> <tr> <td data-bbox="443 1433 709 1505">Ballesteros Booth</td> <td data-bbox="709 1433 1003 1505">Booth Gonzalez</td> <td data-bbox="1003 1433 1325 1505">Booth Raffoul</td> <td data-bbox="1325 1433 1549 1505">Raffoul Vazquez</td> </tr> </tbody> </table>	Chairperson	Vice Chairperson	Treasurer	Secretary	Ballesteros Booth	Booth Gonzalez	Booth Raffoul	Raffoul Vazquez	<p><b>A motion to close nominations was unanimously approved by roll call.</b></p>
Chairperson	Vice Chairperson	Treasurer	Secretary							
Ballesteros Booth	Booth Gonzalez	Booth Raffoul	Raffoul Vazquez							



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN								
	<p style="text-align: center;">Shapiro</p> <p>Linda Merkens, <i>Senior Manager, Board Services</i>, announced there are 12 Board Members present and voting, so 7 affirmative votes are required for election to office.</p> <p>Board Member Raffoul withdrew from consideration as Treasurer.</p> <p>The Board elected the following officers:</p> <table border="0" style="width: 100%;"> <tr> <td style="padding-right: 20px;">Chairperson</td> <td>Alvaro Ballesteros, MBA</td> </tr> <tr> <td>Vice Chairperson</td> <td>Ilan Shapiro, MD</td> </tr> <tr> <td>Treasurer</td> <td>Stephanie Booth, MD</td> </tr> <tr> <td>Secretary</td> <td>John Raffoul</td> </tr> </table>		Chairperson	Alvaro Ballesteros, MBA	Vice Chairperson	Ilan Shapiro, MD	Treasurer	Stephanie Booth, MD	Secretary	John Raffoul	<p><b>12 AYES</b></p> <p><b>Approved by roll call votes for each office</b> <i>(for a detailed list of votes, contact Board Services).</i></p>
Chairperson	Alvaro Ballesteros, MBA										
Vice Chairperson	Ilan Shapiro, MD										
Treasurer	Stephanie Booth, MD										
Secretary	John Raffoul										
<b>ADVISORY COMMITTEE REPORT</b>											
<p><b>Executive Community Advisory Committee (ECAC)</b></p>	<p><i>Chairperson Ballesteros resumed his role as presider for the meeting.</i></p> <p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson commented that she knows the Board is tired of her commenting; she's tired too. She has a disparity, a health disparity, but also it affects her mentally and not a lot of people go through it, but with her, those mental disparities cause seizures. But she is still here today. She shouldn't have to fight to have freedom of speech. She thinks it's important to have a RCAC meeting and ECAC meeting. The listening sessions are giving them information on what the staff wants to do with them and how, of course, the government, stakeholders should do this and that, and that's great. Hilda Solis knows this. They have stakeholders with the county, and they can't do anything but honor what the state mandates. But the staff can't mandate anything. The RCAC members should not be forced to have listening sessions on what the staff wants us to change it to, unless members actually vote to have the staff recommend different things. The RCACs have not been able to vote on that, the ECAC has not been able to vote on that. So why are we having these listening sessions? She doesn't know. She believes Robert's Rules of Order, Brown Act, and all other things having to do with the freedom of speech, has been violated. She needs the Board to take the time out to just listen, take the time out to know that during these ECAC meetings members have not had an opportunity to file a motion towards whether they wanted to approve any sort of staff recommendations. She is uncomfortable in knowing that. Layla is a great person, but staff has recommended a whole lot of other things as well. Staff said that the person nominating me was invalid. Linda Merkens told the person that was nominating her, she believe this is what she said, that basically she couldn't nominate her and it is an organization. And that organization represents her; it represents women, black people, low-income people and different things like that. So it is a valid organization. Also, she had a member nominate her, Ms. Cooper. She had two separate people nominating her, but when she spoke about that during the ECAC meeting, not only was she</i></p>										

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>not able to speak, the mic was ripped away from her. Her friend, Layla said that she'd just stay chair, and we don't have to talk about it. At least that's how she felt. There's absolutely no way that they shouldn't have had a valid opportunity to speak on it as ECAC, as RCAC members, and make it so that she had an equal opportunity and there was no discrimination.</i></p> <p><i>Elizabeth Cooper inquired about item 9. She attends most ECAC meetings. She would like to address that some of the changes, in as much as RCACs are not meeting. The two consumer representatives on the Board go around and talk directly to members of the RCACs, so issues that need to be should be addressed. She knows its new two elected representatives. They must and should be responsible to talk to the members, not sit on the Board. Before they take a position, a non-position, she would like to address that they should come before the RCACs, just like you members of the Board who represent different entities, you talk to your members and you get a consensus of how they feel about the issue. That's what she would recommend to the two newly elected members of the committee. So, we the public who come here and the two board consumers, we the public who come here, maybe they can get input on how members feel, and they can address some of the issues. That's very important. She wants the two consumer members to please take notice of her comment, because they are going through some challenges now, it has not been voted on by the Board of Governors. So, until that motion is approved by the Board of Governors, no action can be taken. She hopes she's correct, Chairperson. She thinks the Board has not made a motion yet. It's important to have good relationships with the two consumer representatives. That they take input from their members, not just those who they are close to, but feel the members out. When some of these questions come on, just like other members of the Board, when you go before your organizations, you do get input from your members from your organization, where does their feedback? So she would like the same. So the two board representatives who represent the consumers, they need to come there and when they take a position, take all positions in consideration.</i></p> <p>Board Member Vazquez, <i>Consumer Representative</i>, reported [Board Member Vazquez spoke in the Spanish language, and her remarks are written as translated into English.] TTECAC met on November 8, 2023.</p> <p>She thanked members that attended the TTECAC in person and those present today.</p> <ol style="list-style-type: none"> <li>1. Roger Rabaja (R1)</li> <li>2. Ana Rodriguez (R2)</li> <li>3. Elizabeth Cooper (R2)</li> <li>4. Silvia Poz (R4)</li> <li>5. Joyce Sales (R6)</li> <li>6. Deaka McClain (R9)</li> </ol>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>7. Damares Hernandez de Cordero (R10)  8. Andria McFerson  9. Demetria Saffore  10. Russel Mahler</p> <p>Mr. Baackes, gave his report with an update on the Medi-Cal eligibility redetermination process.</p> <p>Mr. Francisco Oaxaca, <i>Chief Communications and Community Relations</i>, gave an update on the events at CRCs. The West Los Angeles and Panorama City CRCs will open in early 2024. He reported that 10 centers had COVID vaccination events. He stated that the CRCs are helping Medi-Cal beneficiaries with the redetermination process and have helped 2000 individuals that had questions or needed to enroll in Medi-Cal. He provided a matrix of staff proposed and State mandated changes as well as information from DHCS with the changes that need to be made by 2024.</p> <p>Board Member Gonzalez, <i>Consumer Advocate</i>, reported that Brigitte Bailey, MPH, CHES, <i>Supervisor, Quality Improvement</i>, presented information about the At-Home Test Kit Initiative. This is a collaboration with Walgreens and iXlayer for members of the Medicare Plus and Covered California plans to receive testing kits for fecal colorectal cancer screening, A1-C, and Urine-albumin Creatinine ratio testing. Ms. Bailey asked for feedback regarding this initiative from the members. The ECAC members were very interested in a follow-up presentation on the outcomes of this initiative.</p> <p>TTECAC passed a motion for to ratify the current members. She thanked Board Members for approving the motion. On behalf of members, she thanked Mr. Baackes and staff for distributing a holiday stipend to members.</p> <p>Board Member Vazquez expressed gratitude, on behalf of members, for the stipends. She added that members are concerned about what is going to happen to them in terms of the RCAC structure. She is also grateful, as a community member who uses public transportation; she understands the difficulty with outreach. She appreciates the work with different ethnic groups, Hispanic, African American, and other communities. She thanked the Board for this effort. She appreciates all the members at the meeting providing feedback. She wished Happy Holidays to everyone.</p>	
<b>Children’s Health  Consultant Advisory  Committee</b>	<p>Tara Ficek, <i>Chairperson</i>, reported that the members of the Children’s Health Consultant Advisory Committee met on December 5 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Dr. Amin presented the CMO report with highlights focused on utilization, cross-functional collaboration, specifically California Children’s Services, and work underway to ensure that kids with complex medical needs are connected with the services they need. Additionally,</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the committee discussed the DHCS all plan letter for memorandums of understanding (MOUs) and reviewed status of current MOUs completed and those in progress.</p> <ul style="list-style-type: none"> <li>• Dr. Li led a discussion on a recent Roundtable hosted by L.A. Care Health Plan and Children’s Hospital Los Angeles, to identify actionable solutions to children’s health disparities in Los Angeles County. CHCAC members offered insight on partnerships, additional organizations and countywide efforts, such as LAUSD’s community schools, that could further benefit this work. The children’s disparities roundtable will result in the development of summary briefs and position papers that can be shared with key stakeholders, including Los Angeles County officials, Board offices, Departments and other systems of care serving children and their families.</li> <li>• Dr. Li and Cathy Mechsner, <i>Manager, Practice Transformation Programs</i>, gave an update on the DHCS Equity Practice Transformation Grant. Discussion centered around suggestions on how to maximize this opportunity to broadly enhance L.A. Care’s approach and infrastructure.</li> </ul>	
<p><b>Technical Advisory Committee</b></p>	<p>Dr. Li reported that the Technical Advisory Committee (TAC) met on November 9.</p> <ul style="list-style-type: none"> <li>• Dr. Li was elected Chair and Dr. Paul Chung from Kaiser was elected Vice Chair of the committee.</li> <li>• Dr. Li gave a Chief Health Equity Officer update.</li> <li>• The committee reviewed a draft TAC Charter and will provide feedback to staff before it is finalized and considered for approval in January.</li> <li>• Phinney Ahn, <i>Executive Director Medi-Cal</i>, and Karla Romero, <i>Director, Medi-Cal Product Management</i>, provided an update on Medi-Cal Redeterminations. Discussion focused on improving member engagement and reflect on past engagement.</li> <li>• Jordan Limperis, <i>Data Scientist, Advanced Analytics Lab</i> and Brandon Shelton, <i>Senior Director, Advanced Analytics Lab</i>, reported on the use of Geo-Spatial Resources to Identify and Target L.A. Care Social Service Needs. The aim is to identify and target social service needs for members in their respective communities. We believe that this tool will provide additional resources to focus on and drive down social barriers to good health.</li> <li>• Marina Acosta, <i>Manager, Health Equity</i>, updated the committee about the Health Equity Impact Assessment Tool. L.A. Care seeks to pilot the assessment tool to provide information on the impact of projects on the target audience as well as identify health disparities or inequities that we need to address as well as how to better evaluate the programs. This has worked effectively in other organizations and we have actually curated the pilot to seven questions. This is a very useful tool.</li> </ul>	
<p><b>BOARD COMMITTEE REPORTS</b></p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Executive Committee	<p><b>PUBLIC COMMENT</b>  <i>Elizabeth Cooper asked about the Employee Annual Incentive Program.</i></p> <p>Mr. Baackes responded that L.A. Care has had an Annual Incentive Program for years as a way for employees to earn an incentive bonus payment based on enterprise goals and personal goals. The enterprise goals make up 60% of the incentive and the personal goals make up 40%. It's a very important part of the overall compensation program.</p> <p><i>Elizabeth Cooper thanked employees for this year for working. She doesn't happen to always agree with Mr. Baackes, but some employees have been tremendous. She would like to thank all the employees whether she agrees or disagrees. Sometimes you have some fantastic employees. She would like to acknowledge two people, and would they please stand, Ms. Baker and Ms. Chung. She invited the rest of L.A. Care's employees to stand so they won't be angry. She would like to thank them. But she doesn't agree sometimes with policies and hopes they work better with the members, and they deserve an incentive. One thing, Mr. Baackes, because they don't want a turkey, they want some money.</i></p> <p><i>Andria McFerson, for herself and RCAC 5. She has a question: will there be some sort of protocol having to do with how employees annual incentive programs, are there surveys, anonymous surveys, for the committee to submit to let people know how satisfied members are with the Outreach and Engagement department or any other department for that matter? Whether it be trying to get members' medication approved, whether it be something having to do with all of the different things that help members to receive some sort of coverage for the health disparities that we go through? Is there a survey, a locked box that is anonymous that we can put our information in, in order to make sure that whatever employee has an incentive is gained by someone who they are supposed to service? That would be great. L.A. Care is the largest public insurance company in the nation. And if you work for a public health care insurance, you should be evaluated by the public that you serve in order to have some sort of incentive, and not be hand chosen or anything like that. We do have people who are reluctant to have a voice. They've seen how she is treated. They see that the words that come out of her mouth are for the most part uneventful. When she has great suggestions, they are followed through. Some of them are actually, and she appreciates that. The resource guide, yeah she's bringing that back up again, because that's helped a lot of people. Not only has she spoke about it here, she publicly speaks about different things, having to do with the resource guide and people have nothing but positive comments to say about it. But with that being said, Francisco Oaxaca basically said that people can dial 2 1 1. And when he said that we were going to just probably give back to what, the shelters for the homeless? She had had a motion on the floor basically so that L.A. Care can help the homeless. But Oaxaca basically said that has nothing to do with health care.</i></p>	

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	<p><i>But yet, will he be evaluated by them? To make it so that they have all of the different things having to do with Outreach and Engagement and the opportunity to speak up and speak out about what's necessary.</i></p> <p>Chairperson Ballesteros reported the Executive Committee met on November 15. <i>(Approved meeting minutes can be obtained by contacting Board Services and will be available on the L.A. Care website.)</i></p>	
<ul style="list-style-type: none"> <li>• <b>Employee Annual Incentive Program FY 2022-23</b></li> </ul>	<p>Terry Brown, <i>Chief of Human Resources</i>, summarized EXE 100.1223, a motion to request approval from the Board to distribute an amount not to exceed \$10.12 million for the Employee Annual Incentive Program. This is in the approved budget for incentive payments for 1,982 employees.</p> <p>Board Member Booth asked Mr. Brown to tell the Board about how it was decided that employees would receive a bonus. Mr. Brown responded that the annual bonus is comprised of two components: 60% of the incentive through the achievement of enterprise goals and 40% through the achievement of individual goals that are set at the beginning of the year with the employee's direct manager. Managers help employees develop individual goals from the enterprise goals, which are focused on metrics related to a variety of operational and other measures. Board Member Booth asked if member grievances would affect the amount of the incentive payment to an employee. Mr. Brown noted that an employee that receives a rating of <i>does not meet</i> on their annual performance review is excluded from the bonus payments.</p> <p>Board Member Gonzalez noted there has been a lot of employee turnover and asked if the total incentive amount is based on the number of current employees and how L.A. Care handles the unearned incentive payments when an employee has left L.A. Care. Mr. Brown responded that the motion is written as "not to exceed" the total amount. L.A. Care retains funds not used for the incentive. An employee that might have been eligible for the incentive, but is not employed by L.A. Care on the date of the incentive payment does not receive that incentive. An employee must have been employed prior to July 1, 2023 to receive the incentive payment. Employees hired prior to July 1 but after the beginning of the fiscal year receive a prorated incentive payment for the time they have been employed. Mr. Baackes commented that L.A. Care has not had a lot of turnover but has expanded staff. As of this morning, L.A. Care's turnover rate is remarkably low at 13.5%. This speaks to a stabilization of employees and engagement by employees. They want to be at L.A. Care.</p> <p>Board Member Vazquez asked [<i>Board Member Vazquez spoke in Spanish, and her remarks are written as translated into English</i>] if the amount of money the employees receive is the same or do employees receive different amounts? Mr. Brown responded that the amount varies as a percentage of salary and by employment category, and is paid according to the individual performance rating.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Booth commented that nothing is perfect, but the employees at L.A. Care do a really good job, and a bonus is a good way to let them know that. She is very happy to vote for the incentive payment.</p> <p><b><u>Motion EXE 100.1223</u></b>  <b>To authorize the disbursement of funds not to exceed \$10.12 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2022-23 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</b></p> <p>Following approval of the motion, Chairperson Ballesteros commented that he hopes the employees know how much the Board appreciates their hard work. Mr. Baackes noted that he sends messages to employees on a frequent basis and he will be sure to report this tomorrow as a unanimous vote by the Board as an expression of the Board’s gratitude for the staff’s service.</p>	<p>Unanimously approved by roll call.  <b>11 AYES (Ballesteros, Booth, DeLaTorre, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</b></p>
<p><b>Finance &amp; Budget Committee</b></p>	<p><b>PUBLIC COMMENT</b>  <i>Andria McFerson, RCAC 5, asked that the Finance and Budget Committee have some sort of motion or some sort of discussion on how members can get out to the community more, and speak and have peer on peer outreach to have eye to eye contact at all of different events that adhere to the necessities of people who need healthcare. We have different topics like undocumented not knowing that they have coverage. There is a more of an open dialogue for people with a peer on peer eye-to-eye type of conversation. They're totally willing to do it. They have information that the Board members are discussing on the agenda, and just different things like that, having to do with outside contractors actually going to the events and just different things like that. She thinks that outside contractors won't be effective enough to people who actually need that eye-to-eye contact. And they have a lot of experience. They've been doing this for a long time, and it's important to them to advocate. Can the Board have some sort of discussion about the financial budget, giving them an opportunity to have some money to their committees to make decisions having to do with outreach to the community? That would be great. She doesn't feel like that's too much to ask. If anything, could you just take the time out to speak with the Supervisors? Hilda Solis is here. There's a lot of different events that she is a part of. She's not asking for this wide array of different events that are out there in the community. Events that are right there in front of us, with other organizations, or with the County. That would be great. That would be a great opportunity to help people know that they can have a redetermination, and the different places that they can go in order to do so. A broad array of different topics that would help. And they're willing to volunteer to do so.</i></p> <p>Stephanie Booth, MD, <i>Committee Chairperson</i>, reported that the Committee met on November 15. <i>(Contact Board Services to obtain a copy of approved meeting minutes.)</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• The Committee approved a contract with Safety Net Connect to provide a direct electronic interface with 47 contracted hospitals through the eConnect platform, which does not require approval by the Board.</li> <li>• The Committee reviewed and approved motions at the meeting that were approved earlier today on the Consent Agenda.</li> <li>• The Committee received written Quarterly and Annual reports for Internal Policy requirements and investment transactions, which are also included in today’s Board meeting materials.</li> </ul>	
Chief Financial Officer Report	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the unaudited September 2023 Financial Performance report (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u> September 2023 membership was 2.9 million members, 43,000 favorable to the forecast. Year to date (YTD) there were 34.2 million member months, over 83,000 favorable to the forecast. The favorability is driven by lower than expected disenrollment and higher than expected enrollment experience in August, especially for Medi-Cal. Month over month, membership dropped approximately 1%, which is in line with the forecast assumptions.</p> <p><u>Financial Performance</u> For the month of September 2023, net surplus was \$92 million when adjusted for Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP). There were large variances in revenue and healthcare costs, primarily due to two reasons: one is the Proposition 56 risk corridor calculations, retro to the bridge period 2019-20. The net impact of that adjustment was -\$23.4 million, but there were big changes, -\$172.5 million revenue, \$149 million health care cost (HCC). The Department of Healthcare Services (DHCS) clarified that the risk corridor included the administrative portion of the rating component and the wrong administrative portion was used for one of the components. Offsetting that revenue reduction was an update to the Unsatisfactory Immigration Status (UIS) members back to January. Actual UIS and Satisfactory Immigration Status (SIS) members were used in September and those were also passed through to L.A. Care’s plan partners. The second was in healthcare cost expenses, where the incurred claims were favorable by \$41 million and included about \$32 million in claims settlements and \$18 million in COVID testing.</p> <p>The fiscal year finished with \$473 million surplus when adjusted for HHIP and IPP. This is one of the best results L.A. Care has had in a very long time. Operating margin was favorable by \$214 million, driven mostly by incurred claims favorable to the forecast by \$96 million. Other favorable items included CBAS, ECM, MOT risk corridors and LTC. Offsetting those favorable items were capitation deduct items, pharmacy claims and provider incentives.</p>	



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	<p><u>Consolidated Financial Performance – Six Year Trend</u>  An historical six-year trend of L.A. Care’s financial performance shows that over the six-year period, the weighted average of 1.7% net surplus margin, under the 2% underwriting target that DHCS applies to health plan rates.</p> <p>Board Member Shapiro asked about the rates of re-enrollment and new enrollment for L.A. Care members. Mr. Shah responded that starting in July 2023, L.A. Care was losing less members than anticipated and new enrollment was higher than expected. Mr. Baackes responded that there now is a category in the enrollment reports for prior affiliation and he will get that number for Board Member Shapiro. There are not many members released (about 4%) from the on hold status in the redetermination process. The prior affiliation reported could be years old. Mr. Baackes indicated that there are many people who qualify for Medi-Cal but may not have enrolled yet.</p> <p>Board Member Raffoul asked about factors affecting the positive variance of \$188 million in health care expenses. Mr. Shah indicated the main reason is the incurred claims experience was more positive than forecast. It is difficult to project the claims experience for new members. L.A. Care estimated potential claims consistent with DHCS projections for expected costs. The actual costs were lower than DHCS projected. Mr. Baackes noted that the bolus of new members in January were due to moving fee for services (FFS) Medi-Cal members into managed care.</p> <p><u>Consolidated Financial Performance – Actuals vs. Budget</u>  The original surplus of \$80 million increased to our final surplus of \$566 million. L.A. Care received more revenue than expected, health care costs were higher than expected.</p> <p><u>Variance Walk – Budget vs. Actual</u>  Key drivers of the variance were in updates to risk programs, which can drive revenue and costs significantly. The Prop 56, ECM and MOT risk corridors, are among the drivers, with Prop 56 by far being the largest driver of changes for revenue as well as cost.</p> <p><u>Operating Margin by Segment</u>  Medi-Cal was slightly ahead of the 9+3 Forecast and aligned with Mercer's assumption of 92% Medical Care Ratio. The key item to note is improved performance for health care cost. This is the last month that Cal MediConnect will be reported separately. It will be reported in the total number starting next year. Duals Special Needs Plan (DSNP), LACC and PASC as forecast.</p> <p><u>Key Financial Ratios</u>  The Medical Care Ratio was 91.6% (excluding HHIP/IPP). The administrative ratio was 4.8%, slightly higher than the 9+3 forecast (excluding HHIP/IPP), but on par with the 3+9 forecast which was a better view of actual spend.</p>	

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	<p>Cash to claims is favorable in September because L.A. Care received \$953 million in directed payments but only paid out \$564 million in September. The remaining \$334 million was paid in October 2023. L.A. Care was also overpaid \$110 million in August capitation, which hit the September cash. If adjusted, cash to claims would be 0.73. September 2023 Fund Balance was \$1.73 billion, which represents 736% of Tangible Net Equity. For September 2023, L.A. Care had enough cash to cover operating expenses for 107 days, which included the items in the cash to claims ratio. Without those items, the days of cash on-hand would be 88 days.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The September fund balance was \$736 million and the number of days' cash on hand is 107. Excluding the directed payments and the overpayment noted above, the number of days' cash on hand would be 88.</p> <p><b><u>Motion FIN 107.1223</u></b> <b>To accept the Financial Reports for September 2023, as submitted.</b></p>	<p><b>Unanimously approved by roll call. 9 AYES (Booth, DeLaTorre, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</b></p>
<ul style="list-style-type: none"> <li>Monthly Investments Transactions Report</li> </ul>	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>copy of the reports can be obtained by contacting Board Services</i>). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of September 30, 2023 was \$3.3 billion, without the directed payment funds and the overpayment referenced above; the balance would be \$2.2 billion.</p> <ul style="list-style-type: none"> <li>\$2 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$35 million in Local Agency Investment Fund</li> <li>\$79 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>Quarterly/Annual Internal Policy Reports</li> </ul>	<p>Mr. Shah referred to the reports included in the meeting materials with information on expenditures for business and travel related expenses incurred and for vendor contracts and purchases over \$250,000.</p> <p>Board Member Vazquez asked about an investment reported for Anheuser Busch, which does not reflect L.A. Care's mission to improve health care and access. Mr. Shah responded that L.A. Care holds mostly short-term investments. He will review her suggestion with the investment firms.</p> <p>Supervisor Solis asked for a report on any other investments of this type and what the L.A. Care policy is. Mr. Shah responded that investments are aligned with L.A. Care's current policy. That policy can be updated for specific types of investments.</p> <p>Board Member De La Torre asked if L.A. Care has an Environmental, Social and Governance (ESG) standard for investments. Augustavia Haydel, <i>General Counsel</i>, responded that one has not been adopted, but the Board could consider it. Mr. De La Torre noted that it is not unusual</p>	

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	and many organizations have adopted ESG standards. He recommended that L.A. Care consider transitioning to an ESG standard.	
Compliance & Quality Committee	<p><i>(Vice Chairperson Shapiro left the meeting.)</i></p> <p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson, RCAC 5, commented that as far as compliance and quality committee, she would ask that someone represent them and if there was any way that they could have Francisco Oaxaca investigated. She's not quite sure whether that has anything to do with quality and compliance, but please forgive her if it doesn't. There's been a lot of discrimination. There's been a lot of inability to speak up and speak out and have public speech. She thinks it's important that they bring that up and they do something about it. She doesn't know. Someone told her that he's under investigation for sexual harassment. She doesn't know. She has absolutely no idea. But what she does know is that the Board is all they have, the only thing they have in order to represent them and make it so that this man stops doing the harassment that he's done. That he formally apologizes to Ms. Cooper. You know, it just takes the time out to allow us to have their RCACs and not make it so that the staff is making all of their decisions. How did they use their budget and were they able to make it so that they can do outreach having to do with that peer on peer outreach? She thinks it's important that quality and compliance actually investigates the budget that we had for the fiscal year and make it so that they understand while we understand, as the public, and as the RCACs, that the money was allocated properly, and if we did not have any money as RCACs to do events, and just different things like that, let us know that as well. She's not being combative, she's not being confrontational, and she's not calling anyone out as if they did something wrong. She has a question and she thinks it's important to ask these things so that they can have a proper voice. And the RCAC members, and all the other advisory committees that have something to do with public members don't feel reluctant to speak up and speak out because it's uneventful. Compliance and quality committee, she has absolutely no idea whether it has anything to do with that. But she thinks it's an important topic to allow them to have a voice, and Francisco needs to be investigated. She thinks that there's absolutely no way that they wouldn't be able to have that done unless the Board makes that decision.</i></p> <p><i>Elizabeth Cooper doesn't know what the role is compliance. She have had very little time to do that. She inquired, what does compliance do.</i></p> <p>Todd Gower, <i>Interim Chief Compliance Officer</i>, responded that the role of Compliance is focusing on L.A. Care's compliance with regulations, the contracts with state and federal agencies, along with any grievance activity, operational activities related to governance of appeals and grievances, compliance will do a deeper dive of monitoring and auditing. Our focus is to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>monitor the effectiveness of controls within the organization. Comments made earlier today have been noted.</p> <p><i>Ms. Cooper asked if they will give the results</i></p> <p>Mr. Gower responded that Compliance staff would follow up.</p> <p><i>Ms. Cooper commented that's a very important committee of L.A. Care, and she thinks it's very important that those who have complaints. Do bring it to the proper source. She feels that if there's complaints, there should be resolutions to keep L.A. Care compliant.</i></p> <p>Mr. Gower responded that complaints will be substantiated and then followed up.</p> <p><i>Ms. Cooper asked to provide public comments on the closed session items, and the Chairperson encouraged her to continue. She's looking at all the litigation and resolutions and all. She asked if some of that money, is it possible that the Chief Executive Officer and the Board can do something about cutting down on the litigation? That's money that could go for the operation of L.A. Care for the services members have. She thinks it's so important if there's resolution to some of these issues there. Let's keep it out of the court in an L.A. Care Board resolution. She's looking at all the litigation, pending litigation and discussion. That doesn't mean it's in the court because it's litigation, but the Members can benefit if there's less money being spent for litigation and can go for paying for services that the consumers receive. That's her point. If you have to litigate, you have to do what is necessary For resolution, but she was just making a public comment. The one final thing, she knows its public comment, but she wants to thank each and every one of you all here for listening too, whether you agree or disagree. She wants to thank each Board member here. She just wants to wish them, on behalf of her disabled son, thank them for being a L.A. Care member, and may God bless each and every one of you.</i></p> <p>Chairperson Ballesteros thanked Ms. Cooper and wished the same for her and her son.</p> <p>Committee Chairperson Stephanie Booth reported that the Compliance &amp; Quality Committee met on November 16 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <p>Mr. Gower and the Compliance Department presented the Chief Compliance Officer report.</p> <ul style="list-style-type: none"> <li>• Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>, gave an issues inventory update. Two issues were closed. One critical issues was related to Timely Payment of Claims and Interest. L.A. Care is analyzing how to implement DHCS All Plan Letter (APL) 23-020 "Requirement for 'Timely Payment of Claims'" for Medi-Cal managed care plans (MCP). It states that timely claim payment to providers for covered services to</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>MCP members must be made within 30 days of receipt of clean claims. The Plan was concerned with DHCS's timing, which is in conflict with both federal and state regulation of 45 days. DHCS has revised the APL and no longer requires interest payment as of 31st day.</p> <ul style="list-style-type: none"> <li>• Dr. Amin gave the Chief Medical Officer report. He gave a report earlier today.</li> <li>• Edward Sheen, MD, gave a Quality Oversight Committee (QOC) Update.</li> <li>• Linda Carberry and Brigitte Bailey presented Member Experience Survey Results. A total of 652 (16.42% of those who were sent the survey) adults completed the survey and 740 (15.14% of those who were sent the survey) children completed the survey. L.A. Care achieved better results than it had in the prior year.</li> <li>• Elaine Sadocchi-Smith gave a report on Population Health Management (PHM). L.A. Care's PHM strategy addresses the following: <ul style="list-style-type: none"> <li>• NCQA's PHM standards and requirements (2023 survey complete)</li> <li>• How L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the member lies on the health continuum.</li> <li>• The continuum of coordinated, comprehensive care using evidence-based practice guidelines to improve members' outcomes and quality of life</li> <li>• Management of PHM Index for Enterprise with goals for all lines of business across the continuum of care</li> <li>• Meeting requirements for Initial Health Appointment (IHA), and Annual Cognitive Health Assessment (ACHA)</li> <li>• CalAIM PHM Program to ensure all program requirements are met</li> </ul> </li> <li>• Cathy Mechsner gave a presentation on Transform LA and Provider Engagement Efforts. Transform L.A. is a value added technical assistance program focusing on practice-centered, transformation, data-driven quality improvement, workflow redesign, practice coach/facilitator model and is modeled after the successful Transforming Clinical Practice Initiative (TCPI).</li> </ul> <p>The members of the Compliance &amp; Quality committee and the staff are working very hard to make it so the information the Board gets is more concise and important. They are working on getting some educational activities going so that instead of hearing pieces of problems or small parts problems on which we feel like we were doing well, the Board can get a better overall idea of what Compliance and Quality does and how well they do it. Because she has looked into both departments in a deep dive. They do a lot of work and it's well done, and every effort is being made to make L.A. Care a better performing organization She thanked everybody.</p>	

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<b>Provider Relations Advisory Committee</b>	<p>John Raffoul reported that the Committee met on December 6 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> <li>• There were discussions about progress on issues affecting providers, and although there remain some issues with denials and claims processing, there is a feeling that it is moving in the right direction. Everybody felt that we're making a lot of good progress, and we're confident the issues will be resolved</li> <li>• There was a motion to extend committee membership opportunity for consumer or promotora and for a clinician from a federally qualified health center (FQHC).</li> <li>• There were discussions about the changing regulatory environment and potential effects on providers and health plans related to quality measures. There was discussion about the CalAIM, Enhanced Care Management and the confusion caused by a lack of information and data for providers about the new programs in Medi-Cal.</li> </ul> <p>Board Member Booth commented that she is on the committee, and wanted to deeply thank Mr. Baackes. This is another example of his effort to get all provider elements on the same page, and present a united front instead of being broken into small groups. So things are fixed rather than pointing fingers. That's going to be the thing that saves healthcare, that gives health care a much better name, and makes us able to provide for our patients what we want to provide - high quality care they need.</p> <p>Board Member Vaccaro noted she had made a request at a prior meeting that the committee consider including a physician from a health center or FQHC because there appeared to be an underrepresentation of community clinics and overrepresentation of the hospitals. She is curious if there is any update that you can provide. Board Member Raffoul responded that he reported the Committee's discussion on that topic. There is one FQHC representative on the Committee and a motion was approved to add another physician from an FQHC as well. Mr. Baackes indicated that L.A. Care would be contacting Ms. Vaccaro for nominations.</p>	
<b>PUBLIC COMMENT on Closed Session Items</b>	<p><i>Joyce Sales and Deaka McClain had unfortunately left the meeting.</i></p> <p><i>Russel Mahler, RCAC 4, would like to say that he thinks it's stressful that members haven't had a chance to come together as RCACs again, especially for the spring conferences and our RCACs period. As RCACs they need a voice, they need to keep seeing each other, not just going on a hiatus, not being able to speak with these so called listening sessions. That just doesn't work. They need more people to speak. They need to have the RCACs continue without having a hiatus. He has a friend up in the Antelope Valley Who had two kids that passed away under L.A. Care's watch. One had Valley Fever, and he was dumped from Columbia Regional all the way to Las Vegas without his parents, without his mom's permission. And about a week later, he passed away. And he thinks it's wrong, and that L.A. Care should look into a lot of things, because a lot of things are going on unnoticed through L.A. Care.</i></p> <p>Mr. Baackes responded that staff would contact Russel to get information.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Demetria Saffore commented that in light of the concerns about Francisco, she wants to understand when somebody's under investigation, is it recommended that they be on administrative leave until that's resolved?</i></p> <p>Mr. Baackes stated that investigations are not discussed, whether an employee is under investigation or not, we do not discuss that.</p> <p><i>Ms. Saffore stated that it was in the minutes from ECAC.</i></p> <p>Mr. Baackes stated he is not aware that it was in the minutes, and if it was, it was in there erroneously. We do not discuss investigations of employees, period. Chairperson Ballesteros asked if she had any other comments.</p> <p><i>Ms. Saffore said no and she stepped away from the public comment podium.</i></p> <p><i>Andria McFerson commented that she is not sure what specificity of the comment that she'll make according to the item on the agenda, but what she does want to say is that there's absolutely no way that someone who has mental disparities, who has physical disparities like her should go without having dental work if they have a subsidy as far as L.A. Care goes. If she has a seizure and her teeth fall out of her mouth, she should be able to have some sort of services because of the pain that causes more seizures. There's absolutely no way that the people who even spoke to her are not even getting covered. So why is there this disparity that we have in order to receive covered services, having to do with dental work. She doesn't know. But is there anyone that can contact her, please? And let her know if there is, due to medical necessity, that she receives some sort of dental work done to her mouth? Another thing she wanted to say was basically there's absolutely a great opportunity, because she knows she spoke about the RCACs not being able to be out there and do things, but the health promoters have had an opportunity to do public outreach. So it's not like we're not able to do so, but we need to have a broad array of different people who went through different health disparities, and a lot of different things having to do with mental health, to also be able to freely go out and if they are able to mentally or physically go there, they should be able to speak to the public as well during events. She thinks it's very important. Her having a disability, it's almost like, when the doctor said that she could not work anymore, this gives her validation and knowing that she can do something for the community. She worked two jobs all her life, and she just wanted to be able to get up and do something helpful. The health promoter program has allowed her to do that. We need to broaden that array of community outreach with our RCACs and with more health promoters. And by the way, her sitting at that table, it's almost like her standing up against Francisco Oaxaca. Because at the last ECAC, he didn't even say hello. He said, with a boot on her leg, because she broke both her toes, he said, you can't sit at the disabled table. Knowing that she has seizures. And when she has a seizure, she lays her head on the table. He said that to another member, too, with an oxygen machine, with her oxygen machine right there in front of her on the table. We felt very uncomfortable around him. How can we speak on that and put a formal complaint out and then receive some sort of information having to do with our comments?</i></p> <p>Chairperson Ballesteros commented that personnel issues are not discussed at the board. The individuals here that have oversight heard your comments. He informed her that L.A. Care would contact her about the dental care. He noted that there are several community health centers that provide dental care. He does not know what the particular issue is that that she or others may need help with. He offered to assist her in finding the care she needs.</p>	

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	<p><i>Ms. McFerson provided contact information. She is totally open to any communication, open communication from anyone.</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Chairperson Ballesteros thanked the members that came to the meeting and wished everyone a very nice holiday season; be safe.</p> <p>The Joint Powers Authority Board of Directors meeting adjourned at 4:45 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:45 pm. No report was anticipated from the closed session.</p> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>November 2025</i></p> <p><b>CONTRACT RATES</b> 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> <li>• Plan Partner Services Agreement</li> </ul> <p><b>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</b> Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>HRRP Garland LLC v. Local Initiative Health Authority for Los Angeles County</i> (Los Angeles Superior Court, Case no. 21stcv47250)</p> <p><b>CONFERENCE WITH REAL PROPERTY NEGOTIATORS</b> Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: City of Los Angeles, Municipal Facilities Committee and Rising Realty Partners, HRRP Garland, LLC. Under Negotiation: Price, Terms of Payment</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b></p>	



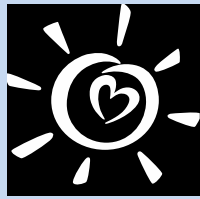
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health 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 Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
<b>RECONVENE IN OPEN SESSION</b>	The Board reconvened in open session at 6:42 pm. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 6:42 pm.	

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

APPROVED BY:

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

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



**L.A. Care**  
HEALTH PLAN®

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

**Date:** February 1, 2024

**Motion No.** EXE 100.0224

**Committee:** Executive

**Chairperson:** Alvaro Ballesteros, MBA

**Requesting Department:** Legal Services

**Issue:** Request to approve and to delegate authority to negotiate and execute the following Plan Partner Services Agreement (PPSA) amendment which consists of the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Anthem Blue Cross (Amendment No. 54) (the amendments for Blue Shield Promise and Kaiser have already been approved).

New Contract    Amendment    Sole Source    RFP/RFQ was conducted

**Background:** The delegation standards exhibit of the PPSA has been revised to incorporate 2022 National Committee for Quality Assurance (NCQA) criteria.

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

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

**Motion:** To approve Amendment No. 54 to the Plan Partner Services Agreements which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Anthem Blue Cross, and to authorize the Chief Executive Officer, or his designate, to execute such amendment and to authorize staff to make non-substantive revisions to the amendment.

**Amendment No. ~~4254~~**  
to  
**Services Agreement**  
between  
**Local Initiative Health Authority for Los Angeles County**  
and  
**Anthem Blue Cross**

This Amendment No. ~~42-54~~ is effective as of [July 1, ~~2021~~~~2020~~<sup>[AV1]</sup>], as indicated herein by and between the Local Initiative Health Authority for Los Angeles County, a local public agency operating as L.A. Care Health Plan ("Local Initiative") and ***Blue Cross of California dba Anthem Blue Cross***, a California health care service plan ("Plan").

**RECITALS**

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

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

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

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

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

IN WITNESS WHEREOF, the parties have entered into this Amendment No. ~~42-54~~ as of the date set forth below.

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

**Blue Cross of California dba Anthem Blue Cross**  
*A California health care services plan*

By: \_\_\_\_\_  
John Baackes  
Chief Executive Officer

By: \_\_\_\_\_  
Les Ybarra  
President  
Medicaid Health Plan for California

Date: \_\_\_\_\_, 202~~32~~  
\_\_\_\_\_

Date: \_\_\_\_\_, 202~~32~~

By: \_\_\_\_\_  
~~Hector De La Torre~~ Alvaro Ballesteros  
Chairperson  
L.A. Care Board of Governors

Date: \_\_\_\_\_, 202~~32~~

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

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

**Delegated Activities**  
**Responsibilities of Plan and Local Initiative**

The purpose of the following grid is to specify the activities delegated by Local Initiative (“L.A. Care”) to Anthem Blue Cross (individually and collectively “Plan” and/or “Delegate”) under the Delegation Agreement with respect to: (i) quality management and improvement, (ii) population health management, (iii) network management, (iv) utilization management, (v) credentialing and re-credentialing, (vi) member experience, and (vii) claims recovery. All Delegated Activities are to be performed in accordance with currently applicable NCQA accreditation standards and implementation timelines set and required by NCQA and State and Federal regulatory requirements, as modified from time to time. Anthem Blue Cross agrees to be accountable for all responsibilities delegated by L.A. Care and will not further delegate (sub-delegate) any such responsibilities without prior written approval by L.A. Care, except as outlined in the Delegation Agreement. Anthem is responsible for sub-delegation oversight of any sub-delegated activities. Anthem Blue Cross will provide periodic reports to L.A. Care as described elsewhere in the Delegation Agreement. L.A. Care will oversee the delegation to Anthem Blue Cross as described elsewhere in the Services Agreement. In the event deficiencies are identified through this oversight, Anthem Blue Cross will provide a specific corrective action plan acceptable to L.A. Care. If Anthem Blue Cross does not comply with the corrective action plan within the specified time frame, L.A. Care may revoke the delegation to Anthem Blue Cross, in whole or in part, in accordance with Exhibit 5, herein. Due to the Medi-Cal Rx Transition where the pharmacy benefit will be managed by DHCS ~~starting January 1, 2021~~ starting January 1, 2022, standard and reporting requirements as related to Pharmacy items will no longer be required for data period beginning the transition date identified by DHCS. This would apply to all standard requirements and reports listed under "Pharmacy". The final monitoring and quarterly reporting requirement would be up to the data period until the transition date. However, while the monitoring and quarterly reporting will discontinue after the transition date, any reports required for regulatory or NCQA purposes mainly as it relates to any data up to the actual transition date would be still required upon request. L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
<b>QUALITY IMPROVEMENT</b>		
Program Structure and Operations <u>Applicable L.A. Care Policies: QI-003, QI-005, QI-006, QI-007, QI-0026</u> (NCQA <del>2021</del> <u>2020</u> -QI 1)	<b><u>Element A: Element A: QI Program Structure</u></b> The organization’s QI program description specifies: 1. The QI Program Structure 2. The behavioral healthcare aspects of the program 3. Involvement of a designated physician in the QI program 4. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program 5. Oversight of QI functions of the organization by the QI Committee 6. Objectives for serving a culturally and linguistically diverse membership <b><u>Element B: Element B: Annual Work Plan</u></b>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs, including review, evaluation, and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>The organization documents and executes a QI annual work plan that reflects ongoing activities throughout the year and addresses:</p> <ol style="list-style-type: none"> <li>1. Yearly planned QI activities and objectives.</li> <li>2. Time frame for each activity's completion.</li> <li>3. Staff members responsible for each activity.</li> <li>4. Monitoring of previously identified issues.</li> <li>5. Evaluation of the QI program.</li> </ol> <p><del>Element C: Element C: Annual Evaluation</del></p> <p>The organization conducts an annual written evaluation of the QI program that includes the following information:</p> <ol style="list-style-type: none"> <li>1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service</li> <li>2. Trending of measures <del>of to assess</del> performance in the quality and safety of clinical care and quality of service</li> <li>3. <del>Analysis and e</del>valuation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices</li> </ol> <p><del>Element D: Element D: QI Committee Responsibilities</del></p> <p>The organization's QI Committee:</p> <ol style="list-style-type: none"> <li>1. Recommends policy decisions</li> <li>2. Analyzes and evaluates the results of QI activities</li> <li>3. Ensures practitioner participation in the QI program through planning, design, implementation or review</li> <li>4. Identifies needed actions</li> <li>5. Ensures follow-up, as appropriate</li> </ol> <p><del>Promoting<sup>[AV4][DN5][ND6]</sup> Organizational Diversity, Equity and Inclusion</del></p> <p><del>The organization:</del></p> <ol style="list-style-type: none"> <li>1. Promotes diversity in recruiting and hiring.</li> <li>2. Offers training to employees on cultural competency, bias or inclusion.</li> </ol>	
<p>Health Services Contracting</p> <p><u>Applicable L.A. Care Policy: QI-007</u></p> <p>(NCQA <del>2021</del>2020-QI 2)</p>	<p><del>Element A: Element A: Practitioner Contracts</del></p> <p>Contracts with practitioners specifically require that:</p> <ol style="list-style-type: none"> <li>1. Practitioners cooperate with QI activities.</li> <li>2. Practitioners allow the organization to use their performance data.</li> </ol> <p><del>Element B: Element B: Provider Contracts</del></p>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>Contracts with <u>organization providers</u> <del>organization providers</del><u>practitioners</u> specifically require that:</p> <ol style="list-style-type: none"> <li>1. Providers cooperate with QI activities.</li> <li><del>2.</del>—Providers allow the plan to use their performance data.</li> </ol> <p>NCQA related information: <u>Use of provider manual or organization policies. The organization may use its provider manual or policies as evidence of performance against this element in the following circumstances.</u></p> <ul style="list-style-type: none"> <li>• <u>Provider contracts specify that the manual or policy is an extension of the contract and that providers must abide by the conditions set forth in the contract, and in the manual or policy.</u></li> <li>• <u>The manual or policy includes the required language.</u></li> </ul> <p><u>The organization includes an addendum addressing any factors not included in the contract.</u></p> <p><del>As reference by NCQA, “Use of practitioner manual or organization’s policies. The organization may use its practitioner manual or policies as evidence of performance against this element in the following circumstances.</del></p> <ul style="list-style-type: none"> <li><del>• Practitioner contracts specify that the manual or policy is an extension of the contract and that practitioners must abide by the conditions set forth in the contract and in the manual or policy.</del></li> <li><del>• The manual or policy includes the requirements specified in factors 1 and 2. The organization includes an addendum addressing any factors not included in the contract.”</del></li> </ul> <p><del>3.</del></p>	
<p>Continuity and Coordination of Medical Care <u>Applicable Policy QI-0026</u> (NCQA <del>2021</del><u>2020</u>-QI 3)</p>	<p><del><b>Element A:</b></del><b>Element A: Identifying Opportunities</b></p> <p>The organization annually identifies opportunities to improve coordination of medical care by:</p> <ol style="list-style-type: none"> <li>1. Collecting data on member movement between practitioners.</li> <li>2. Collecting data on member movement across settings.</li> </ol>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>3. Conducting quantitative and causal analysis of data to identify improvement opportunities.</p> <p>4. Identifying and selecting one opportunity for improvement</p> <p>5. Identifying and selecting a second opportunity for improvement.</p> <p>6. Identifying and selecting a third opportunity for improvement.</p> <p>7. Identifying and selecting a fourth opportunity for improvement.</p> <p><b><u>Element B: <del>Element B: Acting on Opportunities</del></u></b>  The organization annually acts to improve coordination of medical care by:</p> <ol style="list-style-type: none"> <li>1. <del>Acting on a Taking action on the</del> first opportunity <u>for improvement</u> identified in Element A, factor-4.</li> <li>2. <del>Acting on a Taking action on the</del> second opportunity <u>for improvement</u> identified in Element A, factor 5.</li> <li>3. <del>Acting on a Taking action on the</del> third opportunity <u>for improvement</u> identified in Element A, factor 6.</li> </ol> <p><b><u>Element C: <del>Element C: Measuring Effectiveness</del></u></b>  The organization annually measures the effectiveness of improvement actions taken for:</p> <ol style="list-style-type: none"> <li>1. The first opportunity <u>in Element B.</u></li> <li>2. The second opportunity <u>in Element B.</u></li> <li>3. The third opportunity <u>in Element B.</u></li> </ol> <p><b><u>Element D: <del>Element D: Transition to Other Care</del></u></b>  Refer to Utilization Management Delegated Activities Section</p>	



<p>Continuity and Coordination between Medical and Behavioral Healthcare  <u>Applicable L.A. Care Policy: QI-0026</u>  (NCQA <del>2021</del>2020-QI 4)</p>	<p><del>Element A:</del> <b><u>Element A: Data Collection</u></b>  The organization annually collects data about opportunities for collaboration between medical care and behavioral healthcare in the following areas:</p> <ol style="list-style-type: none"> <li>1. Exchange of information</li> <li>2. Appropriate diagnosis, treatment and referral of behavioral healthcare disorders commonly seen in primary care</li> <li>3. Appropriate use of psychotropic medications</li> <li>4. Management of treatment access and follow-up for members with coexisting medical and behavioral disorders</li> <li>5. Primary or secondary preventive behavioral healthcare program implementation</li> <li>6. Special needs of members with severe and persistent mental illness.</li> </ol> <p><del>Element B:</del> <b><u>Element B: Collaborative Activities</u></b>  The organization annually conducts activities to improve the coordination of behavioral healthcare and general medical care, including:</p> <ol style="list-style-type: none"> <li>1. Collaborating with behavioral healthcare practitioners</li> <li>2. Quantitative and causal analysis of data to identify improvement opportunities</li> <li>3. Identifying and selecting one opportunity for improvement from Element A</li> <li>4. Identifying and selecting a second opportunity for improvement from Element A</li> <li>5. Taking collaborative action to address one identified opportunity for improvement from Element A.</li> <li>6. Taking collaborative action to address a second identified opportunity for improvement from Element A.</li> </ol> <p><del>Element C:</del> <b><u>Element C: Measuring Effectiveness</u></b>  The organization annually measures the effectiveness of improvement actions taken for:</p> <ol style="list-style-type: none"> <li>1. The first opportunity <u>identified in Element B.</u></li> <li><del>2.</del>—The second opportunity <u>identified in Element B.</u></li> </ol>	
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Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
Standards <sup>[AV7]</sup> for Medical Record Documentation (DHCS)	Establishing medical record standards which require medical records to be maintained in a manner that is current, detailed and organized, and which permits effective and confidential patient care and quality review, including: <ol style="list-style-type: none"> <li>1. Developing and distributing to practice sites:               <ol style="list-style-type: none"> <li>a. Policies and procedures for the confidentiality of medical records;</li> <li>b. Medical record documentation standards;</li> <li>c. Requirements for an organized medical record keeping system;</li> <li><del>d.</del> Standards for the availability of medical records</li> </ol> </li> <li><u>d.</u></li> </ol>	
<del>Sub-Delegation of QI Applicable L.A. Care Policy: QI-007 (NCQA 2021 2020-QI 5)</del> <sup>[DN8][ND9]</sup>	<del>Sub<sup>[SP10]</sup><sup>[DN11]</sup><sup>[ND12]</sup> <b>Opportunities for Improvement</b> For sub-delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that sub-delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</del>	<p><b><u>Element A - Delegation Agreement</u></b>  <u>The written delegation agreement:</u></p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon.</li> <li>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity.</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization.</li> <li>4. Describes the process by which the organization evaluates the delegated entity's performance.</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</li> <li>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.</li> </ol> <p><b><u>Element A: Delegation Agreement</u></b>  <b><u>The written delegation agreement:</u></b></p> <ol style="list-style-type: none"> <li>1. <u>Is mutually agreed upon</u></li> <li>2. <u>Describes the delegated activities and the responsibilities of the organization and the delegated entity</u></li> <li>3. <u>Requires at least semiannual reporting by the delegated entity to the organization</u></li> <li>4. <u>Describes the process by which the organization evaluates the delegated entity's performance</u></li> <li>5. <u>Describes the process for providing member experience and clinical performance data to its delegates when requested.*</u></li> <li>6. <u>Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</u></li> </ol>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
		<p><u><b>Element B - Predelegation Evaluation</b></u>  <u>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.</u></p> <p><del><b>Element B: Predelegation Evaluation</b></del>  <del><b>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation begins.</b></del></p> <p><u><b>Element C - Review of QI Program</b></u>  <u>1. Annually reviews its delegate's QI program.</u>  <u>2. Annually evaluates delegate performance against NCQA standards for delegated activities.</u>  <u>3. Semiannually evaluates regular reports, as specified in Element A.</u></p> <p><del><b>Element C: Review of QI Program</b></del>  <del>For arrangements in effect for 12 months or longer, the organization:</del></p> <ol style="list-style-type: none"> <li><del>1. Annually reviews its delegate's QI program</del></li> <li><del>2. Annually evaluates delegate performance against NCQA standards for delegated activities</del></li> <li><del>3. Semiannually evaluates regular reports, as specified in Element A</del></li> </ol> <p><u><b>Element D - Opportunities for Improvement</b></u>  <u>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.</u></p> <p><del><b>Element D: Opportunities for Improvement</b></del>  <del>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.</del></p> <p><u>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's</u></p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
		<p><u>Policies and Procedures securing PHI through applicable protections, e.g. encryption</u></p> <p><i>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g. encryption</i></p>
<b>POPULATION HEALTH MANAGEMENT</b>		
<p>PHM<sup>[AV13]</sup> Strategy<sup>[ND14]</sup> (NCQA <del>2021</del>2020 PHM 1)</p>	<p><b><u>Element A: Element A: Strategy Description</u></b> The strategy describes:</p> <ol style="list-style-type: none"> <li>1. Goals and populations targeted for each of the four areas of focus</li> <li>2. Programs or Services offered to members.</li> <li>3. Activities that are not direct member interventions.</li> <li>4. How member programs are coordinated.</li> <li>5. How members are informed about available PHM programs.</li> </ol> <p><b><u>Element B: Element B: Informing Members</u></b> The organization informs members eligible for programs that include interactive contact:</p> <ol style="list-style-type: none"> <li>1. How members become eligible to participate.</li> <li>2. How to use program services.</li> <li>3. How to opt in or opt out of the program.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
<p>Population<sup>[AV15]</sup> Identification (NCQA <del>2021</del>2020 PHM 2)</p>	<p><b><u>Element A: Element A: Data Integration</u></b> The organization integrates the following data to use for population health management functions:</p> <ol style="list-style-type: none"> <li>1. Medical and Behavioral claims or encounters.</li> <li>2. Pharmacy claims.</li> <li>3. Laboratory results.</li> <li>4. Health appraisal results.</li> <li>5. Electronic health records.</li> <li>6. Health Services programs within the organization.</li> <li>7. Advanced data sources.</li> </ol>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p><del>Element B: Element B: Population Assessment</del></p> <p>The organization annually:</p> <ol style="list-style-type: none"> <li>1. Assesses the characteristics and needs, including social determinants of health, of its member population.</li> <li>2. Identifies and assesses the needs of relevant member subpopulations.</li> <li>3. Assesses the needs of child and adolescent members.</li> <li>4. Assesses the needs of members with disabilities.</li> <li>5. Assesses the needs of members with serious and persistent mental illness (SPMI).</li> </ol> <p><del>Assesses the needs of of members racial or ethnic groups.</del></p> <p><del>5. Assesses the needs of members with limited English proficiency<sup>[DN16][ND17]</sup></del></p> <p><del>Element C: Element C: Activities and Resources</del></p> <p>The organization annually uses the population assessment to:</p> <ol style="list-style-type: none"> <li>1. Review and update its PHM activities to address member needs.</li> <li>2. Review and update its PHM resources to address member needs.</li> </ol> <p><del>2. Review and update activities or resources to address health care disparities for at least one identified population.<sup>[DN18][ND19]</sup></del></p> <ol style="list-style-type: none"> <li>3. Review community resources for integration into program offerings to address member needs.</li> </ol> <p><del>Element D: Element D: Segmentation</del></p> <ol style="list-style-type: none"> <li>1. <del>At least annually, the organization</del> At least annually, the organization segments or stratifies its entire population into subsets for targeted intervention.</li> <li>2. <del>Assesses for racial bias in its segmentation or stratification methodology.<sup>[DN20][ND21]</sup></del></li> </ol>	
<p>Delivery<sup>[AV22]</sup>System Supports (NCQA <del>2021</del>2020 PHM 3)</p>	<p><del>Element A: Element A: Practitioner or Provider Support</del></p> <p>The organization supports practitioners or providers in its network to achieve population health management goals by:</p> <ol style="list-style-type: none"> <li>1. Sharing data.</li> </ol>	<p><del>Element B: Element B: Value-Based Payment Arrangements</del></p> <p>The organization demonstrates that it has a value-based payment (VBP) arrangement(s) and reports the percentages of total payments tied to VBP.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<ol style="list-style-type: none"> <li>2. Offering <del>evidence-based or evidence-based or</del> certified <del>shared-</del> decision-making aids.</li> <li>3. Providing practice transformation support to primary care practitioners.</li> <li>4. Providing comparative quality information on selected specialties.</li> <li>5. Providing comparative pricing information for selected services.</li> <li>6. One additional activity to support practitioners or providers in achieving PHM goals.</li> </ol>	
Wellness and Prevention <sup>[ND23]</sup> (NCQA <del>2021</del> <del>2020</del> PHM 4)	<p><del>Element A: Element A: Frequency of Health Appraisal Completion</del>            The organization has the capability to administer an HA annually.</p> <p><del>Element B: Element B: Topics of Self-Management Tools</del>            The organization offers self-management tools, derived from available evidence, that provide members with information on at least the following wellness and health promotion areas:</p> <ol style="list-style-type: none"> <li>1. Healthy weight (BMI) maintenance.</li> <li>2. Smoking and tobacco cessation.</li> <li>3. Encouraging physical activity.</li> <li>4. Healthy eating</li> <li>5. Managing stress.</li> <li>6. Avoiding at-risk drinking.</li> <li><del>7. Identifying depressive symptoms.</del></li> <li><del>7.</del></li> </ol>	
Complex Case Management <sup>[ND24]</sup> (NCQA <del>2021</del> <del>2020</del> PHM 5)	<p><del>Element A: Element A: Access to Case Management</del>            The organization has multiple avenues for members to be considered for complex case management services, including:</p> <ol style="list-style-type: none"> <li>1. Medical management program referral</li> <li>2. Discharge planner referral</li> <li>3. Member or caregiver referral</li> <li>4. Practitioner referral.</li> </ol> <p><del>Element B: Element B: Case Management Systems</del>            The organization uses case management systems that support:</p> <ol style="list-style-type: none"> <li>1. Evidence-based clinical guidelines or algorithms to conduct assessment and management;</li> <li>2. Automatic documentation of staff ID, and the date and time of action on the case or when interaction with the member occurred;</li> </ol>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.

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	<p>3. Automated prompts for follow-up as required by the case management plan.</p> <p><b><u>Element C: <del>Element C</del>: Case Management Process</u></b></p> <p>The organization’s complex case management procedures address the following:</p> <ol style="list-style-type: none"> <li>1. Initial assessment of member health status, including condition-specific issues.</li> <li>2. Documentation of clinical history, including medications.</li> <li>3. Initial assessment of activities of daily living.</li> <li>4. Initial assessment of behavioral health status, including cognitive functions.</li> <li>5. Initial assessment of social determinants of health.</li> <li>6. Initial assessment of life-planning activities.</li> <li>7. Evaluation of cultural and linguistic needs, preferences or limitations.</li> <li>8. Evaluation of visual and hearing needs, preferences or limitations.</li> <li>9. Evaluation of caregiver resources and involvement.</li> <li>10. Evaluation of available benefits.</li> <li>11. Evaluation of community resources.</li> <li>12. Development of an individualized case management plan, including prioritized goals that considers the member and caregiver goals, preferences and desired level of involvement in the case management plan.</li> <li>13. Identification of barriers to the member meeting goals or complying. With the case management plan</li> <li>14. Facilitation of member referrals to resources and follow-up process to determine whether members act on referrals.</li> <li>15. Development of a schedule for follow-up and communication with members.</li> <li>16. Development and communication of a member self-management plan.</li> <li>17. A process to assess member progress against the case management plan.</li> </ol> <p><b><u>Element D: <del>Element D</del>: Initial Assessment</u></b></p> <p>An NCQA review of a sample of the organization’s complex case management</p>	

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	<p>files demonstrates that the organization follows its documented processes for:</p> <ol style="list-style-type: none"> <li>1. Initial assessment of members' health status, including condition-specific issues.</li> <li>2. Documentation of clinical history, including medications.</li> <li>3. Initial assessment of activities of daily living (ADL).</li> <li>4. Initial assessment of behavioral health status, including cognitive functions.</li> <li>5. Initial assessment of social determinants of health.</li> <li>6. Evaluation of cultural and linguistic needs, preferences or limitations.</li> <li>7. Evaluation of visual and hearing needs, preferences or limitations.</li> <li>8. Evaluation of caregiver resources and involvement.</li> <li>9. Evaluation of available benefits</li> <li>10. Evaluation of available community resources.</li> <li>11. Assessment of life planning activities.</li> </ol> <p><b><u>Element C: <del>Element E: Case Management: Ongoing Management</del></u></b></p> <p>NCQA's review of a sample of the organization's complex case management files demonstrates that the organization follows its documented process for:</p> <ol style="list-style-type: none"> <li>1. Development of case management plans that include prioritized goals, that take into account member and caregiver goals, preferences and desired level of involvement in the complex case management program.</li> <li>2. Identification of barriers to meeting goals and complying with the case management plan.</li> <li>3. Development of a schedule for follow-up and communication with members.</li> <li>4. Development and communication of member self-management plans.</li> <li><del>5.</del> Assessment of progress against case management plans and goals, and modification as needed.</li> <li><del>5.</del></li> </ol>	



Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
Population Health Management Impact (NCQA 2021 2020 PHM 6)	<p><del>Element A: Element A: Measuring Effectiveness</del></p> <p>At least annually, the organization conducts a comprehensive analysis of the impact of its PHM strategy that includes the following:</p> <ol style="list-style-type: none"> <li>1. Quantitative results for relevant clinical, cost/utilization and experience measures.</li> <li>2. Comparison of results with a benchmark or goal.</li> <li>3. Interpretation of results.</li> </ol> <p><del>Element B: Element B: Improvement and Action</del></p> <p>The organization uses results from the PHM impact analysis to annually:</p> <ol style="list-style-type: none"> <li>1. Identify opportunities for improvement.</li> <li>2. Act on one opportunity for improvement.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
<del>Sub-Delegation of PHM (NCQA 2021 2020 PHM 7)<sup>[DN25][ND26]</sup></del>	<p><del>Sub-Delegation Agreement (LAC will ask Delegate of its sub-delegate during the annual audit)</del></p> <p><del>The written sub-delegation agreement:</del></p> <ul style="list-style-type: none"> <li><del>— Is mutually agreed upon</del></li> <li><del>— Describes the sub-delegated activities and the responsibilities of the delegate and the sub-delegated entity</del></li> <li><del>— Requires at least semiannual reporting by the sub-delegated entity to the delegate</del></li> <li><del>— Describes the process by which the delegate evaluates the sub-delegated entity's performance</del></li> <li><del>— Describes the process for providing member experience and clinical performance data to its delegates when requested.</del></li> <li><del>— Describes the remedies available to the delegate if the sub-delegated entity does not fulfill its obligations, including revocation of the sub-delegation agreement</del></li> </ul> <p><del>Predelegation Evaluation</del></p> <p><del>For new sub-delegation agreements initiated in the look-back period, the delegated entity evaluates sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</del></p> <p><del>Review of PHM Program</del></p> <p><del>For arrangements in effect for 12 months or longer, the delegate: Annually reviews its sub-delegate's PHM program</del></p>	<p><del>Element A - Delegation Agreement</del></p> <p><del>The written delegation agreement:</del></p> <ol style="list-style-type: none"> <li><del>1. Is mutually agreed upon.</del></li> <li><del>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity.</del></li> <li><del>3. Requires at least semiannual reporting by the delegated entity to the organization.</del></li> <li><del>4. Describes the process by which the organization evaluates the delegated entity's performance.</del></li> <li><del>5. Describes the process for providing member experience and clinical performance data to its delegates when requested.</del></li> <li><del>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.</del></li> </ol> <p><del>Element A: Delegation Agreement</del></p> <p><del>The written delegation agreement:</del></p> <ol style="list-style-type: none"> <li><del>1. — Is mutually agreed upon</del></li> <li><del>2. — Describes the delegated activities and the responsibilities of the organization and the delegated entity</del></li> <li><del>3. — Requires at least semiannual reporting by the delegated entity to the organization</del></li> <li><del>4. — Describes the process by which the organization evaluates the delegated entity's performance</del></li> <li><del>5. — Describes the process for providing member experience and clinical performance data to its delegates when requested*</del></li> </ol>

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	<p><del>Annually audits complex case management files against NCQA standards for each year that sub-delegation has been in effect, if applicable</del></p> <p><del>Annually evaluates sub-delegate performance against NCQA standards for sub-delegated activities</del></p> <p><del>Semiannually evaluates regular reports, as specified in the sub-delegation agreement</del></p> <p><del>Opportunities for Improvement</del></p> <p><del>For sub-delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that sub-delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</del></p>	<p><del>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</del></p> <p><b><u>Element B - Predelegation Evaluation</u></b>  For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.</p> <p><del><b><u>Element B: Predelegation Evaluation</u></b></del>  <del>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation begins.</del></p> <p><b><u>Element C - Review of PHM Program</u></b>  For arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its delegate's PHM program.</li> <li>2. Annually audits complex case management files against NCQA standards for each year that delegation has been in effect, if applicable.</li> <li>3. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> <li>4. Semiannually evaluates regular reports, as specified in Element A.</li> </ol> <p><del><b><u>Element C: Review of PHM Program</u></b></del>  <del>For arrangements in effect for 12 months or longer, the organization:</del></p> <ol style="list-style-type: none"> <li><del>1. Annually reviews its delegate's PHM program</del></li> <li><del>2. Annually audits complex case management files against NCQA standards for each year that delegation has been in effect, if applicable</del></li> <li><del>3. Annually evaluates delegate performance against NCQA standards for delegated activities</del></li> <li><del>4. Semiannually evaluates regular reports, as specified in Element A</del></li> </ol> <p><b><u>Element D - Opportunities for Improvement</u></b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.</p> <p><del><b><u>Element D: Opportunities for Improvement</u></b></del>  <del>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the</del></p>

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		<p><del>past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.</del></p> <p><i>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g, encryption</i></p> <p><del>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g, encryption</del></p>
<b>NETWORK MANAGEMENT</b>		
Availability of Practitioners (NCQA <del>2021</del> 2020 NET 1)	<p><del><b>Element A:</b></del> <b><u>Element A: Cultural Needs and Preferences</u></b></p> <p>The organization:</p> <ol style="list-style-type: none"> <li>Assesses the cultural, ethnic, racial and linguistic needs of its members.</li> <li>Adjusts the availability of practitioners within its network, if necessary.</li> </ol> <p><del><b>Element B:</b></del> <b><u>Element B: Practitioners Providing Primary Care</u></b></p> <p>To evaluate the availability of practitioners who provide primary care services, including</p>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p>general medicine or family practice, internal medicine, and pediatrics, the organization:</p> <ol style="list-style-type: none"> <li>1. Establishes measurable standards for the number of each type of practitioners providing primary care.</li> <li>2. Establishes measurable standards for the geographic distribution of each type of practitioner providing primary care.</li> <li>3. Annually analyzes performance against the standards for the number of each type of practitioner providing primary care.</li> <li>4. Annually analyzes performance against the standards for the geographic distribution of each type of practitioner providing primary care.</li> </ol> <p><b><u>Element C: <del>Element C:</del> Practitioners Providing Specialty Care</u></b>  To evaluate the availability of specialists in its delivery system, the organization:</p> <ol style="list-style-type: none"> <li>1. Defines the type of high volume and high-impact specialists.</li> <li>2. Establishes measurable standards for the number of each type of high volume specialists.</li> <li>3. Establishes measurable standards for the geographic distribution of each type of high-volume specialists.</li> <li>4. Establish measurable standards for the geographic distribution of each type of high-impact specialist.</li> <li>5. Analyzes its performance against the established standards at least annually.</li> </ol> <p><b><u>Element D: <del>Element D:</del> Practitioners Providing Behavioral Healthcare</u></b>  To evaluate the availability of high-volume behavioral healthcare practitioners in its delivery system, the organization:</p> <ol style="list-style-type: none"> <li>1. Defines the types of high volume behavioral healthcare practitioners.</li> <li>2. Establishes measurable standards for the number of each type of high volume behavioral healthcare practitioner.</li> </ol>	

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	<ol style="list-style-type: none"> <li>3. Establishes measurable standards for the geographic distribution of each type of high-volume behavioral healthcare practitioner.</li> <li>4. Analyzes performance against the standards annually.</li> </ol>	
Accessibility of Services (NCQA <del>2021</del> 2020 NET 2)	<p><b><u>Element A: <del>Element A:</del> Access to Primary Care</u></b>            Using valid methodology, the organization collects and performs an annual analysis of data to measure its performance against its standards for access to:</p> <ol style="list-style-type: none"> <li>1. Regular and routine care appointments.</li> <li>2. Urgent care appointments.</li> <li>3. After-hours care.</li> </ol> <p><b><u>Element B: <del>Element B:</del> Access to Behavioral Healthcare</u></b>            Using valid methodology, the organization annually collects and analyzes data to evaluate access to appointments for behavioral healthcare for:</p> <ol style="list-style-type: none"> <li>1. Care for a non-life-threatening emergency within 6 hours.</li> <li>2. Urgent care within 48 hours.</li> <li>3. Initial visit for routine care within 10 business days.</li> <li>4. Follow-up routine care.</li> </ol> <p><b><u>Element C: <del>Element C:</del> Access to Specialty Care</u></b>            Using valid methodology, the organization annually collects and analyzes data to evaluate access to appointments for:</p> <ol style="list-style-type: none"> <li>1. High-volume specialty care.</li> <li>2. High-impact specialty care.</li> </ol>	Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.
Assessment of Network Adequacy (NCQA <del>2021</del> 2020 NET 3)	<p><b><u>Element A: <del>Element A:</del> Assessment of Member Experience Accessing the Network</u></b>            The organization annually identifies gaps in networks specific to geographic areas or types of practitioners or providers by:</p> <ol style="list-style-type: none"> <li>1. Using analysis results related to member experience with network adequacy for nonbehavioral healthcare services from ME 7, Element C and Element D.</li> <li>2. Using analysis results related to member experience with network adequacy for behavioral healthcare services from Behavioral Healthcare and Services. ME 7, Element E.</li> </ol>	

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	<p>3. Compiling and analyzing requests for and utilization of out-of-network services.</p> <p>4. Compiling and analyzing behavioral healthcare requests for and utilization of out-of-network services.</p> <p><b><u>Element B: <del>Element B:</del> Opportunities to Improve Access to Nonbehavioral Healthcare Services</u></b></p> <p>The organization annually:</p> <ol style="list-style-type: none"> <li>1. Prioritizes opportunities for improvement identified from analyses of availability (NET 1, Elements B and C), accessibility, (NET 2, Elements A and C), and member experience accessing the network (NET 3, Element A, factors 1 and 3)</li> <li>2. Implements interventions on at least one opportunity, if applicable.</li> <li>3. Measures the effectiveness of interventions if applicable.</li> </ol> <p><b><u>Element C: <del>Element C:</del> Opportunities to Improve Access to Behavioral Healthcare Services</u></b></p> <p>The organization annually:</p> <p><del>1. Prioritizes opportunities for</del> improvement <del>opportunities</del> identified from analyses of availability (NET 1, Element D), accessibility (NET 2, Element B), and member experience accessing the network (NET 3, Elements <del>A and D</del>, factor 2 and 4)</p> <ol style="list-style-type: none"> <li>1. Implements interventions on at least one opportunity, if applicable.</li> <li>2. Measures the effectiveness of the interventions, if applicable.</li> </ol>	
<p>Continued Access to Care (NCQA <del>2021</del> <del>2020</del> NET 4)<sup>[DN27][ND28]</sup></p>	<p><b><u>Element A: <del>Element A:</del> Notification of Termination</u></b></p> <p>Refer to Utilization Management Delegated Activities Section.</p> <p><i>The organization notifies members affected by the termination of a practitioner or practice group in general, family or internal medicine or pediatrics, at least 30 calendar days prior to the effective termination date, and helps them select a new practitioner.</i></p> <p><b><u>Element B: <del>Element B:</del> Continued Access to Practitioners</u></b></p>	

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	<p>Refer to Utilization Management Delegated Activities Section</p> <p><i><u>If a practitioner’s contract is discontinued, the organization allows affected member continued access to the practitioner, as follows:</u></i></p> <p><i><u>1. Continuation of treatment through the current period of active treatment, or up to 90 calendar days, whichever is less, for members undergoing active treatment for a chronic or acute medical condition.</u></i></p> <p><i><u>2. Continuation of care through the postpartum period for members in their second or third trimester of pregnancy.</u></i></p> <p><i><u>L. A. Care combined NCOA Standard NET 4, Continued Access to Care, Element A and B under NCOA Standard, QI 3 Element D, Coordination of Medical Care.</u></i></p> <p><del>L. A. Care combined NCQA Standard NET 4, Continued Access to Care, Element A and B under NCQA Standard, QI 3 Element D, Coordination of Medical Care.</del></p>	
<p>Physician and Hospital Directories (NCQA <del>2021</del> 2020 NET 5)</p>	<p><del><b>Element A: Element A: Physician Directory Data</b></del></p> <p>The organization has a web-based physician directory that includes the following physician information:</p> <ol style="list-style-type: none"> <li>1. Name.</li> <li>2. Gender.</li> <li>3. Specialty.</li> <li>4. Hospital affiliations.</li> <li>5. Medical group affiliations.</li> <li>6. Board certification.</li> <li>7. Accepting new patients.</li> <li>8. Language spoken by the physician or clinical staff.</li> <li>9. Office locations and phone numbers.</li> </ol> <p><del><b>Element B: Element B: Physician Directory Updates</b></del></p> <p>The organization updates its web-based physician directory within 30 calendar days of receiving new information from the network physician.</p>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p><b><u>Element C: <del>Element C:</del> Assessment of Physician Directory Accuracy</u></b>  Using valid methodology, the organization performs an annual evaluation of its physician directories for:</p> <ol style="list-style-type: none"> <li>1. Accuracy of office locations and phone numbers.</li> <li>2. Accuracy of hospital affiliations.</li> <li>3. Accuracy of accepting new patients.</li> <li>4. Awareness of physician office staff of physician’s participation in the organization’s networks.</li> </ol> <p><b><u>Element D: <del>Element D:</del> Identifying and Acting on Opportunities</u></b>  <del>1.</del>—Based on results of the analysis performed in Element C, at least annually, the organization:</p> <p><del>2.1.</del></p> <p><del>3.</del>—Identifies opportunities to improve the accuracy of the information in its physician directories.</p> <p><del>2.</del></p> <p><del>4.3.</del> Takes action to improve the accuracy of the information in its physician directories.</p> <p><b><u>Element E: <del>Element E:</del> Searchable Physician Web-Based Directory</u></b>  The organization’s web-based physician directory includes search functions with instructions for finding the following physician information:</p> <ol style="list-style-type: none"> <li>1. Name.</li> <li>2. Gender.</li> <li>3. Specialty.</li> <li>4. Hospital affiliations.</li> <li>5. Medical group affiliations.</li> <li>6. Accepting new patients.</li> <li>7. Languages spoken by the physician or clinical staff.</li> <li>8. Office locations.</li> </ol> <p><b><u>Element F: <del>Element F:</del> Hospital Directory Data</u></b>  The organization has a web-based hospital directory that includes the following information:</p> <ol style="list-style-type: none"> <li>1. Hospital name.</li> <li>2. Hospital location and phone number.</li> </ol>	



Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>3. Hospital accreditation status.</p> <p>4. Hospital quality data from recognized sources.</p> <p><b><u>Element G: Element G: Hospital Directory Updates</u></b>  The organization updates its web-based hospital directory information within 30 calendar days of receiving new information from the hospital.</p> <p><b><u>Element H: Element H: Searchable Hospital Web-Based Directory</u></b>  The organization’s web-based directory includes search functions for specific data types and instructions for searching for the following information:</p> <ol style="list-style-type: none"> <li>1. Hospital name.</li> <li>2. Hospital location.</li> </ol> <p><b><u>Element I: Element I: Usability Testing</u></b>  The organization evaluates its web-based physician and hospital directories for understandability and usefulness to members and prospective members at least every three years, and considers the following:</p> <ol style="list-style-type: none"> <li>1. Reading level.</li> <li>2. Intuitive content organization,</li> <li>3. Ease of navigation.</li> <li>4. Directories in additional languages, if applicable to the membership.</li> </ol> <p><b><u>Element J: Element J: Availability of Directories</u></b>  The organization makes web-based physician and hospital directory information available to members and prospective members through alternative media, including:</p> <ol style="list-style-type: none"> <li>1. Print.</li> <li>2. Telephone.</li> </ol>	
<p><del>Sub-Delegation of NET (NCQA 2021 2020 NET 6)</del><sup>[DN29][ND30]</sup></p>	<p><b><u>Sub-Delegation Agreement</u></b>  <del>The written sub-delegation agreement:</del></p> <ul style="list-style-type: none"> <li><del>— Is mutually agreed upon</del></li> <li><del>— Describes the sub-delegated activities and the responsibilities of the delegate and the sub-delegated entity</del></li> <li><del>— Requires at least semiannual reporting by the sub-delegated entity to the delegate</del></li> <li><del>— Describes the process by which the delegate evaluates the sub-delegated entity’s performance</del></li> </ul>	<p><b><u>Element A: Delegation Agreement</u></b>  The written delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization</li> <li>4. Describes the process by which the organization evaluates the delegated entity’s performance</li> </ol>

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	<p><del>— Describes the process for providing member experience and clinical performance data to its delegates when requested</del>  <del>Describes the remedies available to the delegate if the sub-delegated entity does not fulfill its obligations, including revocation of the sub-delegation agreement</del></p> <p><b><u>Predelegation Evaluation</u></b>  <del>For new sub-delegation agreements initiated in the look-back period, the organization evaluated sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</del></p> <p><b><u>Review of Sub-Delegated Activities</u></b>  <del>For arrangements in effect for 12 months or longer, the delegate:</del>  <del>Annually reviews its sub-delegate’s network management procedures</del>  <del>Annually evaluates sub-delegate performance against NCQA standards for sub-delegated activities</del>  <del>Semiannually evaluates regular reports, as specified in the sub-delegation agreement</del></p> <p><b><u>Opportunities for Improvement</u></b>  <del>For sub-delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that sub-delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</del></p>	<p>5. Describes the process for providing member experience and clinical performance data to its delegates when requested *</p> <p>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</p> <p><b><u>Element A: Delegation Agreement</u></b>  <b>The written delegation agreement:</b></p> <ol style="list-style-type: none"> <li>1. <del>— Is mutually agreed upon</del></li> <li>2. <del>— Describes the delegated activities and the responsibilities of the organization and the delegated entity</del></li> <li>3. <del>— Requires at least semiannual reporting by the delegated entity to the organization</del></li> <li>4. <del>— Describes the process by which the organization evaluates the delegated entity’s performance</del></li> <li>5. <del>— Describes the process for providing member experience and clinical performance data to its delegates when requested *</del></li> <li>6. <del>— Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</del></li> </ol> <p><b><u>Element B: Predelegation Evaluation</u></b>  <del>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.</del></p> <p><b><u>Element B: Predelegation Evaluation</u></b>  <del>For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.</del></p> <p><b><u>Element C: Review of Delegated Activities</u></b></p> <ol style="list-style-type: none"> <li>1. <del>For arrangements in effect for 12 months or longer, the organization:</del></li> <li>2. <del>Annually evaluates delegate performance against NCQA standards for delegated activities</del></li> <li>3. <del>Semiannually evaluates regular reports, as specified in Element A</del></li> </ol> <p><b><u>Element C: Review of Delegated Activities</u></b></p>

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		<p><del>For arrangements in effect for 12 months or longer, the organization:</del></p> <ol style="list-style-type: none"> <li><del>1. Annually reviews its delegate's network management procedures</del></li> <li><del>2. Annually evaluates delegate performance against NCQA standards for delegated activities</del></li> <li><del>3. Semiannually evaluates regular reports, as specified in Element A</del></li> </ol> <p><b><u>Element D: Opportunities for Improvement</u></b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</p> <p><del><b><u>Element D: Opportunities for Improvement</u></b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the delegate identified and followed up on opportunities for improvement, if applicable.</del></p> <p><del><i>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g. encryption</i></del></p> <p><del><i>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and</i></del></p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
		<del>Procedures securing PHI through applicable protections, e.g, encryption</del>
<b>UTILIZATION MANAGEMENT</b>		
<b>UTILIZATION MANAGEMENT</b>		
<p>Continued Access to Care <del>(NCQA 2021 Net 4)</del><sup>NCQA-NET-4</sup> and Continuity and Coordination of Medical Care</p> <p>(NCQA 2021 <del>Net 4</del> and-QI 3)</p>	<p><del>Element A: NET 4</del> <b><u>Element A: Notification of Termination</u></b>  The organization notifies members affected by the termination of a practitioner or practice group in general, family and internal medicine or pediatrics, at least thirty (30) calendar days prior to the effective termination date and helps them select a new practitioner.</p> <p><del>Element B: NET 4</del> <b><u>Element B: Continued Access to Practitioners</u></b>  If a practitioner’s contract is discontinued, the organization allows affected members continued access to the practitioner, as follows:</p> <ol style="list-style-type: none"> <li>1. Continuation of treatment through the current period of active treatment, or for up to 90 calendar days, whichever is less, for members undergoing active treatment for a chronic or acute medical condition.</li> <li>2. Continuation of care through the postpartum period for members in their second or third trimester of pregnancy.</li> </ol> <p><del>QI 3</del> <b><u>Element D: QI 3</u></b> <del>Element D:</del> <b><u>Transition to Other Care</u></b>  The organization helps with members’ transition to other care when their benefit ends, if necessary.†</p>	
<p>Program Structure (NCQA 2021 <del>2020</del> UM 1)</p>	<p><del>Element A:</del> <b><u>Element A: Written Program Description</u></b>  The organization’s UM program description includes the following:</p> <ol style="list-style-type: none"> <li>1. A written description of the program structure.</li> <li>2. The behavioral healthcare aspects of the program.</li> <li>3. Involvement of a designated senior-level physician in UM program implementation.</li> <li>4. Involvement of a designated behavioral healthcare practitioner in the implementation of the behavioral healthcare aspects of the UM program.</li> <li>5. The program scope and processes to determine benefit coverage and medical necessity.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

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	<p>6. Information sources used to determine benefit coverage and medical necessity.</p> <p><del>Element B: Element B: Annual Evaluation</del>  The organization annually evaluates and updates the UM Program, as necessary.</p>	
<p>Clinical Criteria for UM Decisions (NCQA <del>2021</del> <del>2020</del> UM 2)</p>	<p><del>Element A: Element A: UM Criteria</del>  The organization:</p> <ol style="list-style-type: none"> <li>1. Has written UM decision-making criteria that are objective and based on medical evidence.</li> <li>2. Has written policies for applying the criteria based on individual needs.</li> <li>3. Has written policies for applying the criteria based on an assessment of the local delivery system.</li> <li>4. Involves appropriate practitioners in developing, adopting and reviewing criteria.</li> <li>5. Annually reviews the UM criteria and the procedures for applying them, and updates the criteria when appropriate.</li> </ol> <p><del>Element B: Element B: Availability of Criteria</del>  The organization:</p> <ol style="list-style-type: none"> <li>1. States in writing how practitioners can obtain the UM criteria.</li> <li><del>2.</del> Makes the criteria available to its practitioners upon request.</li> <li><del>2.</del></li> </ol> <p><del>Element C: Element C: Consistency in Applying Criteria</del>  At least annually, the organization:</p> <ol style="list-style-type: none"> <li>1. Evaluates the consistency with which health care professionals involved in UM apply criteria in decision making</li> <li>2. Acts on opportunities to improve consistency, if applicable.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
<p>Communication Services (NCQA <del>2021</del> <del>2020</del> UM 3)</p>	<p><del>Element A: Element A: Access to Staff</del>  The organization provides the following communication services for members and practitioners:</p> <ol style="list-style-type: none"> <li>1. Staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues.</li> <li>2. Staff can receive inbound communication regarding UM issues after normal business hours.</li> <li>3. Staff are identified by name, title, and organization name when initiating or returning calls regarding UM issues.</li> </ol>	

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	<ol style="list-style-type: none"> <li>4. TDD/TTY services for members who need them.</li> <li>5. Language assistance for members to discuss UM issues.</li> </ol>	
<p>Appropriate Professionals (NCQA <del>2021</del> 2020 UM 4)</p>	<p><del>Element A:</del> <b><u>Element A: Licensed Health Professionals</u></b>  The organization has written procedures:</p> <ol style="list-style-type: none"> <li>1. Requiring appropriately licensed professionals to supervise all medical necessity decisions</li> <li>2. Specifying the type of personnel responsible for each level of UM decision-making.</li> </ol> <p><del>Element B:</del> <b><u>Element B: Use of Practitioners for UM Decisions</u></b>  The organization has a written job description with qualifications for practitioners who review denials of care based on medical necessity. Practitioners are required to have:</p> <ol style="list-style-type: none"> <li>1. Education, training, or professional experience in medical or clinical practice</li> <li>2. A current clinical license to practice or an administrative license to review UM cases.</li> </ol> <p><del>Element C:</del> <b><u>Element C: Practitioner Review of Nonbehavioral Healthcare Denials</u></b>  The organization uses a physician or other healthcare professional, as appropriate, to review any non-behavioral healthcare denial based on medical necessity.</p> <p><del>Element D:</del> <b><u>Element D: Practitioner Review of Behavioral Healthcare Denials</u></b>  The organization uses a physician or appropriate behavioral healthcare practitioner, as appropriate, to review any behavioral healthcare denial of care based on medical necessity.</p> <p><del>Element E:</del> <b><u>Element E: Practitioner Review of Pharmacy Denials</u></b>  The organization uses a physician or pharmacist to review pharmacy denials based on medical necessity.</p> <p><del>Element F:</del> <b><u>Element F: Use of Board-Certified Consultants</u></b>  The organization:</p> <ol style="list-style-type: none"> <li>1. Has written procedures for using board-certified consultants to assist in making medical necessity determinations.</li> <li><del>2.</del> Provides evidence that it uses board-certified consultants are used for medical necessity determinations.</li> </ol>	<p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p><u>2.</u></p>	
<p>Timeliness of UM Decisions (NCQA <del>2021</del> 2020-UM 5)</p>	<p><b><u>Element A: Notification of Nonbehavioral Decisions</u></b>  The organization adheres to the following time frames for notification of non-behavioral healthcare UM decisions:</p> <p><del>1.</del> <u>1.</u> <del>N/A Marketplace</del><sup>[DN31]</sup></p> <p><del>2.</del> <u>2.</u> For Medicaid urgent concurrent decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members and members</del> within 72 hours of the request.</p> <p><del>3.</del> For <del>Medicaid</del> urgent preservice decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members and members</del> within 72 hours of the request.</p> <p><del>4.</del> For non-urgent <del>Medicaid</del> preservice decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members and members</del> within 14 calendar days of the request.</p> <p><u>5.</u> For post-service decisions, the organization gives electronic or written notification of the decision to practitioners and members within 30 calendar days of the request.</p> <p><del>5.</del> <del>For postservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 30 calendar days of the request.</del></p> <p><b><u>Element B: Notification of Behavioral Healthcare Decisions</u></b>  The organization adheres to the following time frames for notification of behavioral healthcare UM decisions:</p> <p><u>1.</u> <del>N/A (Marketplace)</del><sup>[DN32]</sup></p> <p><del>2.</del> <u>2.</u> For Medicaid urgent concurrent decisions, the organization gives electronic or written notification of the decision to practitioners and members within 72 hours of the request.</p> <p><del>3.</del> <u>3.</u> For urgent preservice decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members</del></p>	

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	<p><del>and members</del> within 72 hours of the request.</p> <p>4. <del>4.</del> For <del>Medicaid</del> non-urgent preservice decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members</del> <del>and members</del> within 14 calendar days of the request.</p> <p>5. <del>5.</del> For <del>Medicaid</del> postservice decisions, the organization gives electronic or written notification of the decision to <del>members and</del> practitioners <del>and members</del> <del>and members</del> within 30 calendar days of the request.</p> <p><b><u>Element C: Notification of Pharmacy Decisions</u></b>  <b><u>Element C: Notification of Pharmacy Decisions</u></b></p> <p><u>The organization adheres to the following time frames for notifying members and practitioners of pharmacy UM decisions:</u></p> <p>1. <u>For urgent concurrent decisions, electronic or written notification of the decision to members and practitioners within 24 hours of the request.</u></p> <p>2. <u>For urgent preservice decisions, electronic or written notification of the decision to members and practitioners within 72 hours of the request.</u></p> <p>3. <u>For nonurgent preservice decisions, electronic or written notification of the decision to members and practitioners within 15 calendar days of the request.</u></p> <p>4. <u>For postservice decisions, electronic or written notification of the decision to members and practitioners within 30 calendar days of the request.</u></p> <p><del>The organization adheres to the following time frames for notifying members and practitioners of pharmacy UM decisions:</del></p> <p>1. <del>For urgent concurrent decisions, electronic or written notification of the decision to members and practitioners within 24 hours of the request.</del></p> <p>2. <del>For urgent preservice decisions, electronic or written notification of the decision to members and practitioners within 72 hours of the request.</del></p>	



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	<p><del>3. For nonurgent preservice decisions, electronic or written notification of the decision to members and practitioners within 15 calendar days of the request.</del></p> <p><del>4. For postservice decisions, electronic or written notification of the decision to members and practitioners within 30 calendar days of the request.</del></p> <p><b><u>Element D: UM Timeliness Report</u></b>  The organization monitors and submits a report for timeliness of:</p> <ol style="list-style-type: none"> <li>1. Nonbehavioral UM decision making.</li> <li>2. Notification of nonbehavioral UM decisions.</li> <li>3. Behavioral UM decision making.</li> <li><del>4. Notification of behavioral UM decisions.</del></li> <li><del>5. Pharmacy UM decision making.</del></li> <li><del>6. Notification of pharmacy UM decisions.</del></li> <li><del>4.</del></li> <li><del>5. Pharmacy UM decision making.</del></li> <li><del>6. Notification of pharmacy UM decisions.</del></li> </ol> <p><i>Note: L.A. Care and Plan must adhere to the applicable standards identified in the California Health and Safety Code and DHCS Contract, all current regulatory notifications (such as APLs), as well as the most recent NCQA HP Standards <del>Note: This only applies to pharmaceuticals covered under the medical benefit.</del></i></p>	
Clinical Information (NCQA <del>2021</del> <u>2020</u> UM 6)	<p><b><u>Element A: <del>Element A:</del> Relevant Information for Nonbehavioral Healthcare Decisions</u></b>  There is documentation that the organization gathers relevant clinical information consistently to support nonbehavioral healthcare UM decision making.</p> <p><b><u>Element B: <del>Element B:</del> Relevant Information for Behavioral Healthcare Decisions</u></b>  There is documentation that the organization gathers relevant clinical information consistently to support behavioral healthcare UM decision making.</p> <p><b><u>Element C: <del>Element C:</del> Relevant Information for Pharmacy Decisions</u></b>  The organization documents that it consistently gathers relevant information to support pharmacy UM decision making. <del>Note: This only applies to pharmaceuticals covered under the medical benef</del></p>	

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Denial Notices (NCQA <del>2021</del> 2020 UM 7)	<p><b><u>Element A: <del>Element A: Discussing a Denial With a Reviewer</del></u></b>  The organization gives practitioners the opportunity to discuss nonbehavioral healthcare UM denial decisions with a physician or other appropriate reviewer.</p> <p><b><u>Element B: <del>Element B: Written Notification of Nonbehavioral Healthcare Denials</del></u></b>  The organization’s written notification of nonbehavioral healthcare denials, provided to members and their treating practitioners, contains the following information:</p> <ol style="list-style-type: none"> <li>1. The specific reasons for the denial, in easily understandable language.</li> <li>2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial decision is based.</li> <li>3. A statement that members can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision is based, upon request.</li> </ol> <p><b><u>Element C: <del>Element C: Written Notification of Nonbehavioral Healthcare Notice of Appeal Rights/Process</del></u></b>  The organization’s written nonbehavioral denial notifications to members and their treating practitioners contain the following information:</p> <ol style="list-style-type: none"> <li>1. A description of appeal rights, including the right to submit written comments, documents or other information relevant the appeal.</li> <li>2. An explanation of the appeal process, including members’ rights to representation and appeal time frames.</li> <li>3. A description of the expedited appeal process for urgent preservice or urgent concurrent denials.</li> <li>4. Notification that expedited external review can occur concurrently with the internal appeals process for urgent care.</li> </ol> <p><b><u>Element D: <del>Element D: Discussing a Behavioral Healthcare Denial With a Reviewer</del></u></b>  The organization provides practitioners with the opportunity to discuss any behavioral healthcare UM denial decision with a</p>	

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

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	<ol style="list-style-type: none"> <li>1. The specific reasons for the denial in language that is easy to understand.</li> <li>2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial decision is based.</li> <li>3. A statement that members can obtain a copy of the actual benefit provision, guideline, protocol or similar criterion on which the denial decision was based, upon request.</li> </ol> <p><b><u>Element I: <del>Element I: Pharmacy Notice of Appeals - Rights/Process</del></u></b>  The organization’s written notification of pharmacy denials to members and their treating practitioners contains the following information:</p> <ol style="list-style-type: none"> <li>1. A description of appeal rights, including the right to submit written comments, documents or other information relevant to the appeal</li> <li>2. An explanation of the appeal process, including the right to member representation and time frames for deciding appeals</li> <li>3. A description of the expedited appeals process for urgent pre-service or urgent concurrent denials</li> <li><del>4.</del> Notification that expedited external review can occur concurrently with the internal appeal process for urgent care</li> <li><del>4.</del> <u>Note: This only applies to pharmaceutical covered under the medical benefit.</u></li> </ol>	
Policies for Appeals (NCQA <del>2021</del> 2020 UM 8)	<p><b><u>Element A: <del>Element A: Internal Appeals</del></u></b>  The organization’s written policies and procedures for registering and responding to written internal appeals include the following:</p> <ol style="list-style-type: none"> <li>1. Allowing at least 60 calendar days after notification of the denial for the member to file the appeal.</li> <li>2. Documenting the substance of the appeal and any actions taken.</li> <li>3. Fully-investigating of the substance of the appeal, including any aspects of clinical care involved.</li> <li>4. The opportunity for the member to submit written comments, documents or other information relating to the appeal.</li> <li>5. Appointment of a new person to review the appeal, who was not involved in the initial determination</li> </ol>	Members have the option to appeal directly to L.A. Care. Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>and who is not the subordinate of any person involved in the initial determination.</p> <p>6. Appointment of at least one person to review an appeal who is a practitioner in the same <u>or similar (defined as a practitioner with similar credentials and licensure as those who typically treat the condition or health problem in question in the appeal) or a similar (defined as a practitioner who has experience treating the same problems as those in question in the appeal, in addition to experience treating similar complications of those problems) *</u></p> <p><del>6. (defined as a practitioner with similar credentials and licensure as those who typically treat the condition or health problem in question in the appeal) or a similar (defined as a practitioner who has experience treating the same problems as those in question in the appeal, in addition to experience treating similar complications of those problems)</del></p> <p>specialty.</p> <p>7. The decision for a preservice appeal and notification to the member within 30 calendar days of receipt of the request.</p> <p>8. The decision for a post-service appeal and notification to the member within 30 calendar days of receipt of the request.</p> <p>9. The decision for an expedited appeal and notification to the member within 72 hours of receipt of the request.</p> <p>10. Notification to the member about further appeal rights</p> <p>11. Referencing the benefit provision, guideline, protocol or other similar criterion on which the appeal decision is based.</p> <p>12. Giving the member reasonable access to and copies of all documents relevant to the appeal, free of charge, upon request.</p> <p>13. Including a list of titles and qualifications, including specialties, of individuals participating in the appeal review.</p>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>14. Allowing an authorized representative to act on behalf of the member</p> <p>15. Providing notices of the appeals process to members in a culturally and linguistically appropriate manner.</p> <p>16. Continued coverage pending the outcome of an appeal.</p> <p><del>16.</del> *<u>Definition of “same and similar” as agreed by both parties as reflected in Amendment No. 24.</u> <sup>[DN33][ND34]</sup></p>	
<p>Appropriate Handling of Appeals (NCQA <del>2021</del> <u>2020</u> UM 9)</p>	<p><del><b>Element A: Preservice and Postservice Appeals</b></del>  <b>Element A: Preservice and Postservice Appeals</b>  An NCQA review of the organization’s appeal files indicates that they contain the following information:</p> <ol style="list-style-type: none"> <li>1. Documentation of the substance of appeals.</li> <li>2. Investigation of appeals.</li> <li>3. Appropriate response to the substance of the appeal.</li> </ol> <p><del><b>Element B: Timeliness of the Appeal Process</b></del>  <b>Element B: Timeliness of the Appeal Process</b>  Timeliness of the organization’s preservice, postservice, and expedited appeal process is within the specified time frames:</p> <ol style="list-style-type: none"> <li>1. The organization resolves preservice appeals within 30 calendar days of receipt of the request</li> <li>2. The organization resolves postservice appeals within 30 calendar days of receipt of the request</li> <li>3. The organization resolves expedited appeals within 72 hours of receipt of the request</li> </ol> <p><del><b>Element C: Appeal Reviewers</b></del>  <b>Element C: Appeal Reviewers</b>  The organization provides nonsubordinate reviewers who were not involved in the previous determination and same-or-imilar specialist review, as appropriate.</p> <p><del><b>Element D: Notification of Appeal Decision/Rights</b></del>  <b>Element D: Notification of Appeal Decision/Rights</b>  An NCQA review of the organization’s internal appeal files indicates notification to members of the following:</p> <ol style="list-style-type: none"> <li>1. Specific reasons for the appeal decision in easily understandable language.</li> <li>2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based.</li> </ol>	<p>Members have the option to appeal directly to L.A. Care. Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates’ activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<ol style="list-style-type: none"> <li>3. Notification that the member can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based, upon request.</li> <li>4. Notification that the member is entitled to receive reasonable access to, and copies of all documents relevant to their appeal, free of charge, upon request.</li> <li>5. A list of titles and qualifications, including specialties, of individuals participating in the appeal review</li> <li><del>6.</del> A description of the next level of appeal within the organization or to an independent external organization, as applicable, along with relevant written procedures.</li> <li><u>6.</u></li> </ol>	
Evaluation of New Technology (NCQA <del>2021</del> 2020 UM 10)		<p><b><u>Element A: <del>Element A:</del> Written Process</u></b>            The organization’s written process for evaluating new technology and the new application of existing technology for inclusion in its benefits plan includes an evaluation of the following:</p> <ol style="list-style-type: none"> <li>1. Medical procedures.</li> <li>2. Behavioral healthcare procedures.</li> <li>3. Pharmaceuticals.</li> <li>4. Devices</li> </ol> <p>This element is NA:</p> <ul style="list-style-type: none"> <li>• For Medicaid product lines if the state mandates all benefits and new technology determinations.               <ul style="list-style-type: none"> <li>– The organization provides the state’s language.</li> </ul> </li> <li>• If the organization does not determine which technologies, pharmaceuticals, devices, procedures or other services are included in benefits plans it offers to members.               <ul style="list-style-type: none"> <li>– For example, when these determinations are made by all purchasers of the organization’s services.</li> </ul> </li> </ul> <p><b><u>Element B: Description of the Evaluation Process</u></b>            This element is NA for Medicaid product lines if the state mandates all benefits and new technology determinations. The organization must produce documentation that demonstrates this. This element is NA if the organization does not determine which technologies, pharmaceuticals, devices, procedures or other services are included in benefits plans it offers to members. For example, when these determinations are made by all purchasers of the organization’s services.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
Procedures for Pharmaceutical Management (NCQA <del>2021</del> 2020 UM 11)	<p><b><u>Element A: Pharmaceutical Management Procedures</u></b>            The organization’s policies and procedures for pharmaceutical management include the following:</p> <ol style="list-style-type: none"> <li>1. The criteria used to adopt pharmaceutical management procedures.</li> <li>2. A process that uses clinical evidence from appropriate external organizations.</li> <li>3. A process to include pharmacists and appropriate practitioners in the development of procedures.</li> <li>4. A process to provide procedures to practitioners annually and when it makes changes.</li> </ol> <p><b><u>Element B: Pharmaceutical Restrictions/Preferences</u></b>            Annually and after updates, the organization communicates to members and prescribing practitioners:</p> <ol style="list-style-type: none"> <li>1. A list of pharmaceuticals including restrictions and preferences.</li> <li>2. How to use the pharmaceutical management procedures</li> <li>3. An explanation of limits or quotas</li> <li>4. How prescribing practitioners must provide information to support an exception request</li> <li>5. The organization’s process for generic substitution, therapeutic interchange and step-therapy protocols.</li> </ol> <p><b>SB1052:</b> Anthem shall post formulary on its Internet website and update that posting with changes on a monthly basis.</p> <p><b><u>Element C: Pharmaceutical Patient Safety Issues</u></b>            The organization’s pharmaceutical procedures include:</p> <ol style="list-style-type: none"> <li>1. Identifying and notifying members and prescribing practitioners affected by Class II recalls or voluntary drug withdrawals from the market for safety reasons within 30 calendar days of the FDA notification.</li> <li>2. An expedited process for prompt identification and notification of members and prescribing practitioners affected by a Class I recall.</li> </ol> <p><b><u>Element D: Reviewing and Updating Procedures</u></b></p>	



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	<p>With the participation of physicians and pharmacists, the organization annually:</p> <ol style="list-style-type: none"> <li>1. Reviews the procedures.</li> <li>2. Reviews the list of pharmaceuticals.</li> <li>3. Updates the procedures as appropriate.</li> <li>4. Update the list of pharmaceuticals as appropriate.</li> </ol> <p>SB1052: Anthem shall post the formulary list with changes on its Internet website on a monthly basis. .</p> <p><b><u>Element E: Considering Exceptions</u></b>  Implementing policies and procedures for considering exceptions when a closed formulary is used, which include:</p> <ol style="list-style-type: none"> <li>1. Making an exception requests based on medical necessity</li> <li>2. Obtaining medical necessity information from prescribing practitioners</li> <li>3. Using appropriate pharmacists and practitioners to consider exception requests</li> <li>4. Timely handling of exception requests</li> <li><del>5.</del> Communicating the reason for a denial and an explanation of the appeal process when it does not approve an exception request.</li> </ol> <p><del>5.</del></p>	
UM System Controls (NCQA <del>2021</del> 2020 UM 12)	<p><b><u>Element A: UM Denial System Controls</u></b>  The organization has policies and procedures describing its system controls specific to UM denial notification dates that:</p> <ol style="list-style-type: none"> <li>1. Define the date of receipt consistent with NCQA requirements.</li> <li>2. Define the date of written notification consistent with NCQA requirements.</li> <li>3. Describe the process for recording dates in systems.</li> <li>4. Specify staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate.</li> <li>5. Specify how the system tracks modified dates.</li> <li>6. Describe system security controls in place to protect data from unauthorized modification.</li> <li>7. Describe how the organization audits the processes and procedures in factors 1-6.</li> </ol> <p><b><u>Element B: UM Appeal System Controls</u></b></p>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>The organization has policies and procedures describing its system controls specific to UM appeal dates that:</p> <ol style="list-style-type: none"> <li>1. Define the date of receipt consistent with NCQA requirements.</li> <li>2. Define the date of written notification consistent with NCQA requirements.</li> <li>3. Describe the process for recording dates in systems.</li> <li>4. Specify staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate.</li> <li>5. Specify how the system tracks modified dates.</li> <li>6. Describe system security controls in place to protect data from unauthorized modification.</li> <li><del>7.</del> Describe how the organization audits the processes and procedures in factors 1-6.</li> <li><u>7.</u></li> </ol>	
<p><u>Sub</u>-Delegation of UM (NCQA <del>2021</del><del>2020</del> UM 13)</p>		<p><b><u>Element A: Delegation Agreement</u></b>  The written delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon</li> <li>2. Describes the delegated activities and responsibilities of organization and delegated entity</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization</li> <li>4. Describes the process by which the organization evaluates the delegated entity's performance</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested*</li> <li>6. Describes the remedies available to organization . if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.</li> </ol> <p><b><u>Element B: Predelegation Evaluation</u></b>  For new delegation agreements initiated in the look-back period, the delegate evaluates delegate capacity to meet NCQA requirements before delegation began.</p> <p><b><u>Element C: Review of the UM Program</u></b>  For arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its delegate's UM program</li> <li>2. Annually audits UM denials and appeals files against regulatory guidelines and NCQA standards for each year that delegation has been in effect</li> </ol>

Standard	Delegated Activities <sup>[DN2]</sup> <sup>[ND3]</sup>	Retained by L.A. Care
		<p>3. Annually evaluates delegate performance against NCQA standards for delegated activities</p> <p>4. Semiannually evaluates regular reports as specified in Element A.</p> <p><b><u>Element D: Opportunities for Improvement</u></b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years the organization identified and followed up on opportunities for improvement, if applicable.  * <i>L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g. encryption</i></p>

**CREREDENTIALING**

**CREREDENTIALING**<sup>[DN35]</sup><sup>[AV36]</sup>

<p>Credentialing Policies (NCQA <del>2021</del> <del>2020</del> CR1)</p> <p>DHCS 6.5.4.2</p> <p>DHCS APL 19-004</p>	<p>The organization has well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. <sup>[DN37]</sup></p> <p><b><u>Element A: Practitioner Credentialing Guidelines</u></b></p> <p>The organization specifies:</p> <ol style="list-style-type: none"> <li>1. The types of practitioners to credential and re-credential [<i>State Contract 6.5.4.2: include all administrative physician reviewers responsible for making medical decisions</i>]</li> <li>2. The verification sources it uses.</li> <li>3. The criteria for credentialing and re-credentialing.</li> <li>4. The process for making credentialing and recredentialing decisions.</li> <li>5. The process for managing credentialing files that meet organization's established criteria.</li> </ol> <ul style="list-style-type: none"> <li>• <i>Credentialing policies and procedures describe the process used to determine and approve files that meet criteria (i.e., clean files). The organization may present all practitioner files to the Credentialing</i></li> </ul>	<p>L.A. Care retains the right based on quality issues to approve, suspend and terminate individual practitioners, providers and sites at all times.</p> <p>Although L.A. Care delegates the noted activities, it remains responsible for the procedural components of its Programs; including review, evaluation and approval of its Delegates' credentialing activities. L.A. Care must also provide evidence that its Delegates adhere to the standards delegated by L.A. Care.</p>
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Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p><i>Committee or may designate approval authority of clean files to the medical director or to an equally qualified practitioner.</i></p> <ol style="list-style-type: none"> <li>6. The process for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner. <ol style="list-style-type: none"> <li>a. Credentialing policies and procedures: <ul style="list-style-type: none"> <li>▪ <i>State that the organization does not base credentialing decisions on an applicant's race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g., Medicaid) in which the practitioner specializes.</i></li> <li>▪ <i>Specify the process for preventing discriminatory practices.-Preventing involves taking proactive steps to protect against discrimination occurring in the credentialing and recredentialing processes.</i></li> <li>▪ <i>Specify how the organization monitors the credentialing and recredentialing processes. for discriminatory practices, at least annually. – Monitoring involves tracking and identifying discrimination in credentialing and recredentialing processes.</i></li> </ul> </li> </ol> </li> <li>7. The process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization.</li> <li>8. The process for notifying practitioners of the credentialing and recredentialing decision within 60 calendar days of the committee's decision.</li> <li>9. The medical director or other designated physician's direct responsibility and participation in the credentialing program.</li> <li>10. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.</li> <li>11. The process for confirming that listings in practitioner directories and</li> </ol>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>other materials for members are consistent with credentialing data, including education, training, board certification and specialty.</p> <p><b><u>Element B: Practitioner Rights</u></b>  The organization notifies practitioners about their right to:</p> <ol style="list-style-type: none"> <li>1. Review information submitted to support their credentialing application.</li> <li>2. Correct erroneous information. <ul style="list-style-type: none"> <li>• The timeframe for making corrections.</li> <li>• The format for submitting corrections.</li> <li>• Where to submit corrections.</li> </ul> </li> <li>3. Receive the status of their credentialing or recredentialing application, upon request.</li> </ol> <p><b><u>Element C: Credentialing System Controls</u></b>  The organization’s credentialing process describes:</p> <ol style="list-style-type: none"> <li>1. How primary source verification information is received, dated and stored.</li> <li>2. How modified information is tracked and dated from its initial verification.</li> <li>3. Staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate.</li> <li>4. The security controls in place to protect the information from unauthorized modification. <ul style="list-style-type: none"> <li>• If the organization contracts with an external entity to outsource storage of credentialing information, the contract describes how the contracted entity ensures the security of the stored information .</li> </ul> </li> <li>5. How the organization audits the processes and procedures in factors 1–4.</li> </ol> <p><b><u>Medi-Cal FFS Enrollment *</u></b>  Developing and implementing policies and procedures for Medi-Cal enrollment. Policy must clearly specify enrollment process including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. All practitioners that have a FFS enrollment pathway must enroll in the Medi-Cal program.</li> <li>2. The process for ensuring and verifying Medi-Cal enrollment.</li> <li>3. The process for practitioners whose enrollment application is in process.</li> </ol>	

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	<p>4. The process for monitoring between recredentialing cycles to validate continued enrollment.</p> <p>5. Process for practitioners not currently enrolled in the Medi-Cal program.</p> <p>6. Process for practitioners deactivated or suspended from the Medi-Cal program</p> <p>*Anthem supports this requirement under its Network Management operations.</p>	
<p>Credentialing Committee (NCQA <del>2021</del>2020-CR 2)</p>	<p>[The organization designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions. <sup>[DN38]</sup></p> <p><b><u>Element A: Credentialing Committee</u></b></p> <p>The organization’s Credentialing Committee:</p> <p>1. Uses participating practitioners to provide advice and expertise for credentialing decisions.</p> <ul style="list-style-type: none"> <li>• <i>The Credentialing Committee is a peer-review body with members from the <del>types range</del> <sup>[DN39]</sup>of practitioners participating in the organization’s network.</i></li> <li>• <i>The organization may have separate review bodies for each practitioner type (e.g., physician, oral surgeon, psychologist), specialty or multidisciplinary committee, with representation from various specialties.</i></li> <li>• <i>If the organization is part of a regional or national organization, a regional or national Credentialing Committee that meets the criterion may serve as the peer review committee for the local organization.</i></li> </ul> <p>2. Reviews credentials for practitioners who do not meet established thresholds.</p> <p>The Credentialing Committee:</p> <ul style="list-style-type: none"> <li>• <i>Reviews the credentials of practitioners who do not meet the organization’s criteria for participation in the network.</i></li> <li>• <i>Gives thoughtful consideration to credentialing information.</i></li> <li>• <i>Documents discussions about credentialing in meeting minutes.</i></li> </ul> <p>3. Ensures that files meet established criteria are reviewed and approved by a medical director or designated physician.</p>	

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	<ul style="list-style-type: none"> <li>• <del>Has a process for medical director or qualified physician review and approve clean files.</del></li> </ul>	
Credentialing Verification (NCQA <del>2021</del> 2020 CR 3) DHCS 6.5.4.2 APL 19-004	<p>The organization verifies credentialing information through primary sources, unless otherwise indicated. <sup>[DN40]</sup> The organization conducts timely verification of information to ensure that practitioners have legal authority and relevant training and experience to provide quality care.</p> <p><b><u>Element A: Verification of Credentials</u></b></p> <p>The organization verifies that the following are within the prescribed time limits:</p> <ol style="list-style-type: none"> <li>1. A current, valid license to practice. <i>(Develop a process to ensure providers licenses are kept current at all times).</i></li> <li>2. A valid DEA or CDS certificate. <sup>[if applicable. <del>and m</del><sup>[DN41][AV42]</sup></sup>  <i>Must able to dispense schedules 2 through 5 or schedules applicable to the provider's speciality.</i> <ul style="list-style-type: none"> <li>• Pending DEA certificates and practitioners who do not have schedules 2 through 5, if applicable:  <i>The organization may credential a practitioner whose DEA certificate is pending or missing schedules if it has a documented process for allowing a practitioner with a valid DEA certificate to write all prescriptions requiring a DEA number for the prescribing practitioner whose DEA is pending or missing schedules until the practitioner has a valid DEA certificate and able to dispense schedules appropriate to the practitioners specialty type.</i></li> </ul> </li> <li>3. Education and training as specified in the explanation.  <i>The organization verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:</i> <ul style="list-style-type: none"> <li>• <u>Board certification</u></li> <li>• Residency</li> <li>• Graduation from medical or professional school.</li> </ul> </li> <li>4. Board certified status, if applicable.           <ul style="list-style-type: none"> <li>• <i>The organization verifies current certification status of practitioners who state that they are board certified.</i>  <i>The organization documents the expiration date of the board certification in the</i></li> </ul> </li> </ol>	

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	<p><i>credentialing file. If a practitioner has a certification that does not expire (e.g., a lifetime certification status), the organization verifies that board certification is current and documents the date of verification.</i></p> <p>5. Work history.  <i>The organization obtains a minimum of the most recent five years of work history as a health professional through the practitioner’s application or CV. If the practitioner has fewer than five years of work history, the time frame starts at the initial licensure date. Gaps in work history. The organization documents its review of the practitioner’s work history and any gaps on the application, CV, checklist or other identified documentation methods</i></p> <p>6. A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner.  <ul style="list-style-type: none"> <li>• <i>The organization obtains confirmation of the past five years of malpractice settlements from the malpractice carrier or queries the National Practitioner Databank (NPDB). The five-year period may include residency or fellowship years. The organization is not required to obtain confirmation from the carrier for practitioners who had a hospital insurance policy during a residency or fellowship</i></li> </ul> </p> <p>DHCS APL 19-004: Medi-Cal FFS enrollment. <i>[Anthem supports this requirement under its Network Management operations.]</i></p> <ul style="list-style-type: none"> <li>• Verification of practioner enrollment of DHCS FFS.</li> <li>• Each MCP network provider must maintain good standing in the Medicare and Medicaid/Medi-Cal programs. Any provider terminated from the Medicare or Medicaid/Medi-Cal program may not participate in the MCP’s provider network.</li> </ul> <p>All certifications and expiration dates must be made part of the practitioner’s file and kept current.  The Delegate must notify L.A. Care immediately when a practitioner’s license has expired for removal from the network</p>	



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Sanction Information (NCQA <del>2021</del> 2020-CR 3)  State Contract 6.5.4.2	<p><b><u>Element B: Sanction Information</u></b>            The organization verifies the following sanction information for credentialing:</p> <ol style="list-style-type: none"> <li>1. State sanctions, restrictions on licensure, and limitations on scope of practice.</li> <li>2. Medicare and Medicaid sanctions.</li> </ol> <p><i>The Delegate must notify L.A. Care immediately when practitioners are identified on any sanctions or reports for removal from the network.</i></p>	
CR Application (NCQA <del>2021</del> 2020-CR 3)  State Contract 6.5.4.2	<p><b><u>Element C: Credentialing Application</u></b>            Applications for credentialing include the following:</p> <ol style="list-style-type: none"> <li>1. Reasons for inability to perform the essential functions of the position</li> <li>2. Lack of present illegal drug use.</li> <li>3. History of loss of license and felony convictions.</li> <li>4. History of loss or limitation of privileges or disciplinary action.</li> <li>5. Current malpractice insurance coverage.</li> <li><del>6.</del> Current and signed attestation confirming the correctness and completeness of the application.</li> <li><u>6.</u></li> </ol>	
Re-credentialing Cycle Length (NCQA <del>2021</del> 2020-CR 4)  State Contract 6.5.4.2	<p><b><u>Element A: Recredentialing Cycle Length</u></b>            Recredentialing all practitioners at least every 36-months.</p>	
Ongoing Monitoring and Interventions (NCQA <del>2021</del> 2020-CR 5)  State Contract 6.5.4.2	<p>The organization <del>D</del>develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality.</p> <p><b><u>Element A: Ongoing Monitoring and Interventions</u></b>            The organization implements ongoing monitoring and makes appropriate interventions by:</p> <ol style="list-style-type: none"> <li>1. Collecting and reviewing Medicare and Medicaid sanctions.</li> <li>2. Collecting and reviewing sanctions or limitations on licensure.</li> <li>3. Collecting and reviewing complaints.</li> </ol>	<p>Upon notification of any Adverse Event, L.A. Care will notify the Delegate of their responsibility with respect to delegation of credentialing/re-credentialing activity. The notification will clearly delineate what is expected from the Adverse Event that has been identified. The notice will include, but is not limited to:</p> <ol style="list-style-type: none"> <li>a. Requesting what actions will be taken by the delegate</li> <li>b. What type of monitoring is being performed</li> <li>c. What interventions are being implemented including closing panel, moving members, or removal of practitioner from the network</li> <li>d. The notification will include a timeframe for responding to L.A. Care to ensure L.A. Care’s members receive the highest level of quality care</li> </ol>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>4. Collecting and reviewing information from identified adverse events.</p> <p>5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1-4.</p> <p>The Delegate’s Credentialing committee may vote to flag a practitioner for ongoing monitoring.</p> <p>The Delegate must make clear the types of monitoring it imposes, the timeframe used, the intervention, and the outcome, which must be fully demonstrated in the Delegate’s credentialing committee minutes.</p> <p>The Delegate’s credentialing committee can:</p> <ul style="list-style-type: none"> <li>• Request a practitioner be placed on a watch list. Any list must be clearly defined and monitored.</li> <li>• Request that the practitioner demonstrate compliance with probation that has been imposed by the State and monitor completion.</li> <li>• Impose upon the practitioner to demonstrate steps they have taken to improve processes and/or chart review, if applicable.</li> </ul> <p>Delegated entities who fail to comply with the requested information within the specified timeframe are subject to sanctions as described in L.A. Care’s policies and procedures.</p> <p>The Plan will clearly delineate what is expected from the Delegate regarding the Adverse Event that has been identified. The notification may include performing the following:</p> <p>Requesting what action will be taken by the Delegate.</p> <p>What type of monitoring is being performed.</p> <p>What interventions are being implemented, including closing panel, moving members, or removal of practitioner from the network.</p> <p>The notification will include a timeframe for responding to L.A. Care to ensure L.A. Care members receive the highest level of quality care.</p> <p>In the event that the Delegate fails to respond as required, L.A. Care will perform the oversight functions of the Adverse Event and the Delegate will be subject to L.A. Care’s credentialing committee’s outcome of the adverse events.</p>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p><i>The Delegate must notify L.A. Care immediately when practitioners are identified on any sanctions or reports for removal from the network</i></p> <p>The above are samples, but not limited to, the steps the Delegate can take.</p>	
<p>Notification to Authorities and Practitioner Appeal Rights (NCQA <del>2021</del>2020-CR 6)  State Contract 6.5.4.2</p>	<p>The organization uses objective evidence and patient-care consideration when deciding on a course of action for dealing with a practitioner who does not meet its quality standards.</p> <p><b><u>Element A: Actions Against Practitioners</u></b> The organization has policies and procedures for:</p> <ol style="list-style-type: none"> <li>1. The range of actions available to organization. <ul style="list-style-type: none"> <li>• <i>Specify that the organization reviews participation of practitioners whose conduct could adversely affect members' health or welfare.</i></li> <li>• <i>Specify the range of actions that may be taken to improve practitioner performance before termination.</i></li> <li>• <i>Specify that the organization reports its actions to the appropriate authorities.</i></li> </ul> </li> <li>2. Making the appeal process known to practitioners.</li> </ol> <p>Within 14 days from criminal action taken against any contracted practitioner, Delegate shall notify L.A. Care in writing.</p>	<p>L.A. Care retains accountability for procedural components and will oversee Delegate's adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</p>
<p>CR Assessment of Organizational Providers (NCQA <del>2021</del>2020-CR 7)  State Contract 6.5.4.2</p>	<p><b><u>Element A: Review and Approval of Provider</u></b> The organization's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every 36 months thereafter, it:</p> <ol style="list-style-type: none"> <li>1. Confirms that the provider is in good standing with state and federal regulatory bodies.</li> <li>2. Confirms that the provider has been reviewed and approved by an accrediting body. <i>acceptable to Delegate, including which accrediting bodies are acceptable;</i></li> <li>3. Conducts an onsite quality assessment is conducted if the provider is not accredited. <i>by an accrediting body acceptable to Delegate, including which accredited bodies are acceptable;</i></li> </ol>	

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p>4. At least every three years that the provider continues to be in good standing with state and federal regulatory bodies and, if applicable, is reviewed and approved by an accrediting body acceptable to Delegate;</p> <p>Maintaining a tracking log that includes names of the organization, type of organization, a prior validation date, a current validation date for licensure, accreditation status (if applicable), CMS or state reviews conducted within 3 years at time of verification (if applicable), CLIA certificate (if applicable), NPI number for each organizational provider.</p> <p><b><u>Element B: Medical Providers</u></b>  The <del>Delegate</del> <u>organization</u> includes at least the following medical providers in its assessment:</p> <ol style="list-style-type: none"> <li>1. Hospitals.</li> <li>2. Home health agencies.</li> <li>3. Skilled nursing facilities.</li> <li>4. Free-standing surgical centers. <ul style="list-style-type: none"> <li>*Hospices.</li> <li>*Clinical Laboratories (A CMS issued CLIA certificate or a hospital based exemption from CLIA).</li> <li>*Comprehensive Rehabilitation Facilities (CORFs).</li> <li>*Outpatient Physical Therapy and Speech Pathology Providers.</li> <li>*Providers of end-stage renal disease services.</li> <li>*Providers of outpatient diabetes self-management training .</li> <li>*Portable X-Ray Suppliers.</li> <li>*Rural Health Clinic (RHCs).</li> <li>Federally Qualified Health Center (FQHCs).</li> </ul> </li> </ol> <p><b><u>Element C: Behavioral Healthcare Providers</u></b>  The <u>organization</u> <del>Delegate</del> includes behavioral health care facilities providing mental health or substance abuse services in the following settings:</p> <ol style="list-style-type: none"> <li>1. Inpatient.</li> <li>2. Residential.</li> <li>3. Ambulatory.<sup>[DN43][AV44]</sup></li> </ol> <p><b><u>Element D: Assessing Medical Providers</u></b>  The <u>organization</u> <del>Delegate</del> assesses contracted medical health care providers <u>against the</u></p>	

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	<p><u>requirements and within the time frame in Element A.</u> <sup>[DN45]</sup><sub>[ND46]</sub></p> <p><b><u>Element E: Assessing Behavioral Healthcare Providers</u></b></p> <p>The <u>organization Delegate</u> assesses contracted behavioral healthcare providers <u>against the requirement and within the time frame in Element A.</u> <sup>[DN47]</sup><sub>[AV48]</sub></p>	
<p><u>Sub-Delegation of CR (NCQA <del>2021</del>2020-CR 8)</u></p> <p>State Contract 6.5.4.2</p>	<p><b><u>Element A: Delegation Agreement</u></b></p> <p>If the organization (Anthem) sub-delegates any NCQA required credentialing activities, there must be evidence of oversight of the delegated activities, including written sub-delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon.</li> <li>2. Describes the sub-delegated activities and the responsibilities of the organization and the delegated entity.</li> <li>3. Requires at least quarterly reporting to Delegate</li> <li>4. Describes the process by which Delegate evaluates Sub-delegated entity's performance.</li> <li>5. Specifies that the delegate retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making.</li> <li>6. Describes the remedies available to Delegate if Sub-delegate does not fulfill its obligations, including revocation of the sub-delegation agreement.</li> </ol> <p>Retention of the right by Delegate and L.A. Care, based on quality issues, to approve, suspend, and terminate individual practitioners, providers, and sites.</p> <p><b><u>Element B: Predelegation Evaluation</u></b></p> <p>For new sub-delegation agreements initiated in the look-back period, the Delegate evaluated sub-delegate capacity to meet NCQA requirements before sub-delegation begins.</p> <p><b><u>Element C: Review of Delegate's Credentialing Activities</u></b></p> <p>For sub-delegation arrangements in effect for 12 months or longer, the Delegate:</p>	<p>L.A. Care retains the right to perform a pre-delegation audit of any entity to which the Plan sub-delegates delegated credentialing activities and approve any such sub-delegation audit of any sub-delegate. Prior to entering into an agreement to sub-delegate delegated credentialing activities, Plan shall provide L.A. Care with reasonable prior notice of Plan's intent to sub-delegate.</p>

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	<ol style="list-style-type: none"> <li>1. Annually reviews its sub-delegate’s credentialing policies and procedures.</li> <li>2. Annually audits credentialing and recredentialing files against NCQA standards for each year that sub-delegation has been in effect.</li> <li>3. Annually evaluates the Sub-delegate’s performance against relevant regulatory requirements; NCQA standards and Delegate’s expectations annually.</li> <li>4. Evaluates regular reports from Sub-delegate at least quarterly or more frequently based on the reporting schedule described in the sub-delegation document.</li> </ol> <p><b><u>Element D: Opportunities for Improvement</u></b></p> <p>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identifies and follows up on opportunities for improvement, if applicable</p> <p>If a Delegate fails to complete the corrective action plan and has gone through the exigent process which results in de-delegation, the Delegate cannot appeal and must wait one year to reapply for a pre-delegation audit.</p> <p>If the pre delegation audit reveals deficiencies identified that are the same as those from previous audits, delegation will be at the sole discretion of the Credentialing Committee regardless of score.</p>	
<b>MEMBER EXPERIENCE</b>		
<p>Statement of Members’ Rights and Responsibilities (NCQA <del>2021</del>2020-ME 1)</p>	<p><b><u>Element B: <del>Element B-</del> Distribution of Rights Statement</u></b></p> <p>The organization distributes its member rights and responsibilities statement to the following groups:</p> <ol style="list-style-type: none"> <li>1. New members, upon enrollment.</li> <li>2. Existing members, if requested.</li> <li>3. New practitioners, when they join the network.</li> <li>4. Existing practitioners, if requested.</li> </ol>	<p><b><u>Element A: <del>Element A-</del> Rights and Responsibilities Statement</u></b></p> <p>The organization’s member rights and responsibilities statement specifies that members have:</p> <ol style="list-style-type: none"> <li>1. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities</li> <li>2. A right to be treated with respect and recognition of their dignity and right to privacy</li> <li>3. A right to participate with practitioners in making decisions about their health care</li> <li>4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage</li> <li>5. A right to voice complaints or appeals about the organization or the care it provides</li> </ol>

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		<p>6. A right to make recommendations regarding the organization’s member rights and responsibilities policy</p> <p>7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care</p> <p>8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners</p> <p>9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goal, to the degree possible</p> <p>L.A. Care adheres to the most current NCQA standards to comply with these requirements.</p>
<p>Subscriber Information (NCQA <del>2021</del>2020-ME 2)</p>		<p><b><u>Element A: Subscriber Information</u></b> The organization provides each subscriber with the information necessary to understand benefit coverage and obtain care.</p> <p><b><u>Element B: Interpreter Services</u></b> Based on linguistic need of its subscribers, the organization provides interpreter or bilingual services in its Member Services department and telephone functions.</p> <p>L.A. Care adheres to the most current NCQA standards to comply with these requirements.</p>
<p>Marketing Information (NCQA <del>2021</del>2020-ME 3)</p>		<p><b><u>Element A: Materials and Presentations</u></b> All organizational materials and presentations accurately describe the following information:</p> <ol style="list-style-type: none"> <li>1. Covered benefits.</li> <li>2. Noncovered benefits.</li> <li>3. Practitioner and provider availability.</li> <li>4. Key UM procedures the organization uses.</li> <li>5. Potential network, service or benefit restrictions.</li> <li>6. Pharmaceutical management procedures.</li> </ol> <p><b><u>Element B: Communicating with Prospective Members</u></b> The organization uses easy-to-understand language in communications to prospective members about its policies and practices regarding collection, use and disclosure of PHI:</p> <ol style="list-style-type: none"> <li>1. In routine notification of privacy practices</li> <li>2. The right to approve the release of information (use of authorizations)</li> <li>3. Access to Medical Records</li> <li>4. Protection of oral, written, and electronic information across the organization</li> <li>5. Information for employers</li> </ol> <p><b><u>Element C: Assessing Member Understanding</u></b> <b>The organization systematically takes the following steps:</b></p>

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		<ol style="list-style-type: none"> <li>1. Assesses how well new members understand policies and procedures.</li> <li>2. Implements procedures to maintain accuracy of marketing communication.</li> <li>3. Acts on opportunities for improvement, if applicable.</li> </ol>
Functionality of Claims Processing (NCQA <del>2021</del> 2020-ME 4)	<p><b><u>Element B: Functionality-Telephone Requests</u></b></p> <p>Members can track the status of their claims in the claims process and obtain the following information over the telephone in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. The stage in the process.</li> <li>2. The amount approved.</li> <li>3. The amount paid.</li> <li>4. Member cost.</li> <li><del>5.</del> The date paid</li> <li><u>5.</u></li> </ol>	
Pharmacy Benefit Information (NCQA <del>2021</del> 2020-ME 5)	<p><b><u>Element A: Pharmacy Benefit Information-Website</u></b></p> <p>Members can complete the following actions on the organization’s website in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. Determine their financial responsibility for a drug, based on the pharmacy benefit.</li> <li>2. Initiate the exceptions process</li> <li>4. Find the location of an in-network pharmacy.</li> <li>5. Conduct a pharmacy proximity search based on zip code.</li> <li>6. Determine the availability of generic substitutes.</li> </ol> <p>SB1052: Anthem shall post the formulary on its internet website and update that posting on a monthly basis.</p> <p><b><u>Element B: Pharmacy Benefit Information Telephone</u></b></p> <p>Members can complete the following actions via telephone in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. Determine their financial responsibility for a drug, based on the pharmacy benefit.</li> <li>2. Initiate the exceptions process.</li> <li>4. Find the location of an in-network pharmacy.</li> <li>5. Conduct a proximity search based on zip code.</li> <li>6. Determine the availability of generic substitutes.</li> </ol>	



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	<p><b><u>Element C: QI Process on Accuracy of Information</u></b>  The organization’s quality improvement process for pharmacy benefit information:</p> <ol style="list-style-type: none"> <li>1. Collects data on quality and accuracy of pharmacy benefit information.</li> <li>2. Analyze data results.</li> <li>3. Act to improve identified deficiencies.</li> </ol> <p><b><u>Element D: Pharmacy Benefit Updates</u></b>  The organization updates member pharmacy benefit information on its website and in materials used by telephone staff, as of the effective date of a formulary change and as new drugs are made available or are recalled.</p>	
Personalized Information on Health Plan Services (NCQA <del>2021</del> 2020-ME 6)	<p><b><u>Element A: Functionality – Website</u></b>  Members can complete each of the following activities on the organization’s website in one attempt or contact:</p> <ol style="list-style-type: none"> <li>1. Change a primary care practitioner, as applicable.</li> <li>2. Determine how and when to obtain referrals and authorizations for specific services, as applicable</li> </ol> <p><b><u>Element B: Functionality Telephone</u></b>  To support financial decision making, members can complete each of the following activities over the telephone within one business day:</p> <ol style="list-style-type: none"> <li><del>1.</del> Determine how and when to obtain referrals and authorizations for specific services, as applicable.</li> <li><del>2.1.</del> Determine benefit and financial responsibility for a specific service or treatment from a specified provider or institution.</li> </ol> <p><b><u>Element C: Quality and Accuracy of Information</u></b>  At least annually, the organization must evaluate the quality and accuracy of the information it provides to its members via the webs and telephone, by:</p> <ol style="list-style-type: none"> <li>1. Collecting data on quality and accuracy of information provided.</li> <li>2. Analyzing data against standards or goals.</li> <li>3. Determining causes of deficiencies, as applicable.</li> <li>4. Acting to improve identified deficiencies, as applicable.</li> </ol> <p><b><u>Element D: E-mail Response Evaluation</u></b>  The organization:</p>	

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	<ol style="list-style-type: none"> <li>1. Has a process for responding to member e-mail inquiries within one business day of submission.</li> <li>2. Has a process for annually evaluating the quality of e-mail responses.</li> <li>3. Annually collects data on email turnaround time.</li> <li>4. Annually collects data on the quality of email responses.</li> <li>5. Annually analyzes data.</li> <li>6. Annually act to improve identified deficiencies.</li> </ol>	
<p>Member Experience  <u>Applicable L.A. Care Policy: QI-0031</u>            (NCQA <del>2021</del>2020-ME 7)</p>	<p><del>Element A:</del> <b><u>Element A: Policies and Procedures for Complaints</u></b>            The organization has policies and procedures for registering and responding to oral and written complaints that include:</p> <ol style="list-style-type: none"> <li>1. Documenting the substance of complaints and actions taken.</li> <li>2. Investigating of the substance of complaints</li> <li>3. Notification to members of the resolution of complaint and, if there is an adverse decision, the right to appeal.</li> <li>4. Standards for timeliness including standards for urgent situations.</li> <li>5. Provision of language services for the complaint process.</li> </ol> <p><del>Element B:</del> <b><u>Element B: Policies and Procedures for Appeals</u></b>            The organization has policies and procedures for registering and responding to oral and written appeals which include:</p> <ol style="list-style-type: none"> <li>1. Documentation of the substance of the appeals and actions taken.</li> <li>2. Investigation of the substance of the appeals.</li> <li>3. Notification to members of the disposition of appeals and the right to further appeal, as appropriate.</li> <li>4. Standards for timeliness including standards for urgent situations.</li> <li>5. Provision of language services for the appeal process.</li> </ol> <p><del>Element C:</del> <b><u>Element C: Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals</u></b>            Using valid methodology, the organization annually analyzes nonbehavioral complaints and appeals for each of the five required categories.</p>	<p>Members have the option to complain and appeal directly to L.A. Care.</p> <p>L.A. Care retains the right to perform a pre-delegation audit of any entity to which the Plan sub-delegates delegated activities and approve any such sub-delegation audit of any sub-delegate. Prior to entering into an agreement to sub-delegate Delegated Activities, Plan shall provide L.A. Care with reasonable prior notice of Plan’s intent to sub-delegate.</p> <p><del>Element D:</del> <b><u>Element D: Nonbehavioral Opportunities for Improvement</u></b>            The organization annually identifies opportunities for improvement, sets priorities and decides which opportunities to pursue based on analysis of the following information:</p> <ol style="list-style-type: none"> <li>1. Member complaint and appeal data from the Member Experience standard for Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals.</li> <li>2. CAHPS survey results and/or QHP Enrollee Experience Survey results.</li> </ol>

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	<p><del>Element E:</del> <b>Element E: Annual Assessment of Behavioral Healthcare and Services</b> Using valid Methodology, the organization annually:</p> <ol style="list-style-type: none"> <li>1. Evaluates behavioral healthcare member complaints and appeals for each of the five required categories.</li> <li>2. Conducts a member experience survey.</li> </ol> <p><del>Element F:</del> <b>Element F: Behavioral Healthcare Opportunities for Improvement</b> The organization works to improve members' experience with behavioral healthcare and service by annually:</p> <ol style="list-style-type: none"> <li>1. Assessing data from complaints and appeals or from member experience surveys.</li> <li>2. Identifying opportunities for improvement.</li> <li>3. Implementing interventions, if applicable.</li> <li>4. Measuring effectiveness of interventions, if applicable.</li> </ol>	
<p><del>Sub-Delegation of ME (NCQA 2021 2020 ME 8)</del><sup>[DN49]</sup><sup>[ND50]</sup></p>	<p><del>Sub-Delegation Agreement</del> <del>The written sub-delegation agreement:</del></p> <ul style="list-style-type: none"> <li><del>— Is mutually agreed upon</del></li> <li><del>— Describes the delegated activities and the responsibilities of the organization and the delegated entity and the delegated activities.</del></li> <li><del>— Requires at least semiannual reporting by the delegated entity to the organization.</del></li> <li><del>— Describes the process by which the organization evaluates the delegated entity's performance.</del></li> <li><del>— Describes the process for providing member experience and clinical performance data to its delegates when requested.</del></li> <li><del>— Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.</del></li> </ul> <p><del>Predelegation Evaluation</del> <del>For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.</del></p> <p><del>Review of Performance</del> <del>For delegation arrangements in effect for 12 months or longer, the organization:</del></p> <ul style="list-style-type: none"> <li><del>— Semiannually evaluates regular reports as specified in the sub-delegation agreement.</del></li> <li><del>— Annually evaluates delegate performance against NCQA standards for delegated activities.</del></li> </ul> <p><del>Opportunities for Improvement</del></p>	<p><b>Element A: Delegation Agreement</b> The written delegation agreement:</p> <ol style="list-style-type: none"> <li>1. Is mutually agreed upon.</li> <li>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity and the delegated activities.</li> <li>3. Requires at least semiannual reporting by the delegated entity to the organization.</li> <li>4. Describes the process by which the organization evaluates the delegated entity's performance</li> <li>5. Describes the process for providing member experience and clinical performance data to its delegates when requested *</li> <li>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</li> </ol> <p><del>Element A: Delegation Agreement</del> <del>The written delegation agreement:</del></p> <ol style="list-style-type: none"> <li><del>1. Is mutually agreed upon.</del></li> <li><del>2. Describes the delegated activities and the responsibilities of the organization and the delegated entity and the delegated activities.</del></li> <li><del>3. Requires at least semiannual reporting by the delegated entity to the organization.</del></li> <li><del>4. Describes the process by which the organization evaluates the delegated entity's performance</del></li> <li><del>5. Describes the process for providing member experience and clinical performance data to its delegates when requested *</del></li> </ol>

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	<p><del>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years the organization identified and followed up on opportunities for improvement, if applicable.</del></p>	<p><del>6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</del></p> <p><b>Element B: Predelegation Evaluation</b>  For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation begins.</p> <p><del>Element B: Predelegation Evaluation</del>  <del>For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation begins.</del></p> <p><b>Element C: Review of Performance</b>  For delegation arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Semiannually evaluates regular reports, as specified in Element A.</li> <li>2. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> </ol> <p><b>Element C: Review of Performance</b>  For delegation arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Semiannually evaluates regular reports, as specified in Element A.</li> <li>2. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> </ol> <p><b>Element D: Opportunities for Improvement</b>  For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that organization identified and followed up on opportunities for improvement, if applicable.</p> <p><del>Element D: Opportunities for Improvement</del>  <del>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that organization identified and followed up on opportunities for improvement, if applicable.</del></p> <p><i>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's</i></p>

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		<p><u>Policies and Procedures securing PHI through applicable protections, e.g. encryption.</u></p> <p><del>* L.A. Care will provide Plan Partner with the data necessary to determine member experience and clinical performance, when requested and as applicable. Request shall be sent to the L.A. Care business unit which maintains the data and/or L.A. Care's Plan Partner Business Unit. The request must be precise and contain sufficient details so it is clear what minimum data needs to be provided to fulfill the request. The L.A. Care business unit responsible for the requested data shall respond timely and ensure that data is sent in compliance with L.A. Care's Policies and Procedures securing PHI through applicable protections, e.g. encryption</del></p>
<p>Nurse Advice Line</p> <p>(Title 28 California Code of Regulations Section 1300.67.2.2 Knox-Keene 1348.8)</p>	<p>Plan shall provide telephone medical advice services to its enrollees and subscribers. The staff hold a valid California license as a registered nurse or a valid license in the state within which they provide telephone medical advice services as a physician and surgeon or physician assistant, and are operating in compliance with the laws governing their respective scopes of practice.</p> <p>A Nurse Advice Line is offered to members to assist members with wellness and prevention</p> <p><b><u>A. Access to Nurse Advice Line</u></b>  A Nurse Advice Line that is staffed by licensed nurses or clinicians and meets the following factors (Knox-Keene, 1348.8;</p> <ol style="list-style-type: none"> <li>1. Is available 24 hours a day, 7 days a week by telephone. (Title 28 CA Code of Regulations; 1300.67.2.2)</li> <li>2. Provides secure transmission of electronic communication, with safeguards, and a 24-hour turnaround time.</li> <li>3. Provides interpretation services for members by telephone. (Knox-Keene; 1367.04)</li> <li>4. Provide telephone triage or screening services in a timely manner appropriate to the enrollee's condition. The triage and screening wait time shall not exceed 30 minutes. (1300.67.2.2)</li> </ol> <p><b><u>B. Nurse Advice Line Capabilities</u></b>  The nurse advice line gives staff the ability to:</p> <ol style="list-style-type: none"> <li>1. Follow up on specified cases and contact members.</li> <li><del>2.</del> Link member contacts to a contact history.</li> </ol>	<p>L.A. Care retains accountability for procedural components and will oversee Delegate's adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<p><u>2.</u>  <b>C. Monitoring the Nurse Advice Line</b>  The following shall be conducted:</p> <ol style="list-style-type: none"> <li>1. Track telephone and website statistics at least quarterly.</li> <li>2. Track member use of the nurse advice line at least quarterly.</li> <li>3. Evaluate member satisfaction with the nurse advice line at least annually.</li> <li>4. Monitors call periodically.</li> <li>5. Analyze data at least annually and, if applicable, identify opportunities and establish priorities for improvement.</li> </ol> <ol style="list-style-type: none"> <li>1. Establish and maintain an operational policy for operating and maintaining a Telephone Nurse Advice Service.</li> </ol> <p><b>E. Promotion (1300.67.2.2)</b></p> <ol style="list-style-type: none"> <li>1. Promote the availability of Nurse Advice Line services in materials that are approved in accordance with the Pan Partner Services Agreement and L.A. Care policies and procedures.</li> <li>2. In the form of, but not limited to: <ol style="list-style-type: none"> <li>a. Flyers</li> <li>b. Informational mailers</li> <li>c. ID Cards</li> <li>d. Evidence of Coverage (EOC)</li> </ol> </li> </ol>	
<p><del>(previously Quality [AV51] Assurance Program Quality Assurance Program)</del></p> <p><del>(Title 28 California Code of Regulations Section 1300.70)</del></p>	<p><del>The Quality Improvement program must document that the quality of care is being reviewed, that problems are being identified, that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated. The Quality Improvement program must include continuous review of the quality of care provided; quality of care problems are identified and corrected for all provider entities.</del></p>	<p><del>L.A. Care retains accountability for procedural components and will oversee Delegate's adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</del></p>
<p><del>Quality Assurance Program</del></p> <p><del>(Title 28 California Code of Regulations Section 1300.70)</del></p>	<p><del>The Quality Improvement program must document that the quality of care is being reviewed, that problems are being identified, that effective action is taken to improve care where deficiencies are identified, and that follow up is planned where indicated.</del></p> <p><del>The Quality Improvement program must include continuous review of the quality of care provided; quality of care problems are</del></p>	<p><del>L.A. Care retains accountability for procedural components and will oversee Delegate's adherence to these standards through pre-delegation and annual oversight review and more frequently, as required, per changes in contract, Federal and State regulatory guidelines and accreditation standards.</del></p>

Standard	Delegated Activities <sup>[DN2][ND3]</sup>	Retained by L.A. Care
	<del>identified and corrected for all provider entities.</del>	
<p>Quality Improvement Performance DHCS APL 19-017</p> <p><u>Applicable L.A. Care Policy: QI-008 DHCS DHCS-APL Supplement to All Plan Letter 19-017 *</u></p>	<p>1. Annually measures performance and meets the NCQA 25<sup>th</sup> percentile benchmark for the Medi-Cal Managed Care Accountability Set established by DHCS and NCQA required Medi-Cal accreditation measures.</p> <p>2. Opportunity for Improvement When the 25<sup>th</sup> percentile is not met the plan will identify and follow up on opportunities for improvement.</p> <p><del>* DHCS supplement to All Plan Letter (APL) 19-017 is to provide Medi-Cal managed care health plans (MCPs) with adjustments to quality and performance improvement requirements as a result of the current public health emergency resulting from COVID-19. These adjustments are consistent with recent allowances from the National Committee for Quality Assurance (NCQA).</del></p>	<p>L.A. Care will retain the PIP and PDSA reporting process with DHCS for the Medi-Cal line of business.</p>
<p><u>Blood<sup>[AV52]</sup> Lead Screening of Young Children</u> <u>Applicable L.A. Care Policy: QI-048 APL 20-016<sup>[DN53][DN54][AV55]</sup></u></p>	<p>1. <u>Ensure network providers follow the blood lead anticipatory guidance and screening requirements in accordance with APL 20-016.</u></p> <p>2. <u>Identify, on at least a quarterly basis (i.e. January-March, April-June, July-September, October-December), all child members under the age of six years (i.e. 72 months) who have any record of receiving a blood lead screening test as required.</u></p> <p><del>*L.A. Care will send delegate CLPPB data when they receive from DHCS on a quarterly basis. Plan reporting is contingent of receiving CLPPB data in DHCS released format.</del></p> <p><u>DHCS retire annual report for 2024 (April 10,2023 notice to HPs)</u></p>	
<p><b><u>HEALTH<sup>[AV56]</sup><sup>[ND57][ND58][ND59][AV60]</sup> EDUCATION</u></b></p>		
<p><b><u>CULTURAL &amp; LINGUISTIC<sup>[AV61]</sup><sup>[ND62][ND63][AV64]</sup> SERVICES</u></b></p>		





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

**Plan's Reporting Requirements**

<b>Report</b>	<b>Due Date</b>	<b>Submit To</b>	<b>Required Format</b>
<b>PHARMACY</b>			
<p><b>Pharmacy</b> Reporting requirements for additional delegated activities</p> <ol style="list-style-type: none"> <li>1. NCQA UM related [Part 1]               <ol style="list-style-type: none"> <li>a. <b>UM 4E:</b> Practitioner Review of Pharmacy Denials</li> <li>b. <b>UM 5:</b> Timeliness of Pharmacy UM Decision Making</li> <li>c. <b>UM 5C:</b> Notification of Pharmacy Decisions</li> <li>d. <b>UM 6C:</b> Relevant Information for Pharmacy Decisions</li> <li>e. <b>UM 7G:</b> Discussing a Pharmacy Denial with a Reviewer</li> <li>f. <b>UM 7H:</b> Written Notification of Pharmacy Denials</li> </ol> </li> <li>2. NCQA UM related [Part 2]               <ol style="list-style-type: none"> <li>a. <b>UM 7I:</b> Pharmacy Notice of Appeals Rights/Process</li> <li>b. <b>UM 9A</b> Preservice and Postservice Pharmacy Appeals</li> <li>c. <b>UM 9B:</b> Timeliness of the Pharmacy Appeal Process</li> <li>d. <b>UM 9C:</b> Pharmacy Appeal Reviewers</li> <li>e. <b>UM 9D:</b> Notification of Appeal Decision/Rights for Pharmacy</li> <li>f. <b>UM 12A:</b> UM Denial System Controls</li> </ol> </li> <li>3. NCQA UM related [Part 3]               <ol style="list-style-type: none"> <li>a. <b>UM 5G(factors5&amp;6):</b> UM Timeliness Report (Pharmacy)</li> </ol> </li> <li>4. DHCS Related               <ol style="list-style-type: none"> <li>a. Decision timeliness rate for all PA requests according DHCS contractual agreement = PA decisions within 24 hours of receipt/Total PAs .- includes approval and denials, <u>excludes all</u></li> </ol> </li> </ol>	<p>1-4. Quarterly 1<sup>st</sup> Qtr – May 30 2<sup>nd</sup> Qtr – Aug 30 3<sup>rd</sup> Qtr – Nov 30 4<sup>th</sup> Qtr – Feb 28</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) – Compliance Folder.</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>1-3. L.A. Care Reporting Format with data elements as defined in the Anthem Pharmacy Report Templates workbook, and</p> <p>4. Policy and Procedure PHRM-041: Plan Partner Pharmacy Reporting Requirements</p>

<p><u>early close and administrative denials</u></p> <p>b. Notification timeliness rate for all PA requests according DHCS contractual agreement = PA notifications within 24 hours of receipt/Total PAs .- includes approval and denials, <u>excludes all early close and administrative denials</u></p> <p>5. Pharmacy Activities Summary Reports</p> <p>a. Denial per 1000 = (Pharmacy Denials/1000 members) - all early close and administrative denials should be excluded.</p> <p>b. Appeal per 1000 = (Pharmacy Appeals/ 1000 members) - withdrawn appeals should be excluded</p> <p>c. Overturn Rate = (Pharmacy Overturned Appeals/ Total Pharmacy Appeals) - withdrawn appeals should be excluded.</p> <p>6. Pharmacy Utilization Reports</p> <p>a. Top fifty drugs by number of Prescriptions</p> <p>b. Top fifty Drugs by Aggregate Cost</p> <p>c. Non-Formulary Medication</p> <p>d. Prior Authorization Report</p> <p>e. Summary Report of L.A. Care member Prescription Utilization.</p>			
<p><b><u>NCQA Pharmacy ME related reporting requirements</u></b></p> <p>1. <b>ME:</b> Quality and accuracy (QI process) of pharmacy benefit information provided on website and telephone</p> <p>a. Collects data on quality and accuracy of pharmacy benefit information</p> <p>b. Analyzes data results</p> <p>c. Acts to improve identified deficiencies</p> <p>2. <b>ME:</b> Pharmacy benefit updates for:</p> <p>a. Member information on its website and in materials used by telephone staff, as the effective date of a formulary change and as new drugs are made available.</p>	<p>1 - 2. Quarterly</p> <p>1<sup>st</sup> Qtr – May 30</p> <p>2<sup>nd</sup> Qtr – Aug 30</p> <p>3<sup>rd</sup> Qtr – Nov 30</p> <p>4<sup>th</sup> Qtr – Feb 28</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) – Compliance folder.</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>1 – 2. Compliant with NCQA in accordance to Plan’s accreditation submission</p>

**APPEALS & GRIEVANCES**

<p><b>APPEALS &amp; GRIEVANCES</b> Member complaints and Appeals Log</p>	<p>Monthly 12<sup>th</sup> Calendar Day of Each Month</p>	<p>L.A. Care's Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Format as defined in the L.A. Care Technical Bulletin MS 005</p>
<p><b>ME 7 A, B, C, E, F</b> 1. <del>Analysis of Member Experience, if delegated, to include:</del> Policies and Procedures for Complaints 2. <del>Policies and Procedures for Appeals</del> 3. <del>Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals for each of 5 categories along with opportunities for improvement:</del> — a. <del>Quality of Care</del> — b. <del>Access</del> — c. <del>Attitude and Service</del> — d. — e. <del>Quality of Practitioner Office Site</del> 4. <del>Annual Assessment of Behavioral Healthcare Complaints and Appeals and Services for each of 5 categories along with opportunities for improvement:</del> a. <del>Quality of Care</del> — b. <del>Access</del> — c. <del>Attitude and Service</del> — d. — e. <del>Quality of Practitioner Office Site</del></p>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder /</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan's accreditation submission</p>
<b>QUALITY IMPROVEMENT</b>			
<p><b>NET 1A</b> <b>Cultural Needs and Preferences Assessment</b> 1. Assess the cultural, ethnic, racial and linguistic needs of its members 2. Adjust the availability of practitioners within its network, if necessary</p>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan's accreditation submission</p>

<p><b>NET 1B</b></p> <p><b>Availability of Practitioners, if delegated:</b></p> <p>Formal assessment of primary care, behavioral healthcare and specialty care practitioners (SCP) availability to include:</p> <ol style="list-style-type: none"> <li>1. Adjustment of practitioners availability within its network to meet the cultural, ethnic, racial and linguistic needs of its members</li> <li>2. Quantifiable and Measurable Standards for the number of each type of practitioner providing primary care.</li> <li>3. Quantifiable and Measurable Standards for Geographic Distribution of each type of practitioner providing primary care.</li> <li>4. Analysis of Performance against Standards</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>NET 1C</b></p> <p><b>Formal assessment of Practitioners Providing Specialty Care, if delegated, to include:</b></p> <ol style="list-style-type: none"> <li>1. Identification of High Volume Specialty Providers, one of which must be OB/GYN; and Identification of High Impact Specialty Providers, one of which must be Oncology</li> <li>2. Quantifiable and Measurable Standards for the number of each type of high-volume specialists.</li> <li>3. Quantifiable and Measurable Standards and Distribution by Geographic Distribution of High Volume SCPs and High Impact SCPs; and</li> <li>4. Analysis of Performance against Standards</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>NET 1D</b></p> <p><b>Assessment of Practitioners Providing Behavioral Healthcare, if delegated, to include:</b></p> <ol style="list-style-type: none"> <li>1. Identification of High-Volume behavioral healthcare practitioners</li> <li>2. Quantifiable and Measurable Standards for the number of each type of High-Volume behavioral healthcare practitioner.</li> <li>3. Quantifiable and Measurable Standards for the geographic distribution of each type of High-Volume behavioral healthcare practitioners.</li> <li>4. Analysis of Performance against Standards</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>

<p><b>NET 2A</b></p> <p><b>Access to Primary Care, if delegated:</b></p> <p>Analysis of data that measures:</p> <ol style="list-style-type: none"> <li>1. Regular and Routine Care Appointments</li> <li>2. Urgent Care Appointments</li> <li>3. After-Hours Care</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>NET 2B</b></p> <p><b>Access to Behavioral Healthcare, if delegated:</b></p> <p>Analysis of data that evaluate access to appointments for behavioral healthcare for:</p> <ol style="list-style-type: none"> <li>1. Care for a non-life-threatening emergency within 6 hours</li> <li>2. Urgent Care within 48 hours</li> <li>3. Initial visit for routine care within 10 business days</li> <li>4. Follow-up routine care within a time frame defined by the organization</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>NET 2C</b></p> <p><b>Access to Specialty Care, if delegated:</b></p> <p>Analysis of data that evaluate access to appointments for :</p> <ol style="list-style-type: none"> <li>1. High-Volume specialty care.</li> <li>2. High-Impact specialty care.</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>
<p><b>NET 3</b></p> <p><b>Assessment of Network Adequacy</b></p> <ol style="list-style-type: none"> <li>1. Assessment of Member Experience Accessing the Network by: <ol style="list-style-type: none"> <li>a. Analyzing data from complaints and appeals about network adequacy for non-behavioral and behavioral healthcare services</li> <li>b. Using aspects of analysis from (b) to determine if there are issues specific to particular geographic areas or types of practitioners or providers</li> </ol> </li> <li>2. Analyze opportunities to improve access to non-behavioral healthcare services by: <ol style="list-style-type: none"> <li>a. Prioritizing opportunities for improvement from analysis of availability, accessibility and</li> </ol> </li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date</p>	<p>Compliant with NCQA in accordance to Plan’s accreditation submission</p>

<p>CAHPS survey results and member complaints and appeals</p> <ol style="list-style-type: none"> <li>b. Implement interventions on at least one opportunity, if applicable</li> <li>c. Measure the effectiveness of interventions, if applicable</li> </ol> <p>3. Analyze opportunities to improve access to behavioral healthcare services by:</p> <ol style="list-style-type: none"> <li>a. Prioritizing improvement opportunities identified from analyses of availability, accessibility, complaints and appeals, or member experience</li> <li>b. Implementing interventions on at least one opportunity, if applicable</li> <li>c. Measures the effectiveness of the interventions, if applicable</li> </ol>			
<p><b>QI 2A</b>  <u>Practitioner Contracts</u>[AV70]  [DN71]  <u>Boilerplate templates and provider manuals or policies may be shared in lieu of provider contracts</u>[AV72]</p>	<p><u>Annually during PP audit</u></p>	<p><u>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ubesc/infile/Quality Improvement/</u></p>	<p><u>Compliant with NCOA in accordance to Plan’s accreditation submission</u></p>
<p><b>QI 3A</b>  <u>Identifying Opportunities</u></p> <p><b>QI 3B</b>  <u>Acting on Opportunities</u></p> <p><b>QI 3C</b>  <u>Measuring Effectiveness</u> <b>QI 3 A-C &amp; 4 A-C</b>  Annual Assessment and Improvement Actions taken for Continuity and Coordination of Care across the health care network[DN73][AV74]</p> <ol style="list-style-type: none"> <li>1. Continuity and Coordination of Medical Care analysis</li> <li>2. Continuity and Coordination Between Medical Care and Behavioral Healthcare analysis[DN75][AV76].</li> </ol>	<p>Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder <u>home/ubesc/infile/Quality Improvement/</u></p> <p>Plan will also have the option to submit via email to remain compliant with due date to <u>quality@lacare.org</u>.</p>	<p>Annual data collection analysis that identify and acts on opportunities for improvement for Continuity of Care as outlined by NCQA guidelines for Continuity Coordination of Care of Medical Care and Continuity and Coordination Between Medical Care and Behavioral HealthCare</p>

<p><b><u>Quality Improvement Quarterly reporting requirements</u></b></p> <p>1. <b>QI Workplan Update</b></p> <p>1. <del>Workplan updates should goals, objectives, QI activities and responsible party related to the MCAS MPI measures.</del></p> <p>2. <b>Potential Quality of Care Issues (PQIs)</b></p> <p>a. Number of PQIs</p> <p>b. Number of closed PQIs</p> <p>c. Number of closed PQIs within 6 months</p> <p>d. Pqi Detail Report with final Pqi severity level</p>	<p>1 – 2. Quarterly</p> <p>1<sup>st</sup> Qtr – <del>April June April</del></p> <p>30</p> <p>2<sup>nd</sup> Qtr – <del>July 25</del></p> <p><del>July 25 Sep 30</del></p> <p>3<sup>rd</sup> Qtr – <del>Oct 25 Oct</del></p> <p><del>25 Dec 30</del></p> <p>4<sup>th</sup> Qtr – <del>Jan 25 Jan</del></p> <p><del>25 Mar 30</del></p> <p><del>2. Quarterly Pqi Report</del></p> <p><del>1<sup>st</sup> Qtr – April 25</del></p> <p><del>2<sup>nd</sup> Qtr – July 25</del></p> <p><del>3<sup>rd</sup> Qtr – Oct 25</del></p> <p><del>4<sup>th</sup> Qtr – Jan 25</del></p> <p><del>25 [DN77][AV78]</del></p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p><del>home/ubesc/infile/Quality Improvement/</del></p> <p>Plan will also have the option to submit via email to remain compliant with due date to <del>quality@lacare.org.</del></p>	<p>1 – 3. Acceptable formats:</p> <ul style="list-style-type: none"> <li>Quarterly Workplan Updates</li> <li>ICE Reporting Format</li> </ul>
<p><b><u>Quality Improvement Annual reporting requirements</u></b></p> <p>1. <b>QI 1A:</b> QM Program Description</p> <p>2. <b>QI 1C:</b> QM Program Evaluation</p> <p>3. QI Workplan</p> <p>4. PHM Workplan (<i>if the activities are not included in the QI Workplan</i>)</p>	<p>1 – 4. Annually during PP audit</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p><del>home/ubesc/infile/Quality Improvement/</del></p> <p>Plan will also have the option to submit via email to remain compliant to <del>quality@lacare.org.</del></p> <p>The PHM reporting element is part of Anthem’s UM operations – copy of its UM Workplan will be shared with LA Care’s Quality Improvement Team during the annual PP audit.</p>	<p>Acceptable formats:</p> <ul style="list-style-type: none"> <li>ICE Reporting Format</li> </ul>
<p><b>ME 1B:</b> Distribution of Member Rights &amp; Responsibilities Statement to New Practitioners</p>	<p>Semi-Annually:</p> <p>Jan 15th (Reporting period Q3 &amp; Q4)</p> <p>July 15th (Reporting period Q1 &amp; Q2)</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p><del>home/ubesc/infile/Quality Improvement/</del></p> <p>Plan will also have the option to submit via email to remain</p>	<p>Mutually agreed upon format</p>

		compliant <del>to</del> <a href="mailto:quality@lacare.org">quality@lacare.org</a> .	
<p><del>PHM 1A:</del> <del>PHM Strategy</del> <del>Element A:</del> <u>Element A:</u> Strategy Description</p> <p><del>PHM 1B</del> <del>Informing Members</del></p>	Annually during PP audit	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder <a href="home/ubesc/infile/Quality Improvement/">home/ubesc/infile/Quality Improvement/</a></p> <p>Plan will also have the option to submit via email to remain compliant <del>to</del> <a href="mailto:quality@lacare.org">quality@lacare.org</a></p>	Compliant with NCQA in accordance to Plan's accreditation submission
<p><del>PHM 2A Population Identification</del> <del>Data integration</del></p> <p><del>PHM 2B: Population Identification</del> <del>Element B:</del> <u>Element B:</u> Population Assessment</p> <p><del>PHM 2C</del> <del>Activities and Resources</del></p> <p><del>PHM 2D</del> <del>Element D:</del> <u>Element D:</u> Segmentation</p>	Annually during PP audit	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant <del>to</del> <a href="mailto:quality@lacare.org">quality@lacare.org</a></p>	Compliant with NCQA in accordance to Plan's accreditation submission
<p><del>PHM 6:A Population Health Management Impact</del> <del>: Population Health Management Impact</del> <del>Element A:</del> <u>Element A:</u> Measuring Effectiveness</p> <p><del>Element B:PHM6B:</del> <del>Element B:</del> Improvement and Action</p>	Annually during PP audit	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder <a href="home/ubesc/infile/Quality Improvement/">home/ubesc/infile/Quality Improvement/</a></p> <p>Plan will also have the option to submit via email to remain compliant <del>to</del> <a href="mailto:quality@lacare.org">quality@lacare.org</a>.</p>	Compliant with NCQA in accordance to Plan's accreditation submission
<p><b>Title 28 California Code of Regulations Section 1300.67.2.2</b></p> <p><b>Assessment of Nurse Advice Line</b></p> <p>1. Nurse Advice Line monitoring for:</p> <p>a. Telephone statistics at least quarterly</p> <ul style="list-style-type: none"> <li>• Average abandonment rate within 5 percent</li> <li>• Average speed of answer within 30 seconds</li> </ul>	<p>1. Quarterly</p> <p>1<sup>st</sup> Qtr – April 25</p> <p>2<sup>nd</sup> Qtr – July 25</p> <p>3<sup>rd</sup> Qtr – Oct 25</p> <p>4<sup>th</sup> Qtr – Jan 25</p>	<p>1. L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Regulatory Reports/</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	Mutually agreed upon format



<p>2. Annual analysis of Nurse Advice Line statistics (website, telephone, use, and calls), identify opportunities and establish priorities for improvement.</p>	<p>2. Annually during PP Audit</p>	<p>2. L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder</p> <p>Plan will also have the option to submit via email to remain compliant.</p>	
<p><b>Quality Improvement Performance</b> A PDSA tool will be required when the plan does not meet the 25<sup>th</sup> percentile for the Managed Care Accountability Set and the 25<sup>th</sup> percentile for the Medicaid NCQA Accreditation Measures as established by both regulatory entities.</p> <p><i>* DHCS supplement to All Plan Letter (APL) 19-017 is to provide Medi-Cal managed care health plans (MCPs) with adjustments to quality and performance improvement requirements as a result of the current public health emergency resulting from COVID-19. These adjustments are consistent with recent allowances from the National Committee for Quality Assurance (NCQA).</i></p>	<p>Annually during PP Audit. <u>The PDSA tool is due 90 calendar days after findings are received.</u></p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Audit folder <a href="mailto:home/ubese/infile/QualityImprovement/">home/ubese/infile/QualityImprovement/</a>.</p> <p>Plan will also have the option to submit via email to remain compliant <a href="mailto:quality@lacare.org">to quality@lacare.org</a></p>	<p>The PDSA tool provided by DHCS</p>
<b>UTILIZATION MANAGEMENT</b>			
<b>Service Authorizations and Utilization Review</b>			
<p><b>UM 1</b></p> <ol style="list-style-type: none"> <li>1. UM Program Description</li> <li>2. UM Program Evaluation</li> <li>3. UM Program Work Plan</li> </ol>	<p>1. Annually during PP audit 2-3. May 31</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<ol style="list-style-type: none"> <li>1. Narrative</li> <li>2. <u>HICE</u> Quarterly Reporting format</li> <li>3. <u>HICE</u> Quarterly Format</li> </ol>
<p><b>Quarterly UM Activity Report</b> <b>All elements outlined within L.A. Care <u>Annual and Quarterly UM Activity (HICE)</u> report including but not limited to:</b></p> <ol style="list-style-type: none"> <li>1. UM Summary – Inpatient Activity <ol style="list-style-type: none"> <li>a. Average monthly membership</li> <li>b. Acute Admissions/K</li> <li>c. Acute Bed days/K</li> </ol> </li> </ol>	<p><u>Annual 2022 Evaluation and 2023 Work Plan – February 15, 2023</u></p> <p>Quarterly 1<sup>st</sup> Qtr – May <del>31</del> 2<sup>nd</sup> Qtr – Aug <del>31</del> 3<sup>rd</sup> Qtr – Nov <del>30</del></p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder.</p> <p>Plan will also have the option to submit via email to remain</p>	<p>ICE Quarterly Reporting Format</p>

<ul style="list-style-type: none"> <li>d. Acute LOS</li> <li>e. Acute Readmits/K</li> <li>f. SNF Admissions/K</li> <li>g. SNF Bed days/K</li> <li>h. SNF LOS</li> <li>i. SNF Readmits/K</li> </ul> <p>2. UM Activities Summary</p> <ul style="list-style-type: none"> <li>a. Referral Management Tracking of the number of Approvals/Modifications/Denials/Deferrals (Routine/Urgent)</li> <li>b. Referral Denial Rate</li> <li>c. Appeals/K</li> <li>d. Overturn Rate</li> </ul> <p>3. <b>PHM 5:</b> CCM Complex Case Management CM Reports and Statistics</p>	<p>4<sup>th</sup> Qtr – Feb-<del>28</del><sup>29</sup></p>	<p>compliant with due date.</p>	
<p><b>NET 4B:</b> Continued Access to Care</p> <p>1. Continued Access to Practitioners If a practitioner’s contract is discontinued, the organization allows affected members continued access to the practitioner, as follows:</p> <ul style="list-style-type: none"> <li>a. Continuation of treatment through the current period of active treatment for members undergoing active treatment for a chronic or acute medical condition</li> <li>b. Continuation of care through the postpartum period for members in their second or third trimester of pregnancy</li> </ul>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 31 2<sup>nd</sup> Qtr – Aug 31 3<sup>rd</sup> Qtr – Nov 30 4<sup>th</sup> Qtr – Feb 28</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder.</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>L.A. Care Quarterly Reporting Format</p>
<p><b>PHM 5:</b> CCM Log of Case Management Cases (CCM) for members who have been in CCM for at least 60 days to include both open and closed cases.</p>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 25 2<sup>nd</sup> Qtr – Aug 25 3<sup>rd</sup> Qtr – Nov 25 4<sup>th</sup> Qtr – Feb 25</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) (Compliance folder.)</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>Acceptable formats: L.A. Care Format</p>
<p>Medi-Cal Provider Preventable Reportable Conditions</p>	<p>Monthly</p>	<p>Anthem supports its compliance via its encounter submission</p>	<p>Acceptable formats: DHCS Required Reporting Format</p>
<p><b>QI 3D:</b> Transition to Other Care--member transition to other care,</p> <ul style="list-style-type: none"> <li>a. When their benefits end.</li> <li>b. During transition from pediatric care to adult care. <u>(MM 22 Element D)</u></li> </ul>	<p>Quarterly</p> <p>1st Qtr – May 31 2nd Qtr – Aug 31 3rd Qtr – Nov 30 4th Qtr – Feb 28</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder</p>	<p>L.A. Care TOC Reporting <u>Document</u> and <u>COC Log</u> <u>Template</u> Format</p>

		Plan will also have the option to submit via email to remain compliant with due date.	
<b>CREDENTIALING</b>			
<ol style="list-style-type: none"> <li>1. Initial Credentialed practitioner list containing Credentialing Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</li> <li>2. Re-credentialed practitioner list containing Re-credentialing Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</li> <li>3. Voluntary Practitioner Termination list containing Termination Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name.</li> <li>4. Involuntary Practitioner Termination list containing Termination Date, Last Name, First Name, MI, Title, Address, City, State, Zip, Group Name</li> </ol>	<p>Quarterly</p> <p>1<sup>st</sup> Qtr – May 15</p> <p>2<sup>nd</sup> Qtr – Aug 15</p> <p>3<sup>rd</sup> Qtr – Nov 15</p> <p>4<sup>th</sup> Qtr – Feb 15</p>	<p>L.A. Care Reports via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via email <del>to</del> <a href="mailto:Credinfo@lacare.org">Credinfo@lacare.org</a> to remain compliant with due date.</p>	<p>Current L.A. Care Health Plan Delegated Credentialing</p> <p>Quarterly Credentialing Submission Form (HICE Format)</p>
<b>COMPLIANCE</b>			
<ul style="list-style-type: none"> <li>• 274 EDI File Mandated by APL 16-019</li> </ul>	<p>Monthly – Due to L.A. Care by the 4<sup>th</sup> of each month</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) 274 folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>DHCS required formatting.</p>
<ul style="list-style-type: none"> <li>• Data Certification Statements Mandated by APL 17-005</li> </ul>	<p>Monthly – Due to L.A. Care 3 business days prior to submission to DHCS</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>No specific template. All DHCS reports submitted to L.A. Care within the month must be listed and signed by Plan Partner President</p>
<ul style="list-style-type: none"> <li>• Non-Medical Transportation &amp; Non-Emergency Medical Transportation (NMT-NEMT) Report Mandated by APL 17-010</li> </ul>	<p>Monthly - Due to L.A. Care <del>575</del> business days prior to submission to DHCS</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder.</p>	<p>DHCS approved template</p>

		Plan will also have the option to submit via email to remain compliant with due date.	
<p>[AB1455][AV79][ND80] <u>Quarterly Reporting: -Claims Timeliness Reports</u></p> <ul style="list-style-type: none"> <li><u>Provider Dispute Resolution (PDR)</u></li> <li><u>-Disclosure of Emerging Claims</u></li> <li><u>Payment Deficiencies (DoECPD)</u></li> </ul> <p>[KF81][ND82]</p>	<p>Quarterly – Due to LA Care 45 <u>calendar calendar</u> days after quarter</p> <p>*The effective date will be based on the last date signed by the parties to support the full execution of this delegation agreement.</p>	<p>[KF83][ND84][AV85]<del>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</del> <u>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</u></p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p><del>DMHC DMHC HICE</del> [KF86] approved template</p>
<ul style="list-style-type: none"> <li>Call Center Report Mandated by APL 14-012</li> </ul> <p>*DHCS retired effective December 31, 2019. However, Anthem to continue its submission directly to LA Care.</p>	<p>Quarterly – Due 30 days after quarter end</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p><u>Plan will also have the option to submit via email to remain compliant with due date.</u></p> <p>[MF87][ND88][AV89] <del>Plan will also have the option to submit via email to remain compliant with due date.</del></p>	<p>DHCS approved templates</p>
<ul style="list-style-type: none"> <li>Community Based Adult Services (CBAS) Report</li> </ul>	<p>Quarterly - Due to L.A. Care <del>575</del> business days prior to submission to DHCS</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder.</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>DHCS approved template</p>
<ul style="list-style-type: none"> <li>Dental General Anesthesia Report Mandated by APL 15-012</li> </ul>	<p>Quarterly - Due to L.A. Care 5 business days prior to submission to DHCS</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder.</p>	<p>DHCS approved template</p>

		Plan will also have the option to submit via email to remain compliant with due date.	
<ul style="list-style-type: none"> <li>Coordinated Care Initiative – Long-Term Services &amp; Supports (CCI – LTSS)</li> </ul>	Quarterly - Due to L.A. Care 5 business days prior to submission to DHCS	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder.</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS approved template
<ul style="list-style-type: none"> <li><del>Encounter Data Letters – CAP response</del></li> </ul>	<del>Quarterly – Due to L.A. Care 30 business days after receipt of CAP request</del>	<del>L.A. Care Regulatory Reporting via email</del>	<del>No specific template</del>
<ul style="list-style-type: none"> <li><del>Grievance Report</del></li> <li><del>Mandated by APL 14-013</del></li> </ul>	<del>Quarterly – Due to L.A. Care 5 business days prior to submission to DHCS</del>	<del>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</del> <p><del>Plan will also have the option to submit via email to remain compliant with due date.</del></p>	<del>DHCS approved template</del>
<ul style="list-style-type: none"> <li>Medi-Cal Managed Long-Term Services &amp; Supports (MLTSS) Report</li> <li>Mandated by <del>APL 17-012</del><u>APL 14-010</u></li> </ul>	Quarterly - Due to L.A. Care <del>557</del> business days prior to submission to DHCS	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS approved template
<ul style="list-style-type: none"> <li><del>Out of Network (OON) Report</del> [DN90][AV91]</li> <li><u>Out of Network (OON) Report</u></li> </ul>	<del>Quarterly – Due to L.A. Care 5 business days prior to submission to DHCS</del> <p><u>Quarterly – Due to L.A. Care 5 business days prior to submission to DHCS</u></p>	<del>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</del> <p><u>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports</u></p> <p><del>Plan will also have the option to submit</del></p>	<del>DHCS approved template</del> <p><u>DHCS approved template</u></p>

		<p><del>via email to remain compliant with due date.</del></p> <p><u>Plan will also have the option to submit via email to remain compliant with due date.</u></p>	
<ul style="list-style-type: none"> <li>Medi-Cal Managed Care Survey – Disproportionate State Hospitals (MMCS-DSH) Survey</li> </ul>	Annually – contingent of DHCS notice	DHCS SFTP with copy to LA Care Medical Payment Systems and Services Reporting	DHCS approved template
<ul style="list-style-type: none"> <li><del>Pharmacy Formulary Changes Reports</del></li> </ul> <p>14. <u>Pharmacy Formulary Changes</u>   <u>[DN92][AV93]Reports</u></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p><del>Annually – Due to L.A. Care 5 business days prior to submission to DHCS</del></p> <p><u>Annually - Due to L.A. Care 5 business days prior to submission to DHCS</u></p>	<p><del>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</del></p> <p><del>Plan will also have the option to submit via email to remain compliant with due date.</del></p> <p><u>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</u></p> <p><u>Plan will also have the option to submit via email to remain compliant with due date.</u></p>	<p><del>DHCS approved template</del></p> <p><u>DHCS approved template</u></p>
<ul style="list-style-type: none"> <li>Health Homes Program DHCS Required Reporting</li> </ul> <p><i>*DHCS retired effective December 31, 2021</i></p>	Due to L.A. Care 5 business days prior to submission to DHCS	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS approved template
<ul style="list-style-type: none"> <li>CBAS Monthly Wavier Report</li> </ul>	Monthly -Due to L.A. Care 5 business days prior to submission to DHCS	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain</p>	DHCS approved template

		compliant with due date.	
<ul style="list-style-type: none"> <li>Prop 56 Directed Payment for Physician Services (APL 19-015)</li> </ul>	Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements
<ul style="list-style-type: none"> <li>Prop 56 Hyde Reimbursement Requirements for specific Services (APL 19-013)</li> </ul>	Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS	<p>LA Care Regulatory via its Secure File Transfer Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements
<ul style="list-style-type: none"> <li>Prop 56 Directed Payments for Developmental Screening Services (APL 19-016)</li> </ul>	Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS	<p>LA Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements
<ul style="list-style-type: none"> <li>Prop 56 Directed Payments for Valued Base Payment Program (APL 20-014)</li> </ul>	Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS	<p>LA Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements
<ul style="list-style-type: none"> <li>Prop 56 Directed Payments for Family Planning (APL 20-013)</li> </ul>	Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS	LA Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder	DHCS Template based on APL reporting requirements

		Plan will also have the option to submit via email to remain compliant with due date.	
<ul style="list-style-type: none"> <li>Prop 56 Directed Payment for Adverse Childhood Experiences Screening Services (AP-19-018)</li> </ul>	<p>Quarterly-Due to L.A. Care 5 business days prior to submission to DHCS</p>	<p>LA Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements
<ul style="list-style-type: none"> <li>MMDR MER Exemption Review Denial Report</li> </ul>	<p>Monthly - Due to L.A. Care 5 business days prior to submission to DHCS</p> <p>This deliverable is contingent of receiving a member list from L.A. Care to support monthly report.</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Reporting template
<ul style="list-style-type: none"> <li>MCPD and PCPA Managed Care Program Date (MCPD) and Primary Care Provider Alignment (PCPA)</li> </ul> <p><u>The [PT94][DN95] Managed Care Program Data (MCPD) report is a consolidated reporting requirement which DHCS introduced through APL 20-017. The MCPD file replaces the following reporting requirements, as this data is now incorporated into the MCPD file in .json format:</u></p> <ul style="list-style-type: none"> <li><u>Grievances and appeals data in an Excel template, as specified in APL 14-013 (previously submitted by your plan as the Grievance Report Mandated by APL 14-013)</u></li> <li><u>Monthly MERs and other continuity of care records data in an Excel template, as specified in Attachment B of APL 17-007 (previously</u></li> </ul>	<p>Monthly - Due to L.A. Care 5 business days prior to submission to DHCS</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	DHCS Template based on APL reporting requirements



<p><u>submitted by your plan as the MMDR Report)</u></p> <ul style="list-style-type: none"> <li>Other types of continuity of care data in ad-hoc Excel templates</li> </ul> <p>Out-of-Network request data in a variety of ad-hoc Excel templates (previously submitted by your plan as the OON Report)</p>			
<ul style="list-style-type: none"> <li><del>Third</del>[AV96]-Party Liability</li> </ul>	<p>Due 25 days from the date LA Care submits case file.</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) TPL folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>DHCS approved templates</p>
<ul style="list-style-type: none"> <li><u>Acute Care at Home Hospital Report</u> [SA97][DN98][ND99] APL 20-021</li> </ul>	<p>Monthly – Due to LA Care the last day of every month</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p>	<p>DHCS Reporting Template</p>
<ul style="list-style-type: none"> <li><u>Provider Network Termination Mandated by APL 21-003</u></li> </ul>	<p>Quarterly - Due to L.A. Care 7 business days prior to submission to DHCS[PT100][JS101][SA102]</p>	<p>L.A. Care’s Secure File Transfer Protocol (SFTP) home/ucfst/infile/Regulatory Reports/</p>	<p>DHCS Approved Template</p>
<ul style="list-style-type: none"> <li><u>Third Party Liability</u></li> </ul>	<p>Due 25 days from the date LA Care submits case file.</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) TPL folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>DHCS approved templates</p>
<ul style="list-style-type: none"> <li>New and or revised reports as released by DHCS</li> </ul>	<p>Due to L.A. Care 7 business days prior to submission to DHCS</p> <p>*The effective date will be based on the last date signed by the parties to support the full execution of this delegation agreement.</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol (SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via email to remain compliant with due date.</p>	<p>DHCS approved templates</p>
<ul style="list-style-type: none"> <li><u>Disaster</u>[AV103] and Recovery Plan / Test Results</li> </ul>	<p>Contingent of DHCS notice</p>	<p>L.A. Care Regulatory via its Secure File Transfer Protocol</p>	<p>DHCS template DHCS template</p>

<p>L.A. Care will communicate all data elements as outlined by DHCS due to an emergency declared by the Governor. below including but not limited to:</p> <p>LA Care may require additional information on Business Continuity efforts based off current event.</p> <p>In the event there are any additional requests from regulators for individual instances, such as, an emergency declared by the governor;</p> <p>L.A. Care will send out an ad hoc written request asking to respond with the requested information should it be an element outside of what is already being requested and another mobile contact mechanism when outside of regular business hours.</p>	<p><u>Annually during PP audit and ad hoc</u></p> <p><u>Contingent on government notice; Ad-hoc</u></p>	<p>(SFTP) Regulatory Reports folder</p> <p>Plan will also have the option to submit via secure email to remain compliant with due date.</p> <p><u>EnterpriseRiskManagement@lacare.org</u></p> <p><u>home/PPName/infile/Regulatory Reports/</u></p> <p><u>EnterpriseRiskManagement@lacare.org ; RegulatoryReports@lacare.org</u></p>	<p><u>Word Document, Non-Specific template</u></p> <p><u>Template may change upon regulators request.</u></p>
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**FINANCIAL COMPLIANCE**

<p>1. PPG Solvency Report 627</p>	<p>Quarterly - Due to L.A. Care 75 calendar days after each quarter end</p>	<p>L.A. Care via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via secure email to remain compliant with due date.</p>	<p>Excel/PDF</p>
<p>2. Annual Audit Report 628</p>	<p>Quarterly – Due to L.A. Care 60 calendar days after each calendar quarter end for the delegate audits conducted in the reporting quarter</p>	<p>L.A. Care via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via secure email to remain compliant with due date.</p>	<p>Excel/PDF</p>

**DELEGATION OVERSIGHT**

<p>1. New Member Welcome Kit Mailing Reports</p>	<p>Due to L.A. Care by the 15<sup>th</sup> of each month</p>	<p>L.A. Care via its Secure File Transfer Protocol (SFTP) Compliance folder</p> <p>Plan will also have the option to submit via email to remain</p>	
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		compliant with due date.	
<b><u>CULTURAL &amp; LINGUISTIC SERVICES</u></b> <sup>[AV104]</sup>			
1. <u>C&amp;L Program Description and Work Plan</u>	<u>Annually – due to L.A. Care by January 31<sup>st</sup> of each year</u> <sup>[DN105][DN106]</sup>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services Mailbox@l acare.org</u>	<u>Plan Partner can submit their own format of C&amp;L program description and work plan.</u>
2. <u>C&amp;L Program Evaluation</u> <sup>[NY107][DN108]</sup> <u>NCQA HE Standard 7</u>	<u>Annually – due to L.A. Care January 31<sup>st</sup> of each year</u>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services Mailbox@l acare.org</u>	<u>Plan Partner can submit their own format of C&amp;L program evaluation</u>
3. <u>Bilingual Staff List</u> <sup>[NY109][DN110][AV111]</sup> <u>NCQA HE Standard 7</u>	<u>Annually – due to L.A. Care January 31<sup>st</sup> of each year- during the audit.</u>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services Mailbox@l acare.org</u>	<u>L.A. Care report template</u>  <u>OR</u>  <u>Mutually agreed upon report format</u>
4. <u>Translated Documents / Alternative Formats Tracking Log</u> <sup>[NY112][DN113][AV114]</sup> <u>NCQA HE Standard 7</u>	<u>Annually during the audit. Quarterly – Due to L.A. Care the 25<sup>th</sup> day of the month following the end of the quarter:</u> <u>— Q1 due 4/25</u> <u>— Q2 due 7/25</u> <u>— Q3 due 10/25</u> <u>• Q4 due 1/25</u>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services Mailbox@l acare.org</u>	<u>L.A. Care report template</u>  <u>OR</u>  <u>Mutually agreed upon report format</u>
5. <u>Interpreting Utilization Report (Face-to-face and Telephonic interpreting)</u> <sup>[NY115][DN116][AV117]</sup> <u>NCQA HE Standard 7</u>	<u>Annually during the audit. Quarterly – Due to L.A. Care the 25<sup>th</sup> day of the month following the end of the quarter:</u> <u>• Q1 due 4/25</u> <u>• Q2 due 7/25</u> <u>• Q3 due 10/25</u> <u>• Q4 due 1/25</u>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services Mailbox@l acare.org</u>	<u>L.A. Care report template</u>  <u>OR</u>  <u>Mutually agreed upon report format</u>

6. <u>C&amp;L Referral Report</u> [DN118]	<u>Quarterly – Due to L.A. Care the 25<sup>th</sup> day of the month following the end of the quarter:</u> <ul style="list-style-type: none"> <li>• <u>Q1 due 4/25</u></li> <li>• <u>Q2 due 7/25</u></li> <li>• <u>Q3 due 10/25</u></li> <li>• <u>Q4 due 1/25</u></li> </ul>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>OR</u>  <u>Via email to CulturalandLinguistic Services_Mailbox@l<sup>a</sup>care.org</u>	<u>L.A. Care report template</u>  <u>OR</u>  <u>Mutually agreed upon report format</u>
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<u>HEALTH</u> [AV119] <u>EDUCATION</u>			
<u>1. Health Education Referral Report</u>	<u>Quarterly – Due to L.A. Care the 25<sup>th</sup> day of the month following the end of the quarter:</u> <ul style="list-style-type: none"> <li>• <u>Q1 due 4/25</u></li> <li>• <u>Q2 due 7/25</u></li> <li>• <u>Q3 due 10/25</u></li> <li>• <u>Q4 due 1/25</u></li> </ul>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>home/ucfst/infile/Health Education/</u>	<u>Format as specified by L.A. Care or mutually agreed upon per Plan Partner process.</u>
<u>2. Health Education Material Distribution Report</u>	<u>Quarterly – Due to L.A. Care the 25<sup>th</sup> day of the month following the end of the quarter:</u> <ul style="list-style-type: none"> <li>• <u>Q1 due 4/25</u></li> <li>• <u>Q2 due 7/25</u></li> <li>• <u>Q3 due 10/25</u></li> <li>• <u>Q4 due 1/25</u></li> </ul>	<u>L.A. Care’s Secure File Transfer Protocol (SFTP)</u>  <u>home/ucfst/infile/Health Education/</u>	<u>Format as specified by L.A. Care or mutually agreed upon per Plan Partner process.</u>
<u>3. Health Education Program Description and <del>W</del>Work Plan</u>	<u>Annually – due to L.A. Care January 31<sup>st</sup> of each year</u> [DN120]	<u>Via email to designated Health Education contact</u>	<u>As appropriate per Plan Partner model.</u>

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

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

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

**Blue Cross of California dba Anthem Blue Cross  
A California health care services plan**

By: \_\_\_\_\_  
John Baackes  
Chief Executive Officer

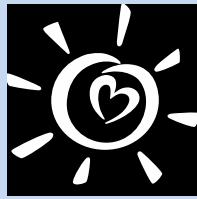
By: \_\_\_\_\_  
Les Ybarra  
President,  
Medicaid Health Plan for California

Date: \_\_\_\_\_, 202~~32~~

Date: \_\_\_\_\_, 202~~32~~

By: \_\_\_\_\_  
~~Hector De La Torre~~ Alvaro Ballesteros  
Chairperson,  
L.A. Care Board of Governors

Date: \_\_\_\_\_, 202~~32~~



**L.A. Care**  
HEALTH PLAN®

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

**Date:** February 1, 2024

**Motion No.** FIN 100.0225

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Issue:** L.A. Care staff would like to amend the contract terms (Purchase Order – 0000009765) with ImageNet, LLC. who provides claims processing, adjudication, and Provider Dispute Resolutions (PDR) processing services by adding additional funding in the amount of \$11,707,395.

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

**Background:** L.A. Care staff requests approval of amendment #5 for SOW #1 (Claims Processing Services). We would like to increase the overall contract amount from \$4,101,233 to \$15,808,628 (incremental increase of \$11,707,395). The current contract term of SOW #1 is from February 1, 2023 through September 30, 2025.

The increased contract amount will allow L.A. Care to increase the volume of claims processed by ImageNet due to the increased volume received because of the implementation of the Coordination of Benefits Agreement (COBA) with the Center for Medicare & Medicaid Services (CMS) in August 2023. Since August 2023, claims requiring manual intervention have increased to an average of ~10.6K per day up from ~5.6K per day.

COBA is a CMS model that standardizes the way that eligibility and Medicare crossover claims payment information is exchanged by permitting other insurers and benefit programs (also known as trading partners) to send eligibility information to CMS and receive Medicare claims data for processing supplemental insurance benefits.

We have contracted with ImageNet since August 2020, and are pleased with their work. They provide us with Claims Processing Services to assist L.A. Care with complying with regulatory Claims Timeliness standards - CCR Section 1300.71 (a)(8)(b).

Additionally, ImageNet provides us with PDR resolution processing services to assist in the mitigation of compliance risks associated with the following PDR timeliness requirements: Disposition - CCR Section 1300.71.38 (f).

Below is the anticipated annual cost, for the remainder of the contract term, of utilizing ImageNet to support the increase in claims volume while retaining the current state for PDR processing.

***Projected year over year cost of contract and anticipated volume***

<b>Fiscal Year</b>	<b>Contract Period (Month/Year)</b>	<b>Claims (#)</b>	<b>Amount (\$)</b>
2023 - 2024	March 2024 - September 2024	1,732,500	\$ 3,724,875
2024 - 2025	October 2024 – September 2025	3,712,800	\$ 7,982,520
	<b>Total</b>	<b>5,445,300</b>	<b>\$ 11,707,395</b>

**Board of Governors**

**MOTION SUMMARY**

No request for proposal will be conducted for this vendor, as we have an existing contract. Sole-source justification allows us to mitigate time, resources, and initiation fees to procure and implement a new vendor.

**Member Impact:** L.A. Care members will benefit from this motion as providers will not reduce or remove access for appointments and services due to delayed payments.

**Budget Impact:** Partial vendor commissions (\$1,850,000) related to the extension of this contract were included in the Fiscal Year 2023-2024 budget. The increase in claims volume resulted in the need to increase the budget by \$1,874,875 for FY 2023-24. We have collaborated with our Finance partners to obtain approval for additional funding for FY 2023-24. Funding for future fiscal years will be requested during the budget process in the years affected (based on the table above).

**Motion:** **To authorize the staff to enter into amendment #5 of SOW #1, increasing the overall contract amount from \$4,101,233 to \$15,808,628 (incremental increase of \$11,707,395). This amendment will allow ImageNet, LLC to continue to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services.**



**L.A. Care**  
HEALTH PLAN

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

**Date:** February 1, 2024

**Motion No.** FIN 101.0224

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Requesting Department:** Enterprise Risk Adjustment Strategies and Initiatives

**Issue:** To amend existing contract with Invent Health for expand scope and term of risk adjustment analytics.

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

**Background:** The Department of Healthcare Services (DHCS) transitioned to Chronic Illness and Disability Payment System (CDPS)+Rx in calendar year 2023. CDPS+Rx uses medical diagnoses and pharmacy utilization to identify disease categories. Therefore, L.A. Care is required to add Medi-Cal risk analytics scope of work to existing risk adjustment analytics vendor, Invent Health, service contract. This service is critical to effectively guide our strategic and tactical approach to ensure our Medi-Cal risk adjusted revenue for our members is properly aligned with the expected level of care the members are expected to need. The more chronic conditions members have, the higher the risk adjustment score, the more services they will required, and incorporate the health status of a population into payment rates for appropriate revenue adjustment.

L.A. Care is requesting approval to amend a current Invent Health contract to expand the scope of existing services to include the Medi-Cal line of business on its analytics platform for a sixteen months term to synchronize with the DSNP and LACC terms.

**Amendment**

Add Medi-Cal for 16 months Contract \$ 1,440,000

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<b>Contract Amendment Increase</b>	<b>\$ 1,440,000</b>
<b>Existing Contract Value</b>	<b>\$ 3,814,850</b>
<b>New Contract Value</b>	<b>\$ 5,254,850</b>

The selection of Invent Health for Medi-Cal risk adjustment analytics has been sole sourced given our existing use of the platform, review of analytic products and services, and ease of integration with L.A. Care Risk Adjustment workflow.

**Member Impact:** Proper alignment of risk-adjusted revenue with expected levels of service required by members via risk adjustment ensures our provider groups are properly compensated to deliver this care.

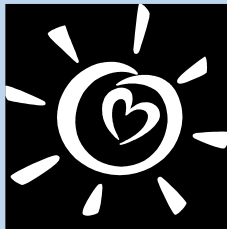
**Budget Impact:** The projected charges for the services for the remainder of the fiscal year are anticipated and included in the approved budget for Enterprise Risk Adjustment Department Fiscal Year 2023-24 as a purchased services line item. The remaining amount will be included in the subsequent fiscal years.



**Board of Governors**

**MOTION SUMMARY**

Motion: To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed \$5,254,850 in order to continue providing risk adjustment analytic services over the next sixteen months for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business.



**L.A. Care**  
HEALTH PLAN

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

**Date:** February 1, 2024

**Motion No.** COM 100.0224

**Committee:** Compliance and Quality

**Chairperson:** Stephanie Booth, MD

**Requesting Department:** Regulatory Affairs & Compliance

**Issue:** Approve 2024 Internal Audit Plan

New Contract  Amendment  Sole Source  RFP/RFQ was conducted in

**Background:** The Internal Audit Plan summarizes the plan projects and activities as well as the audit schedule for 2024.

**Member Impact:** None

**Budget Impact:** None

**Motion:** To approve the 2024 Internal Audit Plan, as submitted.

## **Internal Audit Services**

CY2024 ANNUAL INTERNAL AUDIT WORK PLAN (“AWP”)  
Presented by Maggie Marchese, Senior Director, Audit Services and  
Gennadiy Daych, Director of Internal Audit

### **Internal Audit’s Role, Mission, Authority and AWP’s Objectives**

**The Role of Internal Audit:** Internal Audit provides independent, objective assurance and consulting services designed to add value and improve the organization’s operations. Internal Audit helps the organization accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

**Mission & Authority:** The core mission of Internal Audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. In furtherance of this mission, the Internal Audit’s Charter authorizes Internal Audit to have unrestricted access to all L.A. Care functions, activities, systems, records, property and personnel relevant to the performance of an audit, investigation or other special project.

#### **Audit Plan Objectives**

The L.A. Care’s Internal Audit developed a risk-based Annual Audit Work Plan with the following objectives in mind:

- Improve the effectiveness of L.A. Care’s governance, risk management, and control processes.
- Assist L.A. Care’s leadership in the discharge of their oversight, management, and operational responsibilities.
- Assist management in addressing L.A. Care’s financial, operational, and compliance risks and making informed risk acceptance decisions.
- Support efforts to identify, evaluate, and mitigate risks.
- Evaluate the existence, efficiency, and effectiveness of mitigating controls.
- Provide assurance to management that internal controls are in place and operating as intended.
- Add value and improve L.A. Care’s operations.

#### **AWP Development Process:**

##### **Development of the Audit Work Plan:**

- Information considered in the development of the audit work plan includes previously identified or known risks and results from the 2024 risk assessment. Internal Audit also applied professional judgment to arrive at the projects ultimately prioritized in the 2024 Audit Work Plan.
- The audit work plan may be modified during the year as circumstances change. Also, new requests from management, changes in audit resources, and changes in L.A. Care’s operations could result in updates to the audit work plan. Any significant updates to the audit work plan would require proper review and approval.
- Although the audit work plan contemplates a wide-ranging scope of review effort, it does **not** provide coverage for all components or systems. We attempted to maximize limited Internal Audit resources to provide reasonable coverage of the business activities and areas we believe require the most attention.

**NOTE:** Internal Audit conforms to the mandatory elements of The Institute of Internal Auditors’ (IIA) International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing (IIA Standards), and the Definition of Internal Auditing.

**Internal Audit Services**  
 CY2024 ANNUAL INTERNAL AUDIT WORK PLAN (“AWP”)  
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 Gennadiy Daych, Director of Internal Audit

**Key inputs to the development of the 2024 Audit Work Plan:**

- a. Industry knowledge and experience.
- b. Knowledge of control environment.
- c. Feedback from Compliance, including the Chief Compliance Officer, Risk Management and the Top 10 Risks analysis.
- d. Input/specific requests from L.A. Care’s Senior Executive Leadership.
- e. Some rolled over audit projects from the RGP’s 2023 Audit Work Plan.

**2023 Internal Audit Work Plan Status of Audit Projects:**

**Summary:**

A total of 18 **projects:**

- 4 completed
- 4 with draft or final audit reports being completed
- 10 being moved to the 2024 audit work plan

Audit Activity	Risk Focus	Status	2024 Next Steps
Staffing / Talent Acquisition Process Assessment	Staffing	Completed	Follow-up Review 2024
Data Management Governance Audit – Phase 1	IT	Completed	Audit was split into 2 phases
Data Management Governance Audit – Phase 2	IT	Draft Report to be submitted	Open audit - Final audit report to be issued 2024
FWA and Cost Containment Program Assessment	FWA Payment Integrity	Completed	Final Report issued – Monitor CAP implementation
Delegation Oversight Auditing and EPO Delegation Oversight Monitoring Program Assessment	Delegation Oversight	Draft Report to be submitted	Open audit - Final audit report to be issued 2024
IT - Appropriate Access Controls Risk Mitigation Plan Effectiveness Review	IT	On Hold	Moved to 2024 audit work plan
Disaster Recovery / Business Continuity Risk Mitigation Plan Effectiveness Review	IT	3 <sup>rd</sup> Party Assessment being conducted	Moved to 2024 audit work plan

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**2023 Internal Audit Work Plan Status of Audit Projects Continued:**

Audit Activity	Risk Focus	Status	2024 Next Steps
DSNP Program Assessment	Key Programs	3 <sup>rd</sup> Party Assessment being conducted	Moved to 2024 audit work plan
Improper Denial of Out-of-Area Emergency Services Claims Risk Mitigation Plan Effectiveness Review	Claims	Draft Report to be submitted	Follow-up Review 2024
Provider Network – Access	Network	Considered	Moved to 2024 audit work plan
Marketing and Member Services	Member Services	Considered	Moved to 2024 audit work plan
Provider Dispute Resolution Audit	Claims	Considered	Moved to 2024 audit work plan
Follow-up Assessment-Transportation Benefit Audit (NMT& NEMT)	Member Services	Considered	Moved to 2024 audit work plan
Follow-up Assessment – IT Security	IT	Draft report completed by 3 <sup>rd</sup> Party	Follow-up Review 2024
HICE Shared IT Integrity and Security Audits – 2023	IT	Ongoing Scoping with HICE and BSC	Ongoing audits - Moving to Delegation Oversight Audit work plan.
<b>Added</b> - Provider Quality PQI - Untimely Processing	PQI - Untimely Processing	Completed	Follow-up Review 2024
<b>Added</b> - Plan Partner Contracts Audit	Provider Network	Considered	Moved to 2024 audit work plan
<b>Added</b> - Prop 56 Assessment	Finance and PNM	Considered	Moved to 2024 audit work plan

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**2024 Internal Audit Work Plan – Proposed Audit Projects:**

Summary: We propose a total of **19 projects** comprised of **7 audits**, **8 follow-up assessments**, and **4 Risk Mitigation Plan Implementation Effectiveness Review**.

Audit Activity	Risk Focus	Type	Focus Area - High Level Description	Target Quarter
Provider Network: Access to Care	Network	Audit	Moved from 2023 to 2024 AWP. Assess the adequacy and effectiveness of LAC’s provider network in delivering timely and accessible healthcare services.	Q1
Provider Quality: PQI	PQI - Untimely Processing	Follow-Up Assessment	Follow-up of 2023 audit. Conduct a follow-up review based on the RGP’s 2023 review to ensure observations have been addressed/remediated.	Q1
Marketing and Member Services	Member Services	Audit	Moved from 2023 to 2024 AWP. Assess the internal Sales & Marketing representatives’ enrollment practices and needed enhancements/improvements.	Q1
Provider Dispute Resolution	Claims	Audit	Moved from 2023 to 2024. Regulatory Compliance (verifying that PDR process complies with regulations).	Q1
Call Center	Member Services	Audit	New. Review workplace management processes to assess effectiveness of staff monitoring of Member Services and Provider Services.	Q2
Provider Operations	Provider Operations	Audit	New. Review Provider Representatives’ relationships/collaboration between Provider Network and QI teams.	Q2
HRA Reassessment Efforts	Provider Network	Risk Mitigation Plan Implementation Effectiveness Review	Moved from 2023 to 2024 AWP. Review process around HRA re-assessments efforts to ensure timeliness and compliance with applicable regulations.	Q2
Claims: Out-of-Area Emergency Services Claims	Claims	Follow-Up Assessment	Follow-up of 2023 audit. Conduct a follow-up review based on the RGP’s 2023 review to ensure observations have been addressed/remediated.	Q2
IT: Appropriate Access Controls / IT System Security	IT	Risk Mitigation Plan Implementation Effectiveness Review	Moved from 2023 to 2024. Conduct an effectiveness review of risk mitigation plan implementation for risk # O19.	Q2
DSNP Implementation and Oversight	Key Programs	Follow-Up Assessment	Moved from 2023 to 2024. Under 3rd party review. Once it is completed, IA will follow-up on any findings/results.	Q2

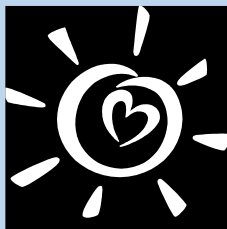
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**Internal Audit Services**  
 CY2024 ANNUAL INTERNAL AUDIT WORK PLAN (“AWP”)  
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 Gennadiy Daych, Director of Internal Audit

**2024 Internal Audit Work Plan – Proposed Audit Projects Continued:**

Audit Activity	Risk Focus	Type	Focus Area - High Level Description	Target Quarter
Appeals & Grievances: Process, Oversight and Support Systems	A&G	Follow-Up Assessment	Moved from 2023 to 2024. Under 3rd party review. Once it is completed, IA will follow-up on any findings/results.	Q3
Appeals & Grievances: Knox-Keene Violations	A&G	Follow-Up Assessment	Moved from 2023 to 2024. Under 3rd party review. Once it is completed, IA will follow-up on any findings/results.	Q3
Disaster Recovery / Business Continuity	IT	Follow-Up Assessment	Moved from 2023 to 2024. Under 3rd party review. Once it is completed, IA will follow-up on any findings/results.	Q3
Compliance Monitoring / Enforcement / Audits	Compliance	Follow-Up Assessment	Follow-up of 2023 audit. Assess corrective action plan implementation and remediation of 4Q23 mock CPE Program Audit.	Q3
Vendor Management / Contracting Process	Vendor Mgt	Risk Mitigation Plan Implementation Effectiveness Review	New. Conduct an effectiveness review of risk mitigation plan implementation for risk # E5.	Q3
Plan Partner Contracts Audit	Provider Network	Audit	Moved from 2023 to 2024. Plan Partner contracting process	Q3
Staffing: Staffing / Skilled Hires / Time to Hire	Staffing	Follow-Up Assessment	Follow-up of 2023 audit. IA will conduct a follow-up review based on the RGP’s 2023 assessment to ensure observations have been addressed/remediated.	Q4
Encounters/ Prop 56	Finance & PNM	Audit	Moved from 2023 to 2024. Assess current Finance Compliance oversight of the Prop 56.	Q4
LA Care Business Strategy - Strategic Alignment - Ability to Implement	IT	Risk Mitigation Plan Implementation Effectiveness Review	Moved from 2023 to 2024. Conduct an effectiveness review of risk mitigation plan implementation for risk #E1.	Q4

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**L.A. Care**  
HEALTH PLAN

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

**Date:** February 1, 2024

**Motion No.** COM 101.0224

**Committee:** Compliance and Quality

**Chairperson:** Stephanie Booth, MD

**Requesting Department:** Regulatory Affairs and Compliance

**Issue:** Approve 2024 Risk Assessment

New Contract  Amendment  Sole Source  RFP/RFQ was conducted in

**Background:** The 2024 Risk Assessment summarizes the process and results of the annual risk assessment program. The 2024 Risk Assessment highlights the top 10 risk, identified during the annual process, for which management action plans will be requested and monitored.

**Member Impact:** None

**Budget Impact:** None

**Motion:** To approve the 2024 Risk Assessment, as presented.



# 2024 Annual Enterprise Risk Assessment Process Overview and Top 10 Risk Proposal



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

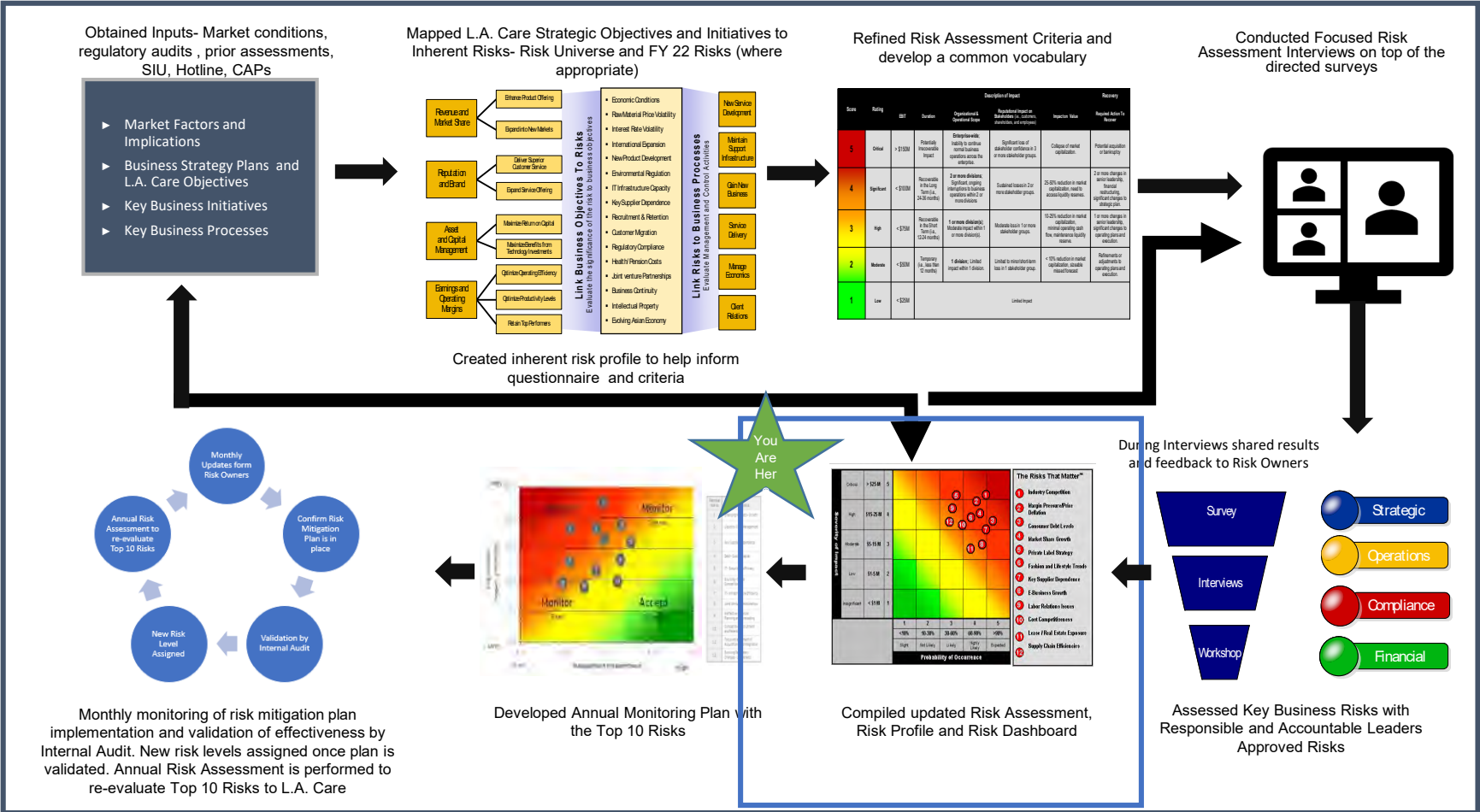
**Presenter(s): Michael Sobetzko, Sr Director Risk Management**



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

• January 18, 2024

# 2024 Risk Assessment Process



# 2024 Risk Assessment Steps Taken

## August 2023

- **37 leaders** and key individuals surveyed
- **17 interviews** with LA Care Leadership
- Responses from surveys and interviews resulted in **155 data points**

## September 2023

- Matched **155 data points** to **38 risks** from 2023 +Issues Inventory + regulator findings
- **24 risks** from last year de-prioritized based on risk data
- **14 risks from 2023** were moved forward to be included in 2024 risks
- **6 new 2024 risks** were revealed as they did not match with 2023 risks (38+6-24= 20)

## October - November 2023

- **20 risk themes** distributed to Leadership for feedback
- **Leadership voted** on probability and impact of 20 risk themes to rank risks

## December 2023 – January 2024

- Compliance team scored top 12 ranked risks to estimate Management Preparedness and Controls
- **Top 10 Risks** revealed based on rank and compliance scores
- **LA Care Board reviews top 10 risks**



# Risk Assessment Overview and Next Steps

## Overview:

- **Validation of six 2023 Top 10 risks** post remediation activities by Internal Audit
- Incorporated the 38 risks from 2023 considered for 2024
- **24 risks were de-prioritized** based on data collected and blended into the new risks
- **6 new risks were added in 2024.**
- Assessment efforts tied the risks to L.A. Care's 13 Business Tactics for 2023 – 2024.

## Risk Mitigation Status

- 4 risks from 2023 Top 10 were mitigated (lower residual risk); 6 risks from 2023 Top 10 are rolled into 2024 risks.
- Tracking: Risk Mitigation activities are tracked vs Issues related to Risks, reducing confusion of what is be mitigated.

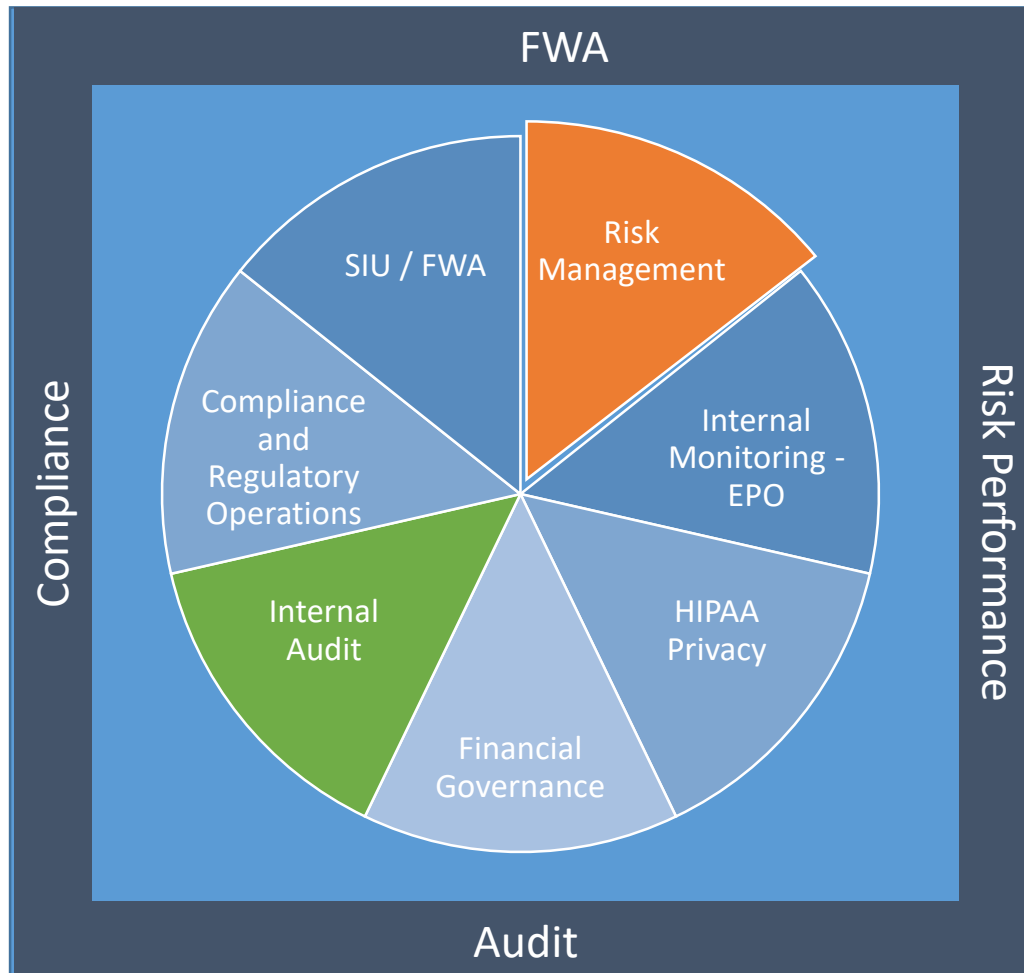
## Keeping appropriate monitoring of risk without risk oversight fatigue:

Following the risk assessment and defining risk mitigation plans, ongoing oversight and updates will be critical for the success of proactive risk management:

- **Risk Prioritization-** Considering macro, micro economic/political factors and other priorities to L.A. Care
- **Educate enterprise on risk process**
- **Implementation of GRC**
- **Risk Governance-**
  1. Quarterly Risk Management Updates
  2. Creating an Internal Risk Governance Committee (outside of ICC and C&Q)
  3. Documented risk mitigation plans with Risk Owner based on risk profile and management preparedness
  4. Quarterly Risk Assessment Updates
  5. Risk mitigation remediation follow-up and testing plans based on risk profile



# Integrated Risk and Compliance View 2.0

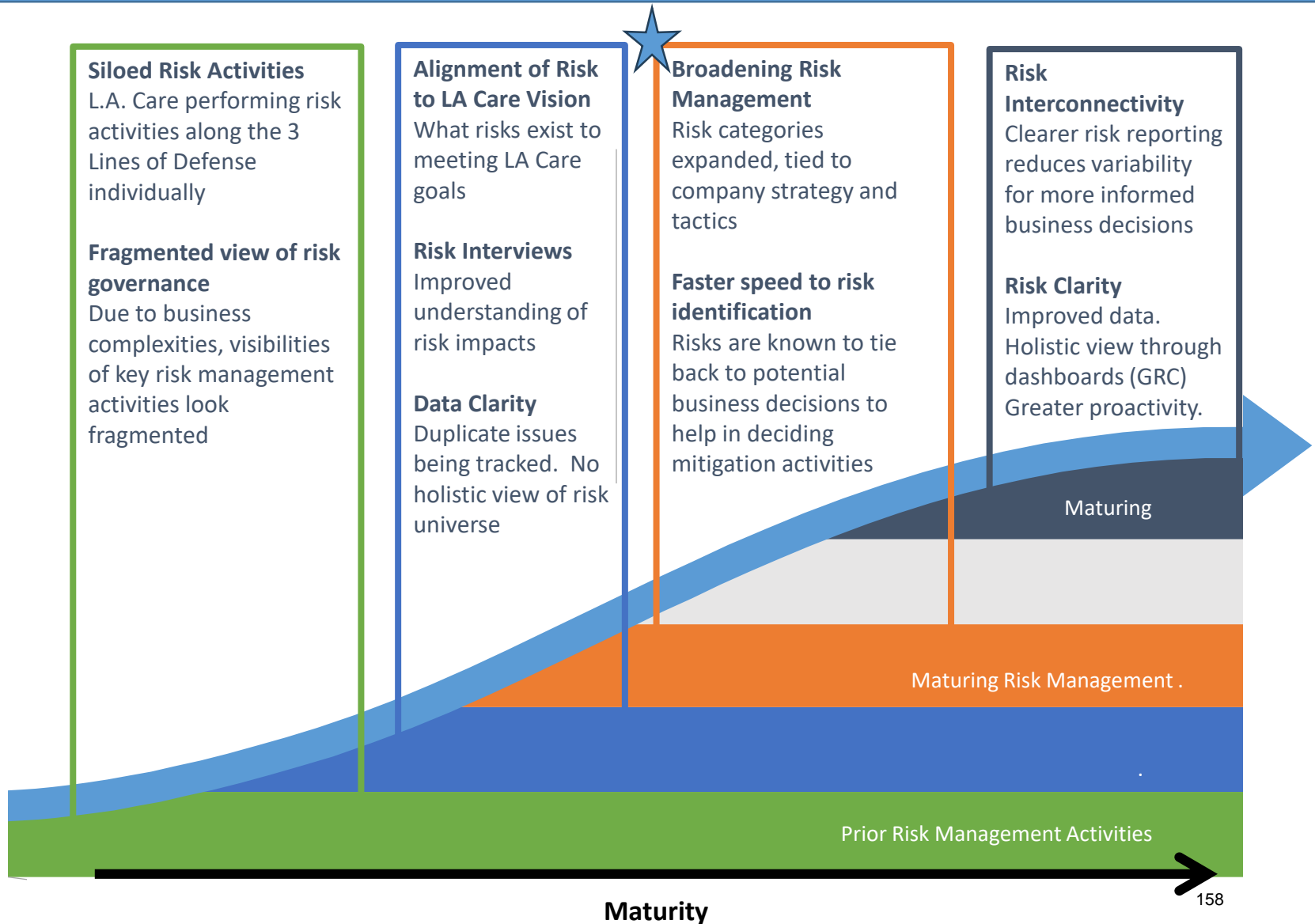


## Benefits:

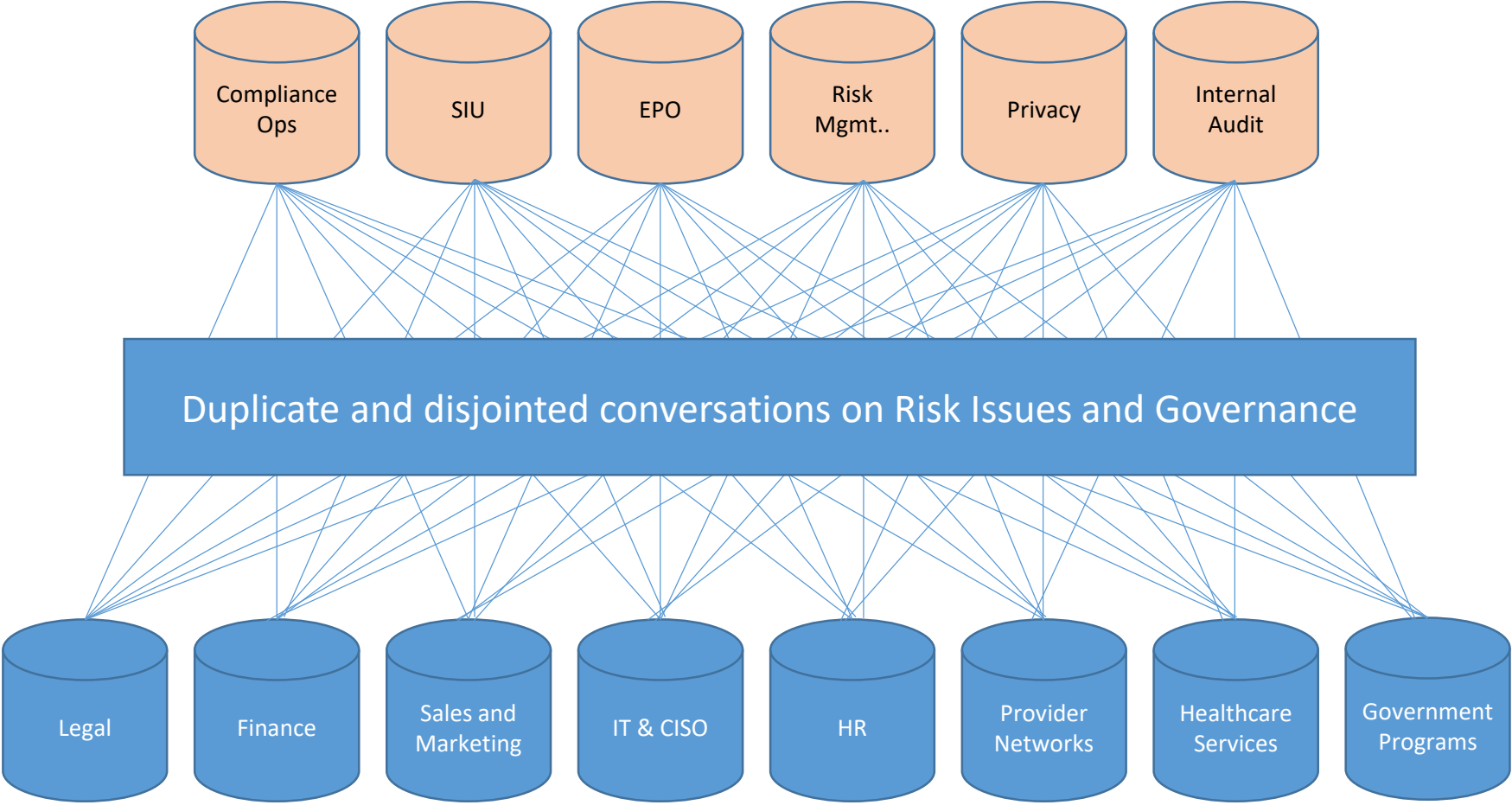
- Standardized Process
- Increased Visibility
- Enhanced Reporting
- Enhanced Monitoring
- Aligned Mitigation Strategies
- Streamlined Assessments
- Improved Scalability
- Common language



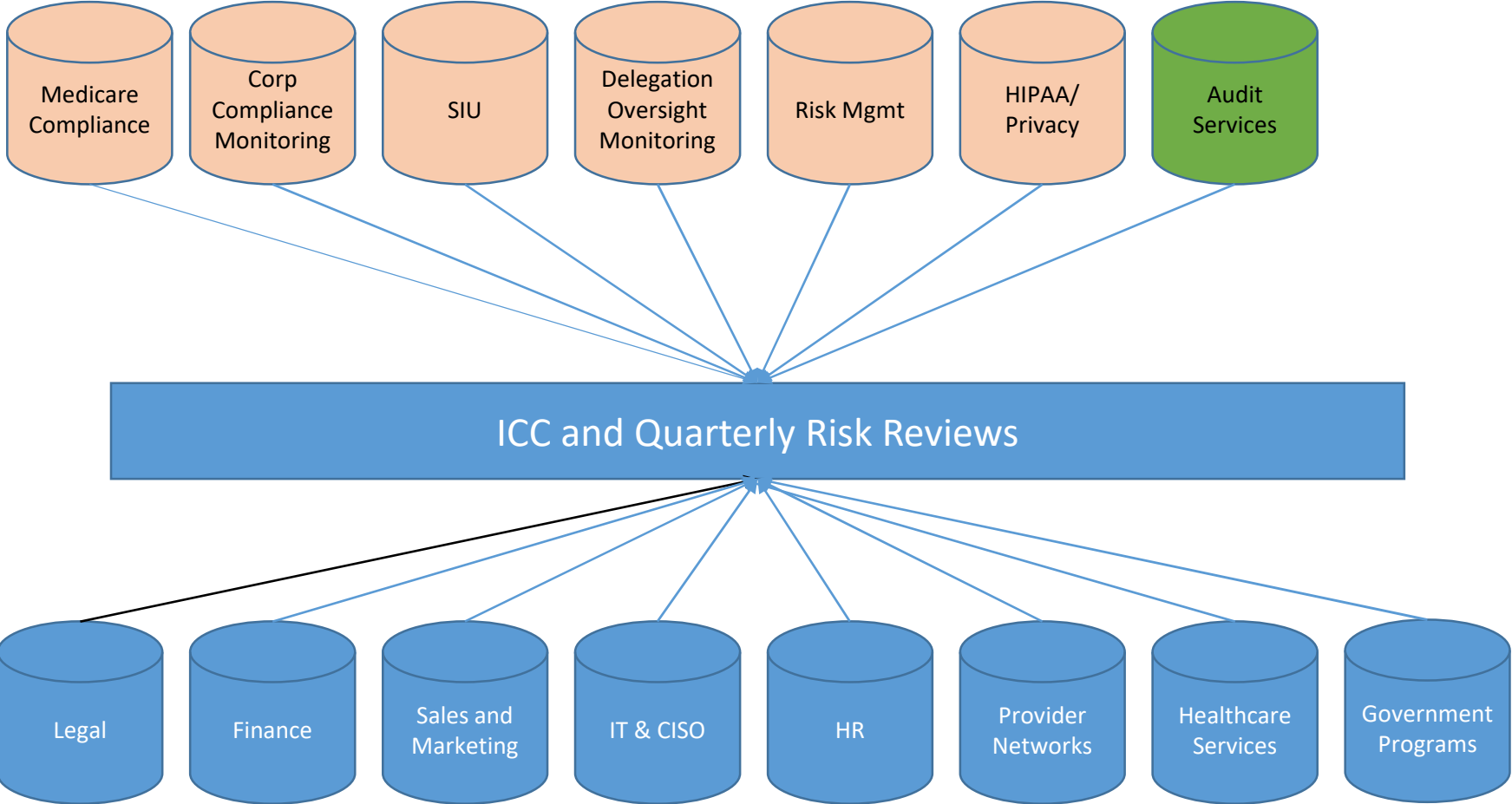
# Current State- Risk Assessment Maturity



# Current Risk View



# Risk 2.0 View





# Reiterating Lines of Defense

## First Line: Risk and Lines of Business owners (i.e. Quality, UM, Finance, Claims)

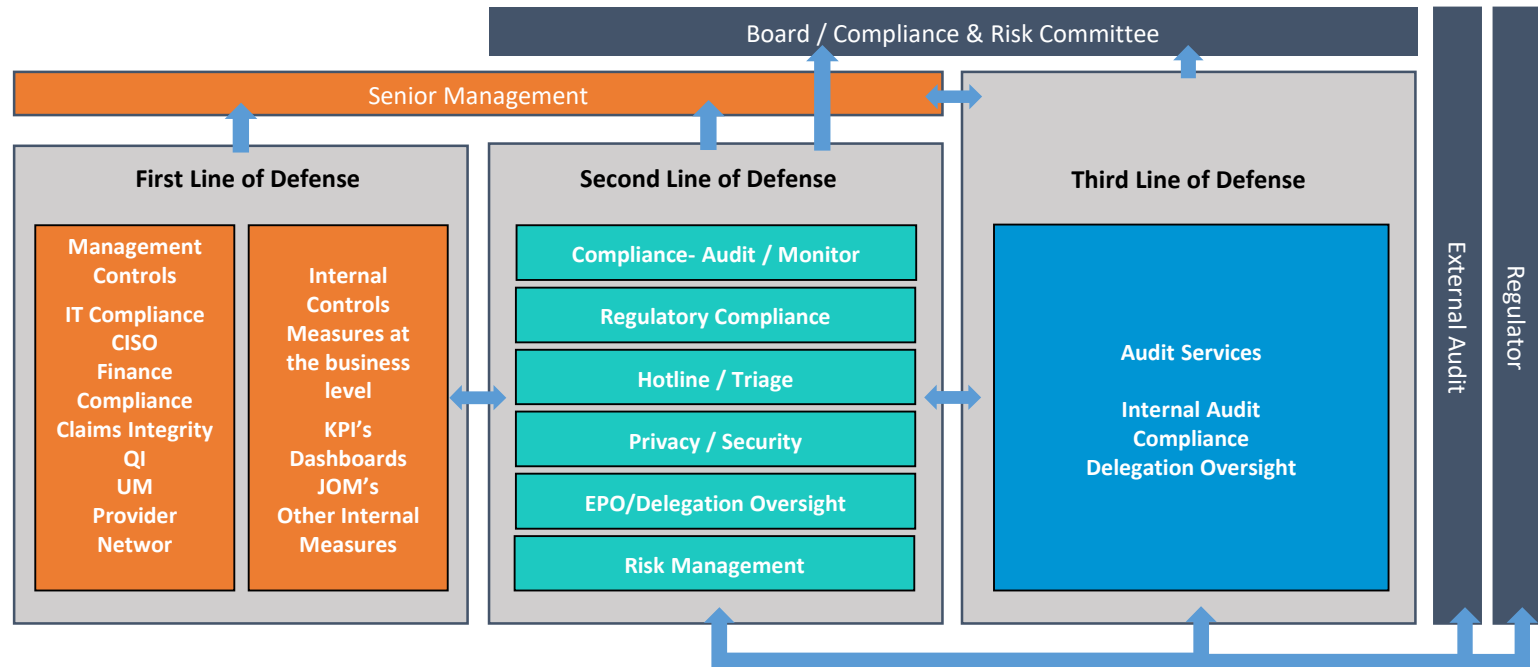
- The first line of defense (1LOD) is provided by front line staff and operational management. The systems, internal controls, control environment and culture developed and implemented by these business units is crucial in anticipating and managing operational and non-financial risks.

## Second Line: Risk and Compliance Oversight

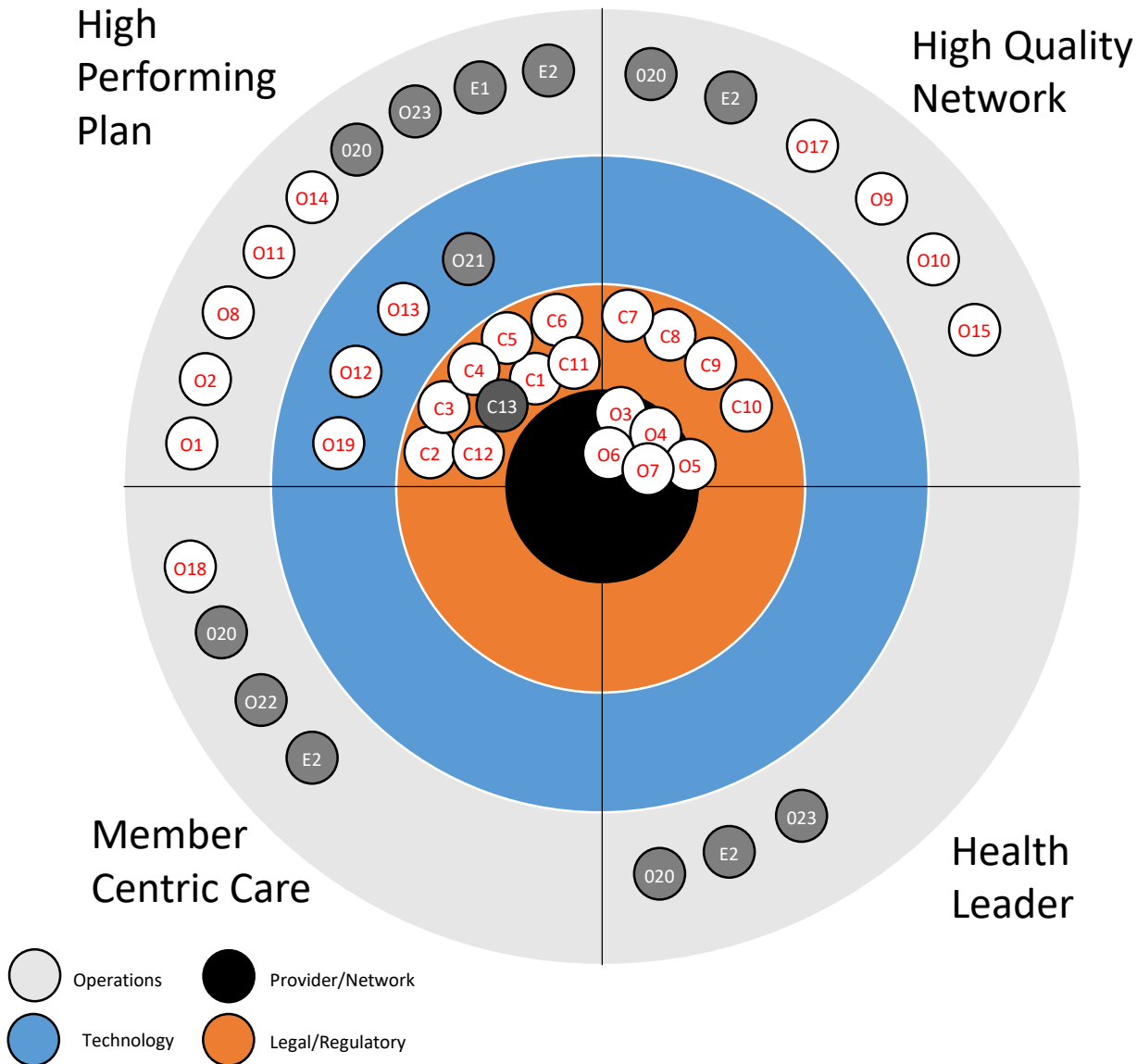
- The second line of defense (2LOD) is provided by the risk management and compliance functions. These functions provide the oversight and the tools, systems and advice necessary to support the first line in identifying, managing and monitoring risks.

## Third Line: Risk assurance (Internal and External Audit/Regulators)

- The third line of defense (3LOD) is provided by the internal audit function. This function provides a level of independent assurance that the risk management and internal control framework is working as designed.



# FY2023 Risk Assessment Impacts Mapped to Strategy

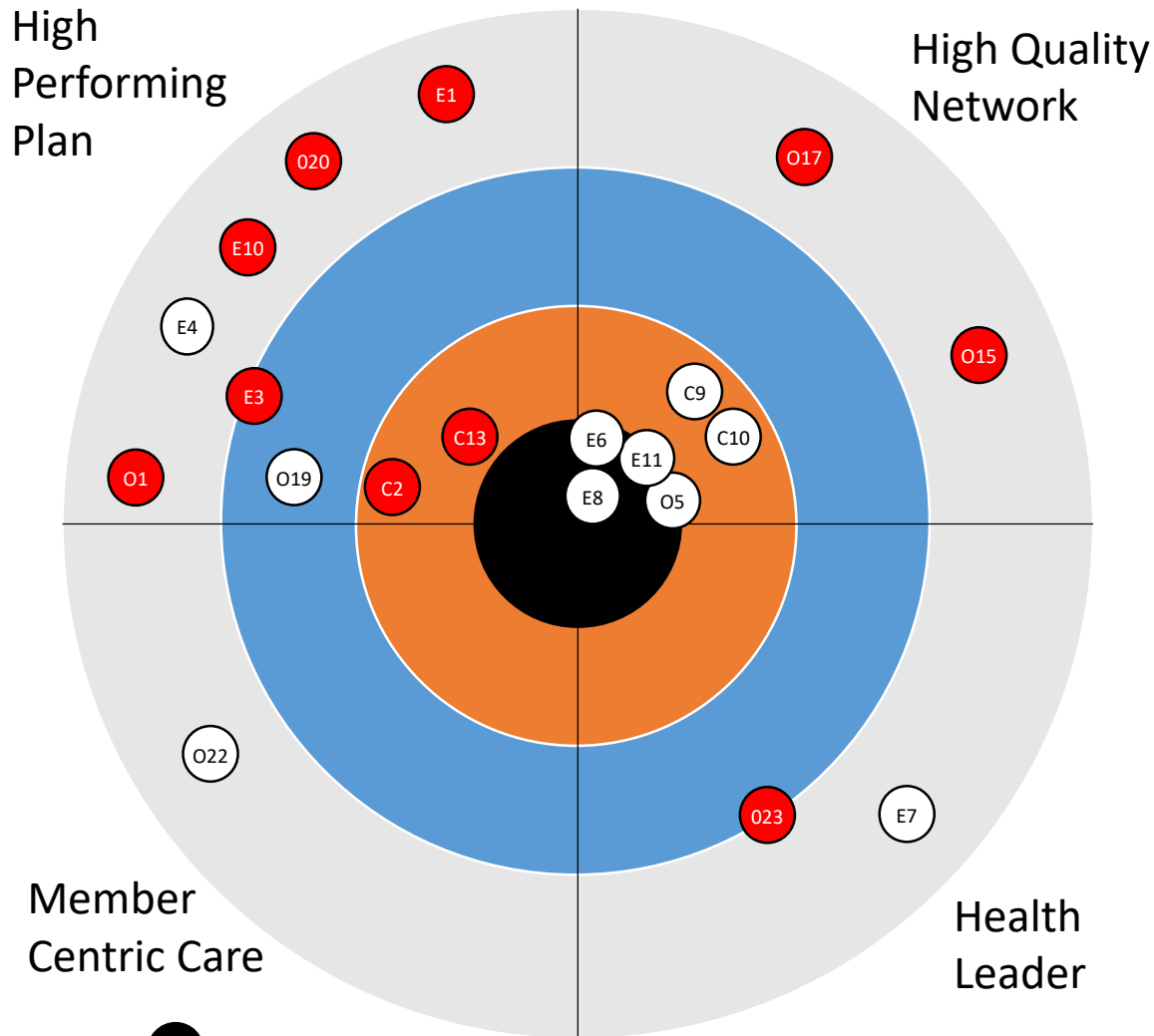


Ref #	Risks Assessed as Themes
C1/C3	Appeals and Grievances
E1,O8	Business Collaboration/Accountability/Culture to support
O14	Claims Operations/Cost Containment/FWA
C13	Compliance Matters – Enforcement / External Audits
O10	Community Outreach and Engagement
C2	CSC, CM, Medi-Cal Compliance
C4/C5	Data Management and Governance
O15	Delegation Oversight and monitoring
O23	New Products and Support– (DSNP & Cal Aim)
O18	Enrollment – Member Services
C11	HR Support and Talent Management/On-Off Boarding
O12,13,16	IT – Oversight, Outages and Collaboration, Shadow IT
O19	IT Security/Management/Oversight
O22	Member Satisfaction and Performance Measurement
E2	Pandemic
O2	Pharmacy and Formulary
C6,12 & O11	Privacy – Policy, BAA, Timeliness
O1	Third-Party Risk Management/ Contracting Support/ Vendor Management
O17	Provider Network-Collaboration
O3,4,5,6,7 & C9,10	Quality and Clinical
C8	Sales and Marketing Compliance
O20	Staffing concerns – Retention/Hire/Skills
O21	Syntranet system
O9 & C7	Utilization Management

Highlighted Cells – New Risks



# FY2024 Risk Assessment Impacts Mapped to Strategy



Ref #	Risks Assessed as Themes
O5	QI Support
O23	DSNP
O22	Enterprise Approach
O20	Staffing
O19	System Security
O17	Data Governance
O15	Delegation Oversight
O1	Vendor Management
E8	New- Network solvency
E7	New- Market share
E6	New- Provider credentialing
E5	Budgeting Process & Prioritization
E3	Disaster Recovery / Business Continuity
E11	New- Provider contracting
E10	New- Encounter data Governance
E1	Business Strategy
C9	Provider Network Access to Care
C2	HRA Reassessment Efforts
C13	Compliance Monitoring/Enforcements/Audits
C10	NCQA

*Highlighted Cells – Top rated Risks*

- Operations
- Provider/Network
- Technology
- Legal/Regulatory

Top Risks



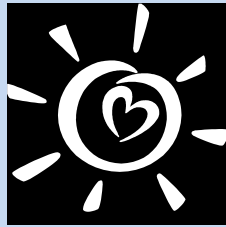
# Proposed Top Risks for 2024

Risk Id #	Impacted Business Unit(s)	Accountable Executive(s)	Risk Domain	Risk Name	Risk Description	2023 Risk Level	2024 Residual Risk Level	Items found in Issues Inv
C13	Compliance	Todd Gower	Regulatory	Compliance Monitoring / Enforcements / Audits	<ol style="list-style-type: none"> <li>1. Compliance departments ability to oversee the organization's performance including operational performance monitoring; operational readiness of all LOBs</li> <li>2. Timely issuance of internal CAPs</li> <li>3. Data driven view of LA Care's compliance - Identification of deficiencies</li> <li>4. Repeat findings from external audits. CAPs and monitoring required</li> </ol>	Very High	Very High	Yes
O15	Compliance	Todd Gower	Operational	Delegation Oversight	<ol style="list-style-type: none"> <li>1. There is a risk of L.A. Care's Delegation Oversight to effectively monitor relationships and their agreements with L.A. Care which could lead to a potential increase in appeals and grievances, member harm and regulatory findings.</li> </ol>	High	Very High	Yes
O23	Product Compliance	Linda Greenfeld Todd Gower	Operational	DSNP Implementation and Oversight	<ol style="list-style-type: none"> <li>1. Monitoring program for DSNP is not fully rolled out for internal operations and delegates.</li> <li>2. Risk that LA Care's implementation of DSNP to meet all requirements. LA Care is highly likely to be selected for audit by CMS.</li> </ol>	High	Very High	Yes
E10	Provider Network Finance	Noah Paley Afzal	Operational	Encounter Data	<ol style="list-style-type: none"> <li>1. Encounter data collection remains a challenge. Including timeliness and quality of encounters.</li> <li>2. Challenge in paying Prop 56 payments related to LA Cares ability to pay individual providers directly</li> <li>3. New requirement for implementation of Medi-Cal TRI.</li> </ol>	n/a	E10	Yes

# Proposed Top Risks for 2024

Risk Id #	Impacted Business Unit(s)	Accountable Executive(s)	Risk Domain	Risk Name	Risk Description	2023 Risk Level	2024 Residual Risk Level	Items found in Issues Inventory
O20	Human Resources	Terry Brown	Operational	Staffing	<ol style="list-style-type: none"> <li>1. LA Care has difficulty in recruiting skilled talent and retaining needed talent.</li> <li>2. Cumbersome and long process to recruit, promote, and receive approvals for hires.</li> <li>3. Lack of competitive pay structure, bonus plans and benefits.</li> <li>4. Difficulty in timely workforce management of staff when appropriate.</li> <li>5. Geographic restrictions increase obstacles to hire skillsets in high demand.</li> </ol>	Very High	Very High	Yes
O1	IT / Finance / Legal	Tom MacDougall Afzal Shah Augie Haydel	Operational	Vendor Management / Contracting Process	<ol style="list-style-type: none"> <li>1. Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements.</li> <li>2. Complex contracting process, multiple touches across organization, contracting may delay in certain parts of process.</li> <li>3. Shadow process for contracting that works outside the official procurement process.</li> <li>4. Centralized owner that works cross functionally with business partners.</li> </ol>	n/a	Very High	Yes
C2	Care Management / Customer Solution Center	Sameer Amin Acacia Reed	Regulatory Operational	HRA Reassessment Efforts	<ol style="list-style-type: none"> <li>1. Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Untimely completion will expose LA Care to regulatory violations.</li> </ol>	Very High	Very High	Yes





**L.A. Care**  
HEALTH PLAN

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

**Date:** February 1, 2024

**Motion No.** COM 102.0224

**Committee:** Compliance and Quality

**Chairperson:** Stephanie Booth, MD

**Requesting Department:** Regulatory Affairs & Compliance

**Issue:** Approve CY 2024 Compliance Program Plan

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

**Background:**

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

- Three key elements and seven functional processes
  - Three key elements
    - Prevention of compliance issues
    - Detection - Identification of potential compliance issues
    - Correction - Resolution of those issues through corrective action.
  - 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

•  
**Member Impact:** None

**Budget Impact:** None.

**Motion:** To approve the 2024 Compliance Program Plan, as presented.



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# Compliance Program



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



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**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

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## I. Compliance Program Overview

Local Initiative Health Authority for Los Angeles County (hereafter, "L.A. Care Health Plan" or "L.A. Care") is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all applicable Federal and State standards, statutes, regulations and rules, including those about the State of California requirements and the Medicare Advantage and Prescription Drug programs. L.A. Care's compliance commitment extends to its internal business operations and oversight and monitoring responsibilities relating to its business partners and first-tier, downstream, and related entities.

L.A. Care's Compliance Program incorporates the seven core elements of an effective compliance program to satisfy Medicare requirements and regulations.

1. Written Policies, Procedures, and Standards of Conduct
2. Chief Compliance Officer, Compliance Committee, Governing Body
3. Effective Training and Education
4. Effective Lines of Communication
5. Enforcement of Standards through Well-Publicized Disciplinary Guidelines
6. Effective Systems for Routine Monitoring and Auditing
7. Procedures and Systems for Promptly Responding to Compliance Issues

As the Compliance Organization continues to mature and evolve, L.A. Care has tailored its Compliance Program to fit recent enforcement matters and internal compliance effectiveness assessment, as well as our evolving business environment. Moreover, the Compliance Program is dynamic and must include a robust monitoring and auditing plan. Compliance is working closely with their I.T. and Business units to evaluate their internal monitoring, compliance monitoring, and effective auditing efforts. The Compliance Program applies to Board members, L.A. Care employees, first tier, downstream, and related entities (FDRs), including contracted Knox-Keene licensed health plans and participating providers.

As part of our commitment, Compliance and L.A. Care continue to formalize its compliance activities by developing this Compliance Plan ("Plan") that guides the prevention, detection, and correction of compliance issues. This Plan includes actions to prevent and detect violations of ethical standards, contractual obligations, applicable law, and the involvement of L.A. Care's governing body and executive staff. The Compliance Program incorporates existing compliance elements and functions and expands upon them to improve the quality of L.A. Care's compliance efforts. The Compliance Program applies to all lines of business of L.A. Care, including Medicare Parts C and D.

## II. Goals and Objectives

L.A. Care's Compliance Program is designed to facilitate the provision of quality healthcare services to all its members. L.A. Care's Compliance Program aims to ensure that all L.A. Care members receive appropriate and quality healthcare services through a provider network in compliance with all applicable state and federal rules and regulations and L.A. Care contractual requirements.

L. A. Care's Compliance Program incorporates the following objectives:

- Provides oversight of delegated responsibilities to the PPGs/IPAs, Plan Partners, and other sub-contracted entities.
- Implements and monitors corrective action plans with PPGs/IPAs and sub-contracted entities to address deficiencies in the provision of health care services.
- Conducts auditing and internal monitoring activities of L.A. Care business units and first-tier, downstream, and related entities to assess compliance with L.A. Care's performance standards.
- Identifies and investigates potential fraud, waste, and abuse activities. Takes appropriate action(s) to report or resolve suspicious activities.
- Provides education and other resources to assist internal business units and first-tier, downstream, and related entities in compliance with Privacy requirements.
- Educates staff and enforces adherence to L.A. Care's Code of Conduct standards and mission.
- Provides new legislative updates to PPGs/IPAs and sub-contracted entities that specify required actions to ensure contractual compliance. Makes additional information about compliance activities and requirements available to PPGs/IPAs continuously.
- Annual Compliance Program Effectiveness review to determine opportunities to improve the compliance program.

The Compliance program ensures compliance with all federal and state rules and regulations, L.A. Care's payer contracts, and other standards as applicable regulatory agencies require. The Compliance Program also extends to (as appropriate) first tier, downstream and related entities, PPGs/IPAs, Plan Partners, and Contractors affiliated with L.A. Care.

The Compliance Program addresses L.A. Care's performance concerning the following requirements:

- Rules and Regulations promulgated by and for the Department of Managed Health Care.
- Rules and Regulations promulgated by and for the Centers for Medicare & Medicaid Services.
- All applicable federal rules and regulations that apply to the provision of health services.
- Terms and conditions as outlined in L.A Care's contracts with California and federal agencies, private foundations, and other payer organizations to provide health care services.
- The State and Federal Governments' right to access premises to assure compliance with the Contract(s) and for any other reasonable purpose, with or without notice to L.A. Care.

### III. Definition of Terms

- **Abuse**

Actions that may, directly or indirectly, result in unnecessary costs to L.A. Care, Medi-Cal or the Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors. (Medicare Managed Care Manual (MMCM) Ch. 21, Section 20)

- **Delegated Activity**

A specific plan function pertaining to the performance of healthcare and/or administrative services that is performed by an entity under the terms of a plan contract.

- **Delegation**

A legal assignment to another party of the authority for particular functions, tasks, and decisions on behalf of the original party. The original party remains liable for compliance and fulfillment of all rules, requirements, and obligations pertaining to the delegated functions.

- **Downstream Entity**

Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (MMCM Ch. 21, Section 20 and 42 C.F.R. § 423.501)

- **False Claims Act (“FCA”)**

The False Claims Act, pursuant to 31 United States Code (U.S.C.) Sections 3729-3733, protects the government from being overcharged or sold shoddy goods or services. The FCA imposes civil liability on any person who knowingly submits, or causes to be submitted, a false or fraudulent claim to the federal government. The “knowing” standard includes acting in deliberate ignorance or reckless disregard of the truth or falsity of the information. There are civil monetary penalties and criminal penalties for submitting false claims, which may include criminal fines, imprisonment, or both. (31 U.S.C. Sections 3729-3733)

- **First Tier Entity**

Any party that enters into a written agreement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. L.A. CARE is a first tier entity. (MMCM Ch. 21, Section 20 and 42 C.F.R. § 423.501)

- **Fraud**

Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. (MMCM Ch. 21, Section 20 and 18 U.S.C. § 1347)

- **Related Entity**

Any entity that is related to an MAO or Part D sponsor by common ownership or control and (1) performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period. (MMCM Ch. 21, Section 20 and 42 C.F.R. § 423.501)

- **Sub-Delegation**

Process that occurs when the delegate gives a third entity the authority to carry out a delegated function. (NCQA)

- **Waste**

Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to L.A. Care or the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources. (MMCM Ch. 21, Section 20)

#### **IV. Written Policies, Procedures, and Standards of Conduct**

L.A. Care's policies, procedures, and standards of conduct include the following:

- L.A. Care's commitment to comply with all applicable Federal and State standards;
- Describes compliance expectations as embodied in the Code of Conduct, including the requirement for all parties to identify and report noncompliant or unethical behavior;
- Describes the implementation and operation of the compliance program;
- Guides employees and others in dealing with potential compliance issues
- Identifies how to communicate compliance issues to appropriate compliance personnel;
- Tells how potential compliance issues will be investigated and resolved;
- Provides actions for non-intimidation and non-retaliation for good faith participation in the compliance program, including, but not limited to, reporting potential issues, analyzing issues, conducting self-evaluations, audits, and remedial actions, and reporting to appropriate officials.

#### **V. Chief Compliance Officer, Compliance Committee, Governing Body, and Compliance Department Structure**

##### CHIEF COMPLIANCE OFFICER

The Chief Compliance Officer serves as the focal point for all compliance activities and is vested with the day-to-day operations of the compliance program. The Chief Compliance Officer is responsible for developing, operating, and monitoring the Compliance Program. The Chief Compliance Officer reports to the Chief Executive Officer ("CEO") but has the authority to report directly to the Board of Governors, as necessary.

The Chief Compliance Officer is an L.A. Care employee and not an employee of any first-tier, downstream, or related entity. The Chief Compliance Officer reports directly and periodically to the Compliance & Quality Committee, which is a subcommittee of the Board of Governors and the Board of Governors of L.A. Care on the activities and

status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

The role of the Chief Compliance Officer shall include, but not be limited to, the following activities:

- Ensure the seven elements of compliance are incorporated into the compliance program;
- Providing regulatory interpretation and guidance regarding Federal and state regulations and CMS manuals;
- Establishing the overall framework and overseeing the implementation of the Medicare Compliance Program to promote compliance with applicable Medicare Advantage and Part D regulatory and legal requirements;
- Ensuring that Medicare compliance reports are provided regularly to the L.A. Care's governing body, CEO, and compliance committee;
- Creating and coordinating training programs to ensure the L.A. Care Health Directors, employees, contractors, delegated entities, and other third parties are knowledgeable about the Code of Conduct, Compliance Program, policies and procedures, and statutory requirements;
- Ensuring that the DHHS OIG and GSA exclusion lists have been checked for all members of the workforce, governing body members, and FDRs before hire/contract and monthly ongoing and coordinating any resulting personnel issues with L.A. Care's Human Resources, Security, Legal, or other departments as appropriate;
- Identification and prevention of payment of Part C and D claims submitted by providers whom the DHHS OIG or GSA has excluded;
- Ensuring that all L.A. Care employees are aware of how to detect and prevent any compliance violations, including potential or actual fraud, waste, or abuse, as well as report noncompliance or FWA without fear of retaliation;
- Establish various mechanisms for L.A. Care employees, Board members, senior management, delegated entities, and members to report known or suspected noncompliance or fraud, waste, and abuse;
- Enforcing appropriate and consistent disciplinary action, including termination, in conjunction with the corporate human resources department, against employees who have engaged in acts or omissions constituting noncompliance or acts of fraud, waste, and/or abuse;

- Responding to reports of potential FWA, including the coordination of internal investigations with the SIU or internal audit department and the development of appropriate corrective or disciplinary actions, if necessary;
- Maintaining documentation for each report of potential noncompliance or potential FWA received from any source through any reporting method;
- Conducting an annual assessment of risk areas based on information gathered from a variety of sources, including CMS guidance, internal assessments, enrollee complaints, CMS inquiries, or other avenues; and recommending new or revised metrics, policies and procedures, enhanced training courses, or other activities that may be tracked and measured to demonstrate compliance;
- Conducting internal monitoring and auditing activities of operational areas identified at risk of noncompliance through the annual risk assessment process, as well as ad hoc internal audits for areas in which issues are identified outside the annual risk assessment process;
- Overseeing monitoring and auditing activities related to compliance and fraud, waste, and abuse that L.A. Care staff and contractors/vendors perform;
- Reporting any potential fraud or misconduct related to the Medicare programs to CMS, its designee;
- Maintaining documentation for each report of noncompliance, potential fraud, waste, or abuse received through any of the reporting methods (i.e., hotline, mail, in-person) which describe the initial report of noncompliance, the investigation, the results of the investigation, and all corrective and/or disciplinary action(s) taken as a result of the investigation, as well as the respective dates when each of these events and/or actions occurred and the names and contact information for the person(s) who took and documented these actions;
- Developing, implementing, and evaluating corrective action plans resulting from noncompliance and/or fraud, waste, and abuse; or
- Coordinate potential fraud investigations/referrals between L.A. Care and the NBI MEDIC, as well as any documentation or procedural requests that the NBI MEDIC makes of L.A. Care.

## BOARD OF GOVERNORS

L.A. Care's Compliance Program is subject to oversight by the Board of Governors. The Board of Governors has established a Compliance and Quality Committee to provide review and oversight regarding the Compliance Program. The Board of Governors and the Compliance and Quality Committee know the content and operations of the Compliance program.

## COMPLIANCE COMMITTEES

L.A. Care's Compliance Program operates with the oversight and/or support of the following committees, as described below.

1. **Compliance and Quality Committee (C&Q).** The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors. The C&Q committee monitors L.A. Care's compliance efforts and reports findings to the Board. The C&Q committee is charged with reviewing the overall performance of L.A. Care and providing direction for action based on findings.
2. **Internal Compliance Committee (ICC).** The Internal Compliance Committee (ICC) provides oversight, advice, and general guidance to L.A. Care Health Plan senior management on all matters relating to L.A. Care and its first-tier, downstream, and related entities compliance with mandated and non-mandated performance standards. The ICC, through the Chief Compliance Officer, periodically reports to the Compliance and Quality Committee of the Board of Governors on the activities and status of the Compliance program. The ICC ensures that L.A. Care adopts and monitors the implementation of policies and procedures that require L.A. Care and its employees, the Plan Partners, and the providers to act in full compliance with all applicable laws, regulations, contractual requirements, and policies.

The duties and responsibilities of the ICC include but are not limited to the following:

- Reviewing and approving Compliance Department policies and procedures that describe the scope and authority for compliance activities;
- Ensuring that the Compliance and Quality Committee receives at least quarterly reports on the status of the Compliance Program, including issues identified and investigated;
- Ensuring that training and education are appropriately completed for employees and contractors/vendors to maintain compliance;
- Ensuring L.A. Care has mechanisms for employees, Board members, senior management, delegated entities, and members to ask compliance questions and report known or suspected noncompliance or fraud, waste, and abuse;
- Reviewing reports and recommendations of the Chief Compliance Officer regarding compliance activities. Based on these reports, the Committee makes recommendations regarding future compliance priorities and resources;



- Providing input into the monitoring and auditing work plan, which addresses areas of focus for the year;
- Set goals and monitor the progress of compliance with those goals; review major compliance issues identified by committee members;
- Overseeing a system of controls to carry out the Compliance Program;
- Engage in oversight activities related to the correction of compliance risks and identification of areas for training and education of associates; and
- Oversee corrective action plans and ensure that they are implemented and monitored and are effective in correcting the deficiency.

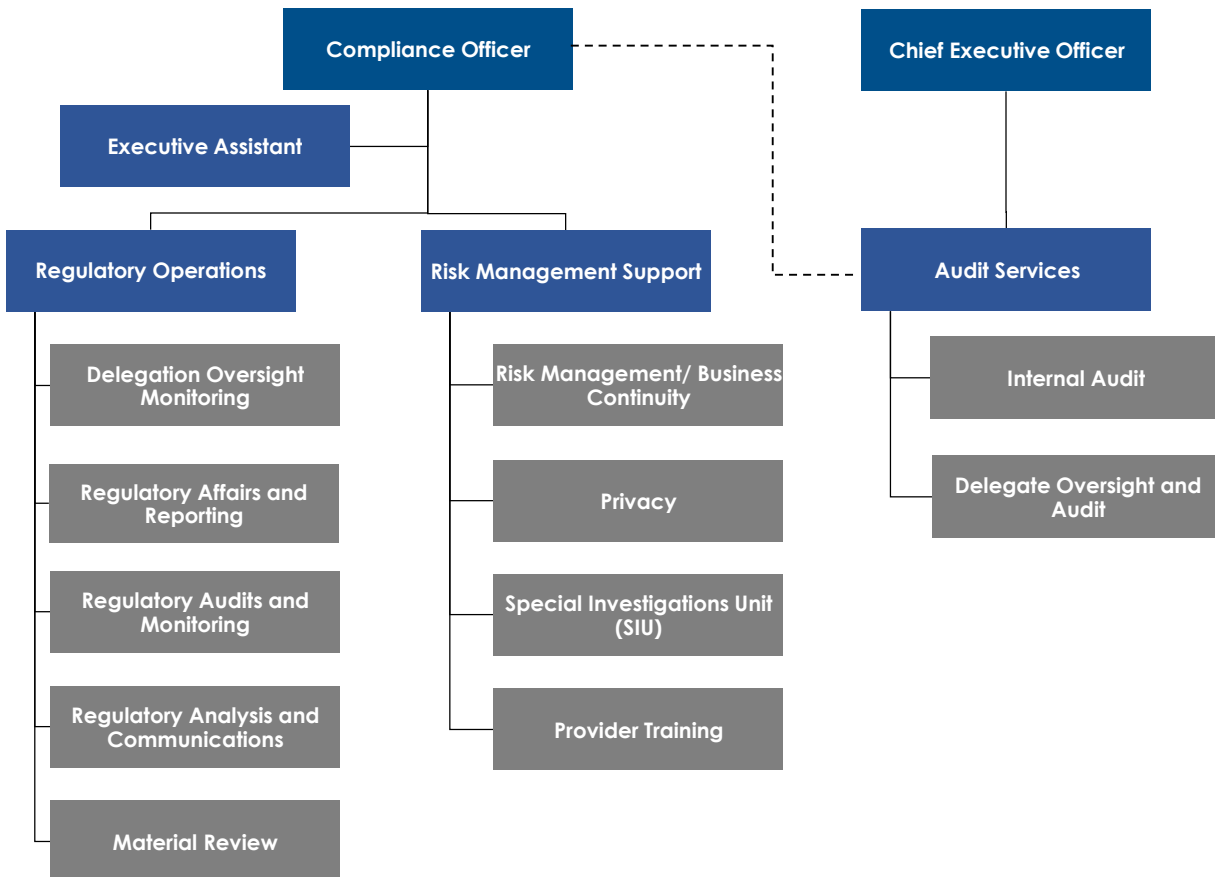
3. **Special Investigations Unit Committee (SIU)**. The Special Investigations Unit (SIU) committee is responsible for the communication of L.A. Care's Fraud, Waste, and Abuse detection efforts and activities. Information about L.A. Care's SIU is communicated to its Members and providers via provider bulletins, provider mailings, provider trainings, member newsletters, Evidence of Coverage, and L.A. Care's Regional Community Advisory Committee (RCAC) meetings.
4. **Security and Privacy Oversight Committee (SPOC)**. The Security and Privacy Oversight Committee (SPOC) provides oversight and general guidance and advises L.A. Care Health Plan leadership on matters relating to the information security, privacy, and integrity of the organization's facility, network, and information assets of members and employees.
5. **Sanctions Committee**. The Sanctions Committee reviews issues on delegated entity noncompliance, evaluates noncompliance, and imposes penalties on such delegates for noncompliance. Issues of noncompliance are presented by the delegation oversight function and any other L.A. Care business units that have obtained delegate/vendor noncompliance information.
6. **Delegation Oversight Committee (DOC)**. The Delegation Oversight Committee (DOC) provides oversight and general guidance and advises L.A. Care Health Plan leadership on matters relating to compliance effectiveness of the Plan's delegated network. The oversight includes monitoring and auditing their financial solvency, compliance program effectiveness, credentialing processes, U.M. and Q.I. activities, and I.T. controls for data and systems management.
7. **Risk Committee (R.C.)**. The Risk Committee (R.C.) provides oversight and general guidance and advises L.A. Care Health Plan leadership on matters relating to proactive risk management, including the status of mitigation activities of the top identified risks by the Plan. The Annual/Yearly Risk

Assessment calls out the likelihood, impact, and management preparedness of the identified and inherent risks for the Plan. The purpose of the R.C. is to make sure Risk Mitigation Ownership has appropriate accountability and responsibilities assigned, monitored, and audited for the effectiveness of their processes and controls.

8. **Regulatory Implementation Oversight (RIO) Committee.** The Regulatory Implementation Oversight (RIO) Committee serves as a forum for the Compliance Department to announce and oversee implementation efforts for all applicable new or revised laws, requirements, and guidance impacting any of L.A. Care's lines of business. It shall report issues of noncompliance and escalated items to the ICC, as appropriate, on those findings and matters within the scope of their responsibility.

### COMPLIANCE DEPARTMENT STRUCTURE

The chart below shows the current Compliance Department structure.



### RESPONSIBILITIES OF THE COMPLIANCE DEPARTMENT

The Compliance Department provides support to the Chief Compliance Officer in promoting ethical conduct, instilling a commitment to compliance, and exercising diligence in ensuring the overall Compliance Plan requirements are met. Specifically, the Compliance Department's responsibilities include:

- Ensuring consistent and timely reporting of relevant compliance, privacy, or other concerns to the Chief Compliance Officer. Working with the applicable business units to implement appropriate and timely corrective actions that will result in measurable compliance.
- Assisting the Chief Compliance Officer in reporting compliance matters to state regulators and escalating issues to senior management and the Board when necessary.
- Assisting, advising, and overseeing the individual business units in the design, administration, and implementation of their individual work plans and policies.
- Conducting assessments of risk areas based on information gathered from a variety of sources, including new regulatory guidance, internal assessments, member complaints, DMHC inquiries, or other avenues, and recommending new or revised metrics, policies and procedures, enhanced training courses, or other activities that may be tracked and measured to improve compliance.
- Conducting independent monitoring and auditing of identified risk areas to ensure compliance with health plan regulations and working with business units to ensure effective corrective actions are implemented in a timely manner.
- Monitoring and reporting on key compliance and performance metrics for the purpose of resolving identified patterns and trends and working with business units on internal corrective actions.
- Developing relevant and effective compliance training programs that support the Compliance Plan and providing education and awareness for managed care staff.
- Designing, implementing, maintaining, and managing member privacy assurance functions, including investigations to evaluate potential inappropriate access to or release of PHI and performing privacy risk assessments in accordance with federal law and guidelines and L.A. CARE established protocols.
- Maintaining up-to-date knowledge of all state and federal regulations affecting regulatory compliance for the operations of the Plan required under the law and this Compliance Plan, attending conference calls, DMHC roundtables, and outside compliance trainings or conferences by regulatory agencies or professional associations.

### **RISK MANAGEMENT SUPPORT**

The Risk Management unit investigates and evaluates product line and enterprise-wide risk, including the development of an annual assessment of enterprise risks, as well as disaster recovery and business continuity planning.

#### *SPECIAL INVESTIGATIONS UNIT*

The Special Investigations Unit (SIU), which reports to Risk Management, conducts all fraud, waste, and abuse investigations, as well as some Internal

Investigations. In addition, Leadership has created an internal investigation review process with Legal, Human Resources, and Compliance to assess SIU cases that may need outside legal or investigatory support due to required expertise and/or potential conflicts depending on the assigned cases.

#### *PRIVACY*

The Privacy unit, reporting to Risk Management, directs and supports L.A. Care's business units in its HIPAA compliance efforts, which include monitoring Federal and State privacy and security rules, developing privacy and security policies, providing guidelines procedures, conducting ongoing HIPAA training on the workforce, and conducting ongoing auditing and monitoring initiatives.

#### *RISK MANAGEMENT AND BUSINESS CONTINUITY*

The Risk Management and Business Continuity unit directs and supports L.A. Care's business units in following-up on reported L.A. Care Issues, CAPs and Disaster Recovery issues to closure. Upon closure, Issue Management reports their efforts up to ICC and C&Q. In addition, this unit monitors L.A. Care's current Business Continuity and Disaster Recovery process improvement and management preparedness efforts. Audit Services will be asked test effectiveness depending on the severity and risk to the organization.

#### *PROVIDER TRAINING*

The Provider Training unit, reporting to Risk Management, directs and supports L.A. Care's Provider Training efforts, which include awareness of provider responsibilities to Federal and State compliance rules.

### **REGULATORY OPERATIONS**

The Regulatory Operations unit is responsible for material review and regulatory analysis with oversight of any associate implementation. In addition, Regulatory Operations include Regulatory Affairs, Delegation Oversight Monitoring, and Corporate Compliance Monitoring.

#### *MATERIAL REVIEW*

The Material Review Unit assists with communications to other stakeholders, such as (health care providers and vendors) to review communications intended for members enrolled in any of the lines of business at L.A. Care and ensure materials comply with federal and state regulations, as well as contract requirements.

#### *REGULATORY ANALYSIS AND COMMUNICATIONS*

The Regulatory Analysis and Communications ensures the appropriate dissemination of new and revised regulatory guidance to stakeholders. This unit also assists with organization-wide interpretation of regulatory guidance and oversight of the policy management program.

#### *REGULATORY AFFAIRS AND REPORTING*

The Regulatory Affairs and Reporting unit has the primary responsibility of managing relationships with regulatory agencies, regulatory agency relationships, and reporting. This unit also assists with regulatory disclosures and inquiries.

#### *REGULATORY AUDITS AND MONITORING*

The Regulatory Affairs unit has the primary responsibility of managing regulatory audits. The Regulatory Affairs unit works with responsible business units, delegates, and vendors to review respective findings, conduct root-cause analysis, develop corrective action plans, and monitor these corrective action plans for implementation and effectiveness.

#### *DELEGATION OVERSIGHT MONITORING*

The Delegation Oversight Monitoring function, reporting to Regulatory Operations, performs monitoring of prospective and participating subcontractors, delegates, and vendors. The Compliance Department develops monitoring and oversight activities to ensure the effective operation of the delegation oversight function by federal and state regulatory requirements and NCQA accreditation standards. The unit also manages critical performance indicators and the development of a monitoring program for L.A. Care.

### **INTERNAL AUDIT AND AUDIT SERVICES**

The mission of the Internal Audit unit and Audit Services, which reports separately to the CEO with a dotted line into the C&Q Committee, is to provide independent and objective assurance and support related to L.A. Care's operations, delegates, direct network, and I.T. systems.

The Audit Services team uses a risk-based approach to decide what audit projects will be conducted. Each year, an Internal Audit Plan is created that outlines the audits, assessments, and consults to be conducted during the year. In addition, The Delegation Oversight Auditing function performs annual auditing of prospective and participating subcontractors, delegates, and vendors. Audit Services develops auditing activities to ensure the effective operation of the delegation oversight function by federal and state regulatory requirements and NCQA accreditation standards.

Not included in the Annual Internal Audit Plan is the annual Financial Audit. An independent external auditor conducts the external audit.

## **VI. Effective Training and Education**

The continuing training and education of L.A. Care's employees on their legal and ethical obligations under applicable laws, regulations, and policies (including, but not limited to, federal health program requirements) is a critical element of the Compliance Program. L.A. Care is committed to taking all necessary steps to

communicate effectively its standards, policies, and procedures to all affected personnel. Additionally, L.A. Care regularly reviews and updates its training programs and identifies additional areas of training as needed based on new developments.

The Compliance Program reinforces the ongoing commitment of each business unit to the overall purposes of the organization's Code of Conduct standards. Through the Compliance Program, L.A. Care staff, vendors, key stakeholders, and others who do business with and on behalf of L.A. Care are identified as a component of the Code of Conduct standards that are held responsible for the objectives of the Code of Conduct.

Education and training include, but are not limited to:

- Annual Compliance Training;
- Code of Conduct;
- Privacy;
- Fraud, Waste and Abuse.

In addition, L.A. Care has developed a program to provide Fraud, Waste, and Abuse training as well as general Compliance training to its first-tier, downstream, and related entities (FDRs) on an annual basis.

First-tier, downstream, and related entities who have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.

These training programs are conducted for new employees and Board members after hire or appointment and annually after that. These training programs are updated before annual training to incorporate any changes to Federal or state laws or regulations regarding compliance and/or fraud, waste, and abuse requirements.

## **VII. Effective Lines of Communication and Pathways for Reporting Compliance Concerns**

L.A. Care is committed to fostering dialogue between management and employees and among all stakeholders and L.A. Care management, including first-tier, downstream, and related entities. It is essential for all individuals who perform services for L.A. Care members to know where to turn when they are seeking answers to questions or reporting potential instances of fraud, waste, abuse, or other potential violations of law, regulations, or company policies. Employees also should feel free to make these inquiries or reports without fear of retaliation or retribution. To facilitate these goals, L.A. Care expects its managers to maintain an open-door policy that facilitates effective communication with employees. We also establish various

communication mechanisms with our first tier, downstream, and related entities regarding compliance and performance issues and regulatory information, including routine meetings with compliance and management staff of first tier, downstream, and related entities.

L.A. Care encourages and expects its staff, vendors, members, first tier, downstream, and related entities to promptly and appropriately report actual or potential wrongdoing, errors, actual or potential violations of law, regulation, policy, procedure, contractual obligation, ethics, or the Code of Conduct. As noted below, L.A. Care has established several pathways for reporting any performance or compliance issue and enforces policies for non-retaliation for such reporting. Any such reports may be communicated anonymously or with the reporter's contact information.

### REPORTING TO L.A. CARE MANAGEMENT

Reports of performance or compliance concerns may be made to any of the following individuals: Chief Compliance Officer, Chief of Human Resources, Human Resources Business Partner, or any member of the L.A. Care management team.

### REPORT COMPLIANCE ISSUES – COMPLIANCE HOTLINE/HELPLINE

L.A. Care Compliance Hotline and Helpline are available to Board members, employees, contractors, providers, members, first tier, downstream, and related entities, and other interested persons for confidential/anonymous reporting of violations or suspected violations of the law and/or compliance program and/or questionable or unethical conduct or practices including, but not limited to the following:

- Incidents of fraud, waste, and abuse;
- Criminal activity (fraud, kickback, embezzlement, theft, etc.);
- Conflict of interest issues; and
- Code of Conduct violations.

Verbal communications to the Compliance Helpline, written reports to the Compliance Department, and reports to Management staff shall be treated confidentially to the extent permitted by applicable law and circumstances. The caller and/or reporter need not provide his or her name. Communications via the Compliance Helpline or in writing shall be treated as privileged to the extent permitted by applicable law.

#### **Reporting Compliance Issues:**

- **On the Phone: L.A. Care Compliance Hotline: 1-800-400-4889 or 213-694-1250 x4292**
- **Website: <http://www.lacare.ethicspoint.com>; or**
- **Via Email: [reportingfraud@lacare.org](mailto:reportingfraud@lacare.org)**

## REPORT PRIVACY AND INFORMATION SECURITY INCIDENTS

Staff is encouraged to report privacy and information security incidents to the Privacy Officer and/or Information Security Officer.

**Report privacy and information security incidents to**  
[PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

### **A. HIPAA**

The Health Insurance Portability & Accountable Act of 1996 (HIPAA) is enforced by the OCR and requires healthcare entities to ensure certain risk safeguards are in place to prevent the inadvertent or intentional release of PHI.

The HIPAA Final Privacy Rule (as amended) sets forth the specific program elements L.A. Care must have in place to ensure that information is maintained in a confidential manner. Program elements of an effective privacy program include many of the same elements addressed in this overall Compliance Plan, including:

- Risk analysis and monitoring.
- Effective employee privacy education.
- Use of a Business Associates Agreement (BAA) or similar agreement for any entity who will be viewing or handling any elements of PHI.
- Policies regarding disciplinary or corrective actions following a confirmed privacy event.

### **B. California Confidentiality Laws**

The State of California has enacted legislation that complements, and in some cases extends, the obligations of health providers under the Privacy Rule. L.A. Care adheres to the requirements of these statutes and promulgating regulations:

- **Confidentiality of Medical Information Act (CMIA) [CA. Gov. Code § 56 et seq.]**  
Places limits on the disclosure of patients' medical information by medical providers, health plans, and businesses organized for the purpose of maintaining medical information. It specifically prohibits many types of marketing uses and disclosures.
- **Use of PHI for Direct Marketing [CA Civ. Code § 1798.91]**  
Prohibits a business from seeking to obtain medical information from an individual for direct marketing purposes without, (1) clearly disclosing how the information will be used and shared, and (2) getting the individual member's consent.
- **Patient Access to Health Records [CA H&SC § 123110]**  
With minor limitations, gives patients the right to see and copy information maintained by health care providers relating to the patients' health conditions. The law also gives patients the right to submit amendments to their records, if the patients believe that the records are inaccurate or incomplete.
- **Insurance Information & Privacy Protection Act [CA Ins. Code § 791]**



Sets standards for the collection, use, and disclosure of personal information gathered in connection with insurance transactions by insurance companies, agents, or insurance- support organizations. It generally prohibits disclosure of personal or privileged information collected or received in connection with an insurance transaction unless the disclosure is: (1) authorized in writing by the individual, or (2) necessary for conducting business. The individual must be given an opportunity to opt-out of disclosure for marketing purposes.

### **C. L.A. Care Privacy Plan**

As required by HIPAA and relevant matters of law, L.A. Care has implemented various policies used by the Plan to maintain member confidentiality.

- **Privacy Officer**

L.A. Care has designated a Privacy Officer. The Privacy Officer is responsible for maintaining an effective privacy protection program that supports compliance with the Privacy Rule and all related matters of law.

- **Notice of Privacy Practices**

L.A. Care has develop a Notice of Privacy Practices that is publicly available

- **Incident Response & Reporting**

All employees and network providers are responsible for notifying the Compliance Department regarding any potential or confirmed breach of a member's privacy and/or a privacy complaint from a member. Upon notification, the Compliance Department conducts an investigation of all relevant facts. If necessary, a review of computer access logs to patient records will be performed. Once all pertinent details are collected through the investigation, the Compliance Department determines if the breach is federally reportable. All privacy incidents are documented and on the Privacy Incident Log.

- A privacy breach that meets the prescribed risk threshold (as provided by the OCR) is reported to the OCR electronically through the agency's online reporting portal. Privacy incidents affecting members shall be reported to the Privacy Officer, pursuant to the stipulations in the plan-to-plan agreement. If necessary, the Chief Compliance Officer notifies Corporate Communications for significant or extensive breach incidents requiring notification of the media.

### POTENTIAL MISCONDUCT OR FRAUD, WASTE AND ABUSE REPORTING

Staff is encouraged to report privacy and information security incidents to the Privacy Officer and/or Information Security Officer.

**Report potential FWA to [reportingfraud@lacare.org](mailto:reportingfraud@lacare.org)**

## CONFIDENTIALITY AND NON-RETALIATION

Verbal communications to the Compliance Hotlines, written reports to the Compliance department, and reports to management staff shall be treated confidentially to the extent permitted by applicable law and circumstances. The caller and/or reporter need not provide his or her name. Communications to the Compliance Hotline or in writing shall be treated as privileged to the extent permitted by applicable law.

L.A. Care's policy prohibits any retaliatory action against a Board member, employee, or employee of a first-tier, downstream, or related entity for making any verbal or written communication in good faith. Discipline shall not be increased because a Board member, employee, or first tier, downstream, and related entities reported his or her violation or misconduct. Prompt and complete disclosure may be considered a mitigating factor in determining a Board member's, employees, or first tier, downstream and related entities discipline or other sanction.

Although Board members, Employees, and first-tier, downstream, and related entities are encouraged to report their wrongdoing, Board members, Employees, and Contractors may not use any verbal or written report to insulate themselves from the consequences of their violations or misconduct. Board members, Employees, and Contractors shall not prevent, or attempt to prevent, a Board member, employee, or Contractor from communicating via the Compliance Helpline or any other mechanism. If a Board member, employee, or Contractor attempts such action, he or she is subject to disciplinary action up to and including dismissal or termination.

L.A. Care also takes violations of its reporting policy (e.g., retaliation) seriously, and the Chief Compliance Officer will review disciplinary and/or other corrective action for violations, as appropriate, with the Compliance and Quality Committee.

## **VIII. Enforcement of Standards through Well-publicized Disciplinary Guidelines**

L.A. Care takes all reports of violations, suspected violations, questionable conduct, or practices seriously. L.A. Care's Compliance program and enterprise policies and procedures include clear disciplinary policies that establish the consequences of violating the law, regulations, or company policies. The disciplinary policies are enforced through the following means:

- There are well-publicized disciplinary standards available to all parties;
- There is consistent application of disciplinary standards and
- There is a well-documented standardized process that is followed when taking disciplinary action.

Although each situation is considered on a case-by-case basis, L.A. Care consistently undertakes appropriate disciplinary action to address inappropriate conduct and to

deter future violations. L.A. Care policies and procedures and the Code of Conduct state that employees in violation of policies and procedures may be disciplined up to and including termination of employment. When appropriate, the progressive discipline procedure consists of:

- Verbal counseling and education;
- First written warning with enhanced education and oversight;
- Final written warning, which may include suspension; and
- Discharge/termination.

Disciplinary action may also be taken for:

- Authorizing or participating in a violation;
- Failing to report a violation or suspected violation;
- Refusing to cooperate with the investigation of a suspected violation;
- Retaliating against an individual who reported, in good faith, a suspected violation; and
- Failing to complete required training.

## **IX. Effective Systems for Routine Monitoring and Auditing**

L.A. Care has established the following procedures for its various monitoring and auditing activities:

### **MONITORING AND AUDITING**

To ensure that all L.A. Care Health Plan members receive high-quality and medically appropriate healthcare services, L.A. Care shall staff perform an annual audit of contracted risk-bearing or delegated organizations, which evaluate the contracted/delegated entity's performance and compliance with all contractual and regulatory requirements. L.A. Care shall also regularly conduct internal audits and monitor its operations to identify and correct any potential occurrences of noncompliance or barriers to compliance. Compliance audit priorities will be determined annually or as new risks are identified. L.A. Care will assess current enforcement trends, operational and clinical risks identified during the annual risk assessment, guidance from regulatory authorities, potential compliance issues of which it is aware, and the annual OIG Work Plan when assigning audit priorities.

Audit reports and/or findings will be prepared, and results of an audit will be provided to the appropriate members of senior management and to the Compliance and Quality Committee to ensure that management is aware of the results and can take necessary steps to correct any concerns to prevent reoccurrence of the activity. Audit reports shall

specifically identify the reason for the audit, any suspected noncompliance, areas where corrective action is needed, or self-disclosure is appropriate, and in which cases, if any, subsequent audits or studies would be advisable to ensure that the recommended corrective actions have been implemented and are effective.

### RISK ASSESSMENT AND MITIGATION MANAGEMENT

L.A. Care Compliance Department has established and implemented an effective system for the identification of risk. On an annual basis, the Compliance Department will conduct risk analysis, including the CMS and CMC annual risk assessment of the organization.

### OVERSIGHT OF DELEGATED ACTIVITIES

L.A. Care delegates certain functions and/or processes to contractors who are required to meet all contractual, legal, and regulatory requirements and comply with L.A. Care Policies and Procedures and other guidelines applicable to the delegated functions.

L.A. Care maintains oversight over all contractors, including but not limited to the following delegated activities:

- Utilization Management;
- Review of Provider Dispute resolution cases;
- Practitioner and provider credentialing and re-credentialing;
- Provider network contracting;
- Claims payment;
- Cultural & Linguistic services;
- Pharmaceutical services/benefits;
- Care management/coordinator of care and
- Compliance Program Effectiveness.

### OVERSIGHT OF NON-DELEGATED ACTIVITIES

L.A. Care also maintains oversight of the following internal activities that are not delegated to contractors and remain the responsibility of L.A. Care:

- Quality Improvement Program;
- Member Grievances;
- Development of credentialing standards in specified circumstances;
- Development of utilization standards;
- Development of quality improvement standards;
- Pharmacy and drug utilization review
- Compliance and Program Integrity Plans

## OVERSIGHT AUDITS AND REPORTS

L.A. Care conducts various oversight audits, including pre-delegation, annual, and ad-hoc or unannounced audit and monitoring activities. The annual audit of delegated PPGs/IPAs, Plan Partners, and sub-contracted entities is conducted to ensure that delegated responsibilities and services comply with program requirements. Any deficiencies identified during the annual audit process will result in corrective action plans. The corrective action plan developed by a PPG/IPA, Plan Partner, or sub-contracted entity will identify the deficiency, outline how the deficiency will be corrected, and set a time frame for implementing the corrective actions.

Regularly (monthly or quarterly), PPGs/IPAs, Plan Partners, and Specialty Health Plans are required to submit tracking/activity reports to L.A. Care. The reports are analyzed to identify opportunities for improvement and to establish trends and/or patterns. Any variances and/or identified deficiencies will be communicated to the PPG/IPA or Specialty Health Plan as applicable. Additional information will be requested to explain the identified variances or deficiencies. The reports submitted by PPGs/IPAs and Specialty Health Plans address activities in utilization management, member services, pharmacy, information systems, provider network services, financial solvency, and claims reimbursement. Below are examples of the new Auditing Reports for 2024

### **A. Anti-Fraud Plan & Report**

In accordance with California Health and Safety Code, Section 1348, L.A. Care will prepare an annual Anti-Fraud Plan that is integrated into the routine managed care compliance activities through investigation of potential or actual FWA. The purpose of the Anti-Fraud Plan is to organize and implement an effective strategy to identify and reduce costs to health plans, providers, members, and others impacted by fraudulent activities and to protect consumers in the delivery of healthcare services through timely detection, investigation, and reporting or prosecution of suspected FWA.

The elements of the Anti-Fraud Plan include:

- a). Designation of an individual with specific investigative expertise in leading fraud investigations;
- b). Training of Plan and FDR employees concerning detection of healthcare fraud in managed care;
- c). The Plan's procedure for managing incidents of suspected fraud; and
- d). The internal procedure for referring suspected fraud to the appropriate government agency.

The anti-fraud activities, investigations, reports, and corrective actions are summarized and submitted to the DMHC in an annual report. This annual report includes specific actions taken by the Plan to prevent or detect misconduct, the number of reports made to a government agency regarding suspected fraudulent activity, the number of cases prosecuted by the Plan, and any other recommendations the Plan may have to combat healthcare fraud in the industry. The

Chief Compliance Officer, or his/her designee(s), is responsible for overseeing the performance of the following activities:

- a). Developing and implementing an effective program to detect, investigate, report, and resolve potential and actual instances of FWA.
- b). Maintaining member continuity of care and quality of care during FWA investigations.
- c). Improving provider understanding of fraudulent practices and reporting methods through effective and ongoing provider education.
- d). Improving member understanding of fraudulent practices and reporting methods.
- e). Responding to member needs, such as escalated complaints and FWA concerns.
- f). Creating a mechanism for the detection of FWA. Ongoing monitoring responsibilities include reviewing coding trends for all provider types to identify outliers that may require additional assistance, education, or corrective action, if necessary. Analysis includes medical record documentation reviews with additional related information.
- g). Coordinating investigations with internal L.A. Care departments (i.e., Corporate Compliance, Legal) and, as applicable, with law enforcement or government agencies. L.A. CARE is responsible for conducting special investigations to determine provider compliance and assisting legal counsel with responding to requests from enforcement agencies.
- h). Improving overall FWA awareness and education.

## **B. Annual Planned Projects and Activities**

Each year the Chief Compliance Officer reviews and adopts a set of planned projects and activities for the Compliance Department to work toward during that year. These projects and activities are a part of the overall process for assessing and evaluating relative risk to the Plan. The Compliance Department completes ongoing risk assessments as part of its annual plan of projects and activities. Potential risks identified from external resources are reviewed and evaluated for relevance to L.A. Care managed care lines of business, and if applicable, the effectiveness of current internal controls already in place are evaluated. The planned projects and activities are reviewed annually by the C&Q Committee.

The Compliance Department monitors activities on a regular basis to ensure regulatory and compliance activities are completed timely.

- a). The Compliance Plan is reviewed and approved annually by the C&Q Committee.
- b). Activity reports reflecting trends are presented regularly to the C&Q Committee.

- c). Regulatory and compliance activities are completed timely, accurately documented, and maintained in a secure drive or database.

The planned projects and activities assist in building an effective work plan that the organization uses to maintain and enhance L.A. Care's compliance risk posture. In addition, the compliance risk assessment process considers the reasonableness of the levels of effort and effectiveness of various functions performed within L.A. Care.

### **C. Consideration of Plan Risks**

#### **1. On-going Mechanisms for Identifying and Assessing L.A. Care Compliance Risks:**

- Compliance monitoring and auditing, investigations, and risk assessments conducted by the Plan's Compliance Department, and government surveyors to monitor compliance and assist in the reduction of identified problem areas.
- Compliance staff participation on key committees within L.A. Care and external industry-wide work groups and open lines of communication with L.A. Care Compliance Organization.
- Ongoing review of the OIG Work Plan and DMHC identified objectives.
- Ongoing review of guidance and other materials published by the DMHC, OIG, CMS, and the Office of Civil Rights (OCR) websites.
- The investigation and remediation of identified systemic problems.

The Chief Compliance Officer, or his/her designee(s), will work with the L.A. Care management team to ensure ongoing compliance with state and federal regulations and to correct any deficiencies that have been identified. The Chief Compliance Officer, or his/her designee(s), will issue CAPs as necessary to ensure that all deficiencies are resolved appropriately.

Ongoing efforts to monitor compliance will include an annual mock audit of medical management and claims and finance activities using the same audit methodology as the DMHC. The Compliance Department also performs routine internal monitoring and auditing of other managed care activities including, but not limited to, appeals and grievances, denied referrals, and certain denied claims. Claims payment practices are audited on an ongoing basis by the finance claims auditors.

#### **2. Annual Compliance Program Risk Assessment Process:**

The Compliance Department and Internal Audit gathers and analyzes input from the ongoing monitoring mechanisms and develops risk assessments and priorities. These assessments include review of current regulatory trends, trade organizations, and professional journals and may include discussions with Plan leaders, external vendor partners, and benchmarking with select peer institutions. The Compliance Department compiles a composite of high risk areas to guide planned projects and activities along with a review of compliance program efficacy.

## **D. Monitoring by External Agencies**

The Chief Compliance Officer and the Compliance Department monitor the results of audits conducted by external agencies and the completion of the Plan's CAPs. The Chief Compliance Officer, or his/her designee(s), works closely with Plan leaders to ensure all CAPs are implemented efficiently and communicated to external agencies. Plan leaders overseeing reimbursement, medical management, financial operations, and other audited areas are responsible for ensuring implementation of CAPs with their teams and areas of responsibility. All CAPs are sent to the Compliance Department for review and approval before releasing to the external agency.

The Chief Compliance Officer, or his/her designee(s), will be the key contact person(s) for any DMHC audits, working with the appropriate management team within L.A. Care to provide the DMHC with the necessary documents, filings, and materials. The Chief Compliance Officer, or his/her designee(s), will monitor the DMHC website for updated Technical Assistance Guides (audit tools).

### **1. Oversight of Plan, Provider, and Administrative Contracts**

The Chief Compliance Officer, or his/her designee(s), works closely with the Provider Network Management Department in order to track and maintain copies of all L.A. Care Provider contracts and subsequent amendments. Many Plan agreements require acceptance by the DMHC and shall not be considered effective until the DMHC has accepted the agreement or notified the Plan that no objections are forthcoming. The Compliance Department reviews contracts and agreements prior to execution to ensure legally mandated contract elements are included in the document. Any changes to the L.A. CARE contract templates will be filed with the DMHC within thirty (30) days of the effective date of the change.

### **2. Payment Integrity & Proper Billing**

Claims payment practices are audited by L.A. CARE monthly, and the DMHC every three (3) years. Though each audit focuses on different areas, ongoing monitoring efforts serve as an internal control to the reimbursement and payment areas, where claims and billing operations are often the source of FWA in the industry and, therefore, historically have been the focus of government regulation, scrutiny, and sanctions. DMHC's main focuses are claims payment accuracy, timeliness, and provider dispute resolution.

### **3. Provider Credentialing & Peer Review**

The Credentialing Department is responsible for responding to audits. The audits focus on NCQA standards, timeliness, primary source verification, ongoing monitoring, sanctions and exclusions monitoring, and file review.

### **4. Medical Management**

The UM and QM Departments are audited annually by DMHC every three (3) years. The audits focus on UM file review, UM timeliness, UM documentation, case management, access, and continuity of care.



## **5. Corrective Action Plans (CAPs)**

The Chief Compliance Officer, or his/her designee(s), will review audit results and ensure CAPs are submitted timely, maintain a grid showing final scores, date CAP is due, and date CAP was submitted.

## **E. Delegation Oversight Monitoring**

Prior to executing a contract or delegation agreement with a potential delegate, a pre-delegation audit is completed to determine the ability of the potential delegate to assume responsibility for delegated activities and to maintain L.A. Care standards, applicable state and federal regulatory requirements, and accreditation requirements. The initial evaluation includes, but is not limited to, a review of the entity's operational capacity and resources to perform the delegated functions, the entity's ability to meet contractual and regulatory requirements, and verification that the entity is not excluded in the OIG List of Excluded Individuals/Entities (LEIE), the General Services Administration (GSA) System of Award Management (SAM), or the California Department of Health Care Services Medi-Cal Suspended and Ineligible Provider List from participating in health programs. Results of the initial evaluation and ongoing delegation audits are presented to the Delegation Oversight Committee for review and approval. Pre-delegation and ongoing delegation audits of medical management activities are also reported to QI and UM.

### **1. Contracting with Delegates**

Once an entity has been approved, the delegation agreement specifies the activities that L.A. CARE delegates to the delegate, each party's respective roles and responsibilities, reporting requirements and frequency, and the process for performance evaluations and audits. Delegation agreements also include provisions for disciplinary actions and remedies for any instances of non-compliance with the contract and applicable state and federal regulations. Prior to any sub-delegation, the delegate must obtain approval from L.A. CARE, who will directly monitor the sub-delegate's compliance with requirements.

### **2. Annual Delegation Oversight Audits**

The Audit Service as Department will conduct an annual comprehensive delegation oversight audit to determine the delegate's performance of the delegated activities. High risk delegates are those that are continually non-compliant or at risk of non-compliance based on identified gaps with contractual standards, applicable state, CMS, and accreditation requirements, or L.A. Care policies and procedures. Any previously identified issues, which include any CAPs, service level performance, or complaints and appeals from the previous year will be factors that are included in the delegation oversight audit. Any delegate deemed high risk or vulnerable is presented to the DOC for suggested follow-up audit. Delegates determined to be high risk may be subjected to a more frequent monitoring and auditing schedule, as well as additional reporting requirements. If L.A. Care has reason to believe the delegate's ability to perform a delegated function is compromised, an additional focused audit may be performed. The Chief Compliance Officer, or his/her designee(s), may also recommend focused audits upon evaluation of non-compliant trends or reported incidents. The results

of these audits will be reported to the DOC. The risk assessment process and reports from delegates will be managed by the Chief Compliance Officer, or his/her designee(s), and presented to the DOC for review and discussion. L.A. Care is ultimately responsible for identifying and correcting all instances of non-compliance with all delegated entities.

A focused audit may be initiated for any of the following reasons, or any other reason at the discretion of the Chief Compliance Officer, or his/her designee(s):

- Failure to comply with regulatory requirements or L.A. Care policies and procedures or service standards;
- Failure to comply with a CAP;
- Reported or alleged FWA;
- Significant policy variations that deviate from L.A. Care or state, federal, or accreditation requirements;
- Bankruptcy, impending bankruptcy, or insolvency that may impact services to members (either suspected or reported);
- Sale, merger, or acquisition involving the delegate;
- Significant changes in the management of the delegate; or
- Changes in resources that impact L.A. Care and/or the delegate's operations.

### **3. Corrective Actions and Additional Monitoring and Auditing**

The Chief Compliance Officer, or his/her designee(s), shall submit summary reports of all monitoring, auditing, and corrective action activities to the ICC and C&Q. In instances where non-compliance is identified, a CAP shall be developed by the delegate and reviewed and approved by the Chief Compliance Officer, or his/her designee(s). Every CAP is presented to the DOC for approval. Supplemental and focused audits of delegates, as well as additional reporting, may be required until compliance is achieved.

At any time, L.A. Care may implement sanctions or require remediation by a delegate for failure to fulfill contractual obligations, including development and implementation of a CAP. Failure to cooperate with L.A. Care in any manner may result in termination of the delegation agreement, in a manner authorized under the terms of the agreement.

### **COMPLIANCE WORK PLAN**

The Compliance Work Plan is developed annually and is based, in part, upon the performance of the prior year's Compliance program and the results of audits, monitoring, and other oversight and investigation activities.

The Compliance Work Plan includes:

- Risk Assessment;

- Current GRC technology support for success;
- Vendor Risk Management and FDR assessment;
- Regulatory intake and implementation follow-up;
- Annual roadmap and strategy;
- Planned activities and measurable goals and/or benchmarks to be undertaken in the ensuing year;
- Staff member(s) responsible for each activity;
- Time frames within which each activity is to be achieved;
- Key findings, interventions, analysis of findings/progress, and monitoring activities of previously identified issues.

## **X. Procedures and Systems for Promptly Responding to Compliance Issues and Suspected Fraud, Waste and Abuse**

### INVESTIGATING COMPLIANCE ISSUES AND FRAUD, WASTE AND ABUSE ALLEGATIONS

L.A. Care conducts timely and reasonable investigation of all compliance issues and fraud, waste, and abuse allegations. Suppose the investigation leads to credible information regarding the validity of the allegation. In that case, the Compliance Department will make the appropriate referrals to the NBI MEDIC for its D-SNP or Cal Medi-Connect programs or to the Program Integrity Unit at DHCS for its Medi-Cal program, including voluntary self-reporting of potential fraud or misconduct related to the Medicare program to CMS or its designee. In addition, law enforcement agencies are notified as necessary and as required by law.

The Code of Conduct communicates the requirement that all L.A. Care employees are responsible for reporting suspected fraud, waste, or abuse. The Special Investigations Unit is responsible for performing internal and external investigations into all fraud, waste, and abuse allegations of or suspected activities associated with L.A. Care programs, members, providers, and first-tier, downstream, and related entities. The SIU, in consultation with relevant internal management, refers suspected fraud matters to appropriate state and federal regulators and assists law enforcement by providing information needed to conduct investigations.

### CORRECTIVE ACTIONS AND ROOT CAUSE ANALYSES

Corrective action initiatives, as identified through routine monitoring and internal audit activities or the investigation of noncompliance or fraud, waste, and abuse, are monitored and managed by the Chief Compliance Officer. Corrective actions are designed to correct conduct or issues and to address the causes of compliance issues

as may be identified in a root cause analysis. Corrective action plans are implemented for both internal and first-tier, downstream, and related entity noncompliance or performance issues. Corrective action plans are documented in a format determined by the Chief Compliance Officer and include specific implementation tasks, individuals accountable for implementation, and required time frames for remediation activities.

Corrective action initiatives may include actions such as the repayment of identified overpayments and making reports to government authorities, including CMS or its designees (e.g., NBI MEDIC) and law enforcement, as necessary or required. The Chief Compliance Officer will report any routine corrective actions to the Internal Compliance Committee, the senior leadership team, and the Board every quarter.

Compliance and Fraud, Waste, and Abuse corrective actions may include but not be limited to:

- Termination of employment;
- Creation of or revision to policies and procedures;
- Self-reporting of the issue to CMS or other regulatory agencies;
- Referral to NBI MEDIC or other law enforcement or regulatory agencies;
- Repayment of overpayments – L.A. Care can demand a refund of overpayments from fraud or abuse claims submitted by providers or members;
- Identifying and recommending providers for termination, including physicians and pharmacists who have defrauded or abused the system;
- Identifying and recommending members for dis-enrollment due to fraud abuse or
- Provider education - The business and operations units shall have the ability to notify and educate providers and pharmacies regarding activities that may involve claims data or referral information that indicates a potential problem.

Corrective actions may include various auditing and monitoring activities to confirm that the corrective action initiatives have remediated noncompliance or performance issues.

## **XI. Measures to Prevent, Detect, and Correct Fraud, Waste, and Abuse**

Under the SIU of Risk Management, L.A. Care conducts investigations of all suspected fraud, waste, and abuse allegations, including evaluation of all suspected FWA activities in the healthcare industry and how such trends might affect the operations of L.A. Care and its members and stakeholders. The Code of Conduct communicates the requirement that all L.A. Care employees are responsible for reporting suspected

fraud, waste, or abuse. The SIU is responsible for performing internal and external investigations into all fraud, waste, and abuse allegations of or suspected activities associated with L.A. Care programs, members, providers, and first-tier, downstream, and related entities. The SIU, in consultation with relevant internal management, refers suspected fraud matters to appropriate state and federal regulators and assists law enforcement by providing information needed to conduct investigations.

L.A. Care also conducts data mining of its claims, encounters, and other data to identify potential fraud schemes and communicates potential fraud schemes with its first-tier, downstream, and related entities.

## **XII. References**

- California Confidentiality of Medical Information Act (CMIA) [CA. Gov. Code § 56 et seq.] California Insurance Information & Privacy Protection Act [CA Ins. Code § 791]
- Deficit Reduction Act of 2005 (DRA)
- False Claims Act (FCA) [31 USC § 3729 et seq.]
- Fraud Enforcement Recovery Act of 2009 [Public Law No. 111-21]
- Health Information Technology for Economic & Clinical Health (HITECH) – in part to ARRAY of 2009 [Pub. L. 111-5 § 13400-13424]
- Health Insurance Portability & Accountability Act of 1996 [42 USC § 1320(d-6)] HIPAA Administrative Simplification [45 CFR Parts 160, 162, 164]
- Knox-Keene Act Health Care Service Plan Act of 1975 [HSC 1340 et seq.] Medicare Managed Care Manual, Chapter 21
- Medicare, Medicaid & SCHIP Extension Act (MMSEA) of 2007 § 111 [42 U.S.C. § 1395y(b)(8)]
- Office of Inspector General's Compliance Program Guidance for Medicare+ Choice (MA+) Organizations Offering Coordinated Care Plan [FR Vol 64 No. 219 11.15.1999]
- Patient Protection and Affordable Care Act of 2010 [42 U.S.C. § 18001 et seq.] Title 28 of the California Code of Regulations – Managed Health Care
- Title 42 – Public Health and Title 45 – Public Welfare of the Code of Federal Regulations. United States Sentencing Commission Chapter Eight - Sentencing of Organizations

### **XIII. Conclusion**

L A. Care's Compliance Program is constantly evolving to ensure that the organization adopts and monitors the implementation of policies and procedures and other performance standards that require L.A. Care Health Plan and its employees, participating providers, and other contracted entities to act in full compliance with all applicable laws, regulations and contractual requirements. The Compliance Program description is subject to future amendments to reflect the compliance department's scope of activities and L.A. Care Health Plan's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies.

**CHIEF  
EXECUTIVE  
OFFICER  
REPORT**



January 24, 2024

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

**SUBJECT: CEO Report – February 2024**

As I've mentioned in my previous reports, L.A. Care was gearing up for a lot in 2024. We remain strong as we handle those transitions, in part due to our effective cross-functional teams. Over the last three years, we have become accustomed to change as a constant. I am confident we will be able to manage and adapt to all that will cross our paths in 2024.

Medi-Cal's enrollment fluctuations continue, as we had two changes impacting membership effective January 1, 2024. Coverage expansion to undocumented adults age 26-49 began and of the 270,000 newly eligible adults in L.A. County, L.A. Care has initially enrolled about 10,000 new members from the Adult Expansion population. We are expecting continued enrollment in February and March. Also effective in January, Kaiser Permanente left us as plan partner and is now the third plan (in addition to Health Net, our other commercial competitor) directly offering Medi-Cal in L.A. County. This means that the 260,000-plus Kaiser members attributed to L.A. Care have left our membership count. The loss of Kaiser from a day-to-day operations standpoint will not have much impact, however, it may be felt in rate making for future years.

L.A. Care Medicare Plus (D-SNP) Annual Election Period concluded and was successful, with over 2,200 new enrollees for January 2024, bringing our total net membership to around 19,200. Meanwhile, L.A. Care Covered, our marketplace public option, was competitively priced and members renewed at a higher rate than last year. We also supported the transition of many Oscar Health members to L.A. Care, as Oscar left the exchange for 2024. Current enrollment is about 160,000 paid members, and Open Enrollment for Covered California ends on January 31.

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

	Since Last CEO Report	As of 1/22/24
<b>Provider Recruitment Program</b> Physicians hired under PRP <sup>1</sup>	n/a (see footnote)	183
<b>Provider Loan Repayment Program</b> Active grants for medical school loan repayment <sup>1</sup>	n/a (see footnote)	188
<b>Medical School Scholarships</b> Grants for medical school scholarships <sup>2</sup>	—	48
<b>Elevating Community Health</b> Home care worker graduates from CCA's IHSS training program	—	6,349

Notes:

1. Effective January 2024, this table will provide cumulative (since program inception) award counts, and will no longer provide "active" award counts. Due to this change, "since last CEO Report" will not be given this month, and will resume in March.
2. The count includes scholarships that have been awarded and announced, not prospective scholar seats.



Below please find organizational updates for December and January:

**L.A. Care Health Plan, Inland Empire Health Plan, and the Hospital Association of Southern California Collaborate on PPE**

In August 2020, L.A. Care Health Plan, Inland Empire Health Plan, and the Hospital Association of Southern California, in partnership with leaders from the business and economic development communities, formed the Southern California PPE Consortium to develop a plan that would ensure the region is not caught unprepared in the next health care emergency. While the initial orders would be used for normal consumption by hospitals and other providers, the ultimate objectives are to create a local stockpile and to bring local PPE manufacturing to Southern California. Once the ordering volume reaches a sustainable level, Dell Corning will produce the PPE in Southern California and maintain a stockpile that could support the region in any future health care crisis.

**School Based Teletherapy Partnership Recently Recognized**

L.A. Care, Health Net, school districts, and county agencies (The Office of Education and Department of Mental Health) collaborated to launch a virtual therapy program for children in schools throughout Los Angeles. The program is supported by state funding, and services are provided by Hazel Health. Students are connected to clinical social workers or other licensed counselors for one-to-one therapy sessions.

**L.A. Care Awards Grant to Enhance Cultural Competency**

Chinatown Service Center (CSC) received a \$175,000 grant from L.A. Care. The funding will support implementation of a health simulation center that will use virtual reality technology to improve staff cultural competency. The new health simulation center at the CSC will create customized cultural learning objectives for their staff with immersive scenarios to engage participants in cross-cultural situations.

Attachments

Vision 2024 Progress Report Q1 FY 23-24  
Grants & Sponsorship Reports



# Vision 2024

## Quarterly Progress Report FISCAL YEAR QUARTER 1 October – December 2023

### Introduction

#### Vision 2024

L.A. Care's strategic plan, Vision 2024, outlines our major goals for 2021-2024. Vision 2024 guides us towards continued growth and success using the framework offered by the four strategic directions that remain our guideposts—Operational Excellence, High Quality Network, Member Centric Care, and Health Leader. The Vision 2024 document is available upon request.

#### Progress Reports

L.A. Care reports to the Board of Governors regarding the progress made towards the goals in Vision 2024 on a quarterly basis. Each quarterly report is retrospective, and captures a high-level summary of activities from the previous quarter. **The following report covers the first quarter of our fiscal year, from October 1 through December 31.**

A more detailed report is available in the Appendix of this document.



### Operational Excellence

**Achieve operational excellence by improving health plan functionality.**

#### Goals

#### Q1: October – December 2023 Highlights

**Build out information technology systems that support improved health plan functionality.**

- The post-call survey, which allows providers to offer feedback about customer service, was successfully deployed and piloted to the Provider Service Unit of the Call Center. Continued testing and analysis of survey results are underway with plans to expand to all inbound call phone lines.
- The SAP Analytics Cloud for Reporting went live during Q1 of FY 23-24.
- We are executing a licensing agreement with Infosys to configure Helix, a cloud-based platform to help teams perform provider enrollment and maintenance tasks efficiently.

**Support and sustain a diverse and skilled workforce and plan for future needs.**

- L.A. Care seamlessly transitioned to a new Chief Compliance Officer.
- We received our Employee Engagement Survey results and raised our overall engagement score, in addition to increasing our participation to 96% - our highest participation to date.

**Ensure long-term financial sustainability.**

- FY 22-23 administrative expense actuals came in lower than the 3+9 forecast by \$356K. FY 23-24 enterprise goals include targets for overall administrative expenses as well as procurement savings impacting purchased services and professional fees.

**Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.**

- L.A. Care Covered renewals for Open Enrollment are at a higher rate than last year. Overall, paid membership has already exceeded the membership goal of 150k+ members.
- Medicare Plus D-SNP Annual Election Period was very successful, with over 2,200 new L.A. Care Medicare Plus enrollees for January 2024 – exceeding goal performance. Net membership is over 19,200 members.
- L.A. Care hosted our first Provider Engagement Event at the Lynwood Community Resource Center, which was widely attended by local healthcare providers and community pharmacists.



### High Quality Network

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

#### Goals

#### Q1: October – December 2023 Highlights

**Mature and grow our Direct Network.**

- L.A. Care is enhancing our action plan to optimize Direct Network performance by incorporating: (1) specific performance measures; and (2) the individual practices and physicians that will be targeted for outreach and assistance with each measure.
- L.A. Care is proactively expanding our Direct Network by contracting with select primary care providers who are only affiliated with a single MCLA participating physician group.

**Improve our quality across products and providers.**

- All Direct Network practices (non-FQHCs) were given access to retrieve practice-level Provider Opportunity Reports from the Provider Portal in December.
- L.A. Care mailed over 40,000 at-home test kits to L.A. Care Covered and L.A. Care Medicare Plus (D-SNP) members in December. Kits included colorectal cancer screenings, HbA1c tests, and kidney health evaluations.
- We launched a texting campaign to members on the importance of breast cancer screenings.
- We focused on several child well care efforts including outreach campaigns, using CHWs, and providing incentives for well care visits and immunizations.

**Invest in providers and practices serving our members and the L.A. County safety net.**

- In the Help Me Grow LA effort, Cohort One practices have increased developmental screenings by 38% over baseline to 51% of patients seen. Cohort Two practices have increased screenings by 13% over baseline.
- We executed grants to award four new scholars at CDU and four at UCLA, with scholars to be selected later in 2024.
- The Community Health Investment Fund priorities for FY 23-24 were approved by the Board of Governors and contain four grant initiatives to increase quality and access to care.



### Member Centric Care

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

#### Goals

#### Q1: October – December 2023 Highlights

**Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.**

- In collaboration with other Managed Care Plans in the county, we have coordinated comprehensive training sessions for the entire Medi-Cal contracted provider network on Enhanced Care Management (ECM) eligibility and the referral process to boost ECM member enrollment.
- The Population Health Management department is leading the community partnership that involves the three L.A. County Local Health Departments and all the health plans that serve L.A. County to develop a collaborative and meaningful SMART goal to improve the health of the L.A. County population.

**Establish and implement a strategy for a high-touch care management approach.**

- Transitional Care Services was fully implemented for Care Managers, which significantly impacted the number of DHCS high-risk members who received Transitional Care Services during the quarter.
- Care Managers more than doubled the number of Direct Network and pediatric cases opened this quarter, as compared to the previous quarter.
- Palliative care referrals increased by 9% in Q1 of FY 23-24 compared to Q4 of FY 22-23.

**Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.**

- Under the Housing Equity Initiative I, we awarded up to \$300,000 each to organizations serving people experiencing homelessness to establish infrastructure, policies, and interventions that strengthen equitable housing placement and retention, or homelessness prevention. Organizations included those who served sub-populations encompassing African American, youth, LGBTQ, and justice involved individuals.
- L.A. Care co-hosted a Children’s Disparity Roundtable with Children’s Hospital L.A. in November.
- We have finalized a contract with a small business vendor to assist L.A. Care with vendor diversity efforts, which include performing data enrichment on L.A. Care’s diversity data.



### Health Leader

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

#### Goals

#### Q1: October – December 2023 Highlights

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

- Strategy leaders from several public plans in California met to create a forum to discuss and promote our common agenda, including the value of public plans modeling a public option for our state.

**Optimize members’ use of Community Resource Centers and expand our member and community offerings.**

- West L.A. and Panorama City Community Resource Centers (CRCs) opened to the community.
- Developed a new doula services training and education program pilot with a local community-based organization, Birthworkers of Color Collective, at the Long Beach and Wilmington CRCs.

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

- L.A. Care co-hosted the Gun Violence Prevention Continuing Medical Education Conference along with L.A. County Office of Violence Prevention in November for health care providers.
- We have finalized the structural framework for our county-wide Field Medicine initiative.
- L.A. Care has requested and received Letters of Interest from prospective providers interested in contracting with us for our new Community Supports program, Day Habilitation. The Certification Application process for Day Habilitation began in Q1 in advance of a planned July 1, 2024 launch.



LA Care



# Vision 2024

**Quarterly Progress Report**  
FISCAL YEAR QUARTER 1  
October – December 2023

## **APPENDIX**

Detailed Vision 2024 Progress Report  
Fiscal Year Quarter 1  
October – December 2023



### Operational Excellence

*Achieve operational excellence by improving health plan functionality.*

<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.	<p>L.A. Care continued reprioritization of the VOICE Program to focus on enhancing customer experience and adjusting scope based on business need. IT Leadership has continued to deep-dive and review the program roadmap. A consulting firm has been engaged in order to deploy the optimal solution and expedite the process.</p> <p>Post-call survey was successfully deployed and piloted to the Provider Service Unit of the Call Center. The post-call survey gives the ability to acquire feedback from providers regarding their customer service experience during the call. Continued testing and analysis of survey results are underway with plans to expand to all inbound call phone lines.</p>
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP Enterprise Resource Planning (ERP).	<p>The SAP Analytics Cloud for Reporting (SAC) went live during Q1 of FY 23-24. The second phase of SAC reports will go live in January 2024 and will generate analytics reports, replacing the current BI360 system.</p> <p>We are conducting a Request for Proposal for the new procurement system implementation of Ariba, which is scheduled to begin Q2 of FY 23-24 and will replace the current SciQuest Procurement system. Callidus, the SAP cloud-based commission software solution for managing incentives and compensation programs for Brokers, will also start Q2 of FY 23-24.</p>
Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.	<p>L.A. Care continued work towards implementing the Provider Target State by:</p> <ul style="list-style-type: none"> <li>• Executing a licensing agreement with Infosys to configure Helix, a cloud-based platform that will enable the Provider Network Management and Provider Data Management teams to perform all provider enrollment and maintenance tasks in an integrated and efficient manner. The licensing agreement incorporates a 15-month task-management configuration project plan (Helix Config Plan) that aligns with a companion 15-month project plan for L.A. Care’s IT team to develop a single domain database (SDD Plan).</li> <li>• Defining milestones and deliverables for both the Helix Config and SDD Plans;</li> <li>• Establishing project schedules, including dependencies and critical paths;</li> <li>• Developing detailed resource plans;</li> </ul>





<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
	<ul style="list-style-type: none"> <li>Assessing operational and infrastructure readiness;</li> <li>Establishing a communication plan outlining how, when, and what information will be communicated to stakeholders throughout the duration of the Helix Config and SDD Plans;</li> <li>Conducting a joint kickoff meeting to align L.A. Care and Infosys project teams.</li> </ul>
Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care's needs.	We selected Deloitte to be our Systems Integrator for the VOICE program. We have completed the discovery phase with Deloitte and have begun collecting requirements. This program is expected to be a phased rollout of the Salesforce HealthCloud. This program will all result in a redesign of our data model, which will key for the introduction of AI within our enterprise. We have also selected a Vendor, Kiri Works, for Appeals and Grievances. The Cognizant Care Management and Utilization Management Implementations are in flight. All are slated for completion in 2024.
Develop real-time interoperability capabilities to share data with providers and members.	This tactic has been completed.

<b>Support and sustain a diverse and skilled workforce and plan for future needs.</b>	
<b>Tactics</b>	<b>Update</b>
Conduct succession planning, particularly at the leadership level.	In Q1 of FY 23-24, we seamlessly transitioned to a new Chief Compliance Officer. Additionally, Succession Planning pilots remain in progress.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care's commitment to Diversity, Equity, and Inclusion.	We continue to monitor current employee demographics, and remain an ethnically diverse organization. Our employees are: 36.9% Hispanic or Latino; 22.2% Asian; 15% Black or African American; 10.5% White; 5.1% Native Hawaiian or Other Pacific Islander; .28% American Indian/Alaskan Native; 3% two or more races; 7% non-applicable. Additionally, our employees are 69.6% Female and 30.4% Male.
Improve managed care and Management Services Organization (MSO) acumen among staff.	No new updates.



#### Support and sustain a diverse and skilled workforce and plan for future needs.

Tactics	Update
Promote retention of staff in an evolving work environment.	<p>We are wrapping up the first cohort of the Management Certificate Program, with only six weeks of coursework left. In planning for our end of program celebration in February, we have a total of 25 participants (out of our original 30) who are on target to complete the program.</p> <p>We received our Employee Engagement Survey results from Press Ganey and raised our overall engagement score. We also increased our participation to 96% - our highest participation to date.</p>

#### Ensure long-term financial sustainability.

Tactics	Update
Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.	FY 22-23 administrative expense actuals came in lower than the 3+9 forecast by \$356K. FY 23-24 enterprise goals include targets for overall administrative expenses as well as procurement savings impacting purchased services and professional fees. Staff will continue to analyze comparative spend reports to like-size plans and work to align resource allocations where appropriate.

#### Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.

Tactics	Update
Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.	This tactic has been completed.
Increase membership across all products by implementing member recruitment and retention strategies.	<p><b>Sales</b></p> <ul style="list-style-type: none"> <li>L.A. Care Covered: The Plan Year 2024 renewal period started in October, 2024 and with a higher year over year competitive price position, members are renewing at a higher rate than last year. Overall, paid (effectuated) membership has already exceeded the Open</li> </ul>



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
	<p>Enrollment Period (November 2023 through January 2024) membership goal of 150k+ members. In addition;</p> <ul style="list-style-type: none"> <li>○ SB 260 auto-assignment members continue to enroll monthly at a higher rate than forecasted.</li> <li>○ Oscar Health leaving L.A. County has resulted in a significant number of members being transitioned to L.A. Care.</li> </ul> <ul style="list-style-type: none"> <li>● Medicare Plus D-SNP: The 2023 Annual Election Period was very successful, with over 2,200 new D-SNP enrollees for January 2024. We have driven net membership to over 19,200 members exceeding current fiscal year projections and goal performance.</li> <li>● Medi-Cal (MCLA): Key steps in the development of a direct enrollment assistance model were initiated and are underway. This includes: <ul style="list-style-type: none"> <li>○ coordination between Sales teams and our enrollment assistor community-based organization partners at our Community Resource Centers,</li> <li>○ development of a business case to bring in incremental resources to directly enroll, and</li> <li>○ best practice evaluation of enrollment models at Inland Empire Health Plan and Cal Optima.</li> </ul> </li> </ul> <p><b>Marketing</b></p> <ul style="list-style-type: none"> <li>● L.A. Care Covered: We continue support transition of Oscar members to L.A. Care Covered since Oscar's departure from the exchange. Additionally, Marketing has focused on SB 260 efforts to ensure no member is left uninsured. In October, we implemented a strategy to amplify our efforts to reach a more diverse member by developing informative and engaging content in language. Engaging in the local community is a top priority, so we plan to strengthen ties and enhance our reputation by participating in community initiatives.</li> <li>● Medicare Plus D-SNP: Our marketing approach for D-SNP members is centered around creating targeted, personalized, and accessible campaigns that resonate with the unique</li> </ul>



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
	<p>needs of this specific demographic. By combining a multi-channel approach with a focus on education and engagement, we aim to establish a strong connection with D-SNP members, ultimately improving health outcomes and member satisfaction.</p> <ul style="list-style-type: none"> <li>• Medi-Cal (MCLA): We embarked on the next phase of our Plan Partner campaign, an exciting collaboration with Anthem and Blue Shield Promise. This year's strategic approach is built upon the idea of empowering both Plan Partners, enabling them to autonomously oversee and finance digital marketing campaigns that mirror L.A. Care. We have been investing heavily in redetermination efforts to ensure our community does not lose their coverage.</li> </ul>
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.	<p>L.A. Care hosted our first Provider Engagement Event at the Lynwood Community Resource Center (CRC), which was widely attended by local healthcare providers and community pharmacists. These Provider Engagement events will offer healthcare providers affiliated with L.A. Care’s Medi-Cal primary care network (PCPs) the opportunity to explore their local CRC and learn about the resources and services offered that can benefit their assigned membership. These events are instrumental in building stronger, more collaborative relationships among PCPs and relevant L.A. Care teams.</p> <p>L.A. Care is using feedback gathered during the initial Provider Engagement event to: (1) streamline provider touchpoints, communications, and outreach efforts; (2) update reference guides and develop informational materials to increase provider awareness about available programs, services, and resources to assist with managing member care; and (3) enhance provider opportunity reporting and data submission protocols.</p>



### High Quality Network

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

<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
Insource delegation functions that are currently outsourced, as appropriate and cost effective.	This tactic has been completed.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	<p>L.A. Care is enhancing our action plan to optimize Direct Network performance by incorporating: (1) specific performance measures; and (2) the individual practices and physicians that will be targeted for outreach and assistance with each measure.</p> <p>We are finalizing the development of a new Smart Form that will be implemented the first quarter of CY 2024, which will streamline the referral and authorization process for participating direct network providers and trigger notifications to both referring and rendering physicians.</p>
Strategically address gaps in the Direct Network to meet all member needs countywide.	<p>L.A. Care is proactively expanding our direct Medi-Cal network by contracting with select primary care providers (PCPs) who are only affiliated with a single MCLA participating physician group (PPG). This is being done to ensure continuity of care for Medi-Cal members when L.A. Care’s contractual relationship with certain MCLA PPGs is modified or terminated.</p> <p>L.A. Care is collaborating with regulators and establishing a path forward to increase membership in the Direct Network.</p> <p>L.A. Care maintains 100% network adequacy quarter over quarter. This achievement reflects our unwavering dedication to providing accessible and high-quality care to our members. We remain steadfast in our commitment to maintaining network adequacy. Our ongoing efforts to oversee network adequacy on a monthly basis continue to yield positive results, aligning with established regulatory guidelines and standards. The collaborative work between our Network Management and Provider Data Services teams, alongside our regulatory partners, has been instrumental in this success.</p>



<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
Increase access to virtual care by implementing L.A. Care’s Virtual Specialty Care Program (V-SCP).	Fourteen eConsults were submitted in Q1 of FY 23-24. We plan to recruit and encourage new street medicine providers to adopt the V-SCP and are reviewing our overall lessons learned with the piloting our V-SCP with Direct Network providers. Since the V-SCP program started last July, we have received a total of 92 eConsults submitted and five telehealth visits. The top five specialties eConsult is used for are: Neurology, Gastroenterology, Ophthalmology, Dermatology, and OB/GYN.
<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.	Another set of Practice-level Provider Opportunity Reports (PORs) and the Q2 2023 Capitated Claims Reports were shared with Direct Network providers in Q1 of FY 23-24. These reports support Direct Network quality improvement efforts and allow physicians to track progress toward incentive performance targets and act upon lower performing measures.  All Direct Network practices (non-FQHCs) were given access to retrieve practice-level PORs from the Provider Portal in December 2023.
Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.	L.A. Care mailed over 40,000 at-home test kits to L.A. Care Covered and L.A. Care Medicare Plus (D-SNP) members in December. Kits included colorectal cancer screenings, HbA1c tests, and kidney health evaluations. Distribution of kits to Medi-Cal members is pending approval from DHCS.  We also launched a texting campaign to members on the importance of breast cancer screenings and re-launched previous texting campaigns to members due for healthcare services such as preventive visits and colorectal cancer screenings.
Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Accreditation.	The Race and Ethnicity Program inclusive of Data Governance has been kicked off and is making good progress. We have completed analysis of our technology needs and will be selecting a platform for our Clinical Data Repository which will further enhance our capability to receive, send, store and process formatted and unformatted clinical data.  L.A. Care submitted evidence for National Committee for Quality Assurance (NCQA) Health Equity Accreditation.



Improve our quality across products and providers.	
Tactics	Update
<p>Improve clinical performance for children’s care.</p>	<p>We focused on several well care efforts in Q1 of FY 23-24. Well-Child Visit reminder phone calls and postcards for children ages 3-21 years old launched in October and November. Community Health Workers started reaching out to parents/guardians of children 0-30 months to provide a reminder of needed well-child visits and to facilitate the scheduling of a visit. We also provided incentives to encourage well care visits and immunizations for children.</p> <p>Additionally, a lead screening event was held in October with a Community Resource Center Pumpkin Patch Event.</p>
Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
<p>Assist our providers in adopting and using Health Information Technology (HIT) resources.</p>	<p><b>Transform L.A.:</b> Practices are continuing to report eight optional clinical quality measures from their electronic health record (EHR) software as well as the three required measures. Transform L.A. completed their data validation efforts with Office Ally (EHR) to correct data mis-mapping of Diabetes HbA1c Poor Control (&gt;9%). This will now allow all Office Ally subscription holders nationwide to accurately report data for this measure.</p> <p><b>Help Me Grow LA:</b> Practices continued to work on incorporating developmental screening tools into their electronic medical records and to improve their referral processes. One practice is working to digitize all screening tools for a more streamlined process of administering/completing the screenings prior to the Well Child Visit. Also, practices continued to improve their referral processes. Two practices have developed referral workflows with their respective Regional Centers and have begun direct communication.</p> <p><b>EQuIP-LA:</b> Three of the four enrolled Direct Network practices are continuing to transition their patient record data from paper to their newly installed or upgraded EHR software programs. Work is underway to develop HEDIS reporting capabilities from the EHR to also include race and ethnicity data.</p>
<p>Provide practice coaching to support patient-centered care.</p>	<p><b>Transform L.A.:</b> Two new practices were enrolled for a new total number of Direct Network practices of 21, 104 providers and 33% of Direct Network members. Nine practices are reporting an average 10% improvement from baseline in Diabetes HbA1c Poor Control (&gt;9%) and 12 practices report an average 11% improvement from baseline in Controlling Blood</p>



<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>Pressure. Bartz Altadonna is the first practice to achieve Phase Five of Transform L.A.'s transformation process and will graduate from the program in May 2024.</p> <p><b>Help Me Grow LA:</b> Cohort One practices have increased screenings by 38% over baseline to 51% of patients seen. Cohort Two practices have increased screenings by 13% over baseline. Practices are working to build sustainability plans for the final year of the program.</p> <p><b>EQUIP-LA:</b> The practices have completed the Aim (goal) Statements which specific goals for targeted patients including race/ethnicity details. Quality improvement work is underway with practices working on their Plan, Do, Study, Act cycles (conducting small tests of change) to improve selected HEDIS measures.</p>
Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.	<p><b>Provider Recruitment Program:</b> We continue to grow this program, with 162 active providers totaling slightly more than \$21.6 million in investment. There are currently 21 vacancies.</p> <p><b>Provider Loan Repayment Program:</b> Of the 182 physicians awarded, we have 123 active awards, including 101 new awardees and 22 award extensions.</p> <p><b>Medical School Scholarship Program:</b> L.A. Care has now awarded a total of 48 scholars, 24 at CDU and 24 at UCLA, with full-tuition scholarships. In December 2023, we executed the grants to award four new scholars at CDU and four at UCLA, to be selected later in 2024 (they are not included in the total as they are not yet awarded).</p> <p><b>In-Home Supportive Services Training Program Center for Caregiver Advancement (CCA):</b> As of last December, CCA hosted its Graduation Ceremony for the Trimester 20th cohort. At this time, CCA is working on finalizing the graduation total as students have a 2-week grace period to complete any assignments and CPR training. Overall, we had 6,349 students complete the L.A. Care Training course and will confirm the new graduation total in the next quarter.</p>





<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.	The Community Health Investment Fund (CHIF) Priorities for FY 23-24 were approved by the Board of Governors on November 2, 2023. This year’s plan contains four CHIF grant initiatives to increase quality and access to care. One of those is a new opportunity for clinics to obtain adaptable exam tables and accessible scales. This is consistent with the Board approved Executive Community Advisory Committee motion to increases access to care for members who are differently abled. The overall investment in this priority is \$450,000 to provide equipment for 45-60 clinics.

## Member Centric Care

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

<b>Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.</b>	
<b>Tactics</b>	<b>Update</b>
Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and Community Supports (CS) for specified populations of focus.	<p><b>Enhanced Care Management:</b> L.A. Care is actively devising plans to boost our Enhanced Care Management (ECM) member enrollment. Collaborating closely with other Managed Care Plans in the county, we have coordinated comprehensive training sessions for the entire Medi-Cal contracted provider network on ECM eligibility and the referral process. In anticipation of the launch of two new targeted populations – Birth Equity and Justice Involved – L.A. Care has expanded our network by onboarding new providers equipped to cater to these specific groups. Additionally, we've spearheaded the update of the ECM comprehensive assessment to accurately encompass the needs of these new populations.</p> <p><b>Community Supports:</b> L.A. Care has successfully expanded the network of community based organizations and other organizations who are providing Community Supports services to our members. We have further expanded our network with the launch of three new Community Supports services on January 1, 2024 (Asthma Remediation, Nursing Facility Transition/Diversion to Assisted Living, and Nursing Facility Transition/Diversion to Home).</p>



### Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.

Tactics	Update
	L.A. Care is in the planning process to launch both remaining Community Supports services by July 1, 2024 (Day Habilitation, Post-Hospitalization Short Term Housing).
Ensure CalAIM Population Health Management (PHM) requirements are met.	<ul style="list-style-type: none"> <li>• L.A. Care submitted CalAIM PHM Key Performance Indicators on November 15, 2023.</li> <li>• The Population Health Management department is leading the community partnership that involves the three L.A. County Local Health Departments and all the health plans that serve L.A. County to develop a collaborative/meaningful SMART goal to improve the health of the L.A. County population.</li> <li>• The Initial Health Appointment (IHA) will become a platform for additional care coordination, preventive health measures, and holistic member care. IHA updates include:               <ul style="list-style-type: none"> <li>○ IHA Data Enhancements: Providing monthly IHA compliance reports will be available January 2024 (in addition to existing monthly IHA Due Reports).</li> <li>○ Enterprise Performance Optimization revised the monitoring tool.</li> <li>○ Pay for Performance will start incentive payments for completed IHAs in 2024.</li> <li>○ IHA Provider Training complete and will be released in January 2024.</li> </ul> </li> </ul>
Monitor and establish infrastructure for longer-term CalAIM initiatives.	<p>CalAIM’s Benefit Standardization includes Long Term Care Carve In, Intermediate Care Facility – Developmental Disabled (ICF-DD) Carve In, and Pediatric Sub-Acute Carve In.</p> <p>For Coordinated Care Initiative Counties, including L.A., the Long Term Care benefit has been carved in to the Managed Care Plans since 2014. Effective January 1, 2024 ICF-DD and Pediatric Sub-Acute will be carved in to the Managed Care Plans as well. L.A. Care, Anthem, Blue Shield Promise, Health Net, and Molina have been meeting regularly to have process alignment for consistency. L.A. Care has conducted trainings for ICF-DD providers to provide support during the transition.</p>

### Establish and implement a strategy for a high-touch care management approach.

Tactics	Update
Maximize use of care managers and community health workers within our care management model.	Transitional Care Services (TCS), under Population Health Management, was fully implemented for Care Managers, which significantly impacted the number of DHCS high-risk members who received TCS support during the quarter. Additionally, Care Managers more



<b>Establish and implement a strategy for a high-touch care management approach.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>than doubled the number of Direct Network and pediatric cases opened this quarter, compared to the previous quarter.</p> <p>Care Management Community Health Workers (CHWs) reached a total of 2,120 field visits for FY 2023. CHWs also continued to maintain their presence in the community through field visits with members, and volunteer work for events like food pantries, flu clinics, and diaper drives.</p>
Expand upon our progress with palliative care and add other end-of-life services.	<p>Palliative care referrals increased by 9% in Q1 of FY 23-24 compared to Q4 of FY 22-23. To continue with Palliative Care program awareness, the Managed Long Term Services and Supports team is providing ongoing educational webinars with internal and external stakeholders such as departments in Health Care Services, Community-Based Adult Service centers, Enhance Care Management providers, and medical groups.</p> <p>Effective January 1, 2024, D-SNP members are also eligible to receive this benefit. Efforts to increase awareness and referrals will include Palliative Care effective January 2024.</p>

<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.	<p>In collaboration with L.A. Care’s Community Health department, Community Benefits established partnerships with fifteen organizations serving people experiencing homelessness to build capacity and innovate service delivery for sub-populations of people experiencing homelessness, encompassing African American, youth, LGBTQ, and justice involved individuals, who continue to be overrepresented and underserved due to structural injustices. The Housing Equity Initiative I (Housing and Homelessness Incentive Program funded) awarded up to \$300,000 to each organization to establish infrastructure, policies, and interventions that strengthen equitable housing placement and retention, or homelessness prevention.</p> <p>L.A. Care co-hosted a Children’s Disparity Roundtable with Children’s Hospital L.A. in November. There were 60+ attendees with representation from the County, providers, school district, health and mental health representatives, funders, payers, and more. Next steps</p>



<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>include drafted summary briefs (early 2024) and position papers with recommendations (summer 2024).</p> <p>We hosted the second L.A. County Health Equity Officers meeting. The group is currently drafting a charter and identifying at least one project to collaborate on. This will include working together on L.A. Care’s 2024 Equity Continuing Medical Education Conference tentatively set for spring 2024.</p> <p>Member Equity Council has begun to discuss and draft metrics for FY 23-24. The Council’s goals will align with L.A. Care’s Health Disparities &amp; Mitigation plan.</p>
Identify and reduce health disparities among our members by implementing targeted quality improvement programs.	<p>L.A. Care focuses on disparities in prenatal and postpartum care, diabetes, and hypertension.</p> <ul style="list-style-type: none"> <li>• Four Black/African American L.A. Care Covered members with diabetes were newly enrolled for eight weeks of Medically Tailored Meals and follow-up support from an L.A. Care Registered Dietitian. Members will also receive a free at-home HbA1c test kit at the end of the program.</li> <li>• Expanded the number of languages that social media campaigns are posted in. Developed a breast cancer screening infographic in Chinese for Breast Cancer Awareness Month in October.</li> <li>• Cumulatively up to November 2023, 33.1% of outreached members enrolled in the postpartum campaign, and 30.9% reported completing their postpartum exam, while 28.5% of Black/ African American outreached members enrolled in the prenatal campaign program.</li> <li>• The new Prenatal/PPC-1 and Postpartum/PPC-2 script launched in October for MCLA members. MCLA members transitioned from the old PPC1 and PPC-2 scripts to new scripts updated with doula benefit and depression screening content. Year-to-date numbers for these campaigns are as follows: PPC-1 w/ doula content outreached to 47 members with seven enrolled for a 15.2% enrollment rate. PPC-2 w/ doula content enrolled 629 members with 161 enrolled for a 25.6% enrollment rate.</li> <li>• L.A. Care Covered members are now included in the Prenatal/PPC-1 and Postpartum/PPC-2 texting campaigns. LACC members will remain with the “old” PPC-1 and PPC-2 script without doula content until 2024.</li> </ul>



<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
	<ul style="list-style-type: none"> <li>We continue to expand the doula network. L.A. Care is currently contracted with one doula organization called The Doula Network and working under a Letter of Agreement with Birthworkers of Color Collective as well as three independent doulas. L.A. Care and DHCS have both implemented standing orders for members and can now be directly connected to services via the provider directory. L.A. Care has served 81 members by this reporting period.</li> </ul>
Implement initiatives to promote diversity among providers, vendors, and purchased services.	<p>We have updated the RFP materials (except for the training deck) with diversity language. Work is still in progress for updating the language in the training deck and on the RFP page on the L.A. Care external site. We have also finalized a contract with a small business vendor to assist L.A. Care with vendor diversity efforts, which include performing data enrichment on L.A. Care’s diversity data.</p> <p>The Provider Equity Council is continuing efforts with both Provider Equity Awards and enhancements of the Provider Directory. The Provider Equity Award will highlight community-based organizations as well school-based clinics/schools districts improving health equity. For the community-based organization category we will focus on organizations that were awarded through L.A. Care’s Community Health Investment Fund (CHIF). For the school-based award, we plan to partner with school health subject matter experts to identify and nominate school-based clinics and/or school districts that excel in efforts to improve children’s health disparities and/or vaccination rates. These awards will continue to be part of the annual Provider Recognition Awards Ceremony. The Provider Directory enhancements include efforts toward including PCP photos in our online provider directory. The workgroup has been tasked with formalizing a complete business case, which is currently underway. The workgroup aims to have the provider directory enhancement in place for the next Open Enrollment Period for 2025.</p>
Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.	L.A. Care continues to meet and coordinate with internal departments as well as with our Plan Partners and other local health plans on the finalized DHCS APL, 23-025, Diversity Equity and Inclusion Training Plan. L.A. Care is leading efforts to implement a system to reduce abrasion among providers that have completed the training.



### Health Leader

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

<b>Drive improvements to the Affordable Care Act by serving as a model of a successful public option.</b>	
<b>Tactics</b>	<b>Update</b>
Play a leading role in advocating for a public option at the state and national levels.	In December, strategy leaders from several public plans in California met to create a forum to discuss and promote our common agenda, including the value of public plans modeling a public option for our state.
Provide expertise and assistance to other public plans interested in participating in state exchanges.	L.A. Care received an inquiry from another public plan about our experience with Covered California. We will continue to share our learnings and advice.

<b>Optimize members' use of Community Resource Centers and expand our member and community offerings.</b>	
<b>Tactics</b>	<b>Update</b>
Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 70,000 by Q2 2024.	West L.A. and Panorama City Community Resource Centers (CRCs) opened to the community. Construction continues on South L.A. and Lincoln Heights sites.
Partner with community-based organizations to offer a range of services onsite.	Developed a new doula services training and education program pilot with a local community-based organization, Birthworkers of Color Collective, at the Long Beach and Wilmington CRCs.



Drive change to advance health and social services for our members and the community.	
Tactics	Update
Identify and prioritize actions, interventions, and programs to promote equity and social justice.	<p>The Chief Health Equity Officer is representing L.A. Care and working closely with the <i>Medical Debt in LA County Coalition</i> on how medical debt burden can be reduced for L.A. County residents.</p> <p>L.A. Care co-hosted the Gun Violence Prevention Continuing Medical Education Conference along with L.A. County Office of Violence Prevention in November for health care providers.</p> <p>In October, L.A. Care hosted a Q&amp;A on the Unidad documentary with the director, film producers, and Gay Latino and Lesbian Unidos (GLLU) leaders. The documentary focuses on GLLU’s history and impact in L.A. during the time of the AIDS epidemic.</p>
Support regional Health Information Exchanges (HIE).	<p>L.A. Care actively promotes regional Health Information Exchanges (HIEs) by utilizing federal and state interoperability regulations. We are in the process of requiring contracted hospitals and Skilled Nursing Facilities (SNFs) to participate in the HIEs. Additionally, we aim to incentivize IPAs, hospitals, and SNFs to meaningfully utilize HIEs by introducing the HIE Participation Measure.</p> <p>L.A. Care also collaborates with the L.A. County IT/Data Advisory Group, providing funding opportunities to enhance the technical infrastructure of community organizations. This effort fosters interoperability through the Incentive Payment Program.</p> <p>In 2024, are planning to launch a one-time HIE Adoption incentive for hospitals and SNFs, aimed at further enhancing HIE adoption and supporting their participation in the California Health and Human Services Agency Data Exchange Framework.</p>



Drive change to advance health and social services for our members and the community.	
Tactics	Update
Create a deliberate and tailored strategy to address homelessness among our members.	<p>The three programs comprising our Housing Initiatives Unit made significant steps forward in Q1 of FY 23-24. The Housing and Homeless Incentive Program completed Measurement Period II, the program’s fourth and final earning cycle, and is on track to exceed initial earnings projections. We have finalized the structural framework for our county-wide Field Medicine initiative. We have engaged consistently throughout Q1 with key stakeholders to keep them abreast of our planning and we anticipate starting the contracting process in early Q3.</p> <p>In our Housing and Homelessness Services and Supports (HHSS) program, we embarked on a fundamental HHSS programmatic restructure, including both operational and financial improvements. We’ve also requested and received Letters of Interest from prospective providers interested in contracting with us for our new Community Supports program, Day Habilitation. The Certification Application process for Day Habilitation began in Q1 in advance of a planned July 1, 2024 launch.</p>



**November 2023  
Grants & Sponsorships Report  
January 2024 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	California Association of Health Facilities	CAHF 223 Convention & Expo	11/8/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
2	California Health Care Safety Net Institute	CAPH/SNI Annual Conference	11/8/2023	Sponsorship	\$ -	\$ 25,000	\$ 25,000
3	Los Angeles Brotherhood Crusade - Black United Fund, Inc.	55th Annual Pioneer of African American Achievement Award Gala	11/8/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
4	The South LA Community Foundation	Feeding the People - South LA Block Party & Wellness Fair	11/7/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
<b>Total of grants and sponsorships approved in November 2023</b>					<b>\$ -</b>	<b>\$ 55,000</b>	<b>\$ 55,000</b>

\* No grants approved in November 2023.

**December 2023  
Grants & Sponsorships Report  
February 2024 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	California Black Health Network	CBHN 40th Anniversary	12/4/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
2	Fostering UNITY	2023 Winter Wonderland	12/4/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
3	It's Bigger Than Us	Winter Wonderland	12/4/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
<b>Total of grants and sponsorships approved in December 2023</b>					<b>\$ -</b>	<b>\$ 25,000</b>	<b>\$ 25,000</b>

\* No grants approved in December 2023.

**CHIEF  
MEDICAL  
OFFICER  
REPORT**



## Chief Medical Officer Report December 2023

### Summary of Major Interval Events

- L.A. Care received a preliminary “intent to sanction” based on the Medi-Cal Accountability Set (MCAS) performance for \$890,000 on December 15, 2023. As previously noted, this was based on a new framework that placed L.A. Care in the highest tier for quality (based on State and/or Regional benchmarks), but in tier 2 for financial sanctions (based on national benchmarks). The sanction amount is heavily influenced by the size of the health plan while underrepresenting how close the plan is to the actual benchmark. We immediately began discussions with Local Health Plans of California (LHPC) and the Department of Healthcare Services (DHCS) to advocate for a different methodology and had our Meet and Confer with DHCS on December 19, 2023. Though regulators understood and seemed aligned with our concerns, on December 29, 2023, we received a formal Sanction Notice without any adjustments to the methodology or amount. We will vigorously defend our position and are planning to formally appeal.
- L.A. Care received information on the 2024 Q1 and Q2 default auto-assignment rates for new unassigned membership at the end of November. As we have discussed, there was a sudden and dramatic change in DHCS’s methodology that has shifted the balance away from Local Health Plans despite a continued differential in quality performance. Using the new calculation, L.A. Care’s default rate shifted from 59% to 53%. Information about the methodology was sparse leading into the end of December at which point, it became clear that there were calculation errors. After DHCS refreshed the numbers, Plans were given from December 20 to 26 to check the calculation. Health Services discovered a number of significant concerns with the new methodology, collaborated with other Local Health Plans, and held a series of discussions with DHCS in an attempt to defer the policy change. By the evening of December 22, we received notice from DHCS that they would reopen stakeholder discussions and would consider changing the auto-assignment methodology to better reflect Plan performance. They have stated that their IT platform will not allow them to alter the assignment methodology for Q1, but they will disproportionately correct Q2-Q4 assignment to adjust for any changes in the methodology that would have affected Q1. We have a weekly meeting schedule with DHCS to arrive on a new calculation by February.
- We are continuing to make progress with our Field Medicine Plan for the County. This represents a way of delivering care to the unhoused in an operationally sound and scalable way. We intend on deploying Street Medicine services to provide members with in-the-moment access to care while creating a glidepath to longitudinal care and full primary care assignment. The plan incorporates financial support for high provider-density regions with large unhoused populations that require greater coordination “Care Collaboratives.” It also extends support for City and County Interim Housing Initiatives. Stakeholder meetings are ongoing this week and will conclude by mid-month. We are preparing a significant investment of Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) funds to support implementation of the plan in March. The Community Health team will be making a full presentation to the Board of Governors in an upcoming session.

- The Case Management (CM)/Utilization Management (UM)/Medi-Cal Long-Term Support Services (MLTSS) department is moving forward with a reorganization of its efforts around over and underutilization of healthcare services in the network. We have a new medical director who has come on board to lead this effort alongside our Analytics and Quality Improvement departments. She is currently prepping our dashboarding and aligning on a list of high priority efforts. At the same time, we have completed hiring our new in-house Medical Directors who, while providing some UM physician review, will each have an additional focus on clinical collaboration across the organization including for claims, appeals and grievances, fraud/waste/abuse, network, California Children's Services, and discharge planning.

## **Departmental Review**

### Care Management/Utilization Management/MLTSS Departments

#### Care Management

##### Enhanced Care Management (ECM)

ECM leaders continue to implement quality improvement activities related to staff roles, technology, and processes to align with the DHCS ECM Policy Guide.

- Data Integrity
  - Coordinators from the CM team completed corrections of thousands of enrollments
  - Continued creating code sets to assist with accuracy and completeness of enrollment data
  - Developed Referral and Enrollment KPIs for internal use and for DHCS reporting
- Payment Model
  - Conducted a full payment reconciliation on CY 2022 and Q1 2023. Complete and accurate numbers are now available for reporting and payment recovery amounts validated to claims/encounters.
  - Worked with Actuary to develop a fee-for-service (FFS) rate structure. We are anticipating moving forward with this change once we have obtained additional feedback from our network with likely implementation April 2024.
  - Updated the ECM provider contract to include compensation for outreach services to offer members ECM. This change in payment is retro to July 2023 and covers all outreach including unsuccessful attempts at reaching members.
- Clinical Oversight
  - Team is testing the new audit tool with a few providers. Concurrently, the ECM team is communicating standards and expectations to all providers in advance of launching full-scale audits during Q1 2024.
  - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions.
- Network
  - Working with IT to develop a dashboard to overlay the provider network expertise and capacity with our ECM eligible membership.
  - Numerous factors will likely prompt changes to network as providers respond to changes in the payment model, contract and oversight activities described above.
  - Developed the Los Angeles County ECM provider capacity report with partnership from the local Managed Care Plans (MCPs). This will support capacity planning and DHCS reporting requirements.
  - In collaboration with local MCPs the team sent out the Justice Involved (JI) ECM provider survey to assess how many of our current providers can meet the DHCS JI Provider requirements. The survey

results along with follow up meetings helped finalize the Los Angeles County JI ECM provider network, which will serve our members upon release from incarceration.

- Staffing
  - Continue to add and update job aids. Reference guides have been developed to standardize compliant processes.
  - Team building
    - Current: 6 FTEs +1 Consultant
      - ✓ In recruitment: 10 positions (4 backfills, 6 new positions)
      - ✓ Future: 4 new positions pending approval
- Enrollment
  - Plan to increase its ECM Enrollment from the current ~10k to 30k members for Q3 2024. This goal will require significant cross-functional efforts and the ECM provider network to achieve.

#### Transitional Care Services (TCS)

- CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). With 16 new staff hired in August and September and finishing training, we have been able to increase monthly outreach to hospitalized members dramatically: 147 in July 224 in August and 554 in September – a remarkable 377% increase in only two months. As of mid-October, year-to-date 1,929 members have been outreached for TCS. We anticipate that with the additional planned hiring and training that by end of Q2 2024 we will reach the goal of outreaching to 3,000 high-risk admissions per month.
- So far, we have had a high engagement rate, with about 44% of members we outreach to participating in part or all of the TCS process. While difficult to measure outcomes at this point in the program, there is intrinsic value in engaging with our members in the critical period post-transition to help with follow-up visits, medications and other services critical to members in their most vulnerable time after hospitalization.
- The CM team is working with other departments
  - CM is collaborating with the MLTSS team in the development of plans for new populations of focus that will also need TCS starting in 2024, primarily the long term care population residing in skilled nursing facilities (SNF) and in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD). In partnership with CM, MLTSS is creating workflows, assessing staffing needs, testing tools, drafting letters, determining documentation standards and creating training schedule and materials.
  - In addition, Network is working to ensure PPGs are aware of, and are performing, TCS for the high-risk populations for which they are responsible.
- In response to L.A. Care and other health plans' feedback, DHCS issued updated guidance late-October for the TCS requirements for 2024 related to low-risk members.
  - Plans no longer have to assign all members with a transition to a care coordinator. However, hospitals, SNFs etc. will need to inform each member that TCS services are available through their health plan and inform members about how to reach out to the health plan to start the process.
  - We are adjusting our plans accordingly. L.A. Care will have a centralized intake line to the TCS team that take the requests and then assign staff.
  - We will need to build system and process to establish responsibilities and hand-offs between L.A. Care, Participating Provider Groups (PPGs), hospitals and potential vendors.

#### General CM

- CM had no audit findings in the reports from the recent DHCS and Department of Managed Healthcare (DMHC) Preliminary reports. Despite that, the team continues to work on improvements in areas identified as potential findings during the on-site portion of the audits such as California Children's Services (CCS) (see below).

- CM continues to work on adopting and implementing new Population Health Management (PHM) requirements from DHCS (not covered in above sections).
  - These efforts include significant IT work such as:
    - Configuring IPRO (analytic stratification tool) to account for newly introduced DHCS high-risk populations, including those meeting definitions for SMHS/SUD, those transitioning into or out of Skilled Nursing Facilities (SNFs), and individuals within 12 months post-partum.
    - Implementing an effective system of tracking members in CM and TCS across the PPGs so case transfers, assignments, and coordination are seamless.
    - Integration of DHCS's PHM Service risk stratification and segmentation logic into IPRO and CCA (Case Management documentation platform) upon its release in CY2024.
    - Transitioning to the new version of CCA.
  - Headwinds
    - DHCS expectations have shifted throughout the year. While some of the changes are welcome, the changes hold challenges in planning and implementation.
    - High-risk populations are more fluid than DHCS is accounting for. These populations have associated expectations for assessment, care coordination, TCS, and formal care management that do not divide cleanly between the PPGs and L.A. Care's internal CM team because the stratifications do not necessarily account for clinical or utilization risk.
  - Team Building
    - Hiring remains a focus as we build capacity to meet the new requirements. Bringing on experienced and/or skilled staff at a pace that matches the pipeline of new work for Duals Special Need Plan (DSNP) and PHM has been difficult.
    - Attrition in recent months is higher than the department's multi-year trend due to both the demands of the work itself as well as the current volume of attractive job prospects outside of the organization.
    - As of October 31, 2023, 53 new staff have started (including staff for ECM and TCS) during CY2023.
    - With the expanded requirements and populations of focus, recruitment continues for numerous positions. Examples include: Coordinators (9 + 2 Supervisors); Program Manager (1); Care Managers (12 + 5 Supervisors + 1 Manager); Data analyst (1).
- DSNP
  - CM continues to work on adopting and implementing new DSNP requirements. These efforts include significant IT work such as:
    - Configuring a new Health Risk Assessment (HRA) into CCA to account for new required DSNP elements. The HRA is the foundation for nearly all care coordination processes. Consequently, in addition to the HRA, all current operational and regulatory reports as well as related operational processes will need revisions to account for the new HRA.
    - Updating note templates and modules in CCA in order to track and report face-to-face activities in accordance with new DSNP program expectations.
    - LAC's CM team is performing well on DSNP metrics and is advising EPO on the audit and oversight of PPG performance.
    - CM staff audit process was selected for review in the recent Medicare mock Compliance Program Effectiveness audit and received positive feedback on their monitoring processes.

### Utilization Management

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action. The DMHC Preliminary Report for the 2021 Routine Survey also listed two timeliness findings.) UM continues to make extraordinary progress in this area. We have made incremental improvements quarter over quarter for the past year.

Compliance Scorecard measures – Q3 2023 most recent available

- Overall performance for all Lines of Business
  - 50/52 measures > 95%
  - 50/50 measures > 90%
- Direct Network only (Medi-Cal subset)
  - 20/20 measures > 95%
  - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly reports.

### UM Team Development

Since January 1, 2023 2024? (1/1/23,) 42 new FTEs have been hired

- As of 10/31/23 multiple positions were open
- Note: UM expectations/standards have been made clear, and are being enforced with the team leading to an increased turnover rate. Anticipate this will level-off with the latest round of resignations
  - 2 new Supervisor positions to support the growth of the Quality Team (in recruitment)
  - 4 Medical Directors (two hired with start dates in November, one in December, one in January.)
  - Quality Manager (resignation, filled with internal candidate early November)
  - Director, Outpatient (resignation, in recruitment for external candidate)
  - Manager, Inpatient (resignation, filled, start date November 11, 2023)
  - Supervisor, Inpatient (internal transfer, subsequently filled with start date November 6, 2023)
  - Supervisor, Outpatient (internal transfer, in recruitment)
- The Quality team now has seven auditors (five clinical, two nonclinical), four trainers (two clinical, two nonclinical), and one policy nurse. These positions are critical to ensure staff are trained for compliance and quality and to conduct monitoring and oversight of the team that will help us sustain the demonstrated improvements as well as ensure implementation of corrective action plans from regulatory audits (described below).
- The ER/Admit team phone queue went live in mid-May, but has three openings that have been difficult to fill as they are evening and night shifts. This has also been a tough team to keep staffed as the calls can be challenging. Maintaining management coverage for nights and weekends has been difficult.
- The Discharge Planning team has been sluggish to staff but has 5/6 positions filled. Progress also slowed when the Supervisor for the team was on a leave during all of October. A P&P was developed to set standards for phone queue management and customer service.
- The data analyst has been assisting with tracking productivity and projecting staff capacity. As a result, in early November the Inpatient clinical teams restructured to a pod system to better distribute work based on hospital volume and contract type (DRG and per diem). The inpatient team was also able to significantly reduce the inventory of aging concurrent review cases.

### Systems

- SyntraNet – enhancements have been on schedule for deployment since September and are scheduled to continue to the end of the year. The system is now displaying member ages and correct due dates for decisions and notifications, which will assist the team in prioritizing cases for completion, thus maintaining the high timeliness metrics. The post-stabilization log for tracking and monitoring was also added.



- QXNT UM – Plans are in full swing for a conversion from Syntranet to QNXT in 2024. UM team is working with LAC IT and Cognizant staff to develop and execute an extensive workplan. Currently the team is building specifications for work queues and planning for user acceptance testing to start in mid-December. While these planning stages heavily impact the leadership on multiple teams (UM, ECM, MLTSS, CS), we look forward to the future flexibility and improved speed of configuration as regulatory requirements and business-needs change. In addition, we welcome the integration with QNXT claims that is expected to reduce abrasion that impacts our day-to-day relationships with our providers.

#### UM Cross-Functional Collaborations

- Coordination between UM and Grievance & Appeals and Quality
  - The three teams have increased their meeting frequency to weekly.
  - A new processes and leveling for medical directors to review grievances that appear to have quality of care (QOC) concerns ASAP after receipt continues to be developed and refined. Findings from the recent audit reports as well as updated guidance from DHCS regarding timeliness and peer protection are being accounted for. The new clinical grievances workflow is expected to be completed by the first week in December, and receiving sign-off from Compliance by mid-December. Once regulatory compliance is validated, all relevant policies and procedural documentation will be updated to reflect the substantive changes and Health Services and Operations leadership will convene to plan and implement a clinical staff model designed to support this new process.
  - The Medical Directors received training in the PCT system in October and are now documenting directly in the A&G system rather than by email.
  - A framework for metrics and reporting was developed to track denials rates, appeal rates, uphold/overturn rates and break down by entity (e.g. LAC, PPG). The business case is under review with IT.
  - The Appeals nurses participated in the 2023 MCG IRR, all with passing scores. Discussion is occurring to establish MCG training course of action.
- California Children’s Services (CCS)
  - SyntraNet now displays dates of birth in the work queues allowing easy identification of members under 21.
  - We created and filled a UM Supervisor position that will oversee inpatient and outpatient UM staff who will review all pediatric authorization requests to determine whether the member is already enrolled in CCS or needs to be referred to CCS. All complex kids with CCS or CCS eligible diagnoses will be referred to CM/ECM/PPG.
  - Our medical director Dr. Lina Shah has experience with CCS and is working with both UM and CM teams in building processes to ensure kids with complex medical needs are connected with the services they need through formal CCS program enrollment and/or collaboration with other specialty providers.
  - The UM CCS UM Supervisor, and CM leadership have established a CCS workgroup which meets routinely to ensure continued collaboration and process progression.
  - In October, DHCS released the final new MOU template with an All Plan Letter. The team is reviewing the new requirements and working with their counterparts at LA County CCS Office to implement it.
- Hospital and SNF
  - UM, MLTSS, PNM, Finance and AAL continue to work on updating contracts with particular focus on ensuring rate allowances that will facilitate timely discharges from hospitals by offering greater access to SNF beds.

- UM inpatient team continues to meet weekly with multiple hospitals to assist with complex discharge planning needs. While new contracts are pending, Finance has allowed PNM to work with UM on member specific Letters of Agreements to move complex members out of acute beds.
- Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template pilot has been going well with one hospital system and one SNF system working with LAC to expedite discharges. We continue to streamline more targeted referral processes with other large SNF chains.

#### Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to 15 by 2024. In order to maintain current operations and implement new ones from CalAIM, 19 additional staff were approved in June and all of the new positions have been filled as of November.

#### Community Based Adult Services (CBAS)

- New staff are in training and are expected to take on full time review of new requests for 5-day/week services early in 2024. The staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and prevent avoidable over-utilization.
- Team is also working with AAL to quantify the impact of prior efforts to appropriately reduce CBAS frequency requests of 6 and 7 days per week and estimate the savings from UM activities.
- MLTSS leaders are working with AAL on a claims recovery project in which providers were paid inappropriately despite lack of authorization, incorrect codes and incorrect dates/frequency of services. The second part of this effort will use all findings to work with claims team to ensure controls are established to prevent erroneous payments going forward.

#### CalAIM & Community Supports (CS)

- The MLTSS team is currently administering the following CS services: Personal Care and Homemaker Services; Caregiver Respite; Environmental Accessibility Adaptations
  - Each of these CS have low referrals and approvals.
    - Personal Care and Homemaker Services: while referrals have steadily increased, the highest month so far was August 2023 with 112
    - Caregiver Respite: the average monthly referrals remains in the low double digits with the highest month at 21 in July 2023
    - Environmental Accessibility Adaptations: only two months so far this year have seen double digit referrals
  - LAC is not unique in low uptake of the CS services. DHCS believes that these CS services are underutilized statewide. The Department has provided updated guidance to plans about benefit and eligibility standardization along with expectations that plans increase member access and uptake of these services in 2024.
  - In collaboration with the Community Health team, MLTSS is promoting the CS offerings in numerous forums including the JOMs (Joint Operating Meetings) occurring with PPGs (Provider Groups), hospitals and SNFs (Skilled Nursing Facilities). The MLTSS team offers separate more detailed training sessions on the services, eligibility criteria, and referral/approval processes. The team has been conducting an average of two trainings per month and also promotes the services during the quarterly webinars with CBAS centers and SNFs.
- MLTSS is preparing for additional CS services becoming effective 1/1/24.
  - Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers).

- Nursing Facility Transitions/Diversions to Assisted Living Facilities (Transitioning members who meet program and medical criteria for transition out of LTC) and Community Transition Services/Nursing Facility Transition to a Home.

#### New Populations/Benefits Standardization

- MLTSS continues to prepare for the January 1, 2024 effective date for members residing in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)
  - Webinar held in October with Regional Centers and ICF-DDs with 73 external participants
  - MLTSS continues to collaborate in regular workgroups with other health plans on operational process alignment for this new population.
  - LAC has provided feedback to DHCS on their proposed ICF-DD Carve-in Resource Policy Guide.
  - Syntranet updates are in progress and user acceptance testing is being set up
- Pediatric Sub-Acute Carve In January 1, 2024. Though the DHCS APL is still in draft form and pending publication, planning progresses
  - System readiness: Codes are in process of being loaded with the new heading
  - Provider readiness: working with PNM and CRM to contract all three pediatric sub-acute facilities in LA County. Drafting letter to providers.
  - Working with PNM on PCP/PPG assignment – likely to follow the methodology of other long-term care members
  - Provider training – planning in progress
  - Updating existing policies/procedures and referral forms to add Pediatric subacute as appropriate

#### Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit is currently for full-benefit-only Medi-Cal members (excludes partial and full duals). Benefit expands to full duals in DSNP (under Medi-Cal) on January 1, 2024.
- Despite steady increases, referrals and enrollment are low for this benefit, averaging around 50 per month with a current census of 224. MLTSS team is using the PPG, hospital and SNF JOMs to promote the service's benefits and availability. They will also be providing an in-service to ECM providers. Additionally, UM and CM are redirecting members ineligible for hospice for palliative care where appropriate. We are looking at ways we can use our IPRO risk stratification data to further increase referrals as the program has previously shown to positively affect utilization.

#### Community Health

##### Community Supports Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions to DHCS for the Quarterly Implementation Monitoring Report (QIMR) for 2022 Q1, 2022 Q2, and 2022 Q3. Plan partner data changed and L.A. Care had more claims to support the reporting of Services Received.
- DHCS Member Information Sharing - CS staff are working with internal IT to build out the CS Authorization Status File (ASF) and prepare for processing CS Return Transmission Files (RTFs) in accordance to DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to give them information needed to create provider payment rates

##### Community Supports - SyntraNet:

- CS staff outreached to Excell HCA/UpHealth to specify assistance required with ASF development, and plan for SyntraNet ingestion of RTF data.
- CS staff are continuing to work with IT and Excell HCA/UpHealth on several data discrepancies and issues on both Daily Scrum meetings and Technical CalAIM issue calls

### Social Services

- Provided an in-person training at a CRC (Community Resource Center) to showcase our Community Link and engage Community Based Organizations to collaborate through our Community Link.
- Our Community Health Coordinators attended various community events and health fairs to provide information to the community about our Community Resource Centers and the Community Health Worker Benefit.
- Our Recuperative Care Staff continues to provide on-site visits to Recuperative Care Centers in our network. This last month our staff worked with our Communications Department on a success story of a homeless members that entered into permanent supportive housing out of a recuperative care center.

### HHSS:

- Members Enrolled (as of November 15, 2023): 11,024 members enrolled in HHSS
- Provider Network:
  - Currently 28 contracted for HHSS: Includes 4 new providers, 15 also contracted for HD
  - January 2024 provider load: 9 new providers in process
- Provider Capacity Report:
  - Q3 2023 Quarterly Provider Staffing and Report (reported as of 9/3/2023)
    - Total: 29,063
    - DHS: 26,034
    - Non-DHS: 3,029
- Claims Needed Report: CS staff have prepared October Claims Needed Report for HHSS Providers. This report will help HHSS providers be more compliant and timely in submission of HHSS claims

### HHIP:

- Metric 1.6 - Housing Equity: Awards for infrastructure/capacity and innovation
  - Max earnings: \$6.9 million
  - Applications are under review
- Metric 2.1 - 10% Increase from MP1 (Measurement Period 1): Relationships with SM (Street Medicine) providers to meet MP2 increase
  - Max earnings: \$13.8 million
  - Request for Applicant submissions received and being reviewed
- Metric 3.2 – Screening for high utilizers
  - Max earnings: \$6.9 million
  - Engaging with MLK and DHS: DHCS has approved partial points and we are likely to achieve the 2% threshold. Pursuing max 5%.
- Metric 3.3 – ECM enrollment: Increase ECM enrollment for HHSS eligible members from MP1 to MP2
  - Max earnings: \$6.6 million
  - Reporting of ECM enrollment sent to eligible HHSS providers
- Metric 3.6 – Eviction Prevention: Execute agreement for 2<sup>nd</sup> installment of funds
  - Max earnings: \$13.8 million
  - Investment in Mayor’s Fund Eviction Prevention
  - Exploring coinciding investment in County’s eviction prevention services

### Street Medicine (SM):

- Development of SM network contract in progress
- SM network service structure: Developing a regional structure for service delivery based on anchor providers

- SM rates are in development
  - We are currently analyzing potential SM provider rates and exploring supplemental HHIP-funded rates for anchor providers
- Development of geo mapping of SM providers
- Conducting individual meetings with SM providers to preview proposed operational model

## Pharmacy

### Star Rating Metrics

- Medication Adherence: Our medication adherence STAR measures continue to trend higher than the same time last year. We are on track to meet our goal for CY2023.
  - Comprehensive Adherence Solutions Program (CASP): After evaluating the adherence call programs offered by Navitus and L.A. Care Pharmacy department, we have determined that our program is superior in both call connection and member engagement rates. The quality of calls made by L.A. Care Pharmacy also surpasses those of Navitus. As a result, L.A. Care Pharmacy intends to transition all adherence call efforts in-house for 2024. Pharmacy continues to pursue the implementation of Salesforce Intelligent Desktop (IDT) to further strengthen our in-house adherence call program, ultimately improving our STAR performance across 3 triple-weighted adherence measures.
  - CVS Medication Adherence Program: Launched November 1, 2023
  - Participating Physician Group (PPG) Collaboration: Pharmacy is proactively pursuing collaboration opportunities with PPGs to improve medication adherence and statin measures. We will leverage PPG clinical pharmacists to facilitate timely initiation of refills and statin therapy. Successful initial meetings have been held with Optum and Altamed.
  - Formulary Team Expanded Rejected Claim & Transition Fill Outreach: Formulary team reviews daily rejected claims and transition fill reports and conducts outreach to providers and members. Outreach is conducted to ensure appropriateness of rejections, resolve rejections, encourage utilization of preferred alternatives, and submission of coverage determinations as needed. As of November 6, 2023, 388 claims identified for outreach were successfully reached by the prescriber, member, or pharmacy.
- Medication Therapy Management (MTM) Program: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), OutcomesMTM, and CustomHealth pilot program, achieved 73% completion rate of eligible members in 2023 Q3, a notable improvement from 2022 Q2 at 60%. Pharmacy has implemented a hybrid model with MTM vendor starting on November 1. L.A. Care pharmacists are conducting CMRs alongside MTM vendor for additional assistance to boost CMR completion rate.
- Care for Older Adults (COA): Medication reviews completed by summer interns have been reviewed by L.A. Care pharmacists and sent to STARS team for dissemination. PPGs will be educated at upcoming Joint Operations Meetings (JOMs) on how to close the gap for their members. Pharmacy is also submitting MTM comprehensive medication reviews for this measure. We are projected to achieve a 4 star rating based on the medication reviews that have already been completed by Pharmacy and Navitus (2,671 as of October 25, 2023), in addition to the number of reviews anticipated to be completed by the PPGs.

- Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC): Pharmacy, in collaboration with Navitus Clinical Engagement Center, has launched a new provider-facing intervention in late-September 2023. Pharmacy is also collaborating with PPGs to facilitate appropriate initiation of statin therapy. Outcomes will be provided in future reports.

#### California Right Meds Collaborative (CRMC)

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. As of October 2023, an average A1c reduction of 2.7% from an A1c baseline of 11.5% is observed in patients who complete at least 5 visits with a pharmacist. In addition, an average reduction in systolic blood pressure (SBP) of 18.4 in patients with baseline blood pressure >140/90 mmHg with 3 or more visits with the pharmacist.
- Multiple CRMC pharmacies have submitted interest forms to contract with LA Care for the Community Health Worker (CHW) benefit to expand current services.

#### Clinical Pharmacy Pilot Program (Ambulatory Care)

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension.
- Clinical pharmacist will also be assisting in closing out gaps for COA Medication Review and Transitions of Care (TRC) for DSNP members.
- Current clinics include Wilmington Community Clinic and Harbor Community Clinic.

#### Community Resource Center (CRC) Flu Clinics

- Pharmacy in collaboration with Health Education, CRC leadership, and North Star Alliances planned and hosted 10 successful flu clinics. USC Medical Plaza Pharmacy offered health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. All Pharmacy Team members have volunteered to attend  $\geq 2$  events. The number of vaccines and health screenings administered are listed below:
  - Flu shots administered: 1,061
  - COVID shots administered: 347
  - Members with either blood pressure or blood glucose health screening: 56
  - Members with both health screenings: 798

### Quality Improvement

#### Executive Summary

- NCQA Health Plan Accreditation Survey results have been received. L.A. Care's status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is Accredited, but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.
- A Direct Network Physician Advisory Collaborative meeting was held in September.
- The first Provider Engagement Event was held successfully at the Lynwood CRC on October 26, 2023.
- DHCS Equity and Practice Transformation (EPT) Grant announced that 133 practices have selected L.A. Care as their managed care plan. This includes 83 small/medium-sized independent practices and 50 FQHCs. We are now reviewing these applicants to submit our concurrence for their participation in EPT to DHCS.

#### Health Education & Cultural Linguistic Services (HECLS)

- Maternal health texting campaigns, PPC1 (Prenatal), and PPC2 (Post-partum) received the Activate 2023 Award for Achieving Health Equity from mPulse at their annual conference. The two campaigns were recognized for content, strong member engagement, and successful results.
- Multimodal Fight the Flu campaign activities underway: texting campaign launched on September 22 with 439,027 members enrolled in the flu texting campaign. Additionally, end-of-call flu script, flu postcards, social media campaign, automated flu message, newsletter articles, provider email, and fax blast are additional initiatives in flight.
- The Diabetes Prevention Program (DPP) under the new vendor (Diabetes Care Partners) reached highest enrollment to date with 197 members enrolled in FY 22-23. This was a 42% increase from FY 21-22 under the previous vendor Solera, and the highest number of members (n=46) who achieved a weight loss goal of at least 5% reduction in body weight.
- Meals As Medicine program has completed most activities related to the Medically Tailored Meals DHCS-required alignment within MCPs. This includes eligibility criteria expansion and documentation uniformity. New criteria going into effect on January 1, 2024 will add an extensive list of diet responsive conditions to the current eligible conditions and eliminate any age restrictions.
- First Pediatric Healthy Lifestyle program for ages 6 to 13 years were completed at Lynwood CRC with seven initial participants and five who completed the three-session pilot. The program is expanding to Inglewood, Metro and El Monte CRCs with the support of Registered Dietitians.
- Three trainings on “Writing in Plain Language and Readability using Health Literacy Advisor” were conducted during the months of October and November with approximately 180 participants. These trainings aim to train and educate staff from departments that develop member letters and materials.
- The Adult Weight Management program, a six week skills based series of workshops, will be piloted at the Inglewood CRC in January. Efforts are underway to expand to other CRCs and develop a virtual option.

#### Initiatives

- The Managed Care Accountability Set (MSCAS) Performance and Sanctions:-DHCS recently released their new methodology for determining sanctions. The new methodology takes into consideration state and regional benchmarks along with national benchmarks. Based on this new methodology, L.A. Care is in the Green Tier and has no financial sanction for Measurement Year (MY) 2022. L.A. Care will need to complete one project due to low performance in the Child Health domain.
- The Department of Health Care Services also released new benchmarks for the MY 2023 MCAS. While some benchmarks were lowered, some increased substantially such as the Follow-Up After Emergency Department Visit for Mental Illness (FUA) 30-Day Follow-Up. This increases the total number of measures at risk to meet the minimum performance level (MPL) to eight measures.
- The at-home test kit contract with ixLayer was accelerated, signed, and executed on October 13, 2023. Plans are underway to mail out the test kits in December. Notification to providers is scheduled to go out mid-November through various channels to ensure that providers are aware of this new resource for members.
- Clinical initiatives team hosted “Q4 push” meetings to discuss specific interventions and measures that L.A. Care will be focused on through the remainder of year. The team is also supporting discussions with Participating Provider Groups (PPGs) on their efforts to close out the measurement year.
- A chase list of noncompliant members for specific measures (BCS, CIS, LSC, CBP, COA, EED, HBC >9%, W30) was curated for each PPG to support closing gaps and distributed on October 13, 2023 with requests for follow-up. Additionally, initiatives shared W30 and CIS incentive program information along with a list of eligible members for PPGs to outreach. Meetings were conducted with: AltaMed Health Services, Allied Pacific IPA, Optum Care Network/Apple Care Select, Community Family Care, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Prospect, and Preferred.

- Retinal-Eye Exam (EED) outreach conducted by Vision Service Plan continues. A Q4 priority is to focus on Dual Eligible Special Needs Plan (D-SNP) populations. Member outreach (April 3, 2023-August 10, 2023) statistics are as follows: 2,259 MCLA members, 400 members scheduled to date, 181 gaps closed. Provider outreach (April 8, 2023-August 10, 2023) statistics are as follows: 17,123 noncompliant members sent to assigned eye-care providers, 3,650 gaps closed.
- All seven text messaging campaigns to improve preventive care are now live:
  - Comprehensive Diabetes Care (CDC)
  - Well-Child Visits in the First 30 Months of Life (W30A&B)
  - Adults Access to Preventive and Ambulatory Care (AAP)
  - Colorectal Cancer Screening (COL)
  - Controlling Blood Pressure (CBP)
  - Breast Cancer Screening (BCS)

#### Quality Improvement- Practice Transformation Programs

##### First 5LA/HMG LA

- Cohort 1 practices (APHCV + Kids & Teens MCG) are screening 51.9% of our members aged 0-5 years old, realizing a 38% increase in screenings over baseline (14%) through September.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, and White Memorial CMC) have generated a 12.6% increase over baseline for completed screenings through September.
- Completed 50 out of 60 early childhood development classes for members through November.

##### Transform L.A.-Direct Network

- Current program enrollment: 19 practices, 102 providers, 12,095 DN members (29% of total DN members).
- One new practice has enrolled in the program.
- A1C <9%: 7% improvement over baseline and Controlling Blood Pressure: 10% improvement over baseline

##### EQuIP LA – Direct Network

Baseline data for four practices have been successfully submitted. Practices have completed their baseline assessments of quality improvement capabilities. Development of health equity based program goals under way.

##### Equity & Practice Transformation Payments Program

- Enrollment has concluded. Total number of practices that selected L.A. Care: 133: 83 small/medium sized independent practices and 50 FQHCs/look-alikes/large practices. Exceeded enrollment goal (60) by 122%.
- A review of applications is underway.

##### Provider Quality Review (PQR)/Potential Quality of Care Issues (PQI)

- Total PQI Reviewed
  - FY 2022/2023 (October 2022 - September 2023) the PQR team reviewed and closed 7,337 cases. 2,165 (30%) were classified as duplicates or triage zero, meaning that they did not meet the PQI referral criteria. The remaining 5,172 cases were reviewed for quality of care or service issues. 339 had actions taken to address the PQI findings. The PQI actions included communication to inform provider of quality review findings (no response required), provider response required for quality review findings, and corrective action plans required for quality review findings. As of April 2023, the monthly rate for timely closure has averaged above 99%.



- Aging PQI Cases: As of October 31<sup>st</sup>, 2023, there were 3,734 cases open. 3,358 cases in green (0-151 days), 300 cases in yellow (152-183 days), 75 cases in orange (184-213 days), and one case entered the untimely aging category of 214+ days.
- PQR – Critical Incident (CI) Reporting
  - The PQR department is currently undertaking the reinstatement of Critical Incident (CI) Reporting. Under the new guidelines from DHCS, Critical Incident reporting will now include DSNP and MCLA members. The team is consulting Compliance and Legal team to understand regulatory reporting to ensure we require the impacted facilities to report CI. We will finalize the requirement and P&P by November 20, 2023.
- PQR – Staffing Updates
 

PQI referrals remain high. A&G and PQR leadership continue to work together to enhance the end-to-end process. Meanwhile, the PQR team staff up to ensure timely processing of referrals. As of November 6, 2023, all approved positions are filled.

Accreditation

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

L.A. Care’s status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is **Accredited** but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.

CATEGORY SCORING THRESHOLDS							
STANDARD CATEGORY	CATEGORY RESULT	POINTS RECEIVED AND PERCENTAGE	TOTAL APPLICABLE POINTS (TOTAL POSSIBLE)	≥80% THRESHOLD POINTS (ACCREDITED)	< 80% - ≥ 55% THRESHOLD POINTS (PROVISIONAL)	< 55% THRESHOLD POINTS (DENIED)	MUST-PASS REQUIREMENTS
QI - Quality Management and Improvement	ACCREDITED	14.00 (82.35 %)	17.00	13.60	9.35	9.18	
PHM - Population Health Management	ACCREDITED	18.00 (85.71 %)	21.00	16.80	11.55	11.34	
NET - Network Management	ACCREDITED	28.00 (100.00 %)	28.00	22.40	15.40	15.12	
UM - Utilization Management	ACCREDITED	43.50 (94.57 %)	46.00	36.80	25.30	24.84	1 Failed Must-Pass Elements
CR - Credentialing	ACCREDITED	17.00 (100.00 %)	17.00	13.60	9.35	9.18	0 Failed Must-Pass Elements
ME - Member Experience	ACCREDITED	26.00 (100.00 %)	26.00	20.80	14.30	14.04	

- The CAP is for UM 7B: Written Notification of Nonbehavioral Healthcare Denials. During the file review, 15 out of the 30 files did not include a statement that members and their treating physicians can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based.
  - Please note, this letter was corrected and implemented prior to the survey. However, half of the selected files were for dates prior to the issue being corrected.
  - Next Steps: QI will coordinate CAP completion with EPO and our consultants. The CAP response due date is December 3, 2023.
    - QI will also coordinate a mock file review by our consultants in February 2024 in preparation for the CAP survey.
- Discretionary Review – UM 13 Elements C: Review of UM Program and D: Opportunities for Improvement
  - Part of the evidence for the DHS discretionary survey did not meet all standards and will therefore also be included in the CAP survey.
  - Next Steps: QI will coordinate an **internal CAP** completion with EPO and our consultants.

- QI will also coordinate a mock file review by our consultants in February 2024 as preparation for the CAP survey.
- Near Misses:
  - The requirements for the elements listed below were not fully met, although similar evidence was accepted in a prior survey. A one-time exception was granted and full points have been awarded for this survey only. Compliance will be evaluated during our next survey in 2026. Regardless, QI is actively working with the accountable business units on completing an **internal CAP** to ensure these gaps are addressed.

#### Health Equity Accreditation (HEA)

- NCQA survey submission will be December 5, 2023.
- Health Equity Evidence Updates
  - The minimum passing score to achieve accreditation is 80%
    - QI Accreditation estimates a **worst-case scenario score of 84%** once all evidence is reviewed
  - The survey holds 2 critical (must pass) factors.
    - We have no concerns about meeting requirements for either of these elements.
- HE 7 Standard: Delegation of Health Equity Activities
  - NCQA Selected Delegates:
    - Anthem: HEA Accredited, however, still pending agreement
    - Teladoc: Pending discussion
    - Carelon: Pending response
    - Liberty: Agreed to delegation

#### Access to Care

- MY2022: CAP responses- 32 of 33 received. Past-due follow-up notifications have been sent to the remaining provider groups. DHS Pending CAP submission
  - DHS reached out to L.A. Care on 9/8 concerning appointment availability survey and corrective action plan concerns. DHS has shared five areas of concern. Investigation of concerns have resulted in a minor edit to DHS's report card and CAP regarding PCP routine and urgent appointments.
  - All other issues were related to provider contact list issues which have been resolved for MY2023
  - QI Accreditation is finalizing follow-up communication with DHS.

#### STARS/HEDIS

- MY2023 performance continues to project to 3.0 (rounding down). Most HEDIS measure performance is still projected to perform lower year over year. The overall performance is projected to improve from a 2.44 to 2.94 despite substantial increases in cut-points. Both the Operations and Pharmacy measure performance are performing higher with overall domain performance improving from 2.28 to 2.96 (Operations) and from 2.31 to 2.85 (Pharmacy) despite huge increases in cut-points.
- HEDIS Q4 recovery effort continues which includes 1) reconciliation between PPG performance tracking vs. LAC received encounter information; 2) review of PPG Q4 improvement plans and areas L.A. Care can assist and 3) review of supplemental data submission (and potential under-submissions).
- For the High Touch HEDIS Outreach RFP, AdhereHealth was selected as the vendor of choice. The contract is currently in redline review between L.A. Care legal and AdhereHealth Legal with the goal to have the contract approved prior to December 31, 2023 and implementation kicking off early Q1 2024.

Surveys: (CAHPS (Consumer Assessment of Healthcare Providers and Systems)/HOS (Healthcare Outcomes Survey)/QHP (Quality Health Plan)/Off Season

- Surveys were deployed late September/October 2023
  - MAPD(Medicare Advantage Part D)/HOS Offseason
  - TAR (Timely Access Reporting) QHP Offseason (LACC(Covered CA) population)
  - LACC-D (Direct)
  - PASC (Personal Assistance Services Council) (Using Commercial CAHPS survey – in anticipation of potential accreditation decision in the future)
  - Provider Satisfaction Survey (PSS)
- Identify methods for improving member services and experience for this composite to count positively towards CAHPS performance
  - Identify consistently poor performing providers
  - Identify consistently poor performing office locations
  - Identify lower rated PCPs

Population Health Management (PHM)

- For Enterprise Goals, the PHM team is tracking the 2022-2023 PHM index and is currently on track to meet the mid-goal, with 13/16 of the goals met for at least one line of business.
- The 2023-2024 PHMI is in development and work is in progress across the enterprise to update goals for the next cycle.
- The PHM team will develop the 2023 PHM Program Description in Q4 2023 and will include the CalAIM requirements.
- CalAIM Strategy document was submitted to Compliance and will be passed forward to DHCS.
- L.A. Care submitted the CalAIM Key Performance Indicators (KPIs) report to DHCS.

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- Further IHA provider training is in development.
- The IHA workgroup has drafted documentation on root causes of poor IHA completion rates and has created a corrective action plan (CAP). Next steps include enhancing reporting and monitoring tools, and strengthening the PPG accountability process.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly (currently quarterly) reporting on members who have not had their IHA.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- The Policy for APL 22-025 developed by the PHM team and approved by DHCS will go to QOC for internal approval in November after the process is more established.
- DHCS is sending the reports on providers completing the Dementia Aware training and L.A. Care has notified all providers of the new APL requirements.

Facility Site Review (FSR)

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **20**. To date **377** audits have been completed from the backlog.
- In Q3 2023, **6** FSR/MRR audits were conducted and completed from the backlog.
- L.A. Care FSR is working with the LA County Collaborative (According to APL 22-017, all health plans operating in the LA County area must collaborate to establish systems and implement procedures for the coordination, consolidation, and data sharing of site reviews for mutually contracted PCPs. All health plans

within a county have equal responsibility and accountability for participation in the site review collaborative processes) on the FSR/MRR backlog audits to be completed by 12/31/2023.

- FSR is working with the LA County Collaborative on a combined mobile unit tool and condensed street medicine tool. All MCP's are currently piloting this tool. Feedback still pending.

### Population Health Informatics

#### Health Information Management (HIM) Analytics

- The Population Health Assessment, which is a document submitted to NCQA annually showing the different health profiles of LA Care (Member Demographics, Utilization Rates, Top Diagnoses, etc.) has begun and is on track to be completed in early January 2024.
- Preliminary data research is being conducted for the upcoming SNF and Hospital Incentive Programs and the availability and usability of each measures' rates from publically available data sources (such as Nursing Home Compare) are being evaluated.
- Continued development of the Hospital Performance Dashboard is ongoing. This Dashboard is updated on an annual basis (may change to quarterly) which reports the performance of Hospitals based on CMS quality metrics. This Dashboard is used by various teams when meeting with Hospitals.
- The first phase of a new STARS Dashboard has been published. HIM is working alongside the STARS Team for phase 2 which will include Operations and Member Experience metrics. Discussions are also in progress to develop a LACC Dashboard for MY 2024.
- A Social Determinants of Health/Initial Health Assessment/Health Information Exchange Report is currently being developed to distribute to PPGs that will inform provider groups of their performance in these three domains. This report will be distributed quarterly.
- Given the recent spike in COVID cases, HIM has been tasked with ingesting all available vaccination data streams to identify the uptake of vaccine boosters in the L.A. Care population. The ingestion code has been completed and will be run on a monthly basis.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- HIM continues its analytic work on the CalAIM project. Measures are currently being developed which monitor PCP visits and ambulatory care.
- HIM is working alongside Community Health to identify the homeless population with greater accuracy for the HHIP program.

#### Health Information Exchange Ecosystem (HIEc)

- L.A. Care is revising the Hospital Services Agreement (HSA) to mandate hospital participation in Health Information Exchanges (HIEs). This revision will enforce compliance with CMS 9115 standards for Hospital ADT notifications and require participation in the CalHHS Data Exchange Framework (DXF).
- A similar directive is underway for Skilled Nursing Facilities (SNFs), obligating them to engage in DXF and facilitate information exchange with HIEs.
- Effective January 1, 2024, involvement in Health Information Exchanges (HIEs) will become part of the Hospital Pay-for-Performance (P4P) program. Hospitals will be eligible for incentives upon achieving set milestones in HIE participation.
- Likewise, beginning January 1, 2024, Skilled Nursing Facilities' (SNFs) engagement in HIEs will be incorporated into SNF Pay-for-Performance (P4P) program, offering incentives for SNFs that reach specific HIE participation milestones.
- Edifecs has been selected as the Clinical Data Repository (CDR) vendor, tasked with managing real-time ADT data ingestion via FHIR from LANES and CMT.

- The One-Time HIE Adoption Incentive Program has been successfully launched, offering incentives from October 1, 2023, to September 30, 2026, for providers, particularly aimed at FQHCs and small or solo group providers, to enhance HIE adoption and DXF participation.
- The California Health and Human Services Agency (CalHHS) has designated LANES as a Qualified Health Information Organization (QHIO). In this capacity, LANES is set to serve as the QHIO for L.A. Care and is actively working on the implementation of the Data Exchange Framework (DXF) to enable the exchange of health and social services information in alignment with the established DXF policies and procedures.

#### Incentives

- Final 2022 HEDIS and other domain data are being processed for use in the P4P Programs. We are aiming to complete all six program reports and payments between Thanksgiving and Christmas.
- The 2023 Update Action Plans have been sent to L.A. Care from the PPGs. L.A. Care and Plan Partner subject matter experts have provided feedback on the PPG projects. Final action plan results are expected from the PPGs in January 2024.
- A new Hospital P4P Program is close to being finalized. The program will be previewed with hospital leadership in November/December. The goal is to launch the program in January 2024.
- A new SNF P4P Program is close to being finalized. The program will be previewed with SNF leadership in November/December. The goal is to launch the program in January 2024.
- 2023 Provider Opportunity Report (POR)/Gap in Care (GIC) reports are being produced monthly. Plans for report enhancements are under way alongside efforts towards more effective use of the Cozeva platform.

# L.A. County Field Medicine Program Brief

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



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

**01 February 2024**

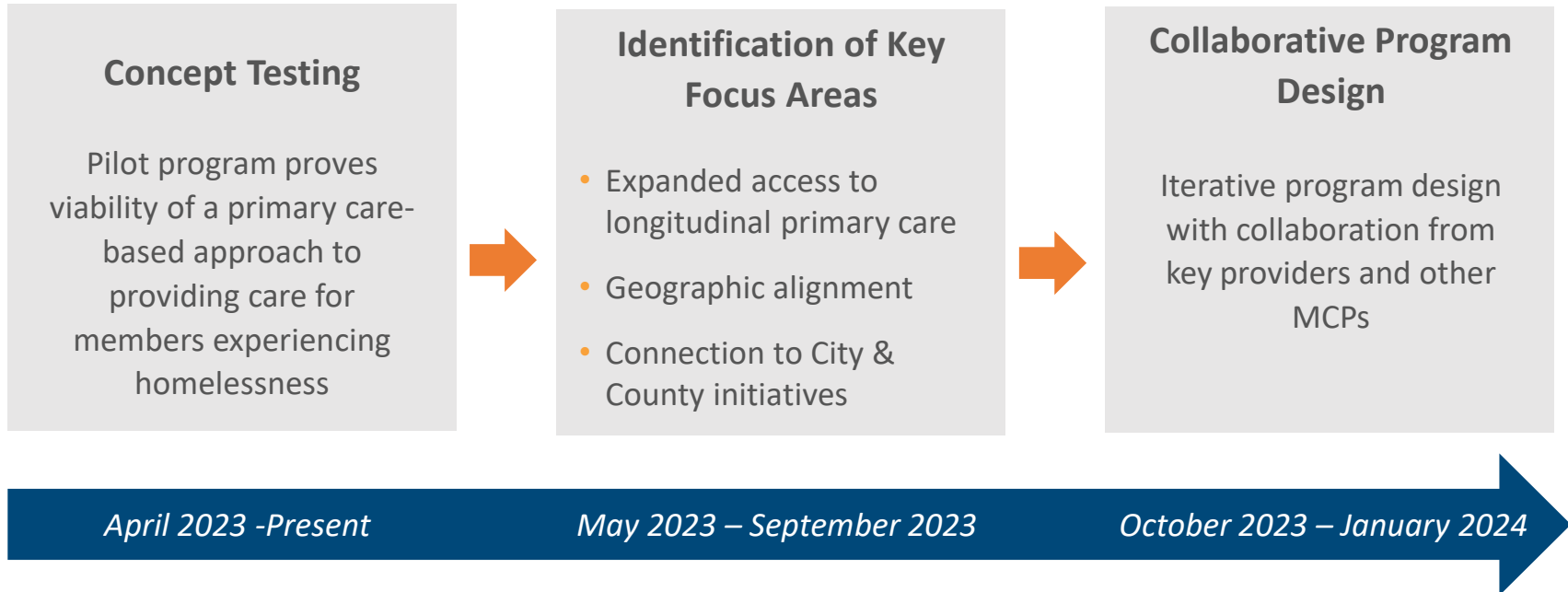
# *Framing:* What problems are we trying to solve?

## Key Challenges with the Status Quo

- 1** **Lack of access to longitudinal primary care** for members experiencing homelessness, with multiple providers providing a range of services
- 2** Uneven geographic distribution of providers, leaving **large parts of the county without any street medicine presence**
- 3** **Limited coordination between City and County initiatives and Medi-Cal resources** to bolster access to services



# Development: Steps we've taken to construct a comprehensive, community-based solution





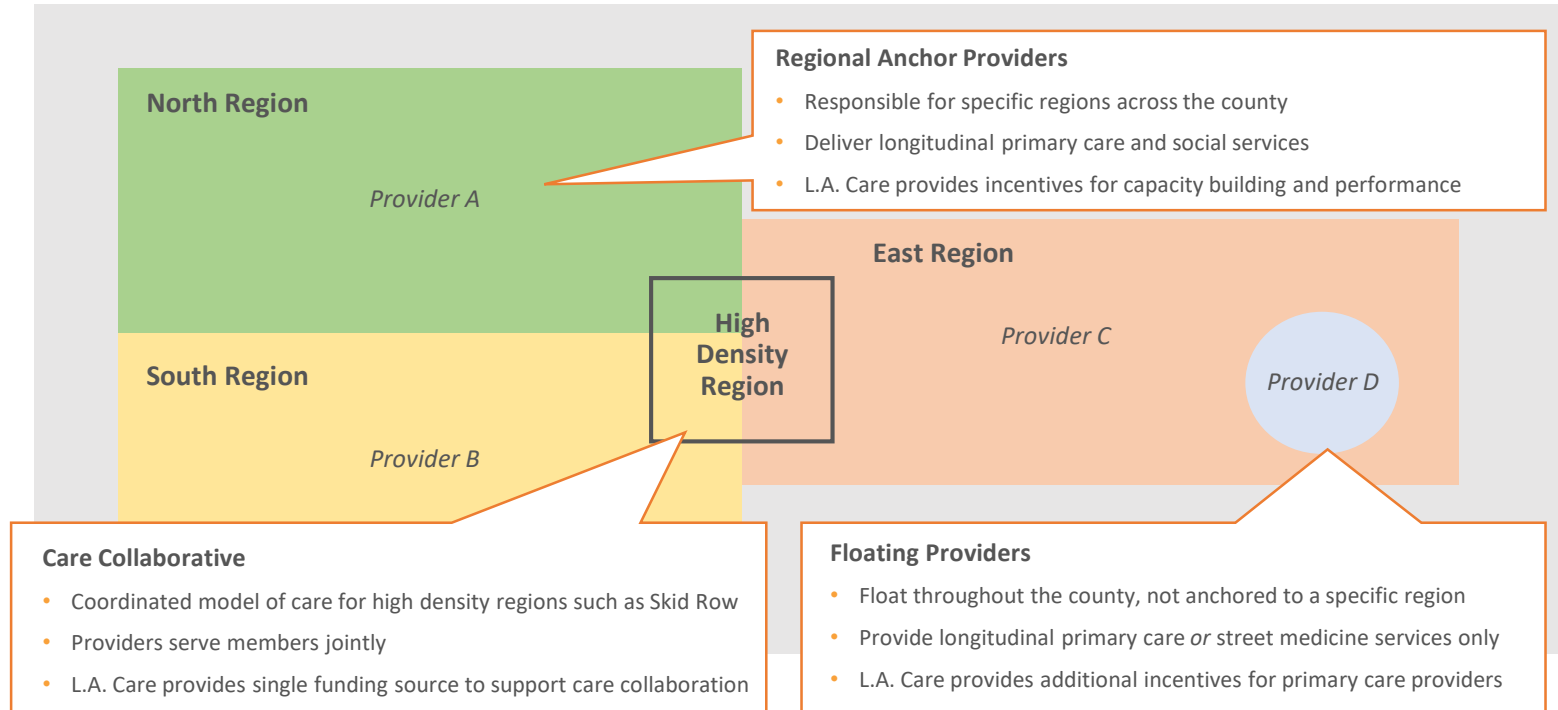
# *Solution details:* **Components of the field medicine program**

- ✓ County-wide **network of Field Medicine Primary Care Providers** who can provide longitudinal primary care and social services
- ✓ Operational **framework for providers to coordinate services county-wide**, with a regional structure and specialized approach to high density regions
- ✓ Member-focused **infrastructure to support City and County flagship programs** to address the housing crisis



# Solution details: Program structure

## Illustrative Los Angeles County Map



# Solution details: City & County initiatives

## Interim Housing Initiatives

*Support for members moving from encampments into interim housing through Inside Safe and other programs*

### Engagement in encampment resolution process

- Notify current providers (PCPs, housing navigation, ECM) of member move
- Identify members who need PCP, housing, and ECM

### Onsite services at member move-in

- Make sure members are connected to primary care, housing services, and ECM
- Educate members on how to access L.A. Care and community benefits

## Skid Row Action Plan

*Los Angeles County's priorities to transition Skid Row into a safe and healthy community*

### Skid Row Care Collaborative

- In alignment with the Skid Row Action Plan, L.A. Care's Field Medicine Program includes a care collaborative concept for high density areas
- The Skid Row Care Collaborative is proposed as a partnership between the three major providers on Skid Row to support care coordination through a single funding source

# Community engagement: Key providers & other stakeholders

We continue to engage providers, public agencies, & other community stakeholders as we move towards program launch



# Solution details: Proposed funding structure

## Capacity Building Incentives

Support the creation of new field medicine teams for participating providers

- Population-based approach to fund additional teams based on population in designated areas of responsibility
- Overall funding amount will dictate how many new teams we can create, and the total impact on county-wide engagement

## Performance Incentives

Funding to encourage providers to seek hard to engage members & take primary care assignment

- Incentives for Field Medicine providers aligned to promote longitudinal data tracking and measurement
- Care Collaborative incentives aligned with the rest of the Field Medicine Program to streamline provider operations & measurement

*Proposed 5-Year funding time horizon to support hiring & longitudinal measurement*

# Next steps

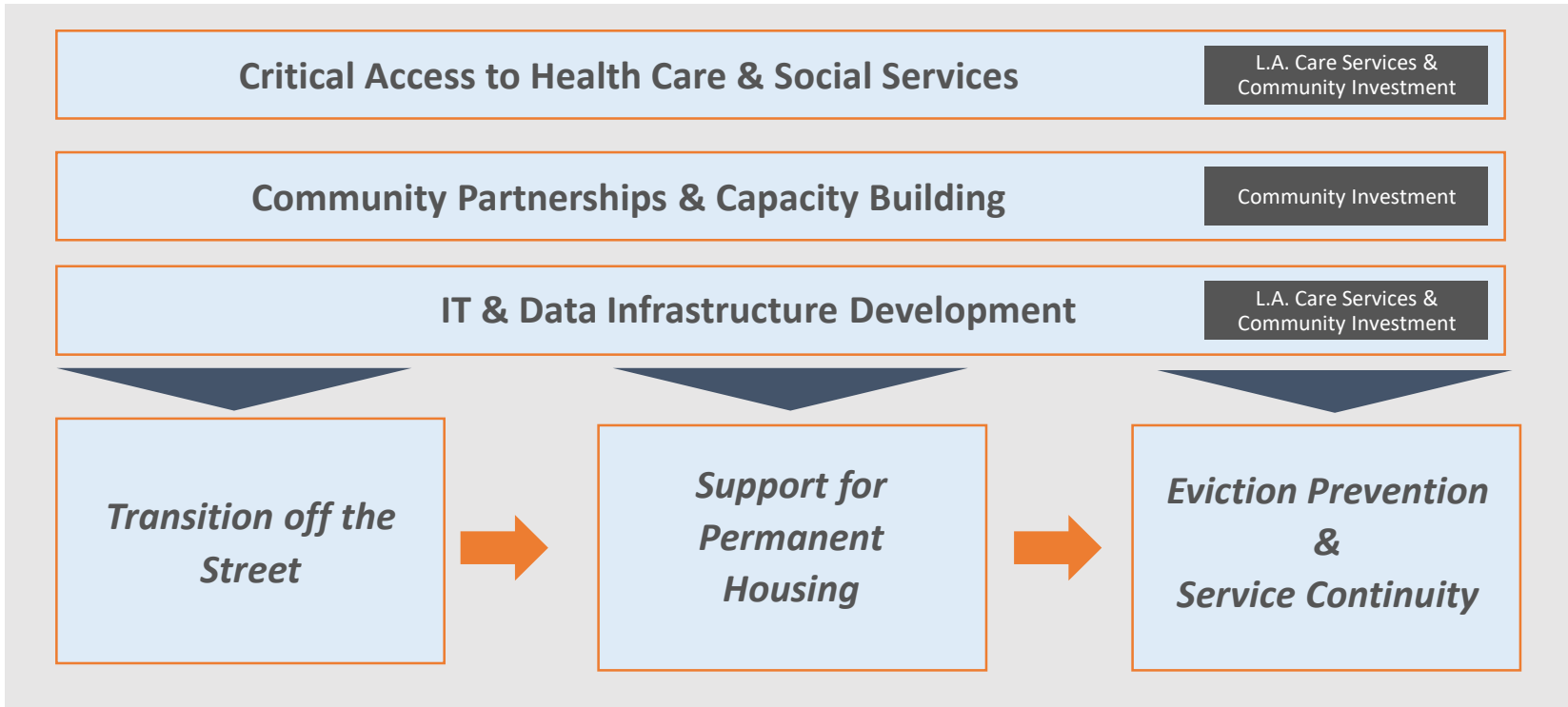
- Share final draft of program overview with providers, and solicit signed letter of intent to participate [*February 2024*]
- Finalize investment structure and funding [*March 2024*]
- Engage providers in a formal application process [*March 2024*]



# Appendix



# At a glance: L.A. Care's strategy to serve our members who are experiencing homelessness

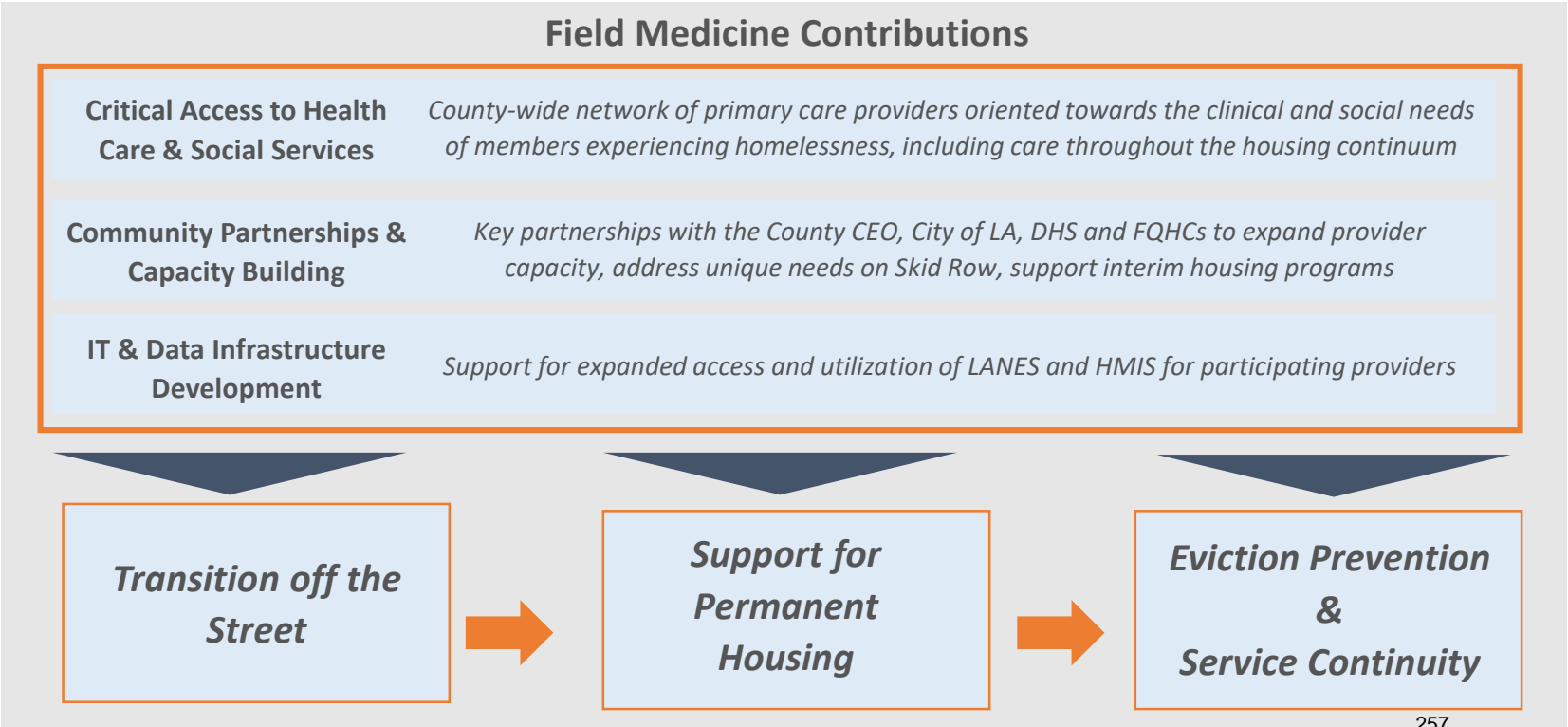


\*Services to launch July 2024





# L.A. Care's Field Medicine Proposal supports the core components of our broader strategy



# Options for provider participation

Grounded in the belief that all of our members deserve a medical home, we are seeking to develop a network of *Field Medicine Primary Care providers* to serve our members experiencing homelessness

## Field Medicine Defined

- **Street Medicine:**
  - *Basic clinical and social services*
  - *Delivered on foot in a member's lived environment*
- **Longitudinal, complex primary care**
  - *Takes PCP assignment and offers full suite of primary care services*
  - *Delivered on foot, in mobile clinics, and in brick-and-mortar settings*
- **Coordinated specialty referrals within a defined network**
- **Care team serves members in the street, in shelters, and in temporary housing**



## Three options for providers to participate

Options for Participation	Description
<i>Field Medicine Primary Care Provider – Regional Anchor</i>	<ul style="list-style-type: none"> <li>• Provides full suite of Field Medicine services</li> <li>• Provides care via street teams, mobile units and brick and mortar facilities</li> <li>• Is anchored in, and responsible for, a particular geography within Los Angeles County</li> </ul>
<i>Field Medicine Primary Care Provider – Floating Provider</i>	<ul style="list-style-type: none"> <li>• Provides full suite of Field Medicine services</li> <li>• Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need</li> <li>• Provides care via street teams and mobile units only</li> </ul>
<i>Street Medicine Only – Floating Provider</i>	<ul style="list-style-type: none"> <li>• Provides Street Medicine services only under direct Street Medicine contract</li> <li>• Does not take primary care assignment</li> <li>• Must work with PCP to coordinate specialty services</li> </ul>



# **EXECUTIVE COMMITTEE**

**BOARD OF GOVERNORS**  
**Executive Committee**  
**Meeting Minutes – November 15, 2023**  
 1055 West 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017



**Members**

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

*\*Absent \*\* Via Teleconference*

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Sameer Amin, MD, *Chief Medical Officer*  
 Terry Brown, *Chief of Human Resources*  
 Augustavia J. Haydel, Esq., *General Counsel*  
 Todd Gower, *Interim Chief Compliance Officer*  
 Linda Greenfeld, *Chief Products Officer*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i>, called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:12 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, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today.</li> <li>• For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff.</li> <li>• Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes.</li> <li>• Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment.</li> </ul> <p>He provided information on how to submit a comment in-person, or using the “chat” feature.</p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>Emergency Situation for Remote Participation</b>	Board Member Raffoul declared that due to the unexpected closure of the 10 Freeway, which has caused gridlock in traffic and he was not able to participate in this meeting in person. He requested approval for his remote participation due to the emergency.	<b>Approved unanimously 3 AYES (Ballesteros, Booth, Raffoul)</b>
<b>APPROVE MEETING AGENDA</b>	The Agenda for today’s meeting was approved.	<b>Approved unanimously 3 AYES</b>
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the October 25, 2023 meeting were approved as submitted.	<b>Approved unanimously 3 AYES</b>
<b>CHAIRPERSON’S REPORT</b>	<p>Chairperson Ballesteros announced that nominations have been received for the election of 2024 Officers of the Board of Governors at the December meeting. Nominations can also be made at the December meeting.</p> <p>Staff will send information asking Board members to suggest charities for the random selection of two organizations to receive contributions from Board Members who wish to donate their stipends. A motion will be on the December board meeting agenda.</p>	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	The Chief Executive Officer will report at the December Board meeting.	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that the Attorney General's office has finalized and published the title and the wording of the Managed Care Organization Tax Initiative for the November 2024 ballot. The signature gathering process can begin for the ballot initiative. About 550,000 signatures are needed by the end of June 2024, and more than that will be gathered to account for errors.</p> <p>At the federal level, the House of Representatives has passed a continuing resolution to continue to fund the government. It is expected the continuing resolution will be approved in the Senate and that the President will sign it. There is no additional funding in the bill, it just extends current funding. This bill contains a new type of extension – some programs are extended to January 2024, while other programs to February 2024. Congress will restart negotiations on an omnibus measure in the new year. There has been inaccurate reporting about an end to funding for the Women’s</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
	<p>Infant and Children (WIC) program, which has caused alarm in the community. USDA has publicly announced that the WIC program will continue to be funded.</p> <p>Each year the Government Affairs team brings a policy agenda to the Executive Committee and to the Board which helps shape L.A. Care’s positions on legislation in California and at the federal level. The 2024 policy agenda will be presented to the Executive Committee in January 2024 and to the Board at the February 2024 meeting for consideration.</p>													
<b>COMMITTEE ISSUES</b>														
Employee Annual Incentive Program FY 2022-23 ( <b>EXE 100</b> )	<p>Terry Brown, <i>Chief Human Resource Officer</i>, presented a motion to approve disbursement of funds under the Individual Annual Incentive Program for fiscal year 2022-23.</p> <p>Board Member Booth asked if an employee does not reimburse L.A. Care for prepaid expenses within 30 days, could those funds be deducted from their bonus? Mr. Brown noted that failure to repay prepaid expenses would be addressed in a stepped discipline process, and he will explore taking the funds from the incentive payment.</p> <p><b><u>Motion EXE 100.1223</u></b>  <b>To authorize the disbursement of funds not to exceed \$10.12 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2022-23 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</b></p>	<p><b>Approved unanimously 3 AYES</b></p>												
Human Resources Policies HR-108 (Holidays), HR-114 (Paid Time Off) and HR-125 (Sick Leave For Per Diem, Part-Time, And Non-Regular Employees)	<p>Mr. Brown summarized revisions to below policies. The revised policies are written to comply with changes to regulatory, legislative and judicial changes, and reflect changes in L.A. Care’s practices.</p> <table border="1" data-bbox="499 1174 1577 1432"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification</th> </tr> </thead> <tbody> <tr> <td>HR-108</td> <td>Holidays</td> <td>Benefits</td> <td>Revision: Added verbiage for employees on Alternative Work Schedule, Section 4.7</td> </tr> <tr> <td>HR-114</td> <td>Paid Time Off</td> <td>Benefits</td> <td>Revision: Updated definition of Eligible employees. Removed</td> </tr> </tbody> </table>	Policy Number	Policy	Section	Description of Modification	HR-108	Holidays	Benefits	Revision: Added verbiage for employees on Alternative Work Schedule, Section 4.7	HR-114	Paid Time Off	Benefits	Revision: Updated definition of Eligible employees. Removed	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS			ACTION TAKEN	
				section 3.3 (Pandemic) and 4.4 (Emergency PTO for COVID-19). Updated Unforeseeable Emergency 4.2.2.4, Up to 2 requests per calendar year.	Approved unanimously 3 AYES
	HR-125	Sick Leave For Per Diem, Part-Time, And Non-Regular Employees	Benefits	Revision: Changed Monitoring and Reporting sections to standard verbiage. Clarified definition of Eligible employees. Updated 3.4 to allow employees to accrue 80 hours or 10 days from one calendar year based on SB 616, effective January 1, 2024; added 4.3 - Accrued, unused time is paid out to employee upon separation or when employee transfers to a position eligible for PTO, effective January 1, 2024.	
Approve Consent Agenda	<p><b>Motion EXE A.1123</b>  <b>To approve the Human Resources Policies HR-108 (Holidays), HR-114 (Paid Time Off) and HR-125 (Sick Leave For Per Diem, Part-Time, And Non-Regular Employees), as presented.</b></p> <p>Approve the list of items that will be considered on a Consent Agenda for December 7, 2023 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• November 2, 2023 Board of Governors Meeting Minutes</li> <li>• Quarterly Investment Reports</li> <li>• Annual Review of Accounting and Finance Policies AFS-002 (Capital Assets), AFS-027 (Travel Expenses), and AFS-029 (Annual Budgets and Board of Governors Oversight)</li> <li>• InfoCrossing Contract Amendment to support regulatory enrollment requirements</li> <li>• Infosys, Ltd. Contract Amendment to provide Quality Assurance services</li> <li>• Kiriworks (i3/Hyland) Contract to provide Appeals &amp; Grievances solution platform</li> </ul>				

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• North Star Alliances, LLC Contract to provide event planning, logistics, staffing and execution services and community relations support</li> <li>• Ratify the selection by RCAC members of new and continuing members of the Temporary Transitional Executive Community Advisory Committee (TTECAC)</li> <li>• Ratify the elected Chairperson and Vice Chairperson of the Temporary Transitional Executive Community Advisory Committee</li> <li>• Ratify the elected Chairperson and Vice Chairperson of the Technical Advisory Committee</li> </ul>	<p><b>Approved unanimously 3 AYES</b></p>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:34 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> 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 2:34 pm.</p> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>November 2025</i></p> <p><b>CONTRACT RATES</b> 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><b>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</b> Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:33 pm. No reportable actions were taken during the closed session.	
<b>ADJOURNMENT</b>	The meeting adjourned at 3:33 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:

\_\_\_\_\_  
Alvaro Ballesteros, MBA, *Board Chairperson*

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

**FINANCE  
&  
BUDGET  
COMMITTEE**



# Financial Update

## Board of Governors Meeting

### February 1, 2024

# Agenda

## Financial Performance – November 2023 YTD

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

## Financial Informational Updates

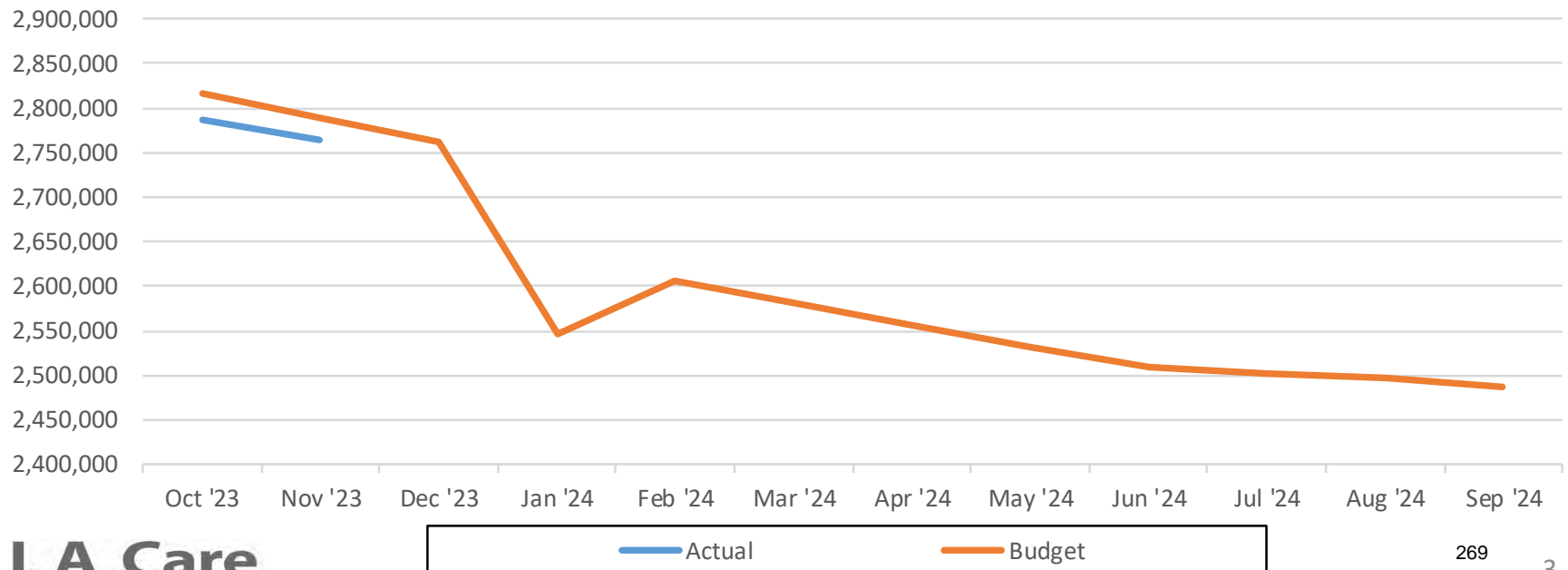
- Investment Transactions

# Membership

for the 2 months ended November 2023

Sub-Segment	November 2023			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Medi-Cal	2,579,531	2,607,280	(27,749)	5,186,872	5,243,025	(56,153)
D-SNP	18,382	18,201	181	36,762	36,501	261
LACC	135,810	133,111	2,699	266,769	264,185	2,584
PASC	48,207	48,813	(606)	96,568	97,697	(1,129)
*Elimination	(18,382)	(18,201)	(181)	(36,762)	(36,501)	(261)
<b>Consolidated</b>	<b>2,763,548</b>	<b>2,789,204</b>	<b>(25,656)</b>	<b>5,550,209</b>	<b>5,604,907</b>	<b>(54,698)</b>

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



# Consolidated Financial Performance

for the month of November 2023

<b>(\$ in Thousands)</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Member Months	2,763,548	2,789,204	(25,656)
Total Revenues	\$935,599	\$949,959	(\$14,360)
Total Healthcare Expenses	\$849,560	\$878,897	\$29,337
Operating Margin	\$86,039	\$71,062	\$14,977
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$87,078</i>	<i>\$63,033</i>	<i>\$24,045</i>
Total Admin Expenses	\$45,482	\$45,792	\$309
Income/(Loss) from Operations	\$40,556	\$25,270	\$15,286
Non-Operating Income (Expense)	\$20,074	\$1,892	\$18,183
<b>Net Surplus</b>	<b>\$60,630</b>	<b>\$27,162</b>	<b>\$33,468</b>
<b><i>Net Surplus (excl HHIP/IPP)</i></b>	<b><i>\$61,718</i></b>	<b><i>\$19,220</i></b>	<b><i>\$42,497</i></b>

# Consolidated Financial Performance

for the 2 months ended November 2023

<b>(\$ in Thousands)</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Member Months	5,550,209	5,604,907	(54,698)
Total Revenues	\$1,888,628	\$1,908,559	(\$19,932)
Total Healthcare Expenses	\$1,673,045	\$1,765,308	\$92,263
Operating Margin	\$215,583	\$143,251	\$72,332
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$216,922</i>	<i>\$127,194</i>	<i>\$89,728</i>
Total Admin Expenses	\$93,266	\$93,666	\$399
Income/(Loss) from Operations	\$122,316	\$49,585	\$72,731
Non-Operating Income (Expense)	\$35,289	\$3,947	\$31,343
<b>Net Surplus</b>	<b>\$157,606</b>	<b>\$53,532</b>	<b>\$104,074</b>
<b><i>Net Surplus (excl HHIP/IPP)</i></b>	<b><i>\$159,052</i></b>	<b><i>\$37,649</i></b>	<b><i>\$121,403</i></b>

# Operating Margin by Segment

for the 2 months ended November 2023

(\$ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total	Total (excl HHIP/IPP)
Revenue	\$1,722,452	\$54,162	\$80,894	\$30,513	\$1,888,628	\$1,888,628
Healthcare Exp.	\$1,543,269	\$41,444	\$59,702	\$27,551	\$1,673,045	\$1,671,705
Operating Margin	\$179,183	\$12,719	\$21,192	\$2,962	\$215,583	\$216,922
MCR %	89.6%	76.5%	73.8%	90.3%	88.6%	88.5%
Budget %	93.4%	89.6%	84.6%	113.6%	92.5%	93.2%



# Key Financial Ratios

for the 2 months ended November 2023

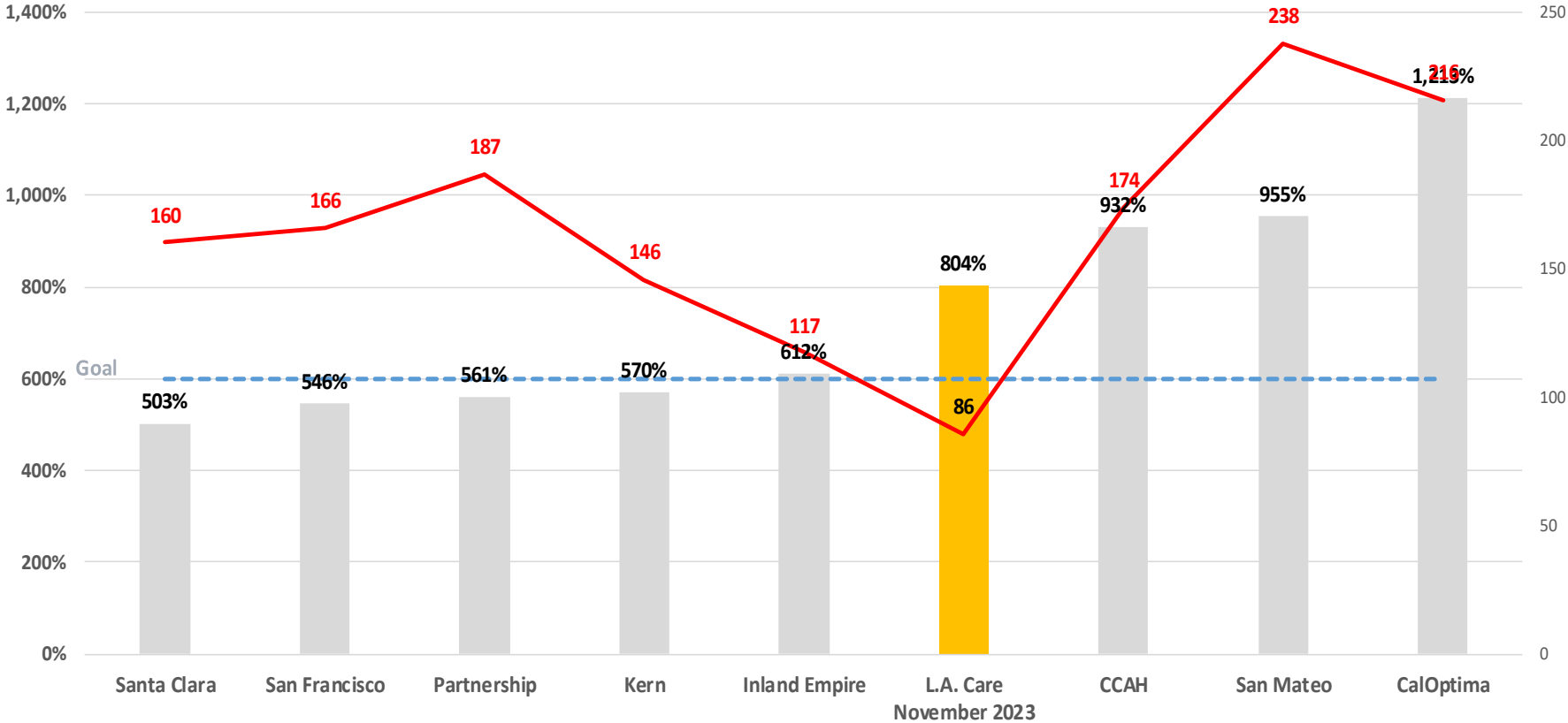
<b>(Excl. HHIP/IPP)</b>	<b>Actual</b>	<b>Budget</b>	
MCR	88.5%	vs. 93.2%	✓
Admin Ratio	4.9%	5.0%	✓

	<b>Actual</b>	<b>Benchmark</b>	
Working Capital	1.38	vs. 1.00+	✓
Cash to Claims	0.80	vs. 0.75+	✓
Tangible Net Equity	8.04	vs. 1.30+	✓

# Tangible Net Equity & Days of Cash On-Hand

for the 2 months ended November 2023



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

# Questions & Consideration

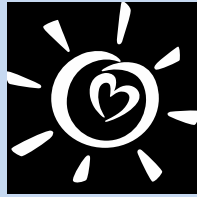
## Motion

- To accept the Financial Reports for the two months ended November 30, 2023, as submitted.

# Informational Items

## Investment Transactions

- As of November 30, 2023, L.A. Care's total investment market value was \$3.2B
  - \$3.1B managed by Payden & Rygel and New England Asset Management (NEAM)
  - \$35M in Local Agency Investment Fund
  - \$79M in Los Angeles County Pooled Investment Fund



**L.A. Care**  
HEALTH PLAN®

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

**Date:** January 24, 2024

**Motion No.** FIN 102.0224

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Requesting Department:** Accounts & Finance Services

New Contract  Amendment  Sole Source  RFP/RFQ was conducted

**Issue:** Acceptance of the Financial Reports for October and November 2023.

**Background:** N/A

**Member Impact:** N/A

**Budget Impact:** N/A

**Motion:** To accept the Financial Reports for October and November 2023, as submitted.



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
October 2023  
(Unaudited)

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**Overall**

L.A. Care total current member months are 2.8M, (29K) unfavorable to budget. The current financial performance resulted in a surplus of +\$96.9M or 10.2% margin and is +\$70.6M/+743bps favorable to budget. The current favorability is driven by lower inpatient +\$39.6M and outpatient +\$4.3M claims, lower capitation expense +\$11.2M, timing in provider incentives +\$11.1M, higher interest income +\$8.9M and timing of grant spending +\$5.1M. The YTD favorability is partially offset by lower revenue (\$5.6M), higher nursing facility costs (\$2.1M) and higher pharmacy costs (\$2.1M).

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**Medi-Cal**

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). The current member months are 2.6M, +28K favorable to budget. The current financial performance resulted in a surplus of +\$81.7M, +\$58.3M favorable to budget, driven by lower inpatient claims +\$29.1M, higher revenue +\$10.6M, higher interest income +\$9.2M, lower capitation expense +\$7.1M and lower provider incentives +\$3.4M. The current favorability is partially offset by higher outpatient claims (\$3.0M) and higher skilled nurse facility costs (\$1.3M).

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**D-SNP**

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. The current member months are 18K, flat to budget. The current financial performance resulted in a surplus of \$6.5M, +\$5.4M favorable to budget, primarily driven by lower inpatient +\$2.2M and outpatient +\$2.0M claims, higher revenue +\$1.3M and lower capitation expense +\$1.2M.

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**Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. The current member months are 179K, unfavorable (1K) to budget. The current financial performance resulted in a surplus of +\$7.3M, +\$8.1M favorable to budget, driven by lower inpatient +\$8.2M and outpatient +\$4.3M claims and lower capitation expense +\$3.2M; partially offset by higher operating expense (\$2.9M), lower revenue (\$1.6M) and higher pharmacy costs (\$1.4M).

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**Incentive Programs**

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). The current financial performance resulted in a deficit of (\$0.4M), (\$8.3M) unfavorable to budget, primarily driven by timing of revenue (\$16.6M) and health care expenditures +\$8.2M.

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Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Oct (Q1/2023)  
 Segment | (All)  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (All)	Select Month: (1) Oct (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Revenue</b>												
Capitation Revenue	\$953,029	342.00	\$958,600	340.45	\$(5,571)	1.55	\$953,029	342.00	\$958,600	340.45	\$(5,571)	1.55
<b>Total Revenues</b>	\$953,029	342.00	\$958,600	340.45	\$(5,571)	1.55	\$953,029	342.00	\$958,600	340.45	\$(5,571)	1.55
<b>Healthcare Expenses</b>												
Capitation	\$497,267	178.45	\$508,447	180.58	\$11,180	2.13	\$497,267	178.45	\$508,447	180.58	\$11,180	2.13
Inpatient Claims	\$84,415	30.29	\$123,989	44.03	\$39,574	13.74	\$84,415	30.29	\$123,989	44.03	\$39,574	13.74
Outpatient Claims	\$109,810	39.41	\$114,144	40.54	\$4,334	1.13	\$109,810	39.41	\$114,144	40.54	\$4,334	1.13
Skilled Nurse Facility	\$99,782	35.81	\$97,665	34.69	\$(2,117)	(1.12)	\$99,782	35.81	\$97,665	34.69	\$(2,117)	(1.12)
Pharmacy	\$14,691	5.27	\$12,578	4.47	\$(2,114)	(0.81)	\$14,691	5.27	\$12,578	4.47	\$(2,114)	(0.81)
Provider Incentive and Shared Risk	\$7,610	2.73	\$18,693	6.64	\$11,083	3.91	\$7,610	2.73	\$18,693	6.64	\$11,083	3.91
Medical Administrative Expenses	\$9,909	3.56	\$10,895	3.87	\$986	0.31	\$9,909	3.56	\$10,895	3.87	\$986	0.31
In-Home Supportive Services	\$0	-	-	-	\$0	-	\$0	-	-	-	\$0	-
<b>Total Health Expenses</b>	\$823,485	295.51	\$886,411	314.81	\$62,926	19.30	\$823,485	295.51	\$886,411	314.81	\$62,926	19.30
<b>Operating Margin</b>	\$129,544	46.49	\$72,189	25.64	\$57,355	20.85	\$129,544	46.49	\$72,189	25.64	\$57,355	20.85
<b>Total Operating Expenses</b>	\$47,784	17.15	\$47,874	17.00	\$90	(0.14)	\$47,784	17.15	\$47,874	17.00	\$90	(0.14)
<b>Income (Loss) from Operations</b>	\$81,760	29.34	\$24,315	8.64	\$57,445	20.70	\$81,760	29.34	\$24,315	8.64	\$57,445	20.70
Interest Income,Net	\$13,919	4.99	\$4,976	1.77	\$8,944	3.23	\$13,919	4.99	\$4,976	1.77	\$8,944	3.23
Other Income (Expense),Net	\$2,164	0.78	\$(2,920)	(1.04)	\$5,084	1.81	\$2,164	0.78	\$(2,920)	(1.04)	\$5,084	1.81
Realized Gain/Loss	\$(390)	(0.14)	-	-	\$(390)	(0.14)	\$(390)	(0.14)	-	-	\$(390)	(0.14)
Unrealized Gain/Loss	\$(478)	(0.17)	-	-	\$(478)	(0.17)	\$(478)	(0.17)	-	-	\$(478)	(0.17)
<b>Total Non-Operating Income (Expense)</b>	\$15,215	5.46	\$2,055	0.73	\$13,160	4.73	\$15,215	5.46	\$2,055	0.73	\$13,160	4.73
<b>Net Surplus (Deficit)</b>	\$96,976	34.80	\$26,370	9.37	\$70,605	25.43	\$96,976	34.80	\$26,370	9.37	\$70,605	25.43

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	86.41 %	92.47 %	6.06 %	86.41 %	92.47 %	6.06 %
Admin Ratio (%)	5.01 %	4.99 %	(0.02) %	5.01 %	4.99 %	(0.02) %
Margin before Non-Operating Inc (Exp) (%)	8.58 %	2.54 %	6.04 %	8.58 %	2.54 %	6.04 %
Margin (%)	10.18 %	2.75 %	7.43 %	10.18 %	2.75 %	7.43 %





Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Oct (Q1/2023)  
 Segment | TOTAL MEDI-CAL  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) TOTAL MEDI-CAL	Select Month: (1) Oct (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Revenue</b>												
Capitation Revenue	\$869,104	333.33	\$858,477	325.71	\$10,627	7.62	\$869,104	333.33	\$858,477	325.71	\$10,627	7.62
<b>Total Revenues</b>	<b>\$869,104</b>	<b>333.33</b>	<b>\$858,477</b>	<b>325.71</b>	<b>\$10,627</b>	<b>7.62</b>	<b>\$869,104</b>	<b>333.33</b>	<b>\$858,477</b>	<b>325.71</b>	<b>\$10,627</b>	<b>7.62</b>
<b>Healthcare Expenses</b>												
Capitation	\$470,319	180.38	\$477,408	181.13	\$7,089	0.75	\$470,319	180.38	\$477,408	181.13	\$7,089	0.75
Inpatient Claims	\$77,632	29.77	\$106,734	40.49	\$29,102	10.72	\$77,632	29.77	\$106,734	40.49	\$29,102	10.72
Outpatient Claims	\$102,977	39.50	\$100,009	37.94	\$(2,968)	(1.55)	\$102,977	39.50	\$100,009	37.94	\$(2,968)	(1.55)
Skilled Nurse Facility	\$98,933	37.94	\$97,665	37.05	\$(1,268)	(0.89)	\$98,933	37.94	\$97,665	37.05	\$(1,268)	(0.89)
Pharmacy	\$23	0.01	\$0		\$(23)	(0.01)	\$23	0.01	\$0		\$(23)	(0.01)
Provider Incentive and Shared Risk	\$5,456	2.09	\$8,886	3.37	\$3,430	1.28	\$5,456	2.09	\$8,886	3.37	\$3,430	1.28
Medical Administrative Expenses	\$8,620	3.31	\$10,648	4.04	\$2,028	0.73	\$8,620	3.31	\$10,648	4.04	\$2,028	0.73
In-Home Supportive Services	\$0		\$0		\$0		\$0		\$0		\$0	
<b>Total Health Expenses</b>	<b>\$763,960</b>	<b>293.00</b>	<b>\$801,351</b>	<b>304.03</b>	<b>\$37,391</b>	<b>11.03</b>	<b>\$763,960</b>	<b>293.00</b>	<b>\$801,351</b>	<b>304.03</b>	<b>\$37,391</b>	<b>11.03</b>
<b>Operating Margin</b>	<b>\$105,144</b>	<b>40.33</b>	<b>\$57,126</b>	<b>21.67</b>	<b>\$48,018</b>	<b>18.65</b>	<b>\$105,144</b>	<b>40.33</b>	<b>\$57,126</b>	<b>21.67</b>	<b>\$48,018</b>	<b>18.65</b>
<b>Total Operating Expenses</b>	<b>\$36,169</b>	<b>13.87</b>	<b>\$38,142</b>	<b>14.47</b>	<b>\$1,973</b>	<b>0.60</b>	<b>\$36,169</b>	<b>13.87</b>	<b>\$38,142</b>	<b>14.47</b>	<b>\$1,973</b>	<b>0.60</b>
<b>Income (Loss) from Operations</b>	<b>\$68,975</b>	<b>26.45</b>	<b>\$18,983</b>	<b>7.20</b>	<b>\$49,992</b>	<b>19.25</b>	<b>\$68,975</b>	<b>26.45</b>	<b>\$18,983</b>	<b>7.20</b>	<b>\$49,992</b>	<b>19.25</b>
Interest Income,Net	\$13,598	5.22	\$4,429	1.68	\$9,169	3.53	\$13,598	5.22	\$4,429	1.68	\$9,169	3.53
Other Income (Expense),Net	\$1	+0.00	\$0		\$1	+0.00	\$1	+0.00	\$0		\$1	+0.00
Realized Gain/Loss	\$(381)	(0.15)	\$0		\$(381)	(0.15)	\$(381)	(0.15)	\$0		\$(381)	(0.15)
Unrealized Gain/Loss	\$(467)	(0.18)	\$0		\$(467)	(0.18)	\$(467)	(0.18)	\$0		\$(467)	(0.18)
<b>Total Non-Operating Income (Expense)</b>	<b>\$12,751</b>	<b>4.89</b>	<b>\$4,429</b>	<b>1.68</b>	<b>\$8,322</b>	<b>3.21</b>	<b>\$12,751</b>	<b>4.89</b>	<b>\$4,429</b>	<b>1.68</b>	<b>\$8,322</b>	<b>3.21</b>
<b>Net Surplus (Deficit)</b>	<b>\$81,726</b>	<b>31.34</b>	<b>\$23,412</b>	<b>8.88</b>	<b>\$58,314</b>	<b>22.46</b>	<b>\$81,726</b>	<b>31.34</b>	<b>\$23,412</b>	<b>8.88</b>	<b>\$58,314</b>	<b>22.46</b>

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	87.90 %	93.35 %	5.45 %	87.90 %	93.35 %	5.45 %
Admin Ratio (%)	4.16 %	4.44 %	0.28 %	4.16 %	4.44 %	0.28 %
Margin before Non-Operating Inc (Exp) (%)	7.94 %	2.21 %	5.73 %	7.94 %	2.21 %	5.73 %
Margin (%)	9.40 %	2.73 %	6.67 %	9.40 %	2.73 %	6.67 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Oct (Q1/2023)  
 Segment | DSNP  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) DSNP	Select Month: (1) Oct (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Member Months</b>	<b>18</b>		<b>18</b>		<b>+0</b>		<b>18</b>		<b>18</b>		<b>+0</b>	
<b>Revenue</b>												
Capitation Revenue	\$27,854	1,515.44	\$26,525	1,449.47	\$1,328	65.96	\$27,854	1,515.44	\$26,525	1,449.47	\$1,328	65.96
<b>Total Revenues</b>	<b>\$27,854</b>	<b>1,515.44</b>	<b>\$26,525</b>	<b>1,449.47</b>	<b>\$1,328</b>	<b>65.96</b>	<b>\$27,854</b>	<b>1,515.44</b>	<b>\$26,525</b>	<b>1,449.47</b>	<b>\$1,328</b>	<b>65.96</b>
<b>Healthcare Expenses</b>												
Capitation	\$9,099	495.03	\$10,249	560.05	\$1,150	65.02	\$9,099	495.03	\$10,249	560.05	\$1,150	65.02
Inpatient Claims	\$4,600	250.28	\$6,757	369.25	\$2,157	118.97	\$4,600	250.28	\$6,757	369.25	\$2,157	118.97
Outpatient Claims	\$2,087	113.56	\$4,074	222.62	\$1,987	109.06	\$2,087	113.56	\$4,074	222.62	\$1,987	109.06
Skilled Nurse Facility	\$674	36.65	\$0		\$(674)	(36.65)	\$674	36.65	\$0		\$(674)	(36.65)
Pharmacy	\$1,873	101.91	\$1,157	63.20	\$(717)	(38.71)	\$1,873	101.91	\$1,157	63.20	\$(717)	(38.71)
Provider Incentive and Shared Risk	\$752	40.91	\$1,417	77.43	\$665	36.52	\$752	40.91	\$1,417	77.43	\$665	36.52
Medical Administrative Expenses	\$401	21.82	\$96	5.23	\$(305)	(16.60)	\$401	21.82	\$96	5.23	\$(305)	(16.60)
<b>Total Health Expenses</b>	<b>\$19,486</b>	<b>1,060.16</b>	<b>\$23,749</b>	<b>1,297.78</b>	<b>\$4,264</b>	<b>237.62</b>	<b>\$19,486</b>	<b>1,060.16</b>	<b>\$23,749</b>	<b>1,297.78</b>	<b>\$4,264</b>	<b>237.62</b>
<b>Operating Margin</b>	<b>\$8,368</b>	<b>455.27</b>	<b>\$2,776</b>	<b>151.69</b>	<b>\$5,592</b>	<b>303.58</b>	<b>\$8,368</b>	<b>455.27</b>	<b>\$2,776</b>	<b>151.69</b>	<b>\$5,592</b>	<b>303.58</b>
<b>Total Operating Expenses</b>	<b>\$2,142</b>	<b>116.54</b>	<b>\$1,803</b>	<b>98.54</b>	<b>\$(339)</b>	<b>(17.99)</b>	<b>\$2,142</b>	<b>116.54</b>	<b>\$1,803</b>	<b>98.54</b>	<b>\$(339)</b>	<b>(17.99)</b>
<b>Income (Loss) from Operations</b>	<b>\$6,226</b>	<b>338.74</b>	<b>\$973</b>	<b>53.15</b>	<b>\$5,253</b>	<b>285.59</b>	<b>\$6,226</b>	<b>338.74</b>	<b>\$973</b>	<b>53.15</b>	<b>\$5,253</b>	<b>285.59</b>
Interest Income, Net	\$322	17.49	\$154	8.42	\$167	9.07	\$322	17.49	\$154	8.42	\$167	9.07
Realized Gain/Loss	\$(9)	(0.49)	-	-	\$(9)	(0.49)	\$(9)	(0.49)	-	-	\$(9)	(0.49)
Unrealized Gain/Loss	\$(11)	(0.60)	-	-	\$(11)	(0.60)	\$(11)	(0.60)	-	-	\$(11)	(0.60)
<b>Total Non-Operating Income (Expense)</b>	<b>\$301</b>	<b>16.40</b>	<b>\$154</b>	<b>8.42</b>	<b>\$147</b>	<b>7.98</b>	<b>\$301</b>	<b>16.40</b>	<b>\$154</b>	<b>8.42</b>	<b>\$147</b>	<b>7.98</b>
<b>Net Surplus (Deficit)</b>	<b>\$6,527</b>	<b>355.14</b>	<b>\$1,127</b>	<b>61.57</b>	<b>\$5,401</b>	<b>293.57</b>	<b>\$6,527</b>	<b>355.14</b>	<b>\$1,127</b>	<b>61.57</b>	<b>\$5,401</b>	<b>293.57</b>

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	69.96 %	89.53 %	19.57 %	69.96 %	89.53 %	19.57 %
Admin Ratio (%)	7.69 %	6.80 %	(0.89) %	7.69 %	6.80 %	(0.89) %
Margin before Non-Operating Inc (Exp) (%)	22.35 %	3.67 %	18.68 %	22.35 %	3.67 %	18.68 %
Margin (%)	23.43 %	4.25 %	19.18 %	23.43 %	4.25 %	19.18 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Oct (Q1/2023)  
 Segment | COMMERCIAL  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) COMMERCIAL	Select Month: (1) Oct (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Member Months</b>	179		180		(1)		179		180		(1)	
<b>Revenue</b>												
Capitation Revenue	\$55,465	309.31	\$57,042	316.97	\$(1,576)	(7.66)	\$55,465	309.31	\$57,042	316.97	\$(1,576)	(7.66)
<b>Total Revenues</b>	\$55,465	309.31	\$57,042	316.97	\$(1,576)	(7.66)	\$55,465	309.31	\$57,042	316.97	\$(1,576)	(7.66)
<b>Healthcare Expenses</b>												
Capitation	\$17,600	98.15	\$20,790	115.53	\$3,190	17.38	\$17,600	98.15	\$20,790	115.53	\$3,190	17.38
Inpatient Claims	\$2,295	12.80	\$10,498	58.33	\$8,202	45.53	\$2,295	12.80	\$10,498	58.33	\$8,202	45.53
Outpatient Claims	\$4,901	27.33	\$9,227	51.28	\$4,326	23.94	\$4,901	27.33	\$9,227	51.28	\$4,326	23.94
Skilled Nurse Facility	\$219	1.22	\$0		\$(219)	(1.22)	\$219	1.22	\$0		\$(219)	(1.22)
Pharmacy	\$12,790	71.33	\$11,421	63.46	\$(1,369)	(7.86)	\$12,790	71.33	\$11,421	63.46	\$(1,369)	(7.86)
Provider Incentive and Shared Risk	\$1,102	6.15	\$696	3.87	\$(406)	(2.28)	\$1,102	6.15	\$696	3.87	\$(406)	(2.28)
Medical Administrative Expenses	\$888	4.95	\$151	0.84	\$(737)	(4.11)	\$888	4.95	\$151	0.84	\$(737)	(4.11)
<b>Total Health Expenses</b>	\$39,796	221.92	\$52,783	293.31	\$12,988	71.38	\$39,796	221.92	\$52,783	293.31	\$12,988	71.38
<b>Operating Margin</b>	\$15,670	87.39	\$4,259	23.67	\$11,411	63.72	\$15,670	87.39	\$4,259	23.67	\$11,411	63.72
<b>Total Operating Expenses</b>	\$8,405	46.87	\$5,516	30.65	\$(2,889)	(16.22)	\$8,405	46.87	\$5,516	30.65	\$(2,889)	(16.22)
<b>Income (Loss) from Operations</b>	\$7,265	40.51	\$(1,257)	(6.99)	\$8,522	47.50	\$7,265	40.51	\$(1,257)	(6.99)	\$8,522	47.50
Interest Income, Net	+\$0	+0.00	\$393	2.18	\$(392)	(2.18)	+\$0	+0.00	\$393	2.18	\$(392)	(2.18)
<b>Total Non-Operating Income (Expense)</b>	+\$0	+0.00	\$393	2.18	\$(392)	(2.18)	+\$0	+0.00	\$393	2.18	\$(392)	(2.18)
<b>Net Surplus (Deficit)</b>	\$7,265	40.51	\$(865)	(4.81)	\$8,130	45.32	\$7,265	40.51	\$(865)	(4.81)	\$8,130	45.32

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	71.75 %	92.53 %	20.78 %	71.75 %	92.53 %	20.78 %
Admin Ratio (%)	15.15 %	9.67 %	(5.48) %	15.15 %	9.67 %	(5.48) %
Margin before Non-Operating Inc (Exp) (%)	13.10 %	(2.20) %	15.30 %	13.10 %	(2.20) %	15.30 %
Margin (%)	13.10 %	(1.52) %	14.62 %	13.10 %	(1.52) %	14.62 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Oct (Q1/2023)  
 Segment | IPP\_HHIP  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) IPP_HHIP	Select Month: (1) Oct (Q1/2023)

Income Statement	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
Capitation Revenue	-		\$16,556		\$(16,556)	-	-		\$16,556		\$(16,556)	-
<b>Total Revenues</b>	-		<b>\$16,556</b>		<b>\$(16,556)</b>	-	-		<b>\$16,556</b>		<b>\$(16,556)</b>	-
<b>Healthcare Expenses</b>												
Outpatient Claims	-		\$833		\$833	-	-		\$833		\$833	-
Provider Incentive and Shared Risk	\$300		\$7,694		\$7,394		\$300		\$7,694		\$7,394	
<b>Total Health Expenses</b>	<b>\$300</b>		<b>\$8,528</b>		<b>\$8,228</b>		<b>\$300</b>		<b>\$8,528</b>		<b>\$8,228</b>	
<b>Operating Margin</b>	<b>\$(300)</b>		<b>\$8,029</b>		<b>\$(8,329)</b>		<b>\$(300)</b>		<b>\$8,029</b>		<b>\$(8,329)</b>	
<b>Total Operating Expenses</b>	<b>\$59</b>		<b>\$87</b>		<b>\$28</b>		<b>\$59</b>		<b>\$87</b>		<b>\$28</b>	
<b>Income (Loss) from Operations</b>	<b>\$(359)</b>		<b>\$7,941</b>		<b>\$(8,300)</b>		<b>\$(359)</b>		<b>\$7,941</b>		<b>\$(8,300)</b>	
<b>Net Surplus (Deficit)</b>	<b>\$(359)</b>		<b>\$7,941</b>		<b>\$(8,300)</b>		<b>\$(359)</b>		<b>\$7,941</b>		<b>\$(8,300)</b>	

Financial Ratios	Current Comparison	Current Fav/(Unfav)	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	51.51 %	51.51 %	51.51 %	51.51 %
Admin Ratio (%)	0.53 %	0.53 %	0.53 %	0.53 %
Margin before Non-Operating Inc (Exp) (%)	47.97 %	(47.97) %	47.97 %	(47.97) %
Margin (%)	47.97 %	(47.97) %	47.97 %	(47.97) %



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
November 2023  
(Unaudited)

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**Overall**

L.A. Care total YTD combined member months are 5.6M, (55K) unfavorable to the budget. November YTD financial performance resulted in a surplus of +\$157.6M or 8.3% margin and is +\$104.1M/+554bps favorable to budget. The YTD favorability is driven by lower inpatient +\$63.1M and outpatient +\$11.8M claims, timing in provider incentives +\$20.0M, higher interest income +\$17.9M, timing of grant spending +\$6.6M and lower capitation expense +\$4.1M. The YTD favorability is partially offset by lower revenue (\$20.0M), higher pharmacy costs (\$4.2M) and higher skilled nurse facility costs (\$2.2M).

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**Medi-Cal**

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). November YTD member months are 5.2M, (56K) unfavorable to budget. YTD financial performance resulted in a surplus of +\$143.2M, +\$97.1M favorable to budget, driven by lower inpatient claims +\$47.6M, higher interest income +\$18.3M, higher revenue +\$14.6M, lower operating expense +\$5.9M and lower provider incentives +\$5.4M. The YTD financial performance favorability is partially offset by higher capitation expense (\$2.0M).

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**D-SNP**

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. November YTD member months are 37K, flat to budget. YTD financial performance resulted in a surplus of +\$9.2M, +\$7.0M favorable to budget, primarily driven by lower inpatient +\$3.5M and outpatient +\$3.1M claims, higher revenue +\$1.3M and lower capitation expense +\$1.2M; partially offset by higher skilled nurse facility costs (\$1.4M).

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**Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. November YTD member months are 363K, favorable +1K to budget. YTD financial performance resulted in a surplus of +\$7.1M, +\$8.7M favorable to budget, driven by lower inpatient +\$11.7M and outpatient +\$7.0M claims and lower capitation expense +\$5.1M; partially offset by higher operating expense (\$6.0M), lower revenue (\$3.3M) and higher pharmacy costs (\$3.3M).

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**Incentive Programs**

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). November YTD financial performance resulted in a deficit of (\$1.4M), (\$17.3M) unfavorable to budget, primarily driven by timing of revenue (\$33.1M) and health care expenditures +\$15.7M.

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Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Nov (Q1/2023)  
 Segment | (All)  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (All)	Select Month: (1) Nov (Q1/2023)

Income Statement												
SAP GL Account	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>Revenue</b>												
Capitation Revenue	\$935,599	338.55	\$949,959	340.58	\$(14,360)	(2.03)	\$1,888,628	340.28	\$1,908,559	340.52	\$(19,932)	(0.24)
<b>Total Revenues</b>	\$935,599	338.55	\$949,959	340.58	\$(14,360)	(2.03)	\$1,888,628	340.28	\$1,908,559	340.52	\$(19,932)	(0.24)
<b>Healthcare Expenses</b>												
Capitation	\$510,566	184.75	\$503,510	180.52	\$(7,056)	(4.23)	\$1,007,833	181.58	\$1,011,957	180.55	\$4,124	(1.04)
Inpatient Claims	\$99,352	35.95	\$122,914	44.07	\$23,562	8.12	\$183,767	33.11	\$246,903	44.05	\$63,136	10.94
Outpatient Claims	\$105,711	38.25	\$113,145	40.57	\$7,434	2.31	\$215,521	38.83	\$227,289	40.55	\$11,768	1.72
Skilled Nurse Facility	\$96,712	35.00	\$96,610	34.64	\$(102)	(0.36)	\$196,494	35.40	\$194,275	34.66	\$(2,219)	(0.74)
Pharmacy	\$14,800	5.36	\$12,699	4.55	\$(2,100)	(0.80)	\$29,491	5.31	\$25,277	4.51	\$(4,214)	(0.80)
Provider Incentive and Shared Risk	\$9,747	3.53	\$18,693	6.70	\$8,947	3.18	\$17,357	3.13	\$37,387	6.67	\$20,030	3.54
Medical Administrative Expenses	\$12,673	4.59	\$11,326	4.06	\$(1,347)	(0.53)	\$22,582	4.07	\$22,221	3.96	\$(362)	(0.10)
In-Home Supportive Services	\$0	-	-	-	\$0	-	\$0	-	-	-	\$0	-
<b>Total Health Expenses</b>	\$849,560	307.42	\$878,897	315.11	\$29,337	7.69	\$1,673,045	301.44	\$1,765,308	314.96	\$92,263	13.52
<b>Operating Margin</b>	\$86,039	31.13	\$71,062	25.48	\$14,977	5.66	\$215,583	38.84	\$143,251	25.56	\$72,332	13.28
<b>Total Operating Expenses</b>	\$45,482	16.46	\$45,792	16.42	\$309	(0.04)	\$93,266	16.80	\$93,666	16.71	\$399	(0.09)
<b>Income (Loss) from Operations</b>	\$40,556	14.68	\$25,270	9.06	\$15,286	5.62	\$122,316	22.04	\$49,585	8.85	\$72,731	13.19
Interest Income,Net	\$13,903	5.03	\$4,976	1.78	\$8,928	3.25	\$27,823	5.01	\$9,951	1.78	\$17,871	3.24
Other Income (Expense),Net	\$(1,568)	(0.57)	\$(3,084)	(1.11)	\$1,516	0.54	\$596	0.11	\$(6,005)	(1.07)	\$6,600	1.18
Realized Gain/Loss	\$(182)	(0.07)	-	-	\$(182)	(0.07)	\$(572)	(0.10)	-	-	\$(572)	(0.10)
Unrealized Gain/Loss	\$7,921	2.87	-	-	\$7,921	2.87	\$7,443	1.34	-	-	\$7,443	1.34
<b>Total Non-Operating Income (Expense)</b>	\$20,074	7.26	\$1,892	0.68	\$18,183	6.59	\$35,289	6.36	\$3,947	0.70	\$31,343	5.65
<b>Net Surplus (Deficit)</b>	\$60,630	21.94	\$27,162	9.74	\$33,468	12.20	\$157,606	28.40	\$53,532	9.55	\$104,074	18.85

Financial Ratios							
	Current Baseline	Current Comparison	Current Fav/(Unfav)		YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	90.80 %	92.52 %	1.72 %		88.59 %	92.49 %	3.90 %
Admin Ratio (%)	4.86 %	4.82 %	(0.04) %		4.94 %	4.91 %	(0.03) %
Margin before Non-Operating Inc (Exp) (%)	4.33 %	2.66 %	1.67 %		6.48 %	2.60 %	3.88 %
Margin (%)	6.48 %	2.86 %	3.62 %		8.34 %	2.80 %	5.54 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Nov (Q1/2023)  
 Segment | TOTAL MEDI-CAL  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) TOTAL MEDI-CAL	Select Month: (1) Nov (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Revenue</b>												
Capitation Revenue	\$853,348	330.82	\$849,357	325.76	\$3,991	5.05	\$1,722,452	332.08	\$1,707,833	325.73	\$14,619	6.34
<b>Total Revenues</b>	<b>\$853,348</b>	<b>330.82</b>	<b>\$849,357</b>	<b>325.76</b>	<b>\$3,991</b>	<b>5.05</b>	<b>\$1,722,452</b>	<b>332.08</b>	<b>\$1,707,833</b>	<b>325.73</b>	<b>\$14,619</b>	<b>6.34</b>
<b>Healthcare Expenses</b>												
Capitation	\$481,443	186.64	\$472,357	181.17	\$(9,086)	(5.47)	\$951,762	183.49	\$949,765	181.15	\$(1,997)	(2.35)
Inpatient Claims	\$87,070	33.75	\$105,581	40.49	\$18,511	6.74	\$164,702	31.75	\$212,316	40.49	\$47,613	8.74
Outpatient Claims	\$96,106	37.26	\$98,929	37.94	\$2,823	0.69	\$199,083	38.38	\$198,939	37.94	\$(144)	(0.44)
Skilled Nurse Facility	\$95,894	37.17	\$96,610	37.05	\$716	(0.12)	\$194,827	37.56	\$194,275	37.05	\$(552)	(0.51)
Pharmacy	\$225	0.09	\$0		\$(225)	(0.09)	\$248	0.05	\$0		\$(248)	(0.05)
Provider Incentive and Shared Risk	\$6,919	2.68	\$8,886	3.41	\$1,967	0.73	\$12,375	2.39	\$17,772	3.39	\$5,397	1.00
Medical Administrative Expenses	\$11,651	4.52	\$11,076	4.25	\$(574)	(0.27)	\$20,271	3.91	\$21,725	4.14	\$1,453	0.24
In-Home Supportive Services	\$0		\$0		\$0		\$0		\$0		\$0	
<b>Total Health Expenses</b>	<b>\$779,309</b>	<b>302.11</b>	<b>\$793,440</b>	<b>304.32</b>	<b>\$14,131</b>	<b>2.20</b>	<b>\$1,543,269</b>	<b>297.53</b>	<b>\$1,594,791</b>	<b>304.17</b>	<b>\$51,522</b>	<b>6.64</b>
<b>Operating Margin</b>	<b>\$74,039</b>	<b>28.70</b>	<b>\$55,917</b>	<b>21.45</b>	<b>\$18,122</b>	<b>7.26</b>	<b>\$179,183</b>	<b>34.55</b>	<b>\$113,042</b>	<b>21.56</b>	<b>\$66,141</b>	<b>12.98</b>
<b>Total Operating Expenses</b>	<b>\$33,754</b>	<b>13.09</b>	<b>\$37,706</b>	<b>14.46</b>	<b>\$3,952</b>	<b>1.38</b>	<b>\$69,923</b>	<b>13.48</b>	<b>\$75,848</b>	<b>14.47</b>	<b>\$5,926</b>	<b>0.99</b>
<b>Income (Loss) from Operations</b>	<b>\$40,285</b>	<b>15.62</b>	<b>\$18,211</b>	<b>6.98</b>	<b>\$22,074</b>	<b>8.63</b>	<b>\$109,260</b>	<b>21.06</b>	<b>\$37,194</b>	<b>7.09</b>	<b>\$72,066</b>	<b>13.97</b>
Interest Income,Net	\$13,582	5.27	\$4,429	1.70	\$9,153	3.57	\$27,180	5.24	\$8,858	1.69	\$18,322	3.55
Other Income (Expense),Net	\$21	0.01	\$0		\$21	0.01	\$22	+0.00	\$0		\$22	+0.00
Realized Gain/Loss	\$(178)	(0.07)	\$0		\$(178)	(0.07)	\$(559)	(0.11)	\$0		\$(559)	(0.11)
Unrealized Gain/Loss	\$7,738	3.00	\$0		\$7,738	3.00	\$7,271	1.40	\$0		\$7,271	1.40
<b>Total Non-Operating Income (Expense)</b>	<b>\$21,163</b>	<b>8.20</b>	<b>\$4,429</b>	<b>1.70</b>	<b>\$16,734</b>	<b>6.51</b>	<b>\$33,914</b>	<b>6.54</b>	<b>\$8,858</b>	<b>1.69</b>	<b>\$25,056</b>	<b>4.85</b>
<b>Net Surplus (Deficit)</b>	<b>\$61,449</b>	<b>23.82</b>	<b>\$22,640</b>	<b>8.68</b>	<b>\$38,809</b>	<b>15.14</b>	<b>\$143,174</b>	<b>27.60</b>	<b>\$46,052</b>	<b>8.78</b>	<b>\$97,122</b>	<b>18.82</b>

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	91.32 %	93.42 %	2.10 %	89.60 %	93.38 %	3.78 %
Admin Ratio (%)	3.96 %	4.44 %	0.48 %	4.06 %	4.44 %	0.38 %
Margin before Non-Operating Inc (Exp) (%)	4.72 %	2.14 %	2.58 %	6.34 %	2.18 %	4.16 %
Margin (%)	7.20 %	2.67 %	4.53 %	8.31 %	2.70 %	5.61 %





Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Nov (Q1/2023)  
 Segment | DSNP  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1)  
Actual

Comparison Version (1)  
Budget\_Final

Select Segment: (1)  
DSNP

Select Month: (1)  
Nov (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Member Months</b>	18		18		+0		37		37		+0	
<b>Revenue</b>												
Capitation Revenue	\$26,309	1,431.21	\$26,382	1,449.45	\$(73)	(18.24)	\$54,162	1,473.32	\$52,907	1,449.46	\$1,255	23.86
<b>Total Revenues</b>	\$26,309	1,431.21	\$26,382	1,449.45	\$(73)	(18.24)	\$54,162	1,473.32	\$52,907	1,449.46	\$1,255	23.86
<b>Healthcare Expenses</b>												
Capitation	\$10,105	549.72	\$10,193	560.04	\$88	10.32	\$19,204	522.38	\$20,442	560.04	\$1,239	37.67
Inpatient Claims	\$5,340	290.50	\$6,721	369.24	\$1,381	78.75	\$9,940	270.39	\$13,478	369.25	\$3,538	98.86
Outpatient Claims	\$2,918	158.72	\$4,058	222.97	\$1,141	64.24	\$5,005	136.14	\$8,132	222.79	\$3,127	86.65
Skilled Nurse Facility	\$720	39.15	\$0		\$(720)	(39.15)	\$1,393	37.90	\$0		\$(1,393)	(37.90)
Pharmacy	\$1,118	60.81	\$1,150	63.20	\$32	2.39	\$2,991	81.36	\$2,307	63.20	\$(684)	(18.16)
Provider Incentive and Shared Risk	\$1,353	73.63	\$1,417	77.86	\$64	4.23	\$2,105	57.27	\$2,834	77.64	\$729	20.37
Medical Administrative Expenses	\$405	22.01	\$95	5.24	\$(309)	(16.76)	\$806	21.91	\$191	5.23	\$(615)	(16.68)
<b>Total Health Expenses</b>	\$21,958	1,194.53	\$23,635	1,298.55	\$1,677	104.02	\$41,444	1,127.35	\$47,384	1,298.16	\$5,941	170.81
<b>Operating Margin</b>	\$4,351	236.68	\$2,747	150.91	\$1,604	85.77	\$12,719	345.97	\$5,523	151.30	\$7,196	194.67
<b>Total Operating Expenses</b>	\$2,165	117.80	\$1,802	99.01	\$(363)	(18.79)	\$4,307	117.17	\$3,606	98.78	\$(702)	(18.39)
<b>Income (Loss) from Operations</b>	\$2,185	118.88	\$944	51.89	\$1,241	66.98	\$8,411	228.80	\$1,917	52.52	\$6,494	176.28
Interest Income, Net	\$321	17.47	\$154	8.47	\$167	9.00	\$643	17.48	\$308	8.45	\$334	9.04
Other Income (Expense), Net	+\$0	0.03	-	-	+\$0	0.03	+\$0	0.01	-	-	+\$0	0.01
Realized Gain/Loss	\$(4)	(0.23)	-	-	\$(4)	(0.23)	\$(13)	(0.36)	-	-	\$(13)	(0.36)
Unrealized Gain/Loss	\$183	9.95	-	-	\$183	9.95	\$172	4.68	-	-	\$172	4.68
<b>Total Non-Operating Income (Expense)</b>	\$500	27.22	\$154	8.47	\$346	18.75	\$802	21.81	\$308	8.45	\$494	13.37
<b>Net Surplus (Deficit)</b>	\$2,686	146.10	\$1,099	60.36	\$1,587	85.74	\$9,213	250.61	\$2,225	60.97	\$6,988	189.65

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	83.46 %	89.59 %	6.13 %	76.52 %	89.56 %	13.04 %
Admin Ratio (%)	8.23 %	6.83 %	(1.40) %	7.95 %	6.81 %	(1.14) %
Margin before Non-Operating Inc (Exp) (%)	8.31 %	3.58 %	4.73 %	15.53 %	3.62 %	11.91 %
Margin (%)	10.21 %	4.16 %	6.05 %	17.01 %	4.21 %	12.80 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Nov (Q1/2023)  
 Segment | COMMERCIAL  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) COMMERCIAL	Select Month: (1) Nov (Q1/2023)

Income Statement												
	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
<b>Member Months</b>	184		182		2		363		362		1	
<b>Revenue</b>												
Capitation Revenue	\$55,942	304.00	\$57,664	316.97	\$(1,722)	(12.96)	\$111,407	306.62	\$114,706	316.97	\$(3,299)	(10.35)
<b>Total Revenues</b>	\$55,942	304.00	\$57,664	316.97	\$(1,722)	(12.96)	\$111,407	306.62	\$114,706	316.97	\$(3,299)	(10.35)
<b>Healthcare Expenses</b>												
Capitation	\$19,017	103.35	\$20,960	115.21	\$1,943	11.87	\$36,617	100.78	\$41,750	115.37	\$5,133	14.59
Inpatient Claims	\$7,130	38.74	\$10,612	58.33	\$3,482	19.59	\$9,425	25.94	\$21,109	58.33	\$11,684	32.39
Outpatient Claims	\$6,661	36.20	\$9,324	51.25	\$2,662	15.05	\$11,563	31.82	\$18,551	51.26	\$6,988	19.44
Skilled Nurse Facility	\$142	0.77	\$0		\$(142)	(0.77)	\$361	0.99	\$0		\$(361)	(0.99)
Pharmacy	\$13,455	73.12	\$11,549	63.48	\$(1,906)	(9.63)	\$26,245	72.23	\$22,970	63.47	\$(3,275)	(8.76)
Provider Incentive and Shared Risk	\$434	2.36	\$696	3.82	\$261	1.46	\$1,536	4.23	\$1,392	3.85	\$(145)	(0.38)
Medical Administrative Expenses	\$618	3.36	\$154	0.85	\$(464)	(2.51)	\$1,505	4.14	\$305	0.84	\$(1,200)	(3.30)
<b>Total Health Expenses</b>	\$47,458	257.90	\$53,294	292.95	\$5,837	35.05	\$87,253	240.14	\$106,077	293.13	\$18,824	52.98
<b>Operating Margin</b>	\$8,484	46.11	\$4,370	24.02	\$4,114	22.09	\$24,154	66.48	\$8,629	23.84	\$15,525	42.63
<b>Total Operating Expenses</b>	\$8,624	46.87	\$5,520	30.34	\$(3,104)	(16.52)	\$17,029	46.87	\$11,036	30.50	\$(5,993)	(16.37)
<b>Income (Loss) from Operations</b>	\$(140)	(0.76)	\$(1,150)	(6.32)	\$1,010	5.56	\$7,125	19.61	\$(2,408)	(6.65)	\$9,533	26.26
Interest Income, Net	+\$0	+0.00	\$393	2.16	\$(392)	(2.16)	+\$0	+0.00	\$785	2.17	\$(785)	(2.17)
<b>Total Non-Operating Income (Expense)</b>	+\$0	+0.00	\$393	2.16	\$(392)	(2.16)	+\$0	+0.00	\$785	2.17	\$(785)	(2.17)
<b>Net Surplus (Deficit)</b>	\$(140)	(0.76)	\$(758)	(4.16)	\$618	3.40	\$7,125	19.61	\$(1,623)	(4.48)	\$8,748	24.09

Financial Ratios						
	Current Baseline	Current Comparison	Current Fav/(Unfav)	YTD Baseline	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	84.83 %	92.42 %	7.59 %	78.32 %	92.48 %	14.16 %
Admin Ratio (%)	15.42 %	9.57 %	(5.85) %	15.29 %	9.62 %	(5.67) %
Margin before Non-Operating Inc (Exp) (%)	(0.25) %	(1.99) %	1.74 %	6.40 %	(2.10) %	8.50 %
Margin (%)	(0.25) %	(1.31) %	1.06 %	6.40 %	(1.41) %	7.81 %



Finance & Budget Committee Financial Statement (\$ in thousands)

Date | Nov (Q1/2023)  
 Segment | IPP\_HHIP  
 Baseline Version | Actual  
 Comparison Version | Budget\_Final

Baseline Version (1) Actual	Comparison Version (1) Budget_Final
Select Segment: (1) IPP_HHIP	Select Month: (1) Nov (Q1/2023)

Income Statement	Current Baseline	PMPM (\$)	Current Comparison	PMPM (\$)	Current Fav/(Unfav)	PMPM Var (\$)	YTD Baseline	PMPM (\$)	YTD Comparison	PMPM (\$)	YTD Fav/(Unfav)	PMPM Var (\$)
<b>SAP GL Account</b>												
Capitation Revenue	-		\$16,556		\$(16,556)	-	-		\$33,113		\$(33,113)	-
<b>Total Revenues</b>	-		<b>\$16,556</b>		<b>\$(16,556)</b>	-	-		<b>\$33,113</b>		<b>\$(33,113)</b>	-
<b>Healthcare Expenses</b>												
Outpatient Claims	-		\$833		\$833	-	-		\$1,667		\$1,667	-
Provider Incentive and Shared Risk	\$1,039		\$7,694		\$6,655		\$1,339		\$15,389		\$14,049	
<b>Total Health Expenses</b>	<b>\$1,039</b>		<b>\$8,528</b>		<b>\$7,488</b>		<b>\$1,339</b>		<b>\$17,056</b>		<b>\$15,716</b>	
<b>Operating Margin</b>	<b>\$(1,039)</b>		<b>\$8,029</b>		<b>\$(9,068)</b>		<b>\$(1,339)</b>		<b>\$16,057</b>		<b>\$(17,397)</b>	
<b>Total Operating Expenses</b>	<b>\$48</b>		<b>\$87</b>		<b>\$39</b>		<b>\$107</b>		<b>\$175</b>		<b>\$68</b>	
<b>Income (Loss) from Operations</b>	<b>\$(1,087)</b>		<b>\$7,941</b>		<b>\$(9,029)</b>		<b>\$(1,446)</b>		<b>\$15,883</b>		<b>\$(17,329)</b>	
<b>Net Surplus (Deficit)</b>	<b>\$(1,087)</b>		<b>\$7,941</b>		<b>\$(9,029)</b>		<b>\$(1,446)</b>		<b>\$15,883</b>		<b>\$(17,329)</b>	

Financial Ratios	Current Comparison	Current Fav/(Unfav)	YTD Comparison	YTD Fav/(Unfav)
MCR (%)	51.51 %	51.51 %	51.51 %	51.51 %
Admin Ratio (%)	0.53 %	0.53 %	0.53 %	0.53 %
Margin before Non-Operating Inc (Exp) (%)	47.97 %	(47.97) %	47.97 %	(47.97) %
Margin (%)	47.97 %	(47.97) %	47.97 %	(47.97) %



DATE: January 24, 2024  
TO: Finance & Budget Committee  
FROM: Afzal Shah, *Chief Financial Officer*

**SUBJECT: Monthly Investment Portfolio Securities Transaction Report for October, 2023**

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 October 1 to October 31, 2023.

L.A. Care's investment market value as of October 31, 2023, was \$3.1 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$35 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$79 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of October 31, 2023, of \$3.0 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

10/01/2023  
through 10/31/2023

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
10/02/23	10/03/23	Buy	10,000,000.000	CUMMINS INC CP 144A MAT 11/13/23 Cpn	23102VYD6	(9,938,044.44)		0.00	0.00	(9,938,044.44)
10/03/23	10/03/23	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	(34,994,866.67)		0.00	0.00	(34,994,866.67)
10/03/23	10/03/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/03/23	10/03/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/03/23	10/03/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/03/23	10/03/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/04/23	10/04/23	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	(9,998,533.33)		0.00	0.00	(9,998,533.33)
10/04/23	10/04/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/04/23	10/04/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/04/23	10/04/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/04/23	10/04/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/03/23	10/04/23	Buy	26,000,000.000	USAA CAPITAL CP MAT 10/10/23 Cpn	90328BXA4	(25,976,990.00)		0.00	0.00	(25,976,990.00)
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn	912797FW2	(49,325,525.69)		0.00	0.00	(49,325,525.69)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
through 10/31/2023

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
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn	912797GZ4	(48,651,936.11)		0.00	0.00	(48,651,936.11)
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	(49,963,451.39)		0.00	0.00	(49,963,451.39)
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	(49,963,451.39)		0.00	0.00	(49,963,451.39)
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	(49,963,451.39)		0.00	0.00	(49,963,451.39)
10/04/23	10/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	(49,963,451.39)		0.00	0.00	(49,963,451.39)
10/05/23	10/05/23	Buy	6,000,000.000	FFCB DISCOUNT NOTE MAT 10/06/23 Cpn	313312MQ0	(5,999,120.00)		0.00	0.00	(5,999,120.00)
10/05/23	10/05/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 10/06/23 Cpn	313312MQ0	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
through 10/31/2023

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
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/05/23	10/05/23	Buy	44,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	(43,993,546.67)		0.00	0.00	(43,993,546.67)
10/05/23	10/05/23	Buy	33,000,000.000	FLORIDA POWER & LIGHT CP MAT 10/06/23 Cpn 34108BX67	(32,995,141.67)		0.00	0.00	(32,995,141.67)
10/05/23	10/05/23	Buy	19,500,000.000	NESTLE CAPITAL CP 144A MAT 10/06/23 Cpn 64105HX64	(19,497,129.17)		0.00	0.00	(19,497,129.17)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2	(49,332,437.50)		0.00	0.00	(49,332,437.50)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn 912797GZ4	(48,663,742.36)		0.00	0.00	(48,663,742.36)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0	(49,956,220.83)		0.00	0.00	(49,956,220.83)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0	(49,956,220.83)		0.00	0.00	(49,956,220.83)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,919,455.56)		0.00	0.00	(49,919,455.56)
10/05/23	10/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,919,455.56)		0.00	0.00	(49,919,455.56)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
through 10/31/2023

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
10/06/23	10/06/23	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(19,988,266.67)		0.00	0.00	(19,988,266.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/06/23	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(34,979,466.67)		0.00	0.00	(34,979,466.67)
10/06/23	10/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	(49,970,666.67)		0.00	0.00	(49,970,666.67)
10/06/23	10/10/23	Buy	40,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn	912797FW2	(39,488,873.33)		0.00	0.00	(39,488,873.33)
10/06/23	10/10/23	Buy	45,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn	912797GZ4	(43,817,086.88)		0.00	0.00	(43,817,086.88)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	(49,992,666.67)		0.00	0.00	(49,992,666.67)



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
through 10/31/2023

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
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	8,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(7,998,826.67)		0.00	0.00	(7,998,826.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/10/23	10/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn 313384MV8		(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/02/23	10/11/23	Buy	4,300,000.000	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		(4,300,000.00)		0.00	0.00	(4,300,000.00)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/04/24 Cpn 912797FW2		(49,370,763.89)		0.00	0.00	(49,370,763.89)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/04/24 Cpn 912797GZ4		(48,702,000.00)		0.00	0.00	(48,702,000.00)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6		(49,955,979.17)		0.00	0.00	(49,955,979.17)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6		(49,955,979.17)		0.00	0.00	(49,955,979.17)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,955,979.17)		0.00	0.00	(49,955,979.17)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,955,979.17)		0.00	0.00	(49,955,979.17)
10/10/23	10/11/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	(49,941,277.78)		0.00	0.00	(49,941,277.78)
10/11/23	10/11/23	Buy	42,000,000.000	FHLB DISCOUNT NOTE MAT 10/12/23 Cpn 313384MW6	(41,993,840.00)		0.00	0.00	(41,993,840.00)
10/11/23	10/11/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/12/23 Cpn 313384MW6	(49,992,666.67)		0.00	0.00	(49,992,666.67)
10/11/23	10/11/23	Buy	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 10/17/23 Cpn 84243MXH0	(11,989,380.00)		0.00	0.00	(11,989,380.00)
10/10/23	10/11/23	Buy	26,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/18/23 Cpn 91058UXJ7	(25,973,104.44)		0.00	0.00	(25,973,104.44)
10/11/23	10/11/23	Buy	26,000,000.000	USAA CAPITAL CP MAT 10/18/23 Cpn 90328BXJ5	(25,973,155.00)		0.00	0.00	(25,973,155.00)
10/11/23	10/12/23	Buy	26,000,000.000	APPLE CP 144A MAT 10/18/23 Cpn 03785EXJ8	(25,977,033.33)		0.00	0.00	(25,977,033.33)
10/11/23	10/12/23	Buy	25,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	(24,565,596.88)		0.00	0.00	(24,565,596.88)
10/11/23	10/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	(49,131,193.75)		0.00	0.00	(49,131,193.75)
10/11/23	10/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,963,284.72)		0.00	0.00	(49,963,284.72)
10/11/23	10/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	(49,963,284.72)		0.00	0.00	(49,963,284.72)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/12/23	10/12/23	Buy	27,500,000.000	CATERPILLAR CP 144A MAT 10/13/23 Cpn 14912QXD7	(27,495,966.67)		0.00	0.00	(27,495,966.67)
10/12/23	10/12/23	Buy	29,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn 313384MX4	(28,995,770.83)		0.00	0.00	(28,995,770.83)
10/12/23	10/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn 313384MX4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/12/23	10/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn 313384MX4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/12/23	10/12/23	Buy	26,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/13/23 Cpn 4523EMXD0	(26,496,113.33)		0.00	0.00	(26,496,113.33)
10/13/23	10/13/23	Buy	25,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 10/16/23 Cpn 19416FXG4	(24,989,020.83)		0.00	0.00	(24,989,020.83)
10/13/23	10/13/23	Buy	8,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn 313384NA3	(7,996,493.33)		0.00	0.00	(7,996,493.33)
10/13/23	10/13/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn 313384NA3	(49,978,083.33)		0.00	0.00	(49,978,083.33)
10/13/23	10/13/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn 313384NA3	(49,978,083.33)		0.00	0.00	(49,978,083.33)
10/13/23	10/13/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn 313384NA3	(49,978,083.33)		0.00	0.00	(49,978,083.33)
10/13/23	10/16/23	Buy	10,000,000.000	BAYERISCHE LANDESBANK CP MAT 02/13/24 Cpn 07274LBD8	(9,813,333.33)		0.00	0.00	(9,813,333.33)
10/16/23	10/16/23	Buy	14,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 10/17/23 Cpn 19416FXH2	(13,997,950.56)		0.00	0.00	(13,997,950.56)
10/16/23	10/16/23	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/17/23 Cpn 313384NB1	(9,998,538.89)		0.00	0.00	(9,998,538.89)

TRANSACTIONS BY TYPE

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/23	10/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/17/23 Cpn	313384NB1	(49,992,694.44)		0.00	0.00	(49,992,694.44)
10/17/23	10/17/23	Buy	8,625,000.000	APPLE CP 144A MAT 10/26/23 Cpn	03785EXS8	(8,613,528.75)		0.00	0.00	(8,613,528.75)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn	912797FB8	(49,985,312.50)		0.00	0.00	(49,985,312.50)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn	912797HK6	(49,793,869.44)		0.00	0.00	(49,793,869.44)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn	912797HK6	(49,793,869.44)		0.00	0.00	(49,793,869.44)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn	912797FL6	(49,719,433.33)		0.00	0.00	(49,719,433.33)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn	912797FL6	(49,719,433.33)		0.00	0.00	(49,719,433.33)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn	912797FL6	(49,719,433.33)		0.00	0.00	(49,719,433.33)

TRANSACTIONS BY TYPE

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/12/23 Cpn	912797HU4	(49,586,183.33)		0.00	0.00	(49,586,183.33)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/12/23 Cpn	912797HU4	(49,586,183.33)		0.00	0.00	(49,586,183.33)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn	912797HNO	(49,639,257.92)		0.00	0.00	(49,639,257.92)
10/16/23	10/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn	912797HNO	(49,639,257.92)		0.00	0.00	(49,639,257.92)
10/17/23	10/17/23	Buy	29,000,000.000	CATERPILLAR FIN CP MAT 10/26/23 Cpn	14912EXS1	(28,961,502.50)		0.00	0.00	(28,961,502.50)
10/17/23	10/17/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(24,996,354.17)		0.00	0.00	(24,996,354.17)
10/17/23	10/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/17/23	10/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/17/23	10/17/23	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(9,998,541.67)		0.00	0.00	(9,998,541.67)
10/17/23	10/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/17/23	10/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn	313384NC9	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/11/23	10/17/23	Buy	3,000,000.000	GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86	36269EAA7	(3,000,000.00)		0.00	0.00	(3,000,000.00)
10/18/23	10/18/23	Buy	45,000,000.000	AUTOMATIC DATA CP 144A MAT 10/19/23 Cpn	0530A3XK9	(44,993,375.00)		0.00	0.00	(44,993,375.00)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/18/23	10/18/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	(49,956,166.67)		0.00	0.00	(49,956,166.67)
10/18/23	10/18/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	(49,956,166.67)		0.00	0.00	(49,956,166.67)
10/18/23	10/18/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	(49,956,166.67)		0.00	0.00	(49,956,166.67)
10/18/23	10/18/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	(49,956,166.67)		0.00	0.00	(49,956,166.67)
10/12/23	10/18/23	Buy	8,500,000.000	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73	14318XAA3	(8,500,000.00)		0.00	0.00	(8,500,000.00)
10/18/23	10/18/23	Buy	10,000,000.000	FFCB DISCOUNT NOTE MAT 10/25/23 Cpn	313312NK2	(9,989,752.78)		0.00	0.00	(9,989,752.78)
10/18/23	10/18/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 10/25/23 Cpn	313312NK2	(49,948,763.89)		0.00	0.00	(49,948,763.89)
10/18/23	10/18/23	Buy	12,100,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	(12,087,600.86)		0.00	0.00	(12,087,600.86)
10/18/23	10/18/23	Buy	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/19/23 Cpn	4523EMXK4	(44,993,400.00)		0.00	0.00	(44,993,400.00)
10/17/23	10/18/23	Buy	32,000,000.000	USAA CAPITAL CP MAT 10/25/23 Cpn	90328BXR7	(31,966,897.78)		0.00	0.00	(31,966,897.78)
10/18/23	10/19/23	Buy	10,000,000.000	BAYERISCHE LANDESBANK CP MAT 01/16/24 Cpn	07274LAG2	(9,860,813.89)		0.00	0.00	(9,860,813.89)
10/19/23	10/19/23	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 10/20/23 Cpn	22533UXL2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/19/23	10/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	(49,992,708.33)		0.00	0.00	(49,992,708.33)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/19/23	10/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn 313384NE5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/19/23	10/19/23	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn 313384NE5	(39,994,166.67)		0.00	0.00	(39,994,166.67)
10/19/23	10/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn 313384NE5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/19/23	10/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn 313384NE5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/19/23	10/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn 313384NE5	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/18/23	10/19/23	Buy	20,000,000.000	JOHN DEERE CAPITAL CP 144A MAT 01/10/24 Cpn 24422LAA1	(19,749,155.56)		0.00	0.00	(19,749,155.56)
10/18/23	10/19/23	Buy	20,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 01/16/24 Cpn 60682WAG	(19,729,538.89)		0.00	0.00	(19,729,538.89)
10/19/23	10/19/23	Buy	28,000,000.000	NESTLE CAPITAL CP 144A MAT 10/25/23 Cpn 64105HXR8	(27,975,360.00)		0.00	0.00	(27,975,360.00)
10/19/23	10/19/23	Buy	32,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 10/25/23 Cpn 84243MXR8	(31,971,680.00)		0.00	0.00	(31,971,680.00)
10/19/23	10/19/23	Buy	45,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/26/23 Cpn 91058UXS7	(44,953,450.00)		0.00	0.00	(44,953,450.00)
10/20/23	10/20/23	Buy	30,000,000.000	U.S. TREASURY BILL MAT 04/18/24 Cpn 912796CX5	(29,200,824.67)		0.00	0.00	(29,200,824.67)
10/20/23	10/20/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 10/23/23 Cpn 313384NH8	(24,989,062.50)		0.00	0.00	(24,989,062.50)
10/20/23	10/20/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/23/23 Cpn 313384NH8	(49,978,125.00)		0.00	0.00	(49,978,125.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/23	10/20/23	Buy	2,500,000.000	FLORIDA POWER & LIGHT CP MAT 11/14/23 Cpn 34108BYE9	(2,490,677.08)		0.00	0.00	(2,490,677.08)
10/20/23	10/20/23	Buy	22,500,000.000	FLORIDA POWER & LIGHT CP MAT 11/14/23 Cpn 34108BYE9	(22,416,093.75)		0.00	0.00	(22,416,093.75)
10/20/23	10/20/23	Buy	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/23/23 Cpn 4523EMXP3	(29,986,725.00)		0.00	0.00	(29,986,725.00)
10/19/23	10/20/23	Buy	15,181,000.000	KAISER FOUNDATION CP MAT 12/05/23 Cpn 48306BZ57	(15,075,475.18)		0.00	0.00	(15,075,475.18)
10/20/23	10/20/23	Buy	10,000,000.000	MITSUBISHI UFJ TRUST & BANK CP MAT 11/20/23 Cpn 60682XYL4	(9,954,188.89)		0.00	0.00	(9,954,188.89)
10/20/23	10/20/23	Buy	30,000,000.000	NATL SEC CLEARING CP 144A MAT 11/22/23 Cpn 63763QYN1	(29,852,600.00)		0.00	0.00	(29,852,600.00)
10/20/23	10/20/23	Buy	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 11/21/23 Cpn 86563HYM6	(29,857,600.00)		0.00	0.00	(29,857,600.00)
10/19/23	10/20/23	Buy	45,000,000.000	WAL-MART STORES CP 144A MAT 10/23/23 Cpn 93114FXP4	(44,980,162.50)		0.00	0.00	(44,980,162.50)
10/23/23	10/23/23	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn 313384NJ4	(9,998,541.67)		0.00	0.00	(9,998,541.67)
10/23/23	10/23/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn 313384NJ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/23/23	10/23/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn 313384NJ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/23/23	10/23/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn 313384NJ4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/24/23	10/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn 313384NK1	(49,992,708.33)		0.00	0.00	(49,992,708.33)



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10/24/23	10/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/24/23	10/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/24/23	10/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/24/23	10/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	(49,992,708.33)		0.00	0.00	(49,992,708.33)
10/24/23	10/25/23	Buy	40,000,000.000	U.S. TREASURY BILL MAT 01/25/24 Cpn	912796ZY8	(39,458,477.78)		0.00	0.00	(39,458,477.78)
10/25/23	10/25/23	Buy	6,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(5,999,121.67)		0.00	0.00	(5,999,121.67)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/25/23	10/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn	313384NL9	(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 11/02/23 Cpn	22533UY23	(29,969,141.67)		0.00	0.00	(29,969,141.67)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn	313384NM7	(49,992,680.56)		0.00	0.00	(49,992,680.56)

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10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7		(49,992,680.56)		0.00	0.00	(49,992,680.56)
10/26/23	10/26/23	Buy	13,750,000.000	MERCEDES-BENZ CP 144A MAT 11/27/23 Cpn 58768KYT6		(13,684,488.89)		0.00	0.00	(13,684,488.89)
10/26/23	10/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/24 Cpn 912797HG5		(48,666,381.94)		0.00	0.00	(48,666,381.94)
10/26/23	10/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/24 Cpn 912797HG5		(48,666,381.94)		0.00	0.00	(48,666,381.94)
10/26/23	10/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9		(49,919,638.89)		0.00	0.00	(49,919,638.89)
10/26/23	10/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9		(49,919,638.89)		0.00	0.00	(49,919,638.89)

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10/26/23	10/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9	(49,919,638.89)		0.00	0.00	(49,919,638.89)
10/26/23	10/27/23	Buy	5,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9	(4,991,963.89)		0.00	0.00	(4,991,963.89)
10/26/23	10/27/23	Buy	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/30/23 Cpn 4523EMXW	(29,986,825.00)		0.00	0.00	(29,986,825.00)
10/26/23	10/27/23	Buy	30,000,000.000	MERCK & CO CP 144A MAT 11/07/23 Cpn 58934BY73	(29,951,416.67)		0.00	0.00	(29,951,416.67)
10/27/23	10/27/23	Buy	20,000,000.000	NESTLE CAPITAL CP 144A MAT 10/30/23 Cpn 64105HXW7	(19,991,166.67)		0.00	0.00	(19,991,166.67)
10/26/23	10/27/23	Buy	35,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/31/23 Cpn 91058UXX6	(34,979,311.11)		0.00	0.00	(34,979,311.11)
10/31/23	10/31/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/01/23 Cpn 313384NS4	(24,996,388.89)		0.00	0.00	(24,996,388.89)
10/31/23	10/31/23	Buy	35,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/02/23 Cpn 6698M5Y29	(34,989,752.78)		0.00	0.00	(34,989,752.78)
			<u>7,685,956,000.000</u>		<u>(7,666,065,479.62)</u>		<u>0.00</u>	<u>0.00</u>	<u>(7,666,065,479.62)</u>
10/03/23	10/03/23	Coupon		INTL FINANCE CORP FRN SOFRR MAT 04/03/24 Cpn 5.43 45950VQM1		99,319.75	0.00	0.00	99,319.75
10/10/23	10/10/23	Coupon		CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2		5,272.51	0.00	0.00	5,272.51
10/10/23	10/10/23	Coupon		TORONTO-DOMINION NY YCD FRN MAT 04/01/24 Cpn 5.84 89115BRU6		136,522.29	0.00	0.00	136,522.29
10/13/23	10/13/23	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		9,343.34	0.00	0.00	9,343.34

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10/15/23	10/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		7,900.49	0.00	0.00	7,900.49
10/15/23	10/15/23	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		24,291.67	0.00	0.00	24,291.67
10/15/23	10/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		2,418.96	0.00	0.00	2,418.96
10/15/23	10/15/23	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		7,914.22	0.00	0.00	7,914.22
10/15/23	10/15/23	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		1,300.59	0.00	0.00	1,300.59
10/15/23	10/15/23	Coupon		GM 2020-2 A FLOOR 144A MAT 10/15/25 Cpn 0.69 361886CM4		2,875.00	0.00	0.00	2,875.00
10/15/23	10/15/23	Coupon		GM 2020-2 A FLOOR 144A MAT 10/15/25 Cpn 0.69 361886CM4		632.50	0.00	0.00	632.50
10/15/23	10/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		980.44	0.00	0.00	980.44
10/15/23	10/15/23	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		28,177.08	0.00	0.00	28,177.08
10/15/23	10/15/23	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		2,536.33	0.00	0.00	2,536.33
10/15/23	10/15/23	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		4,325.00	0.00	0.00	4,325.00
10/15/23	10/15/23	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		16,348.33	0.00	0.00	16,348.33
10/15/23	10/15/23	Coupon		JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3		87.28	0.00	0.00	87.28

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10/15/23	10/15/23	Coupon		NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3		3,747.12	0.00	0.00	3,747.12
10/15/23	10/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3		10,426.97	0.00	0.00	10,426.97
10/15/23	10/15/23	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
10/15/23	10/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		3,820.95	0.00	0.00	3,820.95
10/15/23	10/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		21,610.89	0.00	0.00	21,610.89
10/15/23	10/15/23	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		614.93	0.00	0.00	614.93
10/16/23	10/16/23	Coupon		CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3		7,946.20	0.00	0.00	7,946.20
10/16/23	10/16/23	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		14,218.62	0.00	0.00	14,218.62
10/16/23	10/16/23	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		17,466.98	0.00	0.00	17,466.98
10/16/23	10/16/23	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		32,848.20	0.00	0.00	32,848.20
10/16/23	10/16/23	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		8,029.37	0.00	0.00	8,029.37
10/16/23	10/16/23	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		2,443.06	0.00	0.00	2,443.06
10/16/23	10/16/23	Coupon		GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4		993.54	0.00	0.00	993.54

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10/16/23	10/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		4,250.00	0.00	0.00	4,250.00
10/16/23	10/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,338.75	0.00	0.00	1,338.75
10/16/23	10/16/23	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		13,393.33	0.00	0.00	13,393.33
10/16/23	10/16/23	Coupon		HALST 2023-B A1 LEASE 144A MAT 05/15/24 Cpn 5.25 448980AA0		2,414.32	0.00	0.00	2,414.32
10/16/23	10/16/23	Coupon		HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2		1,605.51	0.00	0.00	1,605.51
10/16/23	10/16/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		6,936.02	0.00	0.00	6,936.02
10/16/23	10/16/23	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		9,138.77	0.00	0.00	9,138.77
10/16/23	10/16/23	Coupon		NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9		11,171.00	0.00	0.00	11,171.00
10/16/23	10/16/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		12,276.12	0.00	0.00	12,276.12
10/16/23	10/16/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		21,790.12	0.00	0.00	21,790.12
10/16/23	10/16/23	Coupon		WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6		6,739.22	0.00	0.00	6,739.22
10/16/23	10/16/23	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		23,697.49	0.00	0.00	23,697.49
10/17/23	10/17/23	Coupon		CA SANTA CLARA VLY WTR DIST C MAT 10/17/23 Cpn 5.50 80169BAL8		89,375.00	0.00	0.00	89,375.00

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10/18/23	10/18/23	Coupon		HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4		1,619.58	0.00	0.00	1,619.58
10/18/23	10/18/23	Coupon		SWEDBANK NY YCD FRN SOFERRA MAT 04/12/24 Cpn 5.84 87019WNH4		48,672.22	0.00	0.00	48,672.22
10/20/23	10/20/23	Coupon		DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0		12.38	0.00	0.00	12.38
10/20/23	10/20/23	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		14,929.38	0.00	0.00	14,929.38
10/20/23	10/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		638.93	0.00	0.00	638.93
10/20/23	10/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		425.44	0.00	0.00	425.44
10/20/23	10/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		854.01	0.00	0.00	854.01
10/20/23	10/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		100.63	0.00	0.00	100.63
10/20/23	10/20/23	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		10,209.88	0.00	0.00	10,209.88
10/20/23	10/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		162.07	0.00	0.00	162.07
10/20/23	10/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		100.33	0.00	0.00	100.33
10/20/23	10/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		9,644.03	0.00	0.00	9,644.03
10/20/23	10/20/23	Coupon		GMALT 2023-2 A1 LEASE MAT 05/20/24 Cpn 5.45 362548AA7		2,971.29	0.00	0.00	2,971.29

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10/20/23	10/20/23	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		36,787.22	0.00	0.00	36,787.22
10/20/23	10/20/23	Coupon		SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1		7,450.10	0.00	0.00	7,450.10
10/20/23	10/20/23	Coupon		SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7		274.97	0.00	0.00	274.97
10/20/23	10/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		733.87	0.00	0.00	733.87
10/20/23	10/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		48.00	0.00	0.00	48.00
10/20/23	10/20/23	Coupon		TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6		8,137.32	0.00	0.00	8,137.32
10/20/23	10/20/23	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		30,461.20	0.00	0.00	30,461.20
10/20/23	10/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		247.07	0.00	0.00	247.07
10/20/23	10/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		361.72	0.00	0.00	361.72
10/20/23	10/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		7,813.80	0.00	0.00	7,813.80
10/20/23	10/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		625.10	0.00	0.00	625.10
10/20/23	10/20/23	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		7,333.33	0.00	0.00	7,333.33
10/21/23	10/21/23	Coupon		FHLB C 7/21/23 Q MAT 05/17/24 Cpn 5.30 3130AVR46		339,200.00	0.00	0.00	339,200.00



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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/23/23	10/23/23	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		9,609.07	0.00	0.00	9,609.07
10/23/23	10/23/23	Coupon		PFAST 2023-1A A1 CAR 144A MAT 05/22/24 Cpn 5.37 73328QAA2		4,390.45	0.00	0.00	4,390.45
10/25/23	10/25/23	Coupon		BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33 09690AAC7		113.71	0.00	0.00	113.71
10/25/23	10/25/23	Coupon		BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5		1,254.17	0.00	0.00	1,254.17
10/25/23	10/25/23	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		23,833.33	0.00	0.00	23,833.33
10/25/23	10/25/23	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 5.77 3137FBAR7		38.35	0.00	0.00	38.35
10/25/23	10/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.76 3137FBUC8		1,076.37	0.00	0.00	1,076.37
10/25/23	10/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.65 3137FVNA6		477.88	0.00	0.00	477.88
10/25/23	10/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.49 3137H3KA9		31,746.15	0.00	0.00	31,746.15
10/25/23	10/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.52 3137H4RC6		12,763.80	0.00	0.00	12,763.80
10/25/23	10/25/23	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 5.52 3137FYUR5		720.23	0.00	0.00	720.23

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10/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
10/31/23	10/31/23	Coupon		U.S. TREASURY FRN MAT 07/31/25 Cpn 5.51 91282CHS3		140,909.21	0.00	0.00	140,909.21
						1,437,826.52	0.00	0.00	1,437,826.52
10/01/23	10/01/23	Income	(26.390)	ADJ NET INT MAT Cpn USD		(26.39)	0.00	0.00	(26.39)
10/01/23	10/01/23	Income	444,113.520	STIF INT MAT Cpn USD		444,113.52	0.00	0.00	444,113.52
			444,087.130			444,087.13	0.00	0.00	444,087.13
10/16/23	10/16/23	Contributn	550,000,000.000	NM MAT Cpn USD	550,000,000.00		0.00	0.00	550,000,000.00
10/17/23	10/17/23	Contributn	150,000,000.000	NM MAT Cpn USD	150,000,000.00		0.00	0.00	150,000,000.00
10/17/23	10/17/23	Contributn	90,000,000.000	NM MAT Cpn USD	90,000,000.00		0.00	0.00	90,000,000.00
			790,000,000.000		790,000,000.00		0.00	0.00	790,000,000.00
10/16/23	10/16/23	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	9,967,738.68	30,800.00	5.35	0.00	9,998,538.68
10/16/23	10/16/23	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	29,903,216.04	92,400.00	16.04	0.00	29,995,616.04
10/26/23	10/26/23	Sell Long	13,000,000.000	U.S. TREASURY BILL MAT 11/02/23 Cpn 912796YT0	12,683,303.57	303,485.00	(1,002.26)	0.00	12,986,788.57

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/30/23	10/30/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9	49,919,527.78	21,916.66	(111.12)	0.00	49,941,444.44
10/30/23	10/30/23	Sell Long	16,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9	15,974,248.89	7,013.33	(35.56)	0.00	15,981,262.22
			<u>119,000,000.000</u>		<u>118,448,034.95</u>	<u>455,615.00</u>	<u>(1,127.55)</u>	<u>0.00</u>	<u>118,903,649.95</u>
10/10/23	10/10/23	Pay Princpl	377,440.630	CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2	377,440.63		0.00	0.00	377,440.63
10/13/23	10/13/23	Pay Princpl	353,417.455	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9	353,417.46		0.00	0.00	353,417.46
10/15/23	10/15/23	Pay Princpl	277,064.033	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	277,064.03		0.00	9.40	277,064.03
10/15/23	10/15/23	Pay Princpl	311,827.857	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	311,827.86		10,258.06	0.00	311,827.86
10/15/23	10/15/23	Pay Princpl	387,121.019	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	387,121.02		4,103.25	0.00	387,121.02
10/15/23	10/15/23	Pay Princpl	526,325.542	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	526,325.54		7,431.98	0.00	526,325.54
10/15/23	10/15/23	Pay Princpl	5,000,000.000	GM 2020-2 A FLOOR 144A MAT 10/15/25 Cpn 0.69 361886CM4	5,000,000.00		21,513.47	0.00	5,000,000.00
10/15/23	10/15/23	Pay Princpl	1,100,000.000	GM 2020-2 A FLOOR 144A MAT 10/15/25 Cpn 0.69 361886CM4	1,100,000.00		3,744.37	0.00	1,100,000.00
10/15/23	10/15/23	Pay Princpl	321,912.220	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	321,912.22		0.00	3.61	321,912.22
10/15/23	10/15/23	Pay Princpl	277,602.853	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	277,602.85		9,408.12	0.00	277,602.85

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10/15/23	10/15/23	Pay Princpl	38,743.959	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	38,743.96		151.98	0.00	38,743.96
10/15/23	10/15/23	Pay Princpl	155,513.516	JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3	155,513.52		888.86	0.00	155,513.52
10/15/23	10/15/23	Pay Princpl	1,555,420.319	NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3	1,555,420.32		5,198.82	0.00	1,555,420.32
10/15/23	10/15/23	Pay Princpl	321,840.666	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3	321,840.67		0.00	11.91	321,840.67
10/15/23	10/15/23	Pay Princpl	243,670.158	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	243,670.16		0.00	7.79	243,670.16
10/15/23	10/15/23	Pay Princpl	379,888.224	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	379,888.22		2.12	0.00	379,888.22
10/15/23	10/15/23	Pay Princpl	159,850.846	WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2	159,850.85		0.00	0.95	159,850.85
10/16/23	10/16/23	Pay Princpl	1,099,658.902	CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3	1,099,658.90		(0.00)	0.00	1,099,658.90
10/16/23	10/16/23	Pay Princpl	609,998.053	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	609,998.05		(0.00)	0.00	609,998.05
10/16/23	10/16/23	Pay Princpl	607,369.001	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	607,369.00		(0.00)	0.00	607,369.00
10/16/23	10/16/23	Pay Princpl	1,221,845.801	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,221,845.80		(0.00)	0.00	1,221,845.80
10/16/23	10/16/23	Pay Princpl	348,500.065	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	348,500.07		0.00	0.00	348,500.07
10/16/23	10/16/23	Pay Princpl	247,300.339	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	247,300.34		9,753.06	0.00	247,300.34

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10/16/23	10/16/23	Pay Princpl	246,318.841	GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4	246,318.84		(0.00)	0.00	246,318.84
10/16/23	10/16/23	Pay Princpl	53,315.963	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	53,315.96		263.92	0.00	53,315.96
10/16/23	10/16/23	Pay Princpl	16,794.528	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	16,794.53		81.93	0.00	16,794.53
10/16/23	10/16/23	Pay Princpl	534,042.994	HALST 2023-B A1 LEASE 144A MAT 05/15/24 Cpn 5.25 448980AA0	534,042.99		(0.00)	0.00	534,042.99
10/16/23	10/16/23	Pay Princpl	360,841.630	HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2	360,841.63		0.00	0.00	360,841.63
10/16/23	10/16/23	Pay Princpl	724,843.041	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	724,843.04		(12.43)	0.00	724,843.04
10/16/23	10/16/23	Pay Princpl	345,947.448	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	345,947.45		0.00	0.00	345,947.45
10/16/23	10/16/23	Pay Princpl	934,039.683	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	934,039.68		(0.00)	0.00	934,039.68
10/16/23	10/16/23	Pay Princpl	1,251,707.717	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	1,251,707.72		0.00	0.00	1,251,707.72
10/16/23	10/16/23	Pay Princpl	2,221,781.198	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	2,221,781.20		592.35	0.00	2,221,781.20
10/16/23	10/16/23	Pay Princpl	1,472,195.269	WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6	1,472,195.27		0.00	0.00	1,472,195.27
10/16/23	10/16/23	Pay Princpl	999,436.551	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	999,436.55		(0.00)	0.00	999,436.55
10/20/23	10/20/23	Pay Princpl	2,962.269	DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0	2,962.27		0.00	0.00	2,962.27

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/23	10/20/23	Pay Princpl	648,169.504	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	648,169.50		(0.00)	0.00	648,169.50
10/20/23	10/20/23	Pay Princpl	290,322.430	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	290,322.43		2,603.86	0.00	290,322.43
10/20/23	10/20/23	Pay Princpl	193,317.872	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	193,317.87		1,693.47	0.00	193,317.87
10/20/23	10/20/23	Pay Princpl	346,317.494	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	346,317.49		5,242.03	0.00	346,317.49
10/20/23	10/20/23	Pay Princpl	40,808.703	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	40,808.70		617.70	0.00	40,808.70
10/20/23	10/20/23	Pay Princpl	381,074.310	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	381,074.31		0.00	0.00	381,074.31
10/20/23	10/20/23	Pay Princpl	474,339.983	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	474,339.98		3,851.96	0.00	474,339.98
10/20/23	10/20/23	Pay Princpl	293,639.036	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	293,639.04		878.16	0.00	293,639.04
10/20/23	10/20/23	Pay Princpl	184,732.065	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	184,732.07		9.32	0.00	184,732.07
10/20/23	10/20/23	Pay Princpl	653,989.368	GMALT 2023-2 A1 LEASE MAT 05/20/24 Cpn 5.45 362548AA7	653,989.37		0.00	0.00	653,989.37
10/20/23	10/20/23	Pay Princpl	902,191.670	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	902,191.67		0.00	0.00	902,191.67
10/20/23	10/20/23	Pay Princpl	1,021,198.924	SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1	1,021,198.92		(0.00)	0.00	1,021,198.92
10/20/23	10/20/23	Pay Princpl	485,753.091	SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7	485,753.09		4,066.53	0.00	485,753.09

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/23	10/20/23	Pay Princpl	748,853.397	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	748,853.40		4,163.55	0.00	748,853.40
10/20/23	10/20/23	Pay Princpl	159,992.905	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	159,992.91		0.00	2.20	159,992.91
10/20/23	10/20/23	Pay Princpl	565,203.762	TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6	565,203.76		(0.00)	0.00	565,203.76
10/20/23	10/20/23	Pay Princpl	2,904,057.500	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	2,904,057.50		0.00	0.00	2,904,057.50
10/20/23	10/20/23	Pay Princpl	257,882.448	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	257,882.45		0.00	5,388.21	257,882.45
10/20/23	10/20/23	Pay Princpl	377,539.904	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	377,539.90		4,140.04	0.00	377,539.90
10/20/23	10/20/23	Pay Princpl	563,334.380	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	563,334.38		7,048.45	0.00	563,334.38
10/20/23	10/20/23	Pay Princpl	45,066.750	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	45,066.75		568.75	0.00	45,066.75
10/23/23	10/23/23	Pay Princpl	305,211.146	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	305,211.15		0.00	0.00	305,211.15
10/23/23	10/23/23	Pay Princpl	950,342.461	PFAST 2023-1A A1 CAR 144A MAT 05/22/24 Cpn 5.37 73328QAA2	950,342.46		(0.00)	0.00	950,342.46
10/25/23	10/25/23	Pay Princpl	177,585.428	BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33 09690AAC7	177,585.43		985.05	0.00	177,585.43
10/25/23	10/25/23	Pay Princpl	147.088	FHMS KF38 A MAT 09/25/24 Cpn 5.76 3137FBUC8	147.09		0.00	0.04	147.09

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
10/25/23	10/25/23	Pay Princpl	156,761.678	FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 5.52 3137FYUR5	156,761.68		0.00	0.00	156,761.68
			<u>38,214,371.887</u>		<u>38,214,371.90</u>		<u>109,248.73</u>	<u>5,424.11</u>	<u>38,214,371.90</u>
10/02/23	10/02/23	Mature Long	10,452,000.000	BNP PARIBAS NY CP MAT 10/02/23 Cpn 09659CX29	10,425,742.25	26,257.75	0.00	0.00	10,452,000.00
10/03/23	10/03/23	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	19,976,588.89	23,411.11	0.00	0.00	20,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/03/23	10/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/03/23 Cpn 912797GV3	49,948,861.11	51,138.89	0.00	0.00	50,000,000.00
10/04/23	10/04/23	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn 313384MN6	34,994,866.67	5,133.33	0.00	0.00	35,000,000.00
10/04/23	10/04/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn 313384MN6	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/04/23	10/04/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn 313384MN6	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00



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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/04/23	10/04/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/04/23	10/04/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/04/23 Cpn	313384MN6	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	48,859,069.44	1,140,930.56	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	48,850,416.67	1,149,583.33	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	48,850,293.06	1,149,706.94	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,904,648.61	95,351.39	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,904,648.61	95,351.39	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,904,648.61	95,351.39	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	39,941,555.56	58,444.44	0.00	0.00	40,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,926,944.44	73,055.56	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,926,944.44	73,055.56	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,926,944.44	73,055.56	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,926,944.44	73,055.56	0.00	0.00	50,000,000.00

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10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,926,944.44	73,055.56	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,934,187.50	65,812.50	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,934,187.50	65,812.50	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,934,187.50	65,812.50	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn	912796YJ2	49,934,187.50	65,812.50	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	9,998,533.33	1,466.67	0.00	0.00	10,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/05/23	10/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/05/23 Cpn	313384MP1	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	6,000,000.000	FFCB DISCOUNT NOTE MAT 10/06/23 Cpn	313312MQ0	5,999,120.00	880.00	0.00	0.00	6,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FFCB DISCOUNT NOTE MAT 10/06/23 Cpn	313312MQ0	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn	313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00

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10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/06/23	10/06/23	Mature Long	44,000,000.000	FHLB DISCOUNT NOTE MAT 10/06/23 Cpn 313384MQ9	43,993,546.67	6,453.33	0.00	0.00	44,000,000.00
10/06/23	10/06/23	Mature Long	33,000,000.000	FLORIDA POWER & LIGHT CP MAT 10/06/23 Cpn 34108BX67	32,995,141.67	4,858.33	0.00	0.00	33,000,000.00
10/06/23	10/06/23	Mature Long	19,500,000.000	NESTLE CAPITAL CP 144A MAT 10/06/23 Cpn 64105HX64	19,497,129.17	2,870.83	0.00	0.00	19,500,000.00
10/10/23	10/10/23	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn 912797HA8	9,978,035.42	21,964.58	0.00	0.00	10,000,000.00

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10/10/23	10/10/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	49,890,177.08	109,822.92	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	49,963,451.39	36,548.61	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	49,963,451.39	36,548.61	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	49,963,451.39	36,548.61	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/23 Cpn	912797HA8	49,963,451.39	36,548.61	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	19,988,266.67	11,733.33	0.00	0.00	20,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00
10/10/23	10/10/23	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	34,979,466.67	20,533.33	0.00	0.00	35,000,000.00
10/10/23	10/10/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/10/23 Cpn	313384MU0	49,970,666.67	29,333.33	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/23	10/10/23	Mature Long	26,000,000.000	USAA CAPITAL CP MAT 10/10/23 Cpn	90328BXA4	25,976,990.00	23,010.00	0.00	0.00	26,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	8,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	7,998,826.67	1,173.33	0.00	0.00	8,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/11/23	10/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/23 Cpn	313384MV8	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	48,825,847.22	1,174,152.78	0.00	0.00	50,000,000.00

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10/12/23	10/12/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	39,037,179.56	962,820.44	0.00	0.00	40,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	48,796,474.44	1,203,525.56	0.00	0.00	50,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	48,958,965.97	1,041,034.03	0.00	0.00	50,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	49,956,220.83	43,779.17	0.00	0.00	50,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn	912797FA0	49,956,220.83	43,779.17	0.00	0.00	50,000,000.00
10/12/23	10/12/23	Mature Long	42,000,000.000	FHLB DISCOUNT NOTE MAT 10/12/23 Cpn	313384MW6	41,993,840.00	6,160.00	0.00	0.00	42,000,000.00
10/12/23	10/12/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/12/23 Cpn	313384MW6	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
10/13/23	10/13/23	Mature Long	27,500,000.000	CATERPILLAR CP 144A MAT 10/13/23 Cpn	14912QXD7	27,495,966.67	4,033.33	0.00	0.00	27,500,000.00
10/13/23	10/13/23	Mature Long	29,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn	313384MX4	28,995,770.83	4,229.17	0.00	0.00	29,000,000.00
10/13/23	10/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn	313384MX4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/13/23	10/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/13/23 Cpn	313384MX4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/13/23	10/13/23	Mature Long	26,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/13/23 Cpn	4523EMXD0	26,496,113.33	3,886.67	0.00	0.00	26,500,000.00
10/16/23	10/16/23	Mature Long	25,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 10/16/23 Cpn	19416FXG4	24,989,020.83	10,979.17	0.00	0.00	25,000,000.00

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10/16/23	10/16/23	Mature Long	8,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn	313384NA3	7,996,493.33	3,506.67	0.00	0.00	8,000,000.00
10/16/23	10/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn	313384NA3	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
10/16/23	10/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn	313384NA3	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
10/16/23	10/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/16/23 Cpn	313384NA3	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	19,935,466.67	64,533.33	0.00	0.00	20,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,838,666.67	161,333.33	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,838,666.67	161,333.33	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,919,455.56	80,544.44	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,919,455.56	80,544.44	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,955,979.17	44,020.83	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,955,979.17	44,020.83	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,955,979.17	44,020.83	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn	912797HB6	49,955,979.17	44,020.83	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
through 10/31/2023

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
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	49,963,284.72	36,715.28	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/17/23 Cpn 912797HB6	49,963,284.72	36,715.28	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	14,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 10/17/23 Cpn 19416FXH2	13,997,950.56	2,049.44	0.00	0.00	14,000,000.00
10/17/23	10/17/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/17/23 Cpn 313384NB1	9,998,538.89	1,461.11	0.00	0.00	10,000,000.00
10/17/23	10/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/17/23 Cpn 313384NB1	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
10/17/23	10/17/23	Mature Long	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 10/17/23 Cpn 84243MXH0	11,989,380.00	10,620.00	0.00	0.00	12,000,000.00
10/17/23	10/17/23	Mature Long	5,000,000.000	CA SANTA CLARA VLY WTR DIST C MAT 10/17/23 Cpn 5.50 80169BAL8	5,000,000.00		0.00	0.00	5,000,000.00
10/18/23	10/18/23	Mature Long	26,000,000.000	APPLE CP 144A MAT 10/18/23 Cpn 03785EXJ8	25,977,033.33	22,966.67	0.00	0.00	26,000,000.00
10/18/23	10/18/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	24,996,354.17	3,645.83	0.00	0.00	25,000,000.00
10/18/23	10/18/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/18/23	10/18/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/18/23	10/18/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	9,998,541.67	1,458.33	0.00	0.00	10,000,000.00
10/18/23	10/18/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/18/23	10/18/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/18/23 Cpn 313384NC9	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/18/23	10/18/23	Mature Long	26,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/18/23 Cpn 91058UXJ7	25,973,104.44	26,895.56	0.00	0.00	26,000,000.00
10/18/23	10/18/23	Mature Long	26,000,000.000	USAA CAPITAL CP MAT 10/18/23 Cpn 90328BXJ5	25,973,155.00	26,845.00	0.00	0.00	26,000,000.00
10/19/23	10/19/23	Mature Long	45,000,000.000	AUTOMATIC DATA CP 144A MAT 10/19/23 Cpn 0530A3XK9	44,993,375.00	6,625.00	0.00	0.00	45,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	48,930,555.56	1,069,444.44	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,941,277.78	58,722.22	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	49,985,312.50	14,687.50	0.00	0.00	50,000,000.00
10/19/23	10/19/23	Mature Long	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/19/23 Cpn 4523EMXK4	44,993,400.00	6,600.00	0.00	0.00	45,000,000.00

TRANSACTIONS BY TYPE

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10/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/23	10/20/23	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 10/20/23 Cpn	22533UXL2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/20/23	10/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/20/23	10/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/20/23	10/20/23	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	39,994,166.67	5,833.33	0.00	0.00	40,000,000.00
10/20/23	10/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/20/23	10/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/20/23	10/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/20/23 Cpn	313384NE5	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/23/23	10/23/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 10/23/23 Cpn	313384NH8	24,989,062.50	10,937.50	0.00	0.00	25,000,000.00
10/23/23	10/23/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/23/23 Cpn	313384NH8	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
10/23/23	10/23/23	Mature Long	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/23/23 Cpn	4523EMXP3	29,986,725.00	13,275.00	0.00	0.00	30,000,000.00
10/23/23	10/23/23	Mature Long	45,000,000.000	WAL-MART STORES CP 144A MAT 10/23/23 Cpn	93114FXP4	44,980,162.50	19,837.50	0.00	0.00	45,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

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10/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/24/23	10/24/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00
10/24/23	10/24/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn	313384NJ4	9,998,541.67	1,458.33	0.00	0.00	10,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn	313384NJ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn	313384NJ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/24/23	10/24/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/24/23 Cpn	313384NJ4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	10,000,000.000	FFCB DISCOUNT NOTE MAT 10/25/23 Cpn	313312NK2	9,989,752.78	10,247.22	0.00	0.00	10,000,000.00
10/25/23	10/25/23	Mature Long	50,000,000.000	FFCB DISCOUNT NOTE MAT 10/25/23 Cpn	313312NK2	49,948,763.89	51,236.11	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	12,100,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	12,087,600.86	12,399.14	0.00	0.00	12,100,000.00
10/25/23	10/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn	313384NK1	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/25/23	10/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/23 Cpn 313384NK1	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
10/25/23	10/25/23	Mature Long	28,000,000.000	NESTLE CAPITAL CP 144A MAT 10/25/23 Cpn 64105HXR8	27,975,360.00	24,640.00	0.00	0.00	28,000,000.00
10/25/23	10/25/23	Mature Long	32,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 10/25/23 Cpn 84243MXR8	31,971,680.00	28,320.00	0.00	0.00	32,000,000.00
10/25/23	10/25/23	Mature Long	32,000,000.000	USAA CAPITAL CP MAT 10/25/23 Cpn 90328BXR7	31,966,897.78	33,102.22	0.00	0.00	32,000,000.00
10/26/23	10/26/23	Mature Long	8,625,000.000	APPLE CP 144A MAT 10/26/23 Cpn 03785EXS8	8,613,528.75	11,471.25	0.00	0.00	8,625,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/26/23 Cpn 912797FC6	48,778,956.94	1,221,043.06	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 10/26/23 Cpn 912797FC6	39,818,443.33	181,556.67	0.00	0.00	40,000,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/26/23 Cpn 912797FC6	49,773,054.17	226,945.83	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	29,000,000.000	CATERPILLAR FIN CP MAT 10/26/23 Cpn 14912EXS1	28,961,502.50	38,497.50	0.00	0.00	29,000,000.00
10/26/23	10/26/23	Mature Long	6,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	5,999,121.67	878.33	0.00	0.00	6,000,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/26/23	10/26/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/26/23 Cpn 313384NL9	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/26/23	10/26/23	Mature Long	45,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/26/23 Cpn 91058UXS7	44,953,450.00	46,550.00	0.00	0.00	45,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/27/23	10/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/27/23 Cpn 313384NM7	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
10/30/23	10/30/23	Mature Long	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/30/23 Cpn 4523EMXW	29,986,825.00	13,175.00	0.00	0.00	30,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/30/23	10/30/23	Mature Long	20,000,000.000	NESTLE CAPITAL CP 144A MAT 10/30/23 Cpn 64105HXW7	19,991,166.67	8,833.33	0.00	0.00	20,000,000.00
10/31/23	10/31/23	Mature Long	35,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 10/31/23 Cpn 91058UXX6	34,979,311.11	20,688.89	0.00	0.00	35,000,000.00
			<u>7,756,677,000.000</u>		<u>7,742,081,624.21</u>	<u>14,595,375.81</u>	<u>0.00</u>	<u>0.00</u>	<u>7,756,677,000.00</u>
10/01/23	10/01/23	Withdrawal	(17,125.000)	CUSTODY FEE MAT Cpn USD	(17,125.00)		(17,125.00)	0.00	(17,125.00)
10/05/23	10/05/23	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
10/10/23	10/10/23	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
10/16/23	10/16/23	Withdrawal	(100,000,000.000)	WD MAT Cpn USD	(100,000,000.00)		(100,000,000.00)	0.00	(100,000,000.00)
10/20/23	10/20/23	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
10/24/23	10/24/23	Withdrawal	(130,000,000.000)	WD MAT Cpn USD	(130,000,000.00)		(130,000,000.00)	0.00	(130,000,000.00)
10/25/23	10/25/23	Withdrawal	(350,000,000.000)	WD MAT Cpn USD	(350,000,000.00)		(350,000,000.00)	0.00	(350,000,000.00)
10/27/23	10/27/23	Withdrawal	(110,000,000.000)	WD MAT Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
10/30/23	10/30/23	Withdrawal	(120,000,000.000)	WD MAT Cpn USD	(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
Cash - cont. 10/31/23	10/31/23	Withdrawal	(25,000,000.000)	WD MAT	Cpn	USD	(25,000,000.00)	(25,000,000.00)	0.00	(25,000,000.00)
			<u>(985,017,125.000)</u>				<u>(985,017,125.00)</u>	<u>(985,017,125.00)</u>	<u>0.00</u>	<u>(985,017,125.00)</u>

TRANSACTIONS BY TYPE

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

10/01/2023  
through 10/31/2023

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
10/04/23	10/11/23	Buy	700,000.000	COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0	(699,872.11)		0.00	0.00	(699,872.11)
10/12/23	10/18/23	Buy	300,000.000	CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9	(299,941.02)		0.00	0.00	(299,941.02)
10/30/23	10/31/23	Buy	1,810,000.000	U.S. TREASURY NOTE MAT 09/30/28 Cpn 4.63 91282CJA0	(1,794,728.13)	(7,090.40)	0.00	0.00	(1,801,818.53)
			<u>2,810,000.000</u>		<u>(2,794,541.26)</u>	<u>(7,090.40)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,801,631.66)</u>
10/01/23	10/01/23	Coupon		CA BAY AREA TOLL AUTH TOLL BR MAT 04/01/24 Cpn 2.25 072024WP3		13,749.40	0.00	0.00	13,749.40
10/01/23	10/01/23	Coupon		CA LOS ALTOS SCH DIST GO BANS MAT 10/01/24 Cpn 1.00 544290JH3		4,000.00	0.00	0.00	4,000.00
10/01/23	10/01/23	Coupon		CA MANTECA REDEV AGY TAB TX MAT 10/01/23 Cpn 1.74 56453RAX2		4,345.00	0.00	0.00	4,345.00
10/01/23	10/01/23	Coupon		CA STOCKTON PFA WTR REV-GRE MAT 10/01/24 Cpn 2.37 861398CH6		3,561.00	0.00	0.00	3,561.00
10/15/23	10/15/23	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		10.07	0.00	0.00	10.07
10/15/23	10/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		215.69	0.00	0.00	215.69
10/15/23	10/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		306.40	0.00	0.00	306.40
10/15/23	10/15/23	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
10/15/23	10/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00



TRANSACTIONS BY TYPE

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

10/01/2023  
through 10/31/2023

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
10/15/23	10/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
10/15/23	10/15/23	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
10/15/23	10/15/23	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
10/15/23	10/15/23	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
10/15/23	10/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		361.11	0.00	0.00	361.11
10/15/23	10/15/23	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
10/15/23	10/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		78.36	0.00	0.00	78.36
10/15/23	10/15/23	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		71.86	0.00	0.00	71.86
10/16/23	10/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		49.55	0.00	0.00	49.55
10/18/23	10/18/23	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
10/20/23	10/20/23	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
10/20/23	10/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		42.30	0.00	0.00	42.30
10/20/23	10/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		6.29	0.00	0.00	6.29

TRANSACTIONS BY TYPE

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

10/01/2023  
through 10/31/2023

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
10/20/23	10/20/23	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
10/20/23	10/20/23	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		2.52	0.00	0.00	2.52
10/22/23	10/22/23	Coupon		FNMA MAT 04/22/25 Cpn 0.63 3135G03U5		3,000.00	0.00	0.00	3,000.00
10/01/23	10/25/23	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
10/01/23	10/25/23	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
10/25/23	10/25/23	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,201.67	0.00	0.00	1,201.67
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/25 Cpn 0.38 912828ZL7		1,753.13	0.00	0.00	1,753.13
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0		2,456.25	0.00	0.00	2,456.25
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0		3,525.00	0.00	0.00	3,525.00
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/27 Cpn 2.75 91282CEN7		5,500.00	0.00	0.00	5,500.00
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/28 Cpn 3.50 91282CHA2		11,987.50	0.00	0.00	11,987.50
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 04/30/28 Cpn 3.50 91282CHA2		33,162.50	0.00	0.00	33,162.50
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0		412.50	0.00	0.00	412.50

TRANSACTIONS BY TYPE

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

10/01/2023  
through 10/31/2023

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
10/31/23	10/31/23	Coupon		U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0		2,268.75	0.00	0.00	2,268.75
						<u>119,373.68</u>	<u>0.00</u>	<u>0.00</u>	<u>119,373.68</u>
10/01/23	10/01/23	Income	4,513.740	STIF INT MAT Cpn USD		4,513.74	0.00	0.00	4,513.74
10/24/23	10/26/23	Sell Long	200,000.000	CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 0.94 796720NQ9	193,048.00	444.83	0.00	(6,952.00)	193,492.83
10/25/23	10/27/23	Sell Long	570,000.000	CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 2.04 796720MG2	554,342.10	2,783.25	0.00	(15,657.90)	557,125.35
10/26/23	10/31/23	Sell Long	810,000.000	FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE	801,805.08	2,095.20	0.00	(9,800.92)	803,900.28
10/26/23	10/31/23	Sell Long	570,000.000	FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5	561,249.61	1,417.88	0.00	(10,258.49)	562,667.49
10/30/23	10/31/23	Sell Long	500,000.000	U.S. TREASURY NOTE MAT 09/30/25 Cpn 0.25 91282CAM3	456,621.09	105.87	0.00	(42,566.27)	456,726.96
10/30/23	10/31/23	Sell Long	935,000.000	U.S. TREASURY NOTE MAT 04/30/25 Cpn 0.38 912828ZL7	870,536.13		0.00	(66,679.84)	870,536.13
			<u>3,585,000.000</u>		<u>3,437,602.01</u>	<u>6,847.03</u>	<u>0.00</u>	<u>(151,915.42)</u>	<u>3,444,449.04</u>
10/15/23	10/15/23	Pay Princpl	6,394.170	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	6,394.17		0.00	(8.70)	6,394.17
10/15/23	10/15/23	Pay Princpl	40,485.248	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	40,485.25		0.00	2.93	40,485.25

TRANSACTIONS BY TYPE

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

10/01/2023  
through 10/31/2023

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
10/15/23	10/15/23	Pay Princpl	39,498.195	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	39,498.20		0.00	2.80	39,498.20
10/15/23	10/15/23	Pay Princpl	53,040.296	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	53,040.30		0.00	0.86	53,040.30
10/15/23	10/15/23	Pay Princpl	54,771.025	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	54,771.03		0.00	0.75	54,771.03
10/15/23	10/15/23	Pay Princpl	101,888.127	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	101,888.13		0.00	1.59	101,888.13
10/16/23	10/16/23	Pay Princpl	9,275.504	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	9,275.50		0.00	0.27	9,275.50
10/20/23	10/20/23	Pay Princpl	43,166.555	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	43,166.56		0.00	0.40	43,166.56
10/20/23	10/20/23	Pay Princpl	20,982.677	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	20,982.68		0.00	0.29	20,982.68
10/20/23	10/20/23	Pay Princpl	6,428.118	VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9	6,428.12		0.00	(0.69)	6,428.12
			<u>375,929.915</u>		<u>375,929.94</u>		<u>0.00</u>	<u>0.50</u>	<u>375,929.94</u>
10/01/23	10/01/23	Mature Long	500,000.000	CA MANTECA REDEV AGY TAB TX MAT 10/01/23 Cpn 1.74 56453RAX2	500,000.00		0.00	0.00	500,000.00

**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 10/01/2023 To 10/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
10/19/23	10/17/23	10/19/23	TNT77	02665WEM9	AMERICAN HONDA FINANCE	1,000,000.00	(14,520.83)	(974,330.00)	0.00	(988,850.83)
10/20/23	10/18/23	10/20/23	TNT77	883556CK6	THERMO FISHER SCIENTIFIC	5,000,000.00	(1,215.28)	(4,180,450.00)	0.00	(4,181,665.28)
10/23/23	10/19/23	10/23/23	TNT77	02665WEM9	AMERICAN HONDA FINANCE	3,000,000.00	(45,270.84)	(2,913,060.00)	0.00	(2,958,330.84)
10/23/23	10/23/23	10/23/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,087,598.25	0.00	(2,087,598.25)	0.00	(2,087,598.25)
10/31/23	10/27/23	10/31/23	TNT77	24422EXB0	JOHN DEERE CAPITAL CORP	5,000,000.00	(73,562.50)	(4,893,650.00)	0.00	(4,967,212.50)
TOTAL BUY						16,087,598.25	(134,569.45)	(15,049,088.25)	0.00	(15,183,657.70)
DIVIDEND										
10/02/23	10/02/23	10/02/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	0.00	0.00	0.00	0.00	0.00
10/03/23	10/02/23	10/02/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,441,968.36	18,038.65	0.00	0.00	18,038.65
TOTAL DIVIDEND						1,441,968.36	18,038.65	0.00	0.00	18,038.65
INTEREST										
10/01/23	10/01/23	10/01/23	TNT77	13063D3A4	CALIFORNIA ST	1,000,000.00	28,500.00	0.00	0.00	28,500.00
10/01/23	10/01/23	10/01/23	TNT77	20030NDK4	COMCAST CORP	2,500,000.00	41,250.00	0.00	0.00	41,250.00
10/01/23	10/01/23	10/01/23	TNT77	341081FZ5	FLORIDA POWER & LIGHT CO	7,500,000.00	106,875.00	0.00	0.00	106,875.00
10/01/23	10/01/23	10/01/23	TNT77	369550BK3	GENERAL DYNAMICS CORP	5,000,000.00	81,250.00	0.00	0.00	81,250.00
10/01/23	10/01/23	10/01/23	TNT77	46625HRV4	JPMORGAN CHASE & CO	3,500,000.00	51,625.00	0.00	0.00	51,625.00
10/01/23	10/01/23	10/01/23	TNT77	68233JBZ6	ONCOR ELECTRIC DELIVERY	3,000,000.00	8,250.00	0.00	0.00	8,250.00
10/01/23	10/01/23	10/01/23	TNT77	743756AB4	PROV ST JOSEPH HLTH OBL	1,500,000.00	20,595.00	0.00	0.00	20,595.00
10/01/23	10/01/23	10/01/23	TNT77	828807CS4	SIMON PROPERTY GROUP LP	2,500,000.00	42,187.50	0.00	0.00	42,187.50
10/01/23	10/01/23	10/01/23	TNT77	911312BX3	UNITED PARCEL SERVICE	5,000,000.00	97,500.00	0.00	0.00	97,500.00
10/13/23	10/13/23	10/13/23	TNT77	035240AL4	ANHEUSER-BUSCH INBEV WOR	2,500,000.00	50,000.00	0.00	0.00	50,000.00
10/14/23	10/14/23	10/14/23	TNT77	10373QAZ3	BP CAP MARKETS AMERICA	5,000,000.00	89,700.00	0.00	0.00	89,700.00
10/15/23	10/15/23	10/15/23	TNT77	437076CN0	HOME DEPOT INC	4,750,000.00	68,281.25	0.00	0.00	68,281.25
10/15/23	10/15/23	10/15/23	TNT77	90320WAF0	UPMC	1,000,000.00	9,015.00	0.00	0.00	9,015.00
10/15/23	10/15/23	10/15/23	TNT77	907818EP9	UNION PACIFIC CORP	1,000,000.00	15,000.00	0.00	0.00	15,000.00
10/18/23	10/18/23	10/18/23	TNT77	05565EBH7	BMW US CAPITAL LLC	6,000,000.00	94,500.00	0.00	0.00	94,500.00
10/22/23	10/22/23	10/22/23	TNT77	46647PCB0	JPMORGAN CHASE & CO	2,500,000.00	19,725.00	0.00	0.00	19,725.00
10/23/23	10/23/23	10/23/23	TNT77	61761JVL0	MORGAN STANLEY	3,000,000.00	55,500.00	0.00	0.00	55,500.00
10/27/23	10/27/23	10/27/23	TNT77	91159HHR4	US BANCORP	7,000,000.00	110,250.00	0.00	0.00	110,250.00
10/30/23	10/30/23	10/30/23	TNT77	95000U2N2	WELLS FARGO & COMPANY	10,000,000.00	109,400.00	0.00	0.00	109,400.00

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**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 10/01/2023 To 10/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
TOTAL INTEREST						74,250,000.00	1,099,403.75	0.00	0.00	1,099,403.75
SELL										
10/19/23	10/17/23	10/19/23	TNT77	05565EBH7	BMW US CAPITAL LLC	6,000,000.00	525.00	5,920,620.00	0.00	5,921,145.00
10/19/23	10/17/23	10/19/23	TNT77	14913Q2V0	CATERPILLAR FINL SERVICE	2,500,000.00	30,083.33	2,459,750.00	0.00	2,489,833.33
10/19/23	10/17/23	10/19/23	TNT77	24422ESP5	JOHN DEERE CAPITAL CORP	2,000,000.00	23,636.11	1,970,420.00	0.00	1,994,056.11
10/23/23	10/23/23	10/23/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,441,968.36	0.00	1,441,968.36	0.00	1,441,968.36
10/31/23	10/30/23	10/31/23	TNT77	02665WCZ2	AMERICAN HONDA FINANCE	2,250,000.00	18,600.00	2,200,612.50	0.00	2,219,212.50
TOTAL SELL						14,191,968.36	72,844.44	13,993,370.86	0.00	14,066,215.30
GRAND TOTAL						105,971,534.97	1,055,717.39	(1,055,717.39)	0.00	0.00
Avg Date 23										



DATE: January 24, 2024  
TO: Finance & Budget Committee  
FROM: Afzal Shah, *Chief Financial Officer*

**SUBJECT: Monthly Investment Portfolio Securities Transaction Report for November, 2023**

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 November 1 to November 30, 2023.

L.A. Care's investment market value as of November 30, 2023, was \$3.2 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$35 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$79 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of November 30, 2023, of \$3.1 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

11/01/2023  
through 11/30/2023

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
11/01/23	11/01/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/02/23 Cpn 313384NT2		(24,996,354.17)		0.00	0.00	(24,996,354.17)
11/02/23	11/02/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn 313384NU9		(24,996,347.22)		0.00	0.00	(24,996,347.22)
11/02/23	11/02/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn 313384NU9		(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/02/23	11/02/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn 313384NU9		(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/02/23	11/03/23	Buy	12,500,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn 912797HH3		(12,167,475.35)		0.00	0.00	(12,167,475.35)
11/02/23	11/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/02/24 Cpn 912797HH3		(48,669,901.39)		0.00	0.00	(48,669,901.39)
11/02/23	11/03/23	Buy	12,500,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1		(12,335,234.38)		0.00	0.00	(12,335,234.38)
11/02/23	11/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1		(49,340,937.50)		0.00	0.00	(49,340,937.50)
11/07/23	11/07/23	Buy	42,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/23 Cpn 313384NZ8		(41,993,863.33)		0.00	0.00	(41,993,863.33)
11/06/23	11/08/23	Buy	3,294,760.480	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		(3,266,188.72)	(1,308.75)	0.00	0.00	(3,267,497.47)
11/06/23	11/08/23	Buy	9,302,080.990	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		(9,213,783.89)	(12,064.28)	0.00	0.00	(9,225,848.17)
11/06/23	11/08/23	Buy	4,800,000.000	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		(4,706,812.50)	(2,361.33)	0.00	0.00	(4,709,173.83)
11/06/23	11/08/23	Buy	6,844,665.270	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		(6,748,412.17)	(2,186.49)	0.00	0.00	(6,750,598.66)



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/06/23	11/08/23	Buy	5,000,000.000	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	(4,948,242.19)	(10,025.00)	0.00	0.00	(4,958,267.19)
11/06/23	11/08/23	Buy	4,965,169.550	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	(4,855,004.85)	(1,141.99)	0.00	0.00	(4,856,146.84)
11/06/23	11/08/23	Buy	5,113,995.530	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	(5,052,867.30)	(2,319.77)	0.00	0.00	(5,055,187.07)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/24 Cpn 912797HX8	(49,604,937.50)		0.00	0.00	(49,604,937.50)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/24 Cpn 912797HQ3	(48,676,076.39)		0.00	0.00	(48,676,076.39)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/24 Cpn 912797HQ3	(48,676,076.39)		0.00	0.00	(48,676,076.39)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HNO	(49,809,513.89)		0.00	0.00	(49,809,513.89)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HNO	(49,809,513.89)		0.00	0.00	(49,809,513.89)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	(49,809,513.89)		0.00	0.00	(49,809,513.89)
11/09/23	11/09/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	(49,809,513.89)		0.00	0.00	(49,809,513.89)
11/07/23	11/09/23	Buy	2,032,894.740	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	(2,018,283.30)	(654.48)	0.00	0.00	(2,018,937.78)
11/09/23	11/09/23	Buy	11,773,000.000	FHLB DISCOUNT NOTE MAT 11/10/23 Cpn 313384PB9	(11,771,279.83)		0.00	0.00	(11,771,279.83)
11/09/23	11/09/23	Buy	10,000,000.000	FNMA DISCOUNT NOTE MAT 11/10/23 Cpn 313588PB5	(9,998,544.44)		0.00	0.00	(9,998,544.44)
11/09/23	11/09/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 11/10/23 Cpn 313588PB5	(49,992,722.22)		0.00	0.00	(49,992,722.22)
11/07/23	11/09/23	Buy	3,550,000.000	JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1	(3,519,214.84)	(1,704.00)	0.00	0.00	(3,520,918.84)
11/10/23	11/10/23	Buy	19,354,000.000	AUTOMATIC DATA CP 144A MAT 11/13/23 Cpn 0530A3YD4	(19,345,468.11)		0.00	0.00	(19,345,468.11)
11/09/23	11/10/23	Buy	10,000,000.000	CREDIT AGRICOLE CP MAT 05/07/24 Cpn 22533TE77	(9,723,544.44)		0.00	0.00	(9,723,544.44)
11/10/23	11/10/23	Buy	40,000,000.000	CATERPILLAR FIN CP MAT 11/27/23 Cpn 14912EYT8	(39,899,322.22)		0.00	0.00	(39,899,322.22)
11/10/23	11/10/23	Buy	40,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/13/23 Cpn 29101BYD8	(39,982,333.33)		0.00	0.00	(39,982,333.33)
11/10/23	11/10/23	Buy	9,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/23 Cpn 313384PE3	(8,996,055.00)		0.00	0.00	(8,996,055.00)
11/10/23	11/10/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/23 Cpn 313384PE3	(49,978,083.33)		0.00	0.00	(49,978,083.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/09/23	11/10/23	Buy	7,500,000.000	LVMH MOET HENNESSY LOUIS CP MAT 03/11/24 Cpn 55078TCB1	(7,362,241.67)		0.00	0.00	(7,362,241.67)
11/10/23	11/10/23	Buy	50,000,000.000	NESTLE CAPITAL CP 144A MAT 11/13/23 Cpn 64105HYD8	(49,977,916.67)		0.00	0.00	(49,977,916.67)
11/13/23	11/13/23	Buy	10,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/14/23 Cpn 29101BYE6	(9,998,533.33)		0.00	0.00	(9,998,533.33)
11/13/23	11/13/23	Buy	21,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/15/23 Cpn 29101BYF3	(20,993,816.67)		0.00	0.00	(20,993,816.67)
11/13/23	11/13/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/13/23	11/13/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/13/23	11/13/23	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	(19,997,077.78)		0.00	0.00	(19,997,077.78)
11/03/23	11/13/23	Buy	4,200,000.000	HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0	(4,200,000.00)		0.00	0.00	(4,200,000.00)
11/03/23	11/13/23	Buy	2,000,000.000	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	(1,999,906.40)		0.00	0.00	(1,999,906.40)
11/13/23	11/13/23	Buy	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 11/14/23 Cpn 91058UYE7	(29,995,575.00)		0.00	0.00	(29,995,575.00)
11/07/23	11/14/23	Buy	6,050,000.000	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	(6,050,000.00)		0.00	0.00	(6,050,000.00)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	(49,992,708.33)		0.00	0.00	(49,992,708.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/14/23	11/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8		(49,992,708.33)		0.00	0.00	(49,992,708.33)
11/10/23	11/14/23	Buy	25,000,000.000	MERCEDES-BENZ CP 144A MAT 11/22/23 Cpn 58768KYN9		(24,970,444.44)		0.00	0.00	(24,970,444.44)
11/07/23	11/14/23	Buy	3,900,000.000	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		(3,899,941.11)		0.00	0.00	(3,899,941.11)
11/15/23	11/15/23	Buy	22,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn 313384PH6		(21,996,785.56)		0.00	0.00	(21,996,785.56)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn 313384PH6		(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn 313384PH6		(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn 313384PH6		(49,992,694.44)		0.00	0.00	(49,992,694.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/15/23	11/15/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	44,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(43,993,571.11)		0.00	0.00	(43,993,571.11)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn 313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn 313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/16/23	11/16/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn 313384PJ2	(49,992,694.44)		0.00	0.00	(49,992,694.44)
11/17/23	11/17/23	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/23 Cpn 313384PM5	(4,997,808.33)		0.00	0.00	(4,997,808.33)
11/17/23	11/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/23 Cpn 313384PM5	(49,978,083.33)		0.00	0.00	(49,978,083.33)
11/21/23	11/21/23	Buy	48,900,000.000	FHLB DISCOUNT NOTE MAT 11/22/23 Cpn 313384PP8	(48,892,855.17)		0.00	0.00	(48,892,855.17)
11/22/23	11/22/23	Buy	30,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn 912797FL6	(29,991,254.17)		0.00	0.00	(29,991,254.17)
11/22/23	11/22/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn 912797FL6	(49,985,423.61)		0.00	0.00	(49,985,423.61)
11/21/23	11/22/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/19/23 Cpn 912797HV2	(49,802,187.50)		0.00	0.00	(49,802,187.50)
11/21/23	11/22/23	Buy	20,000,000.000	U.S. TREASURY BILL MAT 12/19/23 Cpn 912797HV2	(19,920,875.00)		0.00	0.00	(19,920,875.00)
11/22/23	11/22/23	Buy	14,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/27/23 Cpn 4523EMYT4	(13,989,694.44)		0.00	0.00	(13,989,694.44)
11/22/23	11/24/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/30/23 Cpn 912796ZD4	(49,956,250.00)		0.00	0.00	(49,956,250.00)
11/22/23	11/24/23	Buy	40,000,000.000	U.S. TREASURY BILL MAT 11/30/23 Cpn 912796ZD4	(39,965,000.00)		0.00	0.00	(39,965,000.00)

TRANSACTIONS BY TYPE

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11/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/24/23	11/24/23	Buy	34,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/23 Cpn 313384PU7	(33,985,040.00)		0.00	0.00	(33,985,040.00)
11/24/23	11/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/23 Cpn 313384PU7	(49,978,000.00)		0.00	0.00	(49,978,000.00)
11/22/23	11/24/23	Buy	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/27/23 Cpn 6698M5YT0	(39,982,366.67)		0.00	0.00	(39,982,366.67)
11/27/23	11/27/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	(49,992,680.56)		0.00	0.00	(49,992,680.56)
11/27/23	11/27/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	(49,992,680.56)		0.00	0.00	(49,992,680.56)
11/27/23	11/27/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	(49,992,680.56)		0.00	0.00	(49,992,680.56)
11/28/23	11/28/23	Buy	35,000,000.000	AUTOMATIC DATA CP 144A MAT 11/29/23 Cpn 0530A3YV4	(34,994,847.22)		0.00	0.00	(34,994,847.22)
11/28/23	11/28/23	Buy	30,000,000.000	BNG BANK CP 144A MAT 12/04/23 Cpn 09657SZ40	(29,973,450.00)		0.00	0.00	(29,973,450.00)
11/28/23	11/28/23	Buy	30,000,000.000	CANADIAN IMPERIAL BANK CP 144 MAT 12/05/23 Cpn 13608BZ56	(29,969,025.00)		0.00	0.00	(29,969,025.00)
11/28/23	11/28/23	Buy	30,000,000.000	UNITED PARCEL SERVICE CP 144A MAT 12/05/23 Cpn 9113A3Z56	(29,968,966.67)		0.00	0.00	(29,968,966.67)
11/27/23	11/28/23	Buy	26,000,000.000	USAA CAPITAL CP MAT 11/30/23 Cpn 90328BYW5	(25,992,344.44)		0.00	0.00	(25,992,344.44)
11/29/23	11/29/23	Buy	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 11/30/23 Cpn 91058UYW7	(29,995,575.00)		0.00	0.00	(29,995,575.00)
11/29/23	11/30/23	Buy	25,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	(24,981,640.63)		0.00	0.00	(24,981,640.63)

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11/29/23	11/30/23	Buy	10,000,000.000	PFIZER CP 144A MAT 05/30/24 Cpn 71708EEW1	(9,727,000.00)		0.00	0.00	(9,727,000.00)
11/29/23	11/30/23	Buy	30,000,000.000	TOTAL CAPITAL CP 144A MAT 12/07/23 Cpn 89152FZ73	(29,969,025.00)		0.00	0.00	(29,969,025.00)
			<u>3,775,580,566.560</u>		<u>(3,764,920,325.61)</u>	<u>(33,766.09)</u>	<u>0.00</u>	<u>0.00</u>	<u>(3,764,954,091.70)</u>
11/02/23	11/02/23	Coupon		DNB NOR BANK YCD MAT 11/02/23 Cpn 5.01 23344NN85		284,943.75	0.00	0.00	284,943.75
11/10/23	11/10/23	Coupon		BARCLAYS YCD MAT 11/10/23 Cpn 5.48 06742T4S2		304,825.00	0.00	0.00	304,825.00
11/10/23	11/10/23	Coupon		CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2		3,795.55	0.00	0.00	3,795.55
11/13/23	11/13/23	Coupon		BANCO SANTANDER YCD MAT 11/13/23 Cpn 5.45 05966D4B5		206,645.83	0.00	0.00	206,645.83
11/13/23	11/13/23	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.55 4581X0DT2		146,070.42	0.00	0.00	146,070.42
11/13/23	11/13/23	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.55 4581X0DT2		73,035.21	0.00	0.00	73,035.21
11/13/23	11/13/23	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		7,916.14	0.00	0.00	7,916.14
11/15/23	11/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		6,833.80	0.00	0.00	6,833.80
11/15/23	11/15/23	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		24,765.61	0.00	0.00	24,765.61
11/15/23	11/15/23	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		24,291.67	0.00	0.00	24,291.67



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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/23	11/15/23	Coupon		CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		15,736.02	0.00	0.00	15,736.02
11/15/23	11/15/23	Coupon		CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		3,080.00	0.00	0.00	3,080.00
11/15/23	11/15/23	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		2,851.94	0.00	0.00	2,851.94
11/15/23	11/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		2,276.04	0.00	0.00	2,276.04
11/15/23	11/15/23	Coupon		CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3		2,642.44	0.00	0.00	2,642.44
11/15/23	11/15/23	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		10,897.54	0.00	0.00	10,897.54
11/15/23	11/15/23	Coupon		CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3		37,875.06	0.00	0.00	37,875.06
11/15/23	11/15/23	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		14,157.71	0.00	0.00	14,157.71
11/15/23	11/15/23	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		6,872.21	0.00	0.00	6,872.21
11/15/23	11/15/23	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		30,706.45	0.00	0.00	30,706.45
11/15/23	11/15/23	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		1,120.76	0.00	0.00	1,120.76
11/15/23	11/15/23	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		6,167.55	0.00	0.00	6,167.55
11/15/23	11/15/23	Coupon		GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7		14,154.42	0.00	0.00	14,154.42

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11/15/23	11/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		594.15	0.00	0.00	594.15
11/15/23	11/15/23	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		28,177.08	0.00	0.00	28,177.08
11/15/23	11/15/23	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		2,365.14	0.00	0.00	2,365.14
11/15/23	11/15/23	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		4,157.43	0.00	0.00	4,157.43
11/15/23	11/15/23	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		16,348.33	0.00	0.00	16,348.33
11/15/23	11/15/23	Coupon		JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3		21.19	0.00	0.00	21.19
11/15/23	11/15/23	Coupon		JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1		2,130.00	0.00	0.00	2,130.00
11/15/23	11/15/23	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		1,489.55	0.00	0.00	1,489.55
11/15/23	11/15/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		3,515.71	0.00	0.00	3,515.71
11/15/23	11/15/23	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		7,223.21	0.00	0.00	7,223.21
11/15/23	11/15/23	Coupon		NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8		3,025.78	0.00	0.00	3,025.78
11/15/23	11/15/23	Coupon		NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3		2,036.16	0.00	0.00	2,036.16
11/15/23	11/15/23	Coupon		NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9		6,588.78	0.00	0.00	6,588.78

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11/15/23	11/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3		9,303.21	0.00	0.00	9,303.21
11/15/23	11/15/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		6,429.97	0.00	0.00	6,429.97
11/15/23	11/15/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		11,413.20	0.00	0.00	11,413.20
11/15/23	11/15/23	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
11/15/23	11/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		3,258.48	0.00	0.00	3,258.48
11/15/23	11/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		19,971.04	0.00	0.00	19,971.04
11/15/23	11/15/23	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		18,263.19	0.00	0.00	18,263.19
11/15/23	11/15/23	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		264.59	0.00	0.00	264.59
11/16/23	11/16/23	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		2,302.92	0.00	0.00	2,302.92
11/16/23	11/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		4,023.41	0.00	0.00	4,023.41
11/16/23	11/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,267.37	0.00	0.00	1,267.37
11/16/23	11/16/23	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		13,393.33	0.00	0.00	13,393.33
11/18/23	11/18/23	Coupon		FHLMC C 8/18/23 Q MAT 06/14/24 Cpn 5.45 3134GYSH6		408,750.00	0.00	0.00	408,750.00

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11/18/23	11/18/23	Coupon		HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4		1,619.58	0.00	0.00	1,619.58
11/20/23	11/20/23	Coupon		BANK OF NOVA SCOTIA FRN YCD MAT 11/20/23 Cpn 06417MT96		105,012.50	0.00	0.00	105,012.50
11/20/23	11/20/23	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		12,338.81	0.00	0.00	12,338.81
11/20/23	11/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		491.35	0.00	0.00	491.35
11/20/23	11/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		327.17	0.00	0.00	327.17
11/20/23	11/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		1,033.39	0.00	0.00	1,033.39
11/20/23	11/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		727.02	0.00	0.00	727.02
11/20/23	11/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		85.67	0.00	0.00	85.67
11/20/23	11/20/23	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		8,649.25	0.00	0.00	8,649.25
11/20/23	11/20/23	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		16,708.33	0.00	0.00	16,708.33
11/20/23	11/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		8,832.75	0.00	0.00	8,832.75
11/20/23	11/20/23	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		45,109.46	0.00	0.00	45,109.46
11/20/23	11/20/23	Coupon		SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1		2,803.88	0.00	0.00	2,803.88

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11/20/23	11/20/23	Coupon		SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7		68.52	0.00	0.00	68.52
11/20/23	11/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		421.85	0.00	0.00	421.85
11/20/23	11/20/23	Coupon		SWEDBANK NY YCD FRN SOFRRRA MAT 04/12/24 Cpn 5.85 87019WNH4		53,566.67	0.00	0.00	53,566.67
11/20/23	11/20/23	Coupon		TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6		5,666.48	0.00	0.00	5,666.48
11/20/23	11/20/23	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		26,862.33	0.00	0.00	26,862.33
11/20/23	11/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		156.82	0.00	0.00	156.82
11/20/23	11/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		229.58	0.00	0.00	229.58
11/20/23	11/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		6,893.68	0.00	0.00	6,893.68
11/20/23	11/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		551.49	0.00	0.00	551.49
11/20/23	11/20/23	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		7,333.33	0.00	0.00	7,333.33
11/22/23	11/22/23	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		7,601.72	0.00	0.00	7,601.72
11/25/23	11/25/23	Coupon		BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33 09690AAC7		64.88	0.00	0.00	64.88
11/25/23	11/25/23	Coupon		BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5		1,254.17	0.00	0.00	1,254.17

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11/25/23	11/25/23	Coupon		BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		3,020.20	0.00	0.00	3,020.20
11/25/23	11/25/23	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		23,833.33	0.00	0.00	23,833.33
11/25/23	11/25/23	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 5.77 3137FBAR7		39.66	0.00	0.00	39.66
11/25/23	11/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.76 3137FBUC8		1,112.54	0.00	0.00	1,112.54
11/25/23	11/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.65 3137FVNA6		494.27	0.00	0.00	494.27
11/25/23	11/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.49 3137H3KA9		32,835.96	0.00	0.00	32,835.96
11/25/23	11/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.52 3137H4RC6		13,201.89	0.00	0.00	13,201.89
11/27/23	11/27/23	Coupon		WESTPAC BANK YCD MAT 11/27/23 Cpn 5.44 96130ASQ2		306,000.00	0.00	0.00	306,000.00
						<u>2,505,464.54</u>	<u>0.00</u>	<u>0.00</u>	<u>2,505,464.54</u>
11/01/23	11/01/23	Income	2,301.860	ADJ NET INT MAT Cpn USD		2,301.86	0.00	0.00	2,301.86
11/01/23	11/01/23	Income	661,590.950	STIF INT MAT Cpn USD		661,590.95	0.00	0.00	661,590.95
			<u>663,892.810</u>			<u>663,892.81</u>	<u>0.00</u>	<u>0.00</u>	<u>663,892.81</u>

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11/09/23	11/09/23	Contributn	840,000,000.000	NM MAT Cpn USD		840,000,000.00		0.00	0.00	840,000,000.00
11/24/23	11/24/23	Contributn	90,000,000.000	NM MAT Cpn USD		90,000,000.00		0.00	0.00	90,000,000.00
			<u>930,000,000.000</u>			<u>930,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>930,000,000.00</u>
11/06/23	11/06/23	Sell Long	27,500,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9		27,455,786.12	40,180.55	(15.27)	0.00	27,495,966.67
11/06/23	11/06/23	Sell Long	6,500,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9		6,489,549.45	9,497.22	(3.61)	0.00	6,499,046.67
11/06/23	11/06/23	Sell Long	43,500,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn 912797HJ9		43,430,061.67	63,558.33	(24.16)	0.00	43,493,620.00
11/20/23	11/20/23	Sell Long	16,000,000.000	U.S. TREASURY BILL MAT 11/24/23 Cpn 912797FL6		15,910,327.91	80,330.67	109.25	0.00	15,990,658.58
			<u>93,500,000.000</u>			<u>93,285,725.15</u>	<u>193,566.77</u>	<u>66.21</u>	<u>0.00</u>	<u>93,479,291.92</u>
11/10/23	11/10/23	Pay Princpl	402,153.910	CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2		402,153.91		0.00	0.00	402,153.91
11/13/23	11/13/23	Pay Princpl	307,654.229	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		307,654.23		0.00	0.00	307,654.23
11/15/23	11/15/23	Pay Princpl	278,976.109	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		278,976.11		0.00	8.40	278,976.11
11/15/23	11/15/23	Pay Princpl	923,254.767	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		923,254.77		0.00	0.00	923,254.77
11/15/23	11/15/23	Pay Princpl	1,256,946.560	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		1,256,946.56		11,405.90	0.00	1,256,946.56

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11/15/23	11/15/23	Pay Princpl	358,927.489	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7	358,927.49		6,811.90	0.00	358,927.49
11/15/23	11/15/23	Pay Princpl	1,033,746.356	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	1,033,746.36		14,130.02	0.00	1,033,746.36
11/15/23	11/15/23	Pay Princpl	306,928.875	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	306,928.88		9,582.94	0.00	306,928.88
11/15/23	11/15/23	Pay Princpl	575,694.708	CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3	575,694.71		0.00	0.00	575,694.71
11/15/23	11/15/23	Pay Princpl	608,765.446	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	608,765.45		0.00	0.00	608,765.45
11/15/23	11/15/23	Pay Princpl	1,436,809.703	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3	1,436,809.70		(0.00)	0.00	1,436,809.70
11/15/23	11/15/23	Pay Princpl	900,011.780	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	900,011.78		(0.00)	0.00	900,011.78
11/15/23	11/15/23	Pay Princpl	413,228.166	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	413,228.17		3,934.80	0.00	413,228.17
11/15/23	11/15/23	Pay Princpl	1,316,612.223	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,316,612.22		(0.00)	0.00	1,316,612.22
11/15/23	11/15/23	Pay Princpl	528,818.547	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	528,818.55		6,708.23	0.00	528,818.55
11/15/23	11/15/23	Pay Princpl	349,708.511	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	349,708.51		(0.00)	0.00	349,708.51
11/15/23	11/15/23	Pay Princpl	803,193.143	GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7	803,193.14		(0.00)	0.00	803,193.14
11/15/23	11/15/23	Pay Princpl	314,226.343	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	314,226.34		0.00	2.35	314,226.34



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11/15/23	11/15/23	Pay Princpl	267,057.234	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	267,057.23		8,538.73	0.00	267,057.23
11/15/23	11/15/23	Pay Princpl	77,948.829	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	77,948.83		283.56	0.00	77,948.83
11/15/23	11/15/23	Pay Princpl	49,860.037	JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3	49,860.04		236.71	0.00	49,860.04
11/15/23	11/15/23	Pay Princpl	279,359.232	JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1	279,359.23		2,345.25	0.00	279,359.23
11/15/23	11/15/23	Pay Princpl	808,860.449	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	808,860.45		17,657.13	0.00	808,860.45
11/15/23	11/15/23	Pay Princpl	722,485.042	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	722,485.04		(9.93)	0.00	722,485.04
11/15/23	11/15/23	Pay Princpl	358,085.824	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	358,085.82		(0.00)	0.00	358,085.82
11/15/23	11/15/23	Pay Princpl	873,726.225	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	873,726.23		10,056.96	0.00	873,726.23
11/15/23	11/15/23	Pay Princpl	1,621,955.132	NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3	1,621,955.13		4,054.88	0.00	1,621,955.13
11/15/23	11/15/23	Pay Princpl	939,389.764	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	939,389.76		(0.00)	0.00	939,389.76
11/15/23	11/15/23	Pay Princpl	328,012.925	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3	328,012.93		0.00	10.77	328,012.93
11/15/23	11/15/23	Pay Princpl	1,261,725.812	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	1,261,725.81		(0.00)	0.00	1,261,725.81
11/15/23	11/15/23	Pay Princpl	2,239,563.316	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	2,239,563.32		450.27	0.00	2,239,563.32

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11/15/23	11/15/23	Pay Princpl	251,226.491	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	251,226.49		0.00	7.12	251,226.49
11/15/23	11/15/23	Pay Princpl	401,303.501	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	401,303.50		2.11	0.00	401,303.50
11/15/23	11/15/23	Pay Princpl	1,043,277.258	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	1,043,277.26		0.00	0.00	1,043,277.26
11/15/23	11/15/23	Pay Princpl	120,724.932	WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2	120,724.93		0.00	0.57	120,724.93
11/16/23	11/16/23	Pay Princpl	235,547.579	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	235,547.58		8,878.16	0.00	235,547.58
11/16/23	11/16/23	Pay Princpl	67,895.241	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	67,895.24		315.94	0.00	67,895.24
11/16/23	11/16/23	Pay Princpl	21,387.001	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	21,387.00		98.08	0.00	21,387.00
11/20/23	11/20/23	Pay Princpl	681,456.053	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	681,456.05		(0.00)	0.00	681,456.05
11/20/23	11/20/23	Pay Princpl	329,966.223	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	329,966.22		2,444.01	0.00	329,966.22
11/20/23	11/20/23	Pay Princpl	219,715.604	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	219,715.60		1,589.51	0.00	219,715.60
11/20/23	11/20/23	Pay Princpl	693,976.581	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	693,976.58		4,640.70	0.00	693,976.58
11/20/23	11/20/23	Pay Princpl	382,027.460	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	382,027.46		5,240.99	0.00	382,027.46
11/20/23	11/20/23	Pay Princpl	45,016.626	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	45,016.63		617.58	0.00	45,016.63

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11/20/23	11/20/23	Pay Princpl	382,920.231	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	382,920.23		(0.00)	0.00	382,920.23
11/20/23	11/20/23	Pay Princpl	215,869.521	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	215,869.52		10.04	0.00	215,869.52
11/20/23	11/20/23	Pay Princpl	2,125,607.031	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	2,125,607.03		(0.00)	0.00	2,125,607.03
11/20/23	11/20/23	Pay Princpl	585,002.506	SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1	585,002.51		0.00	0.00	585,002.51
11/20/23	11/20/23	Pay Princpl	161,234.465	SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7	161,234.47		1,074.51	0.00	161,234.47
11/20/23	11/20/23	Pay Princpl	748,490.384	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	748,490.38		3,456.57	0.00	748,490.38
11/20/23	11/20/23	Pay Princpl	548,196.674	TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6	548,196.67		(0.00)	0.00	548,196.67
11/20/23	11/20/23	Pay Princpl	1,249,472.649	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	1,249,472.65		0.00	0.00	1,249,472.65
11/20/23	11/20/23	Pay Princpl	282,961.359	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	282,961.36		0.00	5,557.70	282,961.36
11/20/23	11/20/23	Pay Princpl	414,255.430	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	414,255.43		3,773.14	0.00	414,255.43
11/20/23	11/20/23	Pay Princpl	596,707.593	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	596,707.59		6,777.19	0.00	596,707.59
11/20/23	11/20/23	Pay Princpl	47,736.607	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	47,736.61		546.87	0.00	47,736.61
11/22/23	11/22/23	Pay Princpl	370,543.596	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	370,543.60		0.00	0.00	370,543.60

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11/25/23	11/25/23	Pay Princpl	193,448.178	BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33	09690AAC7	193,448.18		838.78	0.00	193,448.18
11/25/23	11/25/23	Pay Princpl	704,336.200	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10	05601XAC3	704,336.20		5,635.94	0.00	704,336.20
11/25/23	11/25/23	Pay Princpl	7,981.238	FHMS KF36 A MAT 08/25/24 Cpn 5.77	3137FBAR7	7,981.24		0.00	1.05	7,981.24
11/25/23	11/25/23	Pay Princpl	112.662	FHMS KF38 A MAT 09/25/24 Cpn 5.76	3137FBUC8	112.66		0.00	0.02	112.66
			<u>35,072,083.559</u>			<u>35,072,083.57</u>		<u>142,127.45</u>	<u>5,587.98</u>	<u>35,072,083.57</u>
11/01/23	11/01/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/01/23 Cpn	313384NS4	24,996,388.89	3,611.11	0.00	0.00	25,000,000.00
11/02/23	11/02/23	Mature Long	37,000,000.000	U.S. TREASURY BILL MAT 11/02/23 Cpn	912796YT0	36,101,485.84	898,514.16	0.00	0.00	37,000,000.00
11/02/23	11/02/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/02/23 Cpn	912796YT0	49,334,372.92	665,627.08	0.00	0.00	50,000,000.00
11/02/23	11/02/23	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 11/02/23 Cpn	22533UY23	29,969,141.67	30,858.33	0.00	0.00	30,000,000.00
11/02/23	11/02/23	Mature Long	7,500,000.000	DNB NOR BANK YCD MAT 11/02/23 Cpn 5.01	23344NN85	7,500,000.00		0.00	0.00	7,500,000.00
11/02/23	11/02/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/02/23 Cpn	313384NT2	24,996,354.17	3,645.83	0.00	0.00	25,000,000.00
11/02/23	11/02/23	Mature Long	35,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/02/23 Cpn	6698M5Y29	34,989,752.78	10,247.22	0.00	0.00	35,000,000.00
11/03/23	11/03/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn	313384NU9	24,996,347.22	3,652.78	0.00	0.00	25,000,000.00

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11/03/23	11/03/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn	313384NU9	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/03/23	11/03/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/03/23 Cpn	313384NU9	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/07/23	11/07/23	Mature Long	6,500,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn	912797HJ9	6,489,553.06	10,446.94	0.00	0.00	6,500,000.00
11/07/23	11/07/23	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn	912797HJ9	4,991,963.89	8,036.11	0.00	0.00	5,000,000.00
11/07/23	11/07/23	Mature Long	30,000,000.000	MERCK & CO CP 144A MAT 11/07/23 Cpn	58934BY73	29,951,416.67	48,583.33	0.00	0.00	30,000,000.00
11/08/23	11/08/23	Mature Long	42,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/23 Cpn	313384NZ8	41,993,863.33	6,136.67	0.00	0.00	42,000,000.00
11/09/23	11/09/23	Mature Long	7,000,000.000	U.S. TREASURY BILL MAT 11/09/23 Cpn	912797FJ1	6,878,983.61	121,016.39	(0.00)	0.00	7,000,000.00
11/10/23	11/10/23	Mature Long	7,500,000.000	BARCLAYS YCD MAT 11/10/23 Cpn 5.48	06742T4S2	7,500,000.00		0.00	0.00	7,500,000.00
11/10/23	11/10/23	Mature Long	7,500,000.000	CREDIT AGRICOLE CP MAT 11/10/23 Cpn	22533UYA5	7,220,700.00	279,300.00	0.00	0.00	7,500,000.00
11/10/23	11/10/23	Mature Long	11,773,000.000	FHLB DISCOUNT NOTE MAT 11/10/23 Cpn	313384PB9	11,771,279.83	1,720.17	0.00	0.00	11,773,000.00
11/10/23	11/10/23	Mature Long	10,000,000.000	FNMA DISCOUNT NOTE MAT 11/10/23 Cpn	313588PB5	9,998,544.44	1,455.56	0.00	0.00	10,000,000.00
11/10/23	11/10/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 11/10/23 Cpn	313588PB5	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
11/13/23	11/13/23	Mature Long	19,354,000.000	AUTOMATIC DATA CP 144A MAT 11/13/23 Cpn	0530A3YD4	19,345,468.11	8,531.89	0.00	0.00	19,354,000.00

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11/13/23	11/13/23	Mature Long	7,500,000.000	BANCO SANTANDER YCD MAT 11/13/23 Cpn 5.45 05966D4B5	7,500,000.00		0.00	0.00	7,500,000.00
11/13/23	11/13/23	Mature Long	10,000,000.000	CUMMINS INC CP 144A MAT 11/13/23 Cpn 23102VYD6	9,938,044.44	61,955.56	0.00	0.00	10,000,000.00
11/13/23	11/13/23	Mature Long	40,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/13/23 Cpn 29101BYD8	39,982,333.33	17,666.67	0.00	0.00	40,000,000.00
11/13/23	11/13/23	Mature Long	9,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/23 Cpn 313384PE3	8,996,055.00	3,945.00	0.00	0.00	9,000,000.00
11/13/23	11/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/23 Cpn 313384PE3	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
11/13/23	11/13/23	Mature Long	50,000,000.000	NESTLE CAPITAL CP 144A MAT 11/13/23 Cpn 64105HYD8	49,977,916.67	22,083.33	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,459,131.94	540,868.06	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,459,131.94	540,868.06	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,459,131.94	540,868.06	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,459,131.94	540,868.06	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,793,869.44	206,130.56	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/23 Cpn 912797HK6	49,793,869.44	206,130.56	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	10,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/14/23 Cpn 29101BYE6	9,998,533.33	1,466.67	0.00	0.00	10,000,000.00

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11/14/23	11/14/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/14/23	11/14/23	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/23 Cpn 313384PF0	19,997,077.78	2,922.22	0.00	0.00	20,000,000.00
11/14/23	11/14/23	Mature Long	2,500,000.000	FLORIDA POWER & LIGHT CP MAT 11/14/23 Cpn 34108BYE9	2,490,677.08	9,322.92	0.00	0.00	2,500,000.00
11/14/23	11/14/23	Mature Long	22,500,000.000	FLORIDA POWER & LIGHT CP MAT 11/14/23 Cpn 34108BYE9	22,416,093.75	83,906.25	0.00	0.00	22,500,000.00
11/14/23	11/14/23	Mature Long	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 11/14/23 Cpn 91058UYE7	29,995,575.00	4,425.00	0.00	0.00	30,000,000.00
11/15/23	11/15/23	Mature Long	21,000,000.000	EMERSON ELECTRIC CP 144A MAT 11/15/23 Cpn 29101BYF3	20,993,816.67	6,183.33	0.00	0.00	21,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn 313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn	313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn	313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/15/23	11/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/15/23 Cpn	313384PG8	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	22,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	21,996,785.56	3,214.44	0.00	0.00	22,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/16/23	11/16/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/16/23 Cpn	313384PH6	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/17/23	11/17/23	Mature Long	44,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	43,993,571.11	6,428.89	0.00	0.00	44,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/17/23	11/17/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/17/23 Cpn	313384PJ2	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
11/20/23	11/20/23	Mature Long	7,500,000.000	BANK OF NOVA SCOTIA FRN YCD MAT 11/20/23 Cpn	06417MT96	7,500,000.00		0.00	0.00	7,500,000.00
11/20/23	11/20/23	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/23 Cpn	313384PM5	4,997,808.33	2,191.67	0.00	0.00	5,000,000.00
11/20/23	11/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/23 Cpn	313384PM5	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/20/23	11/20/23	Mature Long	10,000,000.000	mitsubishi ufj trust & bank cp MAT 11/20/23 Cpn 60682XYL4	9,954,188.89	45,811.11	0.00	0.00	10,000,000.00
11/21/23	11/21/23	Mature Long	30,000,000.000	sumitomo mitsui cp 144a MAT 11/21/23 Cpn 86563HYM6	29,857,600.00	142,400.00	0.00	0.00	30,000,000.00
11/22/23	11/22/23	Mature Long	48,900,000.000	fhlb discount note MAT 11/22/23 Cpn 313384PP8	48,892,855.17	7,144.83	0.00	0.00	48,900,000.00
11/22/23	11/22/23	Mature Long	25,000,000.000	mercedes-benz cp 144a MAT 11/22/23 Cpn 58768KYN9	24,970,444.44	29,555.56	0.00	0.00	25,000,000.00
11/22/23	11/22/23	Mature Long	30,000,000.000	natl sec clearing cp 144a MAT 11/22/23 Cpn 63763QYN1	29,852,600.00	147,400.00	0.00	0.00	30,000,000.00
11/24/23	11/24/23	Mature Long	34,000,000.000	u.s. treasury bill MAT 11/24/23 Cpn 912797FL6	33,809,214.66	190,785.34	(0.00)	0.00	34,000,000.00
11/24/23	11/24/23	Mature Long	50,000,000.000	u.s. treasury bill MAT 11/24/23 Cpn 912797FL6	49,719,433.33	280,566.67	0.00	0.00	50,000,000.00
11/24/23	11/24/23	Mature Long	50,000,000.000	u.s. treasury bill MAT 11/24/23 Cpn 912797FL6	49,719,433.33	280,566.67	0.00	0.00	50,000,000.00
11/24/23	11/24/23	Mature Long	30,000,000.000	u.s. treasury bill MAT 11/24/23 Cpn 912797FL6	29,991,254.17	8,745.83	0.00	0.00	30,000,000.00
11/24/23	11/24/23	Mature Long	50,000,000.000	u.s. treasury bill MAT 11/24/23 Cpn 912797FL6	49,985,423.61	14,576.39	0.00	0.00	50,000,000.00
11/27/23	11/27/23	Mature Long	40,000,000.000	caterpillar fin cp MAT 11/27/23 Cpn 14912EYT8	39,899,322.22	100,677.78	0.00	0.00	40,000,000.00
11/27/23	11/27/23	Mature Long	34,000,000.000	fhlb discount note MAT 11/27/23 Cpn 313384PU7	33,985,040.00	14,960.00	0.00	0.00	34,000,000.00
11/27/23	11/27/23	Mature Long	50,000,000.000	fhlb discount note MAT 11/27/23 Cpn 313384PU7	49,978,000.00	22,000.00	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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
11/27/23	11/27/23	Mature Long	14,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/27/23 Cpn 4523EMYT4	13,989,694.44	10,305.56	0.00	0.00	14,000,000.00
11/27/23	11/27/23	Mature Long	13,750,000.000	MERCEDES-BENZ CP 144A MAT 11/27/23 Cpn 58768KYT6	13,684,488.89	65,511.11	0.00	0.00	13,750,000.00
11/27/23	11/27/23	Mature Long	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/27/23 Cpn 6698M5YT0	39,982,366.67	17,633.33	0.00	0.00	40,000,000.00
11/27/23	11/27/23	Mature Long	7,500,000.000	WESTPAC BANK YCD MAT 11/27/23 Cpn 5.44 96130ASQ2	7,500,000.00		0.00	0.00	7,500,000.00
11/28/23	11/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
11/28/23	11/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
11/28/23	11/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/28/23 Cpn 313384PV5	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
11/29/23	11/29/23	Mature Long	35,000,000.000	AUTOMATIC DATA CP 144A MAT 11/29/23 Cpn 0530A3YV4	34,994,847.22	5,152.78	0.00	0.00	35,000,000.00
11/30/23	11/30/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/30/23 Cpn 912796ZD4	49,956,250.00	43,750.00	0.00	0.00	50,000,000.00
11/30/23	11/30/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 11/30/23 Cpn 912796ZD4	39,965,000.00	35,000.00	0.00	0.00	40,000,000.00
11/30/23	11/30/23	Mature Long	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 11/30/23 Cpn 91058UYW7	29,995,575.00	4,425.00	0.00	0.00	30,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

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.										
11/30/23	11/30/23	Mature Long	26,000,000.000	USAA CAPITAL CP MAT 11/30/23	Cpn	90328BYW5	25,992,344.44	7,655.56	0.00	26,000,000.00
			<u>3,570,277,000.000</u>				<u>3,563,600,130.81</u>	<u>6,676,869.20</u>	<u>0.00</u>	<u>3,570,277,000.00</u>
11/02/23	11/02/23	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)	(60,000,000.00)	0.00	(60,000,000.00)
11/06/23	11/06/23	Withdrawal	(80,000,000.000)	WD MAT	Cpn	USD	(80,000,000.00)	(80,000,000.00)	0.00	(80,000,000.00)
11/08/23	11/08/23	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)	(30,000,000.00)	0.00	(30,000,000.00)
11/15/23	11/15/23	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)	(40,000,000.00)	0.00	(40,000,000.00)
11/17/23	11/17/23	Withdrawal	(310,000,000.000)	WD MAT	Cpn	USD	(310,000,000.00)	(310,000,000.00)	0.00	(310,000,000.00)
11/20/23	11/20/23	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)	(40,000,000.00)	0.00	(40,000,000.00)
11/27/23	11/27/23	Withdrawal	(90,000,000.000)	WD MAT	Cpn	USD	(90,000,000.00)	(90,000,000.00)	0.00	(90,000,000.00)
11/28/23	11/28/23	Withdrawal	(200,000,000.000)	WD MAT	Cpn	USD	(200,000,000.00)	(200,000,000.00)	0.00	(200,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2023  
through 11/30/2023

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
Cash - cont. 11/30/23	11/30/23	Withdrawal	(25,000,000.00)	WD MAT	Cpn USD	(25,000,000.00)		(25,000,000.00)	0.00	(25,000,000.00)
			<u>(875,000,000.00)</u>			<u>(875,000,000.00)</u>		<u>(875,000,000.00)</u>	<u>0.00</u>	<u>(875,000,000.00)</u>

TRANSACTIONS BY TYPE

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

11/01/2023  
through 11/30/2023

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
11/03/23	11/13/23	Buy	300,000.000	HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4	(299,960.55)		0.00	0.00	(299,960.55)
11/07/23	11/14/23	Buy	400,000.000	TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4	(399,956.88)		0.00	0.00	(399,956.88)
11/15/23	11/21/23	Buy	700,000.000	BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1	(699,987.33)		0.00	0.00	(699,987.33)
11/16/23	11/21/23	Buy	500,000.000	FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3	(499,892.60)		0.00	0.00	(499,892.60)
11/29/23	11/30/23	Buy	2,525,000.000	U.S. TREASURY NOTE MAT 11/30/28 Cpn 4.38 91282CJN2	(2,543,148.44)		0.00	0.00	(2,543,148.44)
			<u>4,425,000.000</u>		<u>(4,442,945.80)</u>		<u>0.00</u>	<u>0.00</u>	<u>(4,442,945.80)</u>
11/01/23	11/01/23	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/24 Cpn 0.89 544587Y44		2,225.00	0.00	0.00	2,225.00
11/01/23	11/01/23	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/25 Cpn 0.95 5445872T4		1,704.60	0.00	0.00	1,704.60
11/07/23	11/07/23	Coupon		FNMA MAT 11/07/25 Cpn 0.50 3135G06G3		1,025.00	0.00	0.00	1,025.00
11/15/23	11/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		198.15	0.00	0.00	198.15
11/15/23	11/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		288.30	0.00	0.00	288.30
11/15/23	11/15/23	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
11/15/23	11/15/23	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,350.00	0.00	0.00	1,350.00

TRANSACTIONS BY TYPE

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

11/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/23	11/15/23	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,847.67	0.00	0.00	3,847.67
11/15/23	11/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
11/15/23	11/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
11/15/23	11/15/23	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
11/15/23	11/15/23	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
11/15/23	11/15/23	Coupon		INTER-AMERICAN DEVELOPMENT MAT 11/15/23 Cpn 0.25 4581X0DP0		700.00	0.00	0.00	700.00
11/15/23	11/15/23	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
11/15/23	11/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		336.35	0.00	0.00	336.35
11/15/23	11/15/23	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
11/15/23	11/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		60.10	0.00	0.00	60.10
11/15/23	11/15/23	Coupon		CA UNIVERSITY OF CALIFORNIA T MAT 05/15/25 Cpn 0.93 91412HFM0		3,498.75	0.00	0.00	3,498.75
11/15/23	11/15/23	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		36.20	0.00	0.00	36.20
11/16/23	11/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		45.61	0.00	0.00	45.61

TRANSACTIONS BY TYPE

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

11/01/2023  
through 11/30/2023

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
11/18/23	11/18/23	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
11/20/23	11/20/23	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
11/20/23	11/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		24.32	0.00	0.00	24.32
11/20/23	11/20/23	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
11/24/23	11/24/23	Coupon		INTL BANK RECON & DEVELOP MAT 11/24/23 Cpn 0.25 459058JM6		725.00	0.00	0.00	725.00
11/25/23	11/25/23	Coupon		FHLMC C 11/25/22 Q MAT 11/25/24 Cpn 0.45 3134GXDZ4		1,147.50	0.00	0.00	1,147.50
11/25/23	11/25/23	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 05/31/25 Cpn 0.25 912828ZT0		456.25	0.00	0.00	456.25
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 05/31/26 Cpn 0.75 91282CCF6		1,762.50	0.00	0.00	1,762.50
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		1,143.75	0.00	0.00	1,143.75
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		7,040.63	0.00	0.00	7,040.63
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4		4,515.00	0.00	0.00	4,515.00
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4		5,066.25	0.00	0.00	5,066.25



TRANSACTIONS BY TYPE

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

11/01/2023  
through 11/30/2023

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
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 05/31/28 Cpn 3.63 91282CHE4		12,325.00	0.00	0.00	12,325.00
11/30/23	11/30/23	Coupon		U.S. TREASURY NOTE MAT 11/30/27 Cpn 3.88 91282CFZ9		43,206.25	0.00	0.00	43,206.25
						<u>117,551.93</u>	<u>0.00</u>	<u>0.00</u>	<u>117,551.93</u>
11/01/23	11/01/23	Income	5,677.210	STIF INT MAT Cpn USD		5,677.21	0.00	0.00	5,677.21
11/29/23	11/30/23	Sell Long	470,000.000	U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0	434,786.72	293.75	0.00	(35,180.86)	435,080.47
11/29/23	11/30/23	Sell Long	1,780,000.000	U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0	1,646,639.06	1,112.50	0.00	(129,675.75)	1,647,751.56
			<u>2,250,000.000</u>		<u>2,081,425.78</u>	<u>1,406.25</u>	<u>0.00</u>	<u>(164,856.60)</u>	<u>2,082,832.03</u>
11/15/23	11/15/23	Pay Princpl	39,437.001	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	39,437.00		0.00	2.66	39,437.00
11/15/23	11/15/23	Pay Princpl	38,877.658	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	38,877.66		0.00	2.61	38,877.66
11/15/23	11/15/23	Pay Princpl	54,379.942	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	54,379.94		0.00	0.83	54,379.94
11/15/23	11/15/23	Pay Princpl	63,183.865	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	63,183.87		0.00	0.72	63,183.87
11/15/23	11/15/23	Pay Princpl	103,428.040	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	103,428.04		0.00	1.20	103,428.04

TRANSACTIONS BY TYPE

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

11/01/2023  
through 11/30/2023

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
11/16/23	11/16/23	Pay Princpl	9,184.137	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	9,184.14		0.00	0.25	9,184.14
11/20/23	11/20/23	Pay Princpl	43,145.630	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	43,145.63		0.00	0.33	43,145.63
			<u>351,636.273</u>		<u>351,636.28</u>		<u>0.00</u>	<u>8.60</u>	<u>351,636.28</u>
11/15/23	11/15/23	Mature Long	560,000.000	INTER-AMERICAN DEVELOPMENT MAT 11/15/23 Cpn 0.25 4581X0DP0	560,000.00		0.00	0.00	560,000.00
11/24/23	11/24/23	Mature Long	580,000.000	INTL BANK RECON & DEVELOP MAT 11/24/23 Cpn 0.25 459058JM6	580,000.00		0.00	0.00	580,000.00
			<u>1,140,000.000</u>		<u>1,140,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>1,140,000.00</u>

**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 11/01/2023 To 11/30/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
11/14/23	11/14/23	11/14/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,266,752.70	0.00	(2,266,752.70)	0.00	(2,266,752.70)
11/16/23	11/14/23	11/16/23	TNT77	00287YBF5	ABBVIE INC	7,000,000.00	(1,652.78)	(6,767,180.00)	0.00	(6,768,832.78)
11/20/23	11/16/23	11/20/23	TNT77	771196CF7	ROCHE HOLDINGS INC	2,000,000.00	(2,075.89)	(2,021,140.00)	0.00	(2,023,215.89)
TOTAL BUY						11,266,752.70	(3,728.67)	(11,055,072.70)	0.00	(11,058,801.37)
DIVIDEND										
11/01/23	11/01/23	11/01/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,087,598.25	15,389.75	0.00	0.00	15,389.75
TOTAL DIVIDEND						2,087,598.25	15,389.75	0.00	0.00	15,389.75
INTEREST										
11/01/23	11/01/23	11/01/23	TNT77	26884ABF9	ERP OPERATING LP	1,252,000.00	17,841.00	0.00	0.00	17,841.00
11/04/23	11/04/23	11/04/23	TNT77	025816CM9	AMERICAN EXPRESS CO	5,000,000.00	41,250.00	0.00	0.00	41,250.00
11/05/23	11/05/23	11/05/23	TNT77	904764AY3	UNILEVER CAPITAL CORP	7,500,000.00	108,750.00	0.00	0.00	108,750.00
11/15/23	11/15/23	11/15/23	TNT77	02361DAS9	AMEREN ILLINOIS CO	2,500,000.00	47,500.00	0.00	0.00	47,500.00
11/15/23	11/15/23	11/15/23	TNT77	05348EAU3	AVALONBAY COMMUNITIES	5,000,000.00	87,500.00	0.00	0.00	87,500.00
11/15/23	11/15/23	11/15/23	TNT77	29736RAS9	ESTEE LAUDER CO INC	5,500,000.00	122,317.71	0.00	0.00	122,317.71
11/15/23	11/15/23	11/15/23	TNT77	459200JZ5	IBM CORP	1,250,000.00	20,625.00	0.00	0.00	20,625.00
11/15/23	11/15/23	11/15/23	TNT77	539830BV0	LOCKHEED MARTIN CORP	5,000,000.00	127,500.00	0.00	0.00	127,500.00
11/15/23	11/15/23	11/15/23	TNT77	67021CAM9	NSTAR ELECTRIC CO	3,500,000.00	56,000.00	0.00	0.00	56,000.00
11/15/23	11/15/23	11/15/23	TNT77	68233JCN2	ONCOR ELECTRIC DELIVERY	1,000,000.00	21,977.78	0.00	0.00	21,977.78
11/15/23	11/15/23	11/15/23	TNT77	74456QBS4	PUBLIC SERVICE ELECTRIC	1,500,000.00	22,500.00	0.00	0.00	22,500.00
11/15/23	11/15/23	11/15/23	TNT77	927804GH1	VIRGINIA ELEC & POWER CO	3,100,000.00	58,125.00	0.00	0.00	58,125.00
11/30/23	11/30/23	11/30/23	TNT77	74153WCS6	PRICOA GLOBAL FUNDING 1	5,000,000.00	127,500.00	0.00	0.00	127,500.00
TOTAL INTEREST						47,102,000.00	859,386.49	0.00	0.00	859,386.49
SELL										
11/01/23	10/30/23	11/01/23	TNT77	54438CYJ5	LOS ANGELES CA CMNTY CLG DIST	3,350,000.00	5,636.38	3,230,840.50	0.00	3,236,476.88
11/14/23	11/14/23	11/14/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,087,598.25	0.00	2,087,598.25	0.00	2,087,598.25
11/16/23	11/15/23	11/16/23	TNT77	828807DG9	SIMON PROPERTY GROUP LP	5,000,000.00	17,500.00	4,842,450.00	0.00	4,859,950.00
TOTAL SELL						10,437,598.25	23,136.38	10,160,888.75	0.00	10,184,025.13

12/5/2023  
2:11:41AM  
INCPRI2



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
 Accounting Period From 11/01/2023 To 11/30/2023

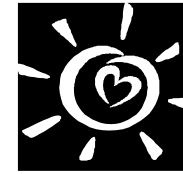
Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
GRAND TOTAL						70,893,949.20	894,183.95	(894,183.95)	0.00	0.00
Avg Date 14										

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – November 15, 2023

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



**L.A. Care**  
HEALTH PLAN

#### Members

Stephanie Booth, MD, *Chairperson*  
Alvaro Ballesteros, MBA  
G. Michael Roybal, MD \*\*  
Nina Vaccaro \*\*

\*Absent \*\* Via Teleconference

#### Management/Staff

John Baackes, *Chief Executive Officer*  
Sameer Amin, MD, *Chief Medical Officer*  
Terry Brown, *Chief of Human Resources*  
Augustavia Haydel, *General Counsel*  
Todd Gower, *Interim Chief Compliance Officer*  
Linda Greenfeld, *Chief Products Officer*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance &amp; Budget Committee meetings to order at 1:03 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.</p> <ul style="list-style-type: none"> <li>• For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and they also have to finish the business on the Agenda today.</li> <li>• For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff.</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> <li>• Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment.</li> <li>• Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the “chat” feature.</li> </ul>	
<b>APPROVE MEETING AGENDA</b>	<p>Staff removed motions FIN 101.1223 and FIN 105.1223 from the Consent Agenda.</p> <p>The Agenda for today’s meeting was approved as amended.</p>	<b>Approved unanimously by roll call. 3 AYES (Booth, Roybal, and Vaccaro)</b>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<p>FIN 101 and FIN 105 were removed from the Consent Agenda prior to the approval of the agenda.</p> <p>Committee Chairperson Booth, requested for more clarification on FIN 103 and FIN A.</p> <ul style="list-style-type: none"> <li>• October 25, 2023 meeting minutes</li> <li>• Quarterly Investment Reports <b><u>Motion FIN 100.1223</u></b> <b>To accept the Quarterly Investment Report for the quarter ending September 30, 2023, as submitted.</b></li> <li>• InfoCrossing Contract Amendment to support regulatory enrollment requirements <b><u>Motion FIN 102.1223</u></b> <b>To authorize staff to amend the contract with InfoCrossing LLC, in the amount of \$1,200,000, not to exceed \$4,700,000. The funds would cover anticipated costs from January 1, 2024 through December 31, 2025, and allow InfoCrossing, LLC to continue their services with L.A. Care.</b></li> <li>• Kiriworks (i3/Hyland) Contract to provide Appeals &amp; Grievances <b><u>Motion FIN 104.1223</u></b> <b>To authorize staff to execute a contract with Kiriworks (i3/Hyland) in the amount of \$2,500,000 to provide Appeals &amp; Grievances (A&amp;G) services for the period of January 1, 2024 to December 31, 2029.</b></li> <li>• North Star Alliances, LLC Contract to provide event planning, logistics, staffing and execution services and community relations support <b><u>Motion FIN 106.1223</u></b> <b>To authorize staff to execute a contract in the amount of \$8,900,000 with North Star Alliances, LLC to provide event planning, logistics, staffing and execution services and community relations support for the period January 1, 2024 to December 31, 2027.</b></li> </ul> <p><i>(Board Chairperson Ballesteros joined the meeting.)</i></p>	Approved unanimously by roll call. 3 AYES

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Committee Chairperson Booth asked if FIN 103 is for staff augmentation. Tom MacDougall, <i>Chief Information and Technology Officer</i>, clarified that it is not necessarily staff, it is for Quality Assurance services and resources, which includes computer programs. The vendor is a quality assurance organization. Typically, when L.A. Care builds a piece of software, it goes into a quality assurance cycle. They will build the test cases and the test plans, then test the software to make sure it meets all of the enterprise technology requirements before it is rolled out into production.</p> <p>In response to Committee Chairperson Booth’s question on Safety Net Connect Contract amendment (FIN A), to provide a direct electronic interface with 47 contracted hospitals through the eConnect platform, Sameer Amin, MD, <i>Chief Medical Officer</i>, deferred to Saikiran Vodela, <i>Health Information Technology Data Programs Manager</i>. Ms. Vodela clarified that L.A. Care has established interfaces with all the hospitals. What the vendor will do is, anytime a member gets admitted, discharged or transferred, they push that notification in near real time data and processes it so they are the platform. L.A. Care has access to a portal with all the notification information and gets the previous day data in L.A. Care’s database.</p> <p>Committee Chairperson Booth also asked if L.A. Care has to go through and specify who are L.A. Care patients or is that already filtered out for L.A. Care. Ms. Vodela responded that L.A. Care provides a monthly eligibility roster. Dr. Amin added what the vendor does is it gives the anchors for the conversations that are necessary so L.A. Care knows where the member is in the process. There is less of a likelihood that L.A. Care does not have complete data on the members. If they have been admitted, discharged or transferred, L.A. Care knows where they are in the process, and what kind of treatments they have received.</p> <p>Board Member Nina Vaccaro asked if the rationale and the need for this interface is because the hospitals are not uniformly on Los Angeles Network for Enhanced Services (LANES) yet. LANES would have similar data in it or is it that the way that LANES feeds that data. Dr. Amin noted not all hospitals are on LANES and L.A. Care is not getting all the information it needs from them. L.A. Care has actually done this through a very varied approach. L.A. Care is doing 3 times the work because there are 3 systems and trying to make sure to make it as easy as possible for the hospitals to give the information L.A. Care needs.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>Infosys, Ltd. Contract Amendment to provide Quality Assurance services <b><u>Motion FIN 103.1223</u></b> To authorize staff to amend a contract with Infosys Limited in the amount of \$3,175,000 (total not to exceed amount of \$11,175,000) to provide Quality Assurance services for the period of December 30, 2023 to September 30, 2024.</li> <li>Safety Net Connect (SNC) Contract to provide a direct electronic interface with 47 contracted hospitals through the eConnect platform <b><u>Motion FIN A.1123</u></b> To authorize staff to execute a contract in the amount of \$1,180,000 with Safety Net Connect (SNC) for the period of January 1, 2024 to December 31, 2026.</li> </ul>	<p>FIN 103 and FIN A were approved unanimously by roll call. 4 AYES (Booth, Roybal, and Vaccaro)</p> <p>The Committee approved to include FIN 100, FIN 102, FIN 103, FIN 104, and FIN 106 to the Consent Agenda for the December 7, 2023 Board of Governors meeting.</p>
<b>CHAIRPERSON'S REPORT</b>	Committee Chairperson Booth thanked Afzal Shah, <i>Chief Financial Officer</i> , and Jeffrey Ingram, <i>Deputy Chief Financial Officer</i> , for their help with the packet.	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	There was no CEO Report.	
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b> <ul style="list-style-type: none"> <li>Financial Report</li> </ul>	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the September 2023 Financial Performance. <i>(A copy of the report can be obtained by contacting Board Services.)</i></p> <p><u>Membership</u> September 2023 membership was slightly under 2.9 million members, 43,000 favorable to the forecast. Year to date (YTD) there were 34.2 million member months, over 83,000 favorable to the forecast. The favorability was driven by lower than expected losses experienced in August. Month over month, membership dropped approximately 1%, which was in line with the forecast assumptions. L.A. Care Covered (LACC) was favorable by 751 members, another increase month over month due to SB260. The steady growth in SB260 effectuated members from June through November has led to short-term overall LACC growth. The SB260 effectuated members have also covered the normal loss of membership during the Special Election Period months of September through the end of the year.</p> <p><u>Financial Performance</u></p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>September 2023 net surplus was \$90.5 million, \$92 million when adjusted for Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP). There were large variances in revenue and healthcare costs. The main driver for that was an adjustment to the Proposition 56 risk corridor, retro to the bridge period 2019-20. The Department of Healthcare Services (DHCS) notified L.A. Care that for the bridge period 2019-20, they used the wrong administrative percentage for screening services and clarified that the risk corridor included the administrative portion of the rating component. For CY 2021-22 they refreshed the corridor estimate based on actual experience and included the administrative component in Medical Expenditure Percentage (MEP). The net impact of that adjustment was -\$23.4 million (-\$172.5 million revenue; \$149 million Healthcare Costs (HCC).</p> <p>Offsetting that hit in revenue was an update to the Unsatisfactory Immigration Status (UIS) rate estimate of \$63 million with a small offset in capitation expense.</p> <p>In healthcare expenses, incurred claims were favorable \$41 million to the forecast. There was also a favorable adjustment to the capitation rate accrual of \$10.7 million.</p> <p>Administrative expenses were unfavorable to the forecast by \$5.7 million. September included approximately \$6 million in catch-up depreciation for two programs. Non-operating is favorable \$38.8 million vs the forecast driven by a true-up in the Managed Care Organization (MCO) Tax retro back to 2013-2016.</p> <p>The fiscal year finished with \$474 million surplus when adjusted for HHIP and IPP. Administrative expenses were unfavorable \$9.3 million driven primarily by depreciation and amortization.. The original administrative budget was \$510 million. The 3+9 forecast was \$530.7 million, which is a truer comparison than the 9+3 forecast of \$522 million. Actual administrative expenses excluding HHIP/IPP were \$530.4, which beat the goal by \$356,000.</p> <p><u>Consolidated Financial Performance – Actuals vs. Budget</u></p> <p>The Actuals vs Budget consolidated financial performance was presented. Mr. Ingram presented a six year trend beginning in FY 2017-18. DHCS looks to build in a 2% underwriting gain when setting L.A. Care rates, but there are years that L.A. Care is higher and years that L.A. Care is lower.</p> <p>Over the 6-year period, the weighted average was 1.7% of net surplus margin, still under the 2% underwriting target.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Moving into FY 2023-24, L.A. Care cautioned there could be significant revenue pressures that will likely revert back to a very slim margin or potential losses.</p> <p>The \$474 million net surplus was favorable by \$394 million to the original budget when adjusted for HHIP and IPP. Operating margin is favorable by \$517 million. Administrative expense was unfavorable \$22 million and Non-Operating expense was favorable by \$71 million, driven by higher interest income and MCO tax revenue.</p> <p><u>Variance Walk – Budget vs Actuals</u></p> <p>Mr. Ingram presented a more detailed version of the variances from the original budgeted surplus of \$80 million to the final surplus of \$566 million. The largest driver was favorability from adjustments to the CY 2022 and 2023 rates of \$758 million. There was also some favorability from retroactive adjustments to our CY 2022 rates and the MCO Tax, which can be seen in the Non-Operating line. Offsetting that favorability and related to those rate updates are incurred claims, which were unfavorable \$276 million. There were updates to the risk corridor programs, including Prop 56, Enhanced Care Management (ECM), and Major Organ Transplant (MOT). The combined impact of those updates were unfavorable to budget by \$138 million. The other large items worth mentioning are the HHIP and IPP programs, which were favorable to budget by \$172 million.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> <li>• Medi-Cal finished slightly ahead of the 9 + 3 Forecast and aligned with Mercer's assumption of 92% Medical Care Ratio.</li> <li>• Cal MediConnect (CMC). This is the last month that CMC will be reported separately. Any remaining minimal runout will be reported in the total number starting next year.</li> <li>• Duals Special Needs Plan (DSNP), LACC and PASC are all right on forecast.</li> </ul> <p><u>Key Financial Ratios</u></p> <p>The Medical Care Ratio was 91.6% (excluding HHIP/IPP). The administrative ratio was 4.8%, slightly higher than the 9+3 forecast (excluding HHIP/IPP), but on par with the 3+9 forecast which was a better view of actual spend.</p> <p>Cash to claims is favorable in September because L.A. Care received \$953 million in directed payments but only paid out \$564 million in September. The remaining \$334 million was paid in October 2023. L.A. Care was also overpaid \$110 million in August capitation, which hit the September cash balance. If adjusted, the cash to claims ratio would be 0.73.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Tangible Net Equity and Days of Cash On-Hand</u> September 2023 Fund Balance was \$1.73 billion, which represents 736% of Tangible Net Equity. For September 2023, L.A. Care had enough cash to cover operating expenses for 107 days, which included the items in the cash to claims ratio. Without those items, the days of cash on-hand would be 88 days.</p> <p><b><u>Motion FIN 107.1223</u></b> <b>To accept the Financial Reports for September 2023, as submitted.</b></p>	<p><b>Approved unanimously by roll call. 4 AYES</b></p>
<ul style="list-style-type: none"> <li>Annual Review of Accounting and Finance Policies AFS-002 (Capital Assets), AFS-027 (Travel Expenses), and AFS-029 (Annual Budgets and Board of Governors Oversight)</li> </ul>	<p>Mr. Ingram presented the revised Accounting and Finance Policies AFS-002 (Capital Assets), AFS-027 (Travel Expenses), and AFS-029 (Annual Budgets and Board of Governors Oversight). Annually, L.A. Care’s Financial policies are brought to the Board for review, updates and approval. Below are the summary of the updated policies:</p> <p><u>AFS-002: Capital Assets:</u></p> <ul style="list-style-type: none"> <li>Policy defines the capitalization policy, fixed asset categorization, guidelines and procedures for acquisition, safeguarding and disposal. This policy assures that L.A. Care complies with the requirements of Generally Accepted Accounting Principles (GAAP) to ensure proper recording and control of the capital assets.</li> <li>Updated with reference to the new financial reporting system, SAP.</li> <li>Minor updates</li> </ul> <p><u>AFS-027: Travel Expenses:</u></p> <ul style="list-style-type: none"> <li>Policy defines approvals and appropriate expenses related to travel.</li> <li>Updated with reference to the appropriate electronic signatures allowed for approval and updated mileage reimbursement guidelines for telecommuters.</li> <li>Minor updates</li> </ul> <p><u>AFS-029: Annual Budgets &amp; Board of Governors Oversight:</u></p> <ul style="list-style-type: none"> <li>Policy defines oversight responsibility of the Board and the process for the CFO and finance staff to prepare the annual budget for review by the Board.</li> <li>Updated with reference to the addition of the Deputy Chief Financial Officer reporting to the Finance &amp; Budget Committee and Board of Governors</li> <li>Minor updates</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<p><b><u>Motion FIN 108.1223</u></b>  <b>To approve Accounting &amp; Financial Services Policies AFS-002 (Capital Assets), AFS-004 (Non-Travel &amp; Other Related Expenses), AFS-027 (Travel Expenses), and AFS-029 (Annual Budgets &amp; Board of Governors Oversight) as submitted.</b></p>	<p><b>Approved unanimously by roll call. 4 AYES</b></p> <p><b>The Committee approved to include this motion on the Consent Agenda for the December 7, 2023 Board of Governors meeting.</b></p>								
<ul style="list-style-type: none"> <li>Revision of Accounting and Finance Policy AFS-006 (Authorization and Approval Limits) (<b>FIN 109</b>)</li> </ul>	<p>Mr. Ingram presented the revisions to Accounting and Finance Policy AFS-006 (Authorization and Approval Limits). L.A. Care periodically reviews and updates Accounting and Finance Policy AFS-006 (Authorization and Approval Limits) to align with ongoing business needs while maintaining adequate oversight and transparency. The updates to the policy are:</p> <ul style="list-style-type: none"> <li>Updated exclusion section 3.2 to better define member benefits and state incentives.</li> <li>Updated policy to no longer require Finance &amp; Budget and/or Board of Governor’s approval for additional dollars if original contract satisfied authorization requirements.</li> <li>Added a requirement to report upcoming planned spend, by vendor, in the Annual Operating and Capital Budget presentation.</li> <li>Added Deputy Chiefs to the management level matrix.</li> <li>Removed the dollar thresholds to the exception list.</li> <li>Increased authorization limits for operating and capital expenditures as below.</li> </ul> <table border="1" data-bbox="478 1045 1629 1446"> <thead> <tr> <th data-bbox="478 1045 1230 1190">Management Level</th> <th data-bbox="1230 1045 1629 1190">Operating and Capital Expenditures up to and including the following amounts</th> </tr> </thead> <tbody> <tr> <td data-bbox="478 1190 1230 1227">Department Managers*</td> <td data-bbox="1230 1190 1629 1227">\$5,000</td> </tr> <tr> <td data-bbox="478 1227 1230 1265">Directors / Senior Directors / Managing Directors /</td> <td data-bbox="1230 1227 1629 1265">\$100,000</td> </tr> <tr> <td data-bbox="478 1265 1230 1446">Officers (CEO, COO, CFO, CHRO, Chief Information and Technology Officer, CMO, General Counsel, Chief of Staff Executive Services, Chief Product Officer, Executive Directors, Deputy Chiefs)</td> <td data-bbox="1230 1265 1629 1446">\$1,000,000</td> </tr> </tbody> </table>	Management Level	Operating and Capital Expenditures up to and including the following amounts	Department Managers*	\$5,000	Directors / Senior Directors / Managing Directors /	\$100,000	Officers (CEO, COO, CFO, CHRO, Chief Information and Technology Officer, CMO, General Counsel, Chief of Staff Executive Services, Chief Product Officer, Executive Directors, Deputy Chiefs)	\$1,000,000	
Management Level	Operating and Capital Expenditures up to and including the following amounts									
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Officers (CEO, COO, CFO, CHRO, Chief Information and Technology Officer, CMO, General Counsel, Chief of Staff Executive Services, Chief Product Officer, Executive Directors, Deputy Chiefs)	\$1,000,000									

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN
	CEO plus CFO	\$3,000,000	
	Finance & Budget Committee	\$5,000,000	
	Board of Governors	over \$5,000,000	
	<i>*Manager level with direct reports.</i>		
	<p>Contract extensions and amendments were also modified. The current authorization limits are triggered once you get to a certain dollar amount: over \$1.5 million would go Finance &amp; Budget (F&amp;B) Committee, over \$2 million will require full Board approval. To extend that exact same contract for either time or money will have to come back to both F&amp;B Committee and the full Board to get authorization. The proposed update to the policy is that once an authorization is approved, extensions for the same contract for time or money, it would no longer need to come back to the Board for re-approval. All executed contracts will be reported to the F&amp;B Committee and Board quarterly. Staff will provide a schedule that shows budgeted spend aggregated by vendor for the future year.</p>		
	<p>The idea being, the Board have the authority on the annual budget process to see what staff is planning on spending for the future year. And then quarterly, staff will provide any updates in terms of the policies and the other internal planning</p>		
	<p>Committee Chairperson Booth asked for clarification for what is budgeted and what can go over vs what is in the written contract. Mr. Ingram explained in the annual budget process, staff request F&amp;B Committee and Board of Governors authority to spend a certain dollar value. Last year, staff asked for \$510 million. Staff knew they were going to spend the \$510 million. Staff came back in the 3+9 forecast and asked for additional \$20 million to line up the overall spend. That funding is delegated to the CEO and the leadership team to manage. If priorities come up, staff might choose to change the direction on what was planned on spending. When it comes to authorized vendors, staff cannot shift funds without Board authorization. If there is a \$1 million sitting around somewhere, and this project has spent all of its own money, it cannot spend that \$1 million until it requests it.</p>		
	<p>In terms of a budget practice, for example, \$5 million requires Board of Governors approval. In a budget process, if Health Services requested \$5 million for a specific vendor and if staff identify that they no longer are going to use that amount and IT needs a \$5 million within the budget process, through Finance, staff can authorize or approve a budget transfer between Health Services and IT. When it comes to the actual vendor spend, if the vendor identified has currently been authorized to spend \$2.5 million through the Board of Governors, staff</p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>cannot just take the \$5 million and apply it to that vendor. Staff has to come back to the respective committees to request an authorization to go beyond the initial \$2.5 million.</p> <p>Mr. Ingram noted that this revision on the policy will make it easier for the staff to maneuver a little bit and not have to spend so much paperwork time and be more efficient without sacrificing transparency.</p> <p>Committee Chairperson Booth noted because she is also the Compliance &amp; Quality Committee Chairperson, she wants to make sure that things are transparent. She added perhaps to review the F&amp;B Charter to understand the Committee’s responsibilities. As a committee of the Board of Governors, the F&amp;B Committee is responsible for this budgetary process. She added that from everything she has read, it is becoming more likely that there is the potential for the F&amp;B Committee to be actually held accountable.</p> <p>Committee Chair Booth noted that there is not a place about recurring expenses, including lease payments. She wondered if there can not be some sort of reasonable limit to pay annually for lease payments in a fully executed contract. She added that the rationale around dollar limits is for some kind of flexibility when membership increases and other aspects, with regards to real estate decisions.</p> <p>Committee Chairperson Booth noted that expenses gets approved by the Executives that she was not clear about until she would calculate the motion summary. She would like to see that this is reflected in the quarterly report which will be easier to identify how that money got there, including who approved that extra dollars and the money that is going to get spent.</p> <p>Mr. Ingram noted that the current practice is say, there was a request for \$3.5 million and the final invoices come out to \$3.6 million, the extra \$100,000 is delegated to the CEO without having to come back to the F&amp;B Committees. The balance over time period is higher than anticipated and staff had to come back to the Board of Governors to request an amendment because it exceeded these amounts. It still stays within the same logic where, if you get to a threshold, we come back to the Finance Committee and the Board if it is material.</p> <p><b><u>Motion FIN 109.1223</u></b>  <b>To approve Accounting and Finance Services Policy AFS-006 (Authorization and Approval Limits) as submitted.</b></p>	<p><b>Approved unanimously by roll call. 4 AYES</b></p> <p><b>The Committee approved to include this motion on the Consent Agenda for the December 7, 2023 Board of Governors meeting.</b></p>
<ul style="list-style-type: none"> <li>Monthly Investment Transactions Reports</li> </ul>	<p>Mr. Ingram referred to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>California Government Code as an informational item. L.A. Care's total investment market value as of September 30, 2023 was \$3.3 billion.</p> <ul style="list-style-type: none"> <li>• \$3.2 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$35 million in Local Agency Investment Fund</li> <li>• \$79 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>• Quarterly/Annual Internal Policy Reports</li> </ul>	<p>Mr. Ingram referred to the 4<sup>th</sup> Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2022-23 included in the meeting materials. <i>(A copy of the report is available by contacting Board Services).</i> L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items, and do not require approval.</p> <ul style="list-style-type: none"> <li>• Policy AFS-004 (Non-Travel Expense Report)</li> <li>• Policy AFS-027 (Travel Expense Report)</li> <li>• Policy AFS-006 (Authorization and Approval Limits)</li> <li>• Policy AFS-007 (Procurement)</li> </ul>	
<p>Public Comments on the Closed Session agenda items.</p>	<p>There were no public comments.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:52 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 1:53 p.m.</p> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>November 2025</i></p> <p><b>CONTRACT RATES</b> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The meeting reconvened in open session at 2:08 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, advised the public that no reportable action from the closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 2:08 p.m.	

Respectfully submitted by:

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

APPROVED BY:

\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed \_\_\_\_\_

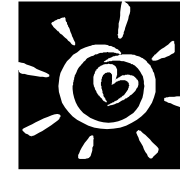


# **AUDIT COMMITTEE**

# BOARD OF GOVERNORS

## Audit Committee Meeting Minutes – August 22, 2023

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



**L.A. Care**  
HEALTH PLAN

**Members**

Hector De La Torre, *Chairperson*  
George Greene, Esq.  
Layla Gonzalez

**Management/Staff**

John Baackes, *Chief Executive Officer*  
Augustavia J. Haydel, Esq., *General Counsel*  
Afzal Shah, *Chief Financial Officer*

**Guests**

Rosie Procopio, *Audit & Assurance Managing Director, Deloitte & Touche (D&T)*  
Justine Lee, *Manager, D&T*  
Kevin Rotman, *Senior Manager, D&T*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<p>Board Member George Greene, Esq. called to order the L.A. Care Audit Committee and the L.A. Care Joint Powers Authority Audit Committee meetings at 2:06 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <p>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. 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.</p> <p>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.</p> <p>The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment submitted is related to the topic for a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda.</p> <p>He provided information on how to submit a public comment live and directly using the “chat” feature.</p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVE MEETING AGENDA</b>	Today's Agenda was approved as submitted.	<b>Approved unanimously by roll call. 2 AYES (Gonzalez and Greene)</b>
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVE MEETING MINUTES</b>	The December 21, 2022 meeting minutes were approved as submitted.	<b>Approved unanimously by roll call. 2 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER/CHIEF FINANCIAL OFFICER REPORT</b>	Afzal Shah, <i>Chief Financial Officer</i> , introduced Jeffrey Ingram, <i>Deputy Chief Financial Officer</i> , and Angela Bergman, <i>Controller</i> . They have been supporting the audit activities.  Mr. Shah introduced Rosie Procopio, <i>Audit &amp; Assurance Managing Director</i> , <i>Deloitte &amp; Touche (D&amp;T)</i> who will be the lead to present the audit plan FY 2022-23.	
<b>COMMITTEE ISSUES</b> • <b>Presentation of Audit Plan for Fiscal Year 2022-23</b>	Ms. Procopio provided a summary of the FY 2022-23 Audit Plan. <i>(A copy of the written plan can be requested by contacting Board Services.)</i>  The FY 2021-22 audit went smoothly. D&T was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures in claims and other medical expenses and increased use of data analytics and other audit technology.  Ms. Procopio presented the Audit Plan for FY 2022-23. Planned Procedures for this year's audit will include: <ul style="list-style-type: none"><li>• Focus efforts on certain areas of significance to the audits.</li><li>• Will obtain an understanding of all business cycles, including general information technology controls. Will perform tests of certain relevant controls for each business cycle to determine whether such controls have been appropriately designed and implemented.</li></ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Materiality will be the basis for planning the scope of audit of the financial statements. The determination of materiality is a complex issue requiring consideration of qualitative and quantitative factors. It is a matter of professional judgment taking into account the knowledge of the entity, the assessment of engagement risk, and the reporting requirements for the financial statements. The consideration of materiality is influenced by the perception of the needs of users of the financial statements</li> <li>• Deloitte Omnia audit platform will be used for more efficient and focused audit. This approach will alleviate common pain points while also resulting in tangible benefits for L.A. Care Health Plan.</li> <li>• Use proprietary quantitative financial and benchmarking analysis capability to identify unusual trends in account balances and ratios.</li> <li>• Engage in fraud discussions with certain members of senior management and others.</li> <li>• Consider the potential for bias in judgments and estimates, including performing retrospective analysis of significant accounting estimates.</li> <li>• Evaluate whether L.A. Care Health Plan has entered into any significant unusual transactions and, if so, the nature, terms, and business purpose (or lack thereof) of those transactions and whether such transactions involved related parties.</li> <li>• Evaluate L.A. Care Health Plan’s fraud risk assessment and controls over financial reporting. Test journal entries that exhibit characteristics of possible management override of controls, identified using electronic data interrogation techniques. Test design and implementation of controls over significant, unusual transactions, particularly those that result in late or unusual journal entries and controls over journal entries and adjustments made in the period-end financial reporting process.</li> <li>• 2023 Proposed Audit Fee is \$423,000, excluding expenses, a 5% increase from last year’s fee.</li> </ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>Accept Audit Plan for Fiscal Year 2022-23 (AUD A)</li> </ul>	<p><b><u>Motion AUD A.0823</u></b>  <b>To accept the Audit Plans of Deloitte &amp; Touche’s of L.A. Care’s financial statements for the fiscal year 2022-23, as presented, and authorize execution of the engagement letter.</b></p>	<p><b>Approved unanimously by roll call. 3 AYES (De La Torre, Gonzalez and Greene)</b></p>
<p><b>COMMITTEE CHAIR ELECTION</b></p>	<p>Committee Member Greene nominated Committee Member Hector De La Torre as Chair of the Audit Committee.</p> <p>Committee Member De La Torre was unanimously elected Chair of the Audit Committee.</p>	<p><b>Approved unanimously by roll call. 3 AYES</b></p>
<p><b>ADJOURNMENT</b></p>	<p>The Chair adjourned the meeting at 3:00 pm.</p>	

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

APPROVED BY:

DocuSigned by:  
  
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Hector De La Torre, *Committee Chairperson*  
Date Signed: 1/3/2024 | 9:49 AM PST

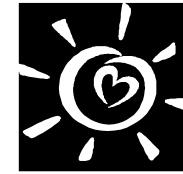
**APPROVED**

**COMPLIANCE  
&  
QUALITY  
COMMITTEE**

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – November 16, 2023



**L.A. Care**  
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

**Members**

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros, MBA  
G. Michael Roybal, MD

**Senior Management**

John Baackes, *Chief Executive Officer*  
Augustavia J. Haydel, *General Counsel*  
Sameer Amin, MD, *Chief Medical Officer*  
Terry Brown, *Chief of Human Resources*  
Todd Gower, *Chief Compliance Officer*  
Linda Greenfield, *Chief Product Officer*  
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

\* Absent \*\* Via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance &amp; Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance &amp; Quality Committee meetings to order at 2:00 p.m.</p> <p>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.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The meeting Agenda was approved as submitted.</p>	<p><b>Approved unanimously 3 AYES (Ballesteros, Booth, and Roybal)</b></p>
<b>PUBLIC COMMENT</b>	<p>There was no public comment.</p>	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The October 19, 2023 meeting minutes were approved as submitted.	Approved unanimously.
CHAIRPERSON REPORT	<p>Chairperson Booth gave the following report:</p> <p>She stated that she would like to ask the group what they would recommend to try to improve the system. Chairperson Booth said that if L.A. Care members are having difficulty getting their blood pressure they should be given blood pressure machines. They are cheaper than scales. She also thinks that better alignment with the medical profession complex can improve efficiency. If L.A. Care aligns better with doctors offices they can share best practices and it would save money. L.A. Care is constantly having to adjust to regulatory requirements. It is possible that this will allow everyone to address having to compete for employees.</p>	
COMMITTEE CHARTER REVIEW	Chairperson Booth stated that that the committee charter is still being reviewed. If necessary they can hold a special meeting on the matter.	
CHIEF COMPLIANCE OFFICER REPORT	<p>Todd Gower, <i>Interim Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>He began by stating that the open session covers items related to annual training and provider training. Compliance has recently made changes regarding information gathering and presentation, with a focus on Internal Compliance Committee (ICC) procedures. Mr. Sobetzko will present the risk assessment process in January, and the internal audit program is being defined. The complete compliance program plan will be reviewed and approved in January. The report emphasizes a risk-based approach to compliance program review and auditing activities, particularly in delegation oversight. Mr. Gower highlights the stabilization of internal audit and the hiring of a new Director, aiming to bring in new personnel for internal audits.</p> <p>Mr. Sobetzko gave the following update:</p> <p>He discussed the provider training results during onboarding. There is a 10-day requirement for providers, applicable to both direct network and other providers. He reports a 100% compliance rate for direct network providers in September and October, attributing this success to a substantive change made in July, which made training compulsory before assigning providers to care members.</p>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Sobetzko noted the absence of a built-in requirement for participating physician group (PPG) training. Despite the diligent administration of training by the team, Theresa Moore, <i>Senior Manager, Engagement and Strategy, Compliance</i>, who was supposed to present, could not attend due to ongoing provider training. However, the report shows completion rates for primary care physicians (PCPs), specialists, and new industry providers, all at 100% in September, totaling 121 PCPs and specialists, along with 87 new industry providers. Mr. Sobetzko also mentions the need for corrective actions, illustrated by a non-compliance case with mental health in July and August. This triggered the initiation of a corrective action plan in September. While the mental health providers achieved a 100% completion rate for new providers, they will undergo a 90-day monitoring period to ensure the successful implementation of their corrective action plan.</p> <p>Chairperson Booth asked Mr. Sobetzko what exactly does L.A. Care train them to do. Mr Sobetzko responded that L.A. Care trains them to operate under our requirements and structure.</p> <p>Mr. Sobetzko gave a Compliance Training update.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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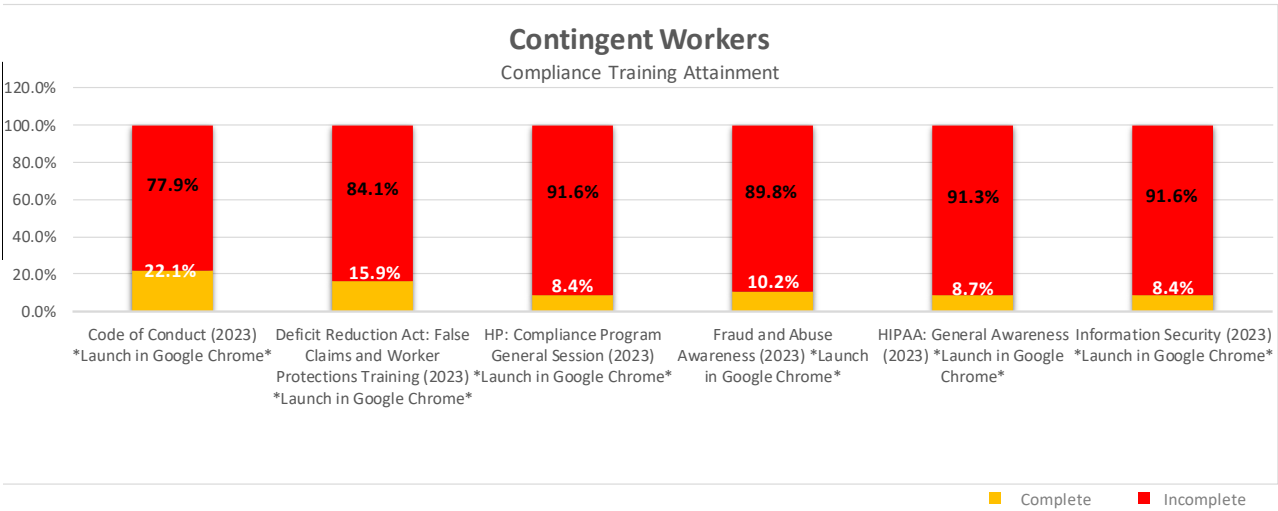
L.A. Care Staff (LAC)			
2023 Annual Compliance Training:	Completed	Incomplete	Attainment
Code of Conduct (2023) *Launch in Google Chrome*	678	1,205	36.0%
Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google C	406	1,480	21.5%
HP: Compliance Program General Session (2023) *Launch in Google Chrome*	244	1,642	12.9%
Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	328	1,554	17.4%
HIPAA: General Awareness (2023) *Launch in Google Chrome*	275	1,608	14.6%
Information Security (2023) *Launch in Google Chrome*	258	1,623	13.7%
			19.4%



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Contingent Workers (CW)			
2023 Annual Compliance Training:	Completed	Incomplete	Attainment
Code of Conduct (2023) *Launch in Google Chrome*	89	314	22.1%
Deficit Reduction Act: False Claims and Worker Protections Training (2023) *Launch in Google C	64	339	15.9%
HP: Compliance Program General Session (2023) *Launch in Google Chrome*	34	369	8.4%
Fraud and Abuse Awareness (2023) *Launch in Google Chrome*	41	362	10.2%
HIPAA: General Awareness (2023) *Launch in Google Chrome*	35	368	8.7%
Information Security (2023) *Launch in Google Chrome*	34	369	8.4%
			12.3%

Training Attainment	12.3%
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2023 Annual Compliance Training for the Board of Governors  
 2023 – 2024 Annual Training for Board of Governors was rolled out on September 25, 2023. Due to an issue within DocuSign, the roll out was delayed until October 20, 2023. The integrated compliance training materials consist of;

- 1) General Compliance Information
- 2) Fraud, Waste and Abuse
- 3) L.A. Care’s Code of Conduct.

They currently have four out of 13 signed attestations from the Board. They will continue to educate employees, governing body members, delegates and vendors to satisfy the annual general compliance training requirements.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Serge Herrera, *Director, Privacy, Compliance*, gave a Privacy Update. Incidents and Breaches

2023 PRIVACY VIOLATIONS											
L.A. CARE											
L.A. CARE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	2	0	0	0	0	1	1	3	1	1	9
Incidents	0	0	0	0	4	0	0	1	5	0	8
Breaches	1	0	0	0	0	0	0	0	0	0	1
BUSINESS ASSOCIATES											
Business Associates	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTALS
Events	0	0	1	0	0	0	0	4	0	0	5
Incidents	3	1	1	2	4	1	5	5	1	6	29
Breaches	1	0	1	1	0	0	1	2	1	3	10

- L.A. Care: Violations decreased during October with 1 event reported. The event involved 2 unencrypted emails to the correct recipient. Regulatory reporting was not required and the case has been closed.
- Business Associates: Violations increased during October with 6 incidents and 3 breaches reported. The incidents involved unauthorized disclosures (2) and misdirected information (4). The 3 breaches all involved security attacks, 2 of which were part of Progress Software’s MOVEit breach. The attacks were reported by Blue Shield (2) and Independ Living Systems (ILS)(1). All 3 cases are still open and under investigation as they were reported during the end of October.

Mr. Sobetzko gave an Issues Inventory update. He addressed noncompliance issues related to interpreter availability and interpretive services. As of the end of October, work has commenced on a root cause analysis for issues such as dropped calls and incomplete connections during the transfer of interpretive services. The connectivity problems have been affecting calls, leading to a loss of interpretive services for members in need. While the root cause analysis is underway, the issue has not been resolved, and a finalized corrective action plan is pending. Mr. Sobetzko plans to provide an update on this matter in the next reporting period. Another issue he highlights is related to independent medical review forms for appeals and grievance cases. An internal review confirmed that some templates for these forms, provided by the Department of Managed Health Care, did not align or carry over to the independent medical review form. The compliance material review team is currently collaborating with Appeals & Grievance and the enterprise configuration team to address this issue. The focus is on coding and configuring the impacted templates to ensure proper connectivity with the independent medical review form. The specific templates affected have been identified, and the teams are actively working on resolving the discrepancies. Mr. Sobetsko stated that he discusses the ongoing process of revising templates, currently under review. The revised letters will be subjected to approval through the Podio platform, which serves as the internal workflow for communication material. Once approved internally, the

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>revised templates must be submitted to regulatory agencies for their approval, given the changes to preapproved templates. Mr. Sobetzko expresses hope that this process will be concluded by the next meeting. Addressing a query about the impact on different languages, Mr. Sobetzko acknowledges that he cannot confirm if all languages will be affected. However, he speculates that, from a process perspective, faulty templates in the initial English language are likely to be translated similarly. He emphasizes the importance of having templates come from a central source rather than being created by individual groups, expressing agreement with the sentiment that such a centralized approach would be more efficient.</p> <p>Mr. Sobetsko spoke about a past issue concerning a flu notice postcard that had an inappropriate prefix on the area code of the telephone number. While the mailing of those specific postcards has been resolved and corrected, internal discussions are ongoing to prevent a recurrence of such issues. The collaborative efforts involve marketing, compliance, regulatory affairs, and the material review team. They aim to implement a process ensuring that phone numbers are tested before inclusion in materials, preventing the distribution of any postcards or materials with untested phone numbers. Compliance has been working closely with the marketing team, and the process is currently in its second iteration of a corrective action plan. The final internal corrective action plan is scheduled for submission tomorrow.</p>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Amin gave a Chief Medical Officer Report (<i>a copy of the meeting materials can be obtained from Board Services</i>).</p> <p>In Dr. Amin's Chief Medical Officer Report, he emphasizes the focus on quality measures. He discusses the achievement of regaining National Committee for Quality Assurance (NCQA) accreditation, highlighting the organization's transition to an accredited status across Medicaid, Medicare health maintenance organization (HMO), and the exchange line of business. The Medicaid line of business has earned a 3.5-star rating, while the Medicare HMO plan is now accredited as a 3-star plan. Dr. Amin also addresses the exchange line of business, which is also fully accredited with a pending CAP in April. He assures that the identified issue with a letter and notations has been or is in the process of being fixed. The report further covers the upcoming discretionary review of the oversight of Department of Health Services (DHS) in the April-May time frame, expressing confidence in retaining accreditation status during the conversation with regulatory agencies. In terms of quality measures, Dr. Amin discusses the growth of measures to 18 and the subsequent realignment into domains. He notes the organization's shift to a green tier, indicating improved performance and a positive outcome in terms of potential financial sanctions. Additionally, a quality project has been submitted to DHCS to address any underperformance within each domain, aligning with the Medicaid program's quality metrics. The overall message is one of accomplishment and progress in enhancing</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the quality of health services provided. He reported that New Benchmarks were released and several are higher. Department of Health Care Services (DHCS) updated their Auto Assignment (AA) Methodology which will likely lead to losses in membership. AA went from using 4 measure to 14 measures including and this includes Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p> <p>Member Roybal asked Dr. Amin if he is also referencing L.A. Care Plan Partners when speaking about loss of membership. Dr. Amin confirmed. Member Roybal noted that in the past, Health Net has not done very well compared to L.A. Care and he expects them to also have these issues. Dr. Amin responds that the organization received the methodology for auto assignment about a month ago, and both the finance and quality teams are currently reviewing it to assess its implications. He expresses concerns about the numerous aspects that need attention and concentration in the upcoming changes. Dr. Amin highlights specific worries about the challenges faced by health plans, particularly in Medicaid, and the potential negative impact on CAHPS, not only in terms of patient response but also in making significant improvements. He emphasizes the difficulty in effecting changes, especially in areas focused on the provider group. He expresses a desire to avoid any negative consequences for the plan, given the inherent challenges that are primarily tied to how providers treat their members, making it crucial for the organization's overall performance. stated that L.A. Care just recently received the methodology.</p> <p>He notes significant improvements in clinical quality, enrollment experience, and plan efficiency and affordability management. Although the ratings are not final, there is optimism about achieving a 3-star rating in clinical quality, a 4-star in enrollment experience, and a 3-star in plan efficiency and affordability management. Dr. Amin attributes these positive trends to the hard work and performance of the team. Moving on to the Medicare line of business, Dr. Amin acknowledges challenges related to quality measures such as colonoscopies, mammograms, and cervical cancer screenings. Provider groups have shown a decrease in performance in 2023. The clinical quality team is actively working to address this issue, implementing pursuit lists and collaborating with vendors to improve member engagement and care.</p> <p>Despite the ongoing efforts, Dr. Amin emphasizes that there is still work to be done in the next two months over the holidays. He points out both highlights, particularly in pharmacy-related measures, and areas of underperformance among provider groups in certain quality measures, indicating a commitment to addressing these challenges for improvement.</p>	
<b>QUALITY OVERSIGHT</b>	Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i> , gave a Quality Oversight Committee (QOC) meeting update.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>COMMITTEE (QOC) UPDATE</b>	<ol style="list-style-type: none"> <li>1. Delegation Oversight Report: <ul style="list-style-type: none"> <li>• Betsy Santana, Senior Manager of Clinical Initiatives, presented the partner and vendor oversight report, emphasizing continuous delegation oversight and quality improvement activities.</li> <li>• Anthem, one of the health plan partners, had 8 measures falling below the minimum performance level, including cervical cancer screening and adolescent immunizations.</li> <li>• Anthem identified root causes such as the residual impact of the COVID-19 pandemic, staff turnover, vaccine hesitancy, incomplete services during telehealth visits, and poor documentation.</li> <li>• Improvement plans are in progress, and Anthem aims to improve these measures by 5% in the next measurement year.</li> </ul> </li> <li>2. Audit Updates: <ul style="list-style-type: none"> <li>• Blue Shield Promise had 7 measures that fell below the expected performance levels, resulting in the issuance of caps for 5 measures.</li> <li>• Kaiser performed better but did not meet expectations for 2 measures, leading to the issuance of caps for both.</li> <li>• Kaiser identified root causes, including a lack of parental understanding and systematic workflows for providers, and initiated projects for automated parental outreach and lab test ordering.</li> </ul> </li> <li>3. Follow-up Actions: <ul style="list-style-type: none"> <li>• Anthem and Kaiser are working on quality improvement activities, with Anthem addressing residual impacts from the pandemic and staff turnover, while Kaiser is focusing on systematic workflows and parental engagement including building understanding.</li> <li>• Kaiser has launched a formal performance improvement project to increase follow-up after visits for mental health.</li> </ul> </li> </ol> <p>Dr. Sheen provided comprehensive updates on performance and improvement initiatives of health plan partners, showcasing a commitment to addressing identified challenges and implementing measures to enhance overall quality.</p> <p>Chairperson Booth requested clarification about incomplete visits. Dr. Sheen responded that there was a large volume of telehealth visits due to the pandemic and in most cases the visits were completed, but there are common challenges with telehealth visits and closing gaps in care. Many of them are not as comprehensive as in personal visits. Often there needs to be better documentation or patient self reporting to be able to close those gaps in care. And in many cases, because of that information is not being thoroughly documented or not being completely recorded as supplemental data. Those visits can be very positive for patients in other ways such as by expanding access to care and being more</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>convenient. but they may not provide all the documentation and data needed to close those gaps in care to perform on these quality measures. To address this, the approach involves ongoing education and training for providers and patients to optimize telehealth interactions. Dr. Sheen anticipates improvement in reporting capabilities and stresses the need for increased productivity in telehealth visits. He notes the existence of data from various sources, such as patient records and provider charting, but highlights the importance of integrating this information into systems for comprehensive quality reporting. Even even in the realm of impersonal visits, there's a lot of supplemental data that needs to be more consistently and comprehensively recorded. And so it is a substantial area of opportunity.</p> <p>Chairperson Booth raises the issue of ownership and accessibility of the data layer, emphasizing the importance of having a comprehensive repository filled with relevant information. The suggestion is to enable individuals to address missing data or unanswered questions promptly, highlighting the significance of a robust and accessible data infrastructure.</p> <p>Dr. Sheen acknowledges the need for improvement in data collection and reporting and expresses a commitment to explore technology tools and platforms. He then introduced Thomas Mendez, <i>Director of Quality Performance</i>, who summarized the significant improvements in key metrics for measurement year 2022. Dr. Sheen highlighted positive trends but emphasized challenges, especially in telehealth-related gaps and specific measures like childhood visits, cancer screenings, and immunizations. Dr. Sheen outlined the identified root causes for metrics not meeting targets, including data challenges and underutilization of provider opportunity reports. He discussed ongoing interventions, such as social media campaigns, community events, and educational initiatives, to address gaps in care. Despite the challenges, he highlighted notable successes in meeting quality goals, emphasizing improvements in blood pressure control, childhood immunizations, and other key measures.</p> <p>Chairperson Booth inquired about the 20-point deficit in mental health follow-up visits and expressed curiosity about individuals or groups performing better. She hoped L.A. Care could learn from high-scoring entities about strategies and practices that contribute to their success, and potentially implement similar approaches. Dr. Sheen responded to Chairperson Booth, acknowledging the struggles many healthcare systems face in mental health follow-up visits. He highlighted common challenges in data feeds after hospitalizations, emphasizing issues with patients' access to primary care providers and navigating the healthcare system. Dr. Sheen highlighted efforts to address these challenges, such as working on data flows, automating notifications, and incentivizing hospital partners to share data. Additionally, he mentioned ongoing initiatives in patient and provider education, expressing optimism about making progress despite the complexity of the issue.</p>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Amin added to the discussion by highlighting challenges related to quality metrics for follow-up after patients with mental health issues are discharged from the hospital. He explained that the difficulty often arises from including anyone with a mental health diagnosis in the denominator, even if it's not the primary reason for their hospitalization. This makes it challenging to ensure timely follow-up for mental health care. Dr. Amin mentioned a significant improvement initiative where contractual language with the behavioral health provider now includes quality markers, requiring them to proactively reach out to patients after discharge, particularly those falling within the denominator. This approach aims to enhance follow-up care for mental health issues and improve related quality metrics.</p> <p>Dr. Sheen continued his report, emphasizing a third highlight related to timely access to care. He highlighted Priscilla Lopez's, <i>Manager, Quality Improvement Accreditation, Quality Improvement</i>, efforts in creating a new report to monitor providers' refusals to participate in the Provider Appointment Availability Survey (PAAS). The report indicated a concerning trend, with a 2.1% increase in refusals overall, including a 3.4% increase among specialists and a 3% increase among behavioral health providers in 2022. Recognizing the potential impact on oversight and monitoring capabilities for access to care, Dr. Sheen identified a lack of provider education and training on the PAAS process as a potential root cause. Actions were already underway to address this challenge, including enhanced processes, additional education, and training. Refusals were now incorporated as an access to care measure in the corrective action plan system. Dr. Sheen concluded by providing updates on various committees, including credentials and peer review committee, pharmacy oversight committee, behavioral health quality committee, joint performance improvement collaborative committee, physician quality committee, steering committee, population health management team, quality performance management steering committee, and the star committee.</p>	
<b>MEMBER EXPERIENCE SURVEY RESULTS</b>	<p>Linda Carberry, <i>Manager, Quality Performance Management</i>, gave a report on L.A. Care's Member Experience Survey Results (<i>a copy of the full presentation can be obtained from Board Services.</i>).</p> <p>Medi-Cal CAHPS (Consumer Assessment of Healthcare Providers &amp; Systems)</p> <ul style="list-style-type: none"> <li>▪ Adult &amp; Child (Health Plan CAHPS) HPR (Health Plan Rating)</li> <li>▪ Administered between February 18, 2023 and May 10, 2023</li> <li>▪ Final sample included 4,056 members (Adult) and 6,796 members (Child)</li> </ul> <p>Adults completing survey: 652  Children completing survey: 740  NCQA response rates: 16.42% (Adult) &amp; 15.14% (Child)  Results Better than last year</p> <p>QHP EES (Quality Health Plan Enrollee Experience Survey) QRS (Quality Rating System)</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Administered between February 17, 2023 and May 5, 2023</li> <li>▪ Final sample included 1,690 members <ul style="list-style-type: none"> <li>- 213 completed survey</li> <li>- Response Rate: 18.23%</li> </ul> </li> </ul> <p>Similar rate as last year</p> <p>Preliminary Results: 4 Stars for Member Experience Covered CA line of business</p> <p>MAPD CAHPS (Medicare Advantage &amp; Prescription Drug )</p> <ul style="list-style-type: none"> <li>▪ Not fielded in 2023</li> <li>▪ Contract changed from CMC (Cal Medi-Connect) to D-SNP (Dual Special Needs Plan) effective January 1, 2023</li> <li>▪ Members in the contract join on July 1, 2022 <ul style="list-style-type: none"> <li>- Zero D-SNP members in the contract (still CMC members)</li> </ul> </li> <li>▪ We were therefore not permitted to field survey for DSNP in 2023</li> <li>▪ Next fielding of survey: 2024</li> </ul> <p>Medicare Advantage – D-SNP line of business</p> <p>Highlights Met: Adult &amp; Child HP-CAHPS HPR (Health Plan Rating)</p> <ul style="list-style-type: none"> <li>▪ Satisfaction with Plan Physicians <ul style="list-style-type: none"> <li>- Rating of Personal Doctor (Adult &amp; Child)</li> </ul> </li> <li>▪ Effectiveness of Care <ul style="list-style-type: none"> <li>- Flu Vaccinations for Adults</li> </ul> </li> <li>▪ How Well Doctors Communicate Composite for Adult <ul style="list-style-type: none"> <li>- Doctor Explained Things</li> <li>- Doctor Listened Carefully</li> <li>- Doctor Showed Respect</li> <li>- Doctor Spent Enough Time</li> </ul> </li> <li>▪ Customer Service Composite for Adult <ul style="list-style-type: none"> <li>- Customer Service Provided Information/Help</li> <li>- Customer Service Was Courteous/Respectful</li> </ul> </li> </ul> <p>Highlights Met: QHP QRS (Quality Rating System)</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Rating of Personal Doctor  Rating of Specialist  Rating of Health Plan  Care Coordination</p> <ul style="list-style-type: none"> <li>- Doctor Had Information</li> <li>- Doctor Discussed Medications</li> </ul> <p>Brigitte Bailey, <i>Supervisor, Quality Improvement</i>, gave a report about L.A. Care’s Member Experience Improvement Efforts (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p>Overview:  Elevating Customer Experience Cross-Functional Team  SullivanLuallin Group Patient Experience Trainings  Meetings with PPGs and Clinics</p> <p>Elevating Customer Experience Cross-Functional Team (ECE CFT)  Launched February 2022</p> <ul style="list-style-type: none"> <li>- Convened by Dr. Katrina Miller Parrish.</li> <li>- Chaired by Linda Carberry, <i>Manager, Quality Performance Management</i>.</li> </ul> <p>Goal: Bring together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience.  Customers = <i>Members, Providers, Community</i>.</p> <p>Efforts:</p> <ul style="list-style-type: none"> <li>- Fiscal Year 2022-2023 work plan. Drafting FY2023-2024 work plan in September.</li> <li>- Various presentations from departments on their customer experience efforts.</li> <li>- Vendor presentations on available products to support improvement of member experience.</li> <li>- Patient experience trainings</li> </ul> <p>Teams attending include but are not limited to: Quality Improvement, Customer Solution Center, Communications, Marketing, Commercial Group Product Management, Medi-Cal Product, Medicare Product, Population Health Management, Care Management, Compliance, Health Equity and Provider Contracts.</p> <p>ECE CFT 2022-2023 Work Plan  Five Main Priorities</p> <ol style="list-style-type: none"> <li>1. Improve the office visit experience</li> <li>2. Expand access to care</li> </ol>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>3. Ensure accountability for all network entities inclusive of Plan Partners, IPAs/PPGs, clinics, and provider network to prioritize customer experience</p> <p>4. Improve the member, provider, and community experience when engaging with L.A. Care</p> <p>5. Develop product-line specific strategies</p> <p>20 Strategies taking place across the organization identified to accomplish the 5 priorities.</p> <p>6. 16 departments with ongoing efforts</p> <p>Examples of strategies</p> <p>7. Patient experience trainings</p> <p>8. Improve measures around L.A. Care customer service</p> <p>9. Survey assessing public perception of L.A. Care</p> <p>10. Launch a Direct Network advisory board</p> <p>L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to deliver patient experience trainings:</p> <ul style="list-style-type: none"> <li>• Trainings developed for</li> <li>• Managers/staff</li> <li>• Delivered by Thomas Jeffrey – President of SLG</li> <li>• Providers/clinicians</li> <li>• Delivered by Dr. Andrew Golden – Consultant with SLG</li> </ul> <p><i>(a copy of the full report can be obtained from Board Services)</i></p>	
<p><b>POPULATION HEALTH MANAGEMENT (PHM)</b></p>	<p>Matthew Pirritano, <i>Director, Population Health Informatics</i>, and Steven Chang, <i>Senior Director, Care Management</i>, gave a report about Population Health Management (PHM) <i>(a copy of the full presentation can be obtained from Board Services)</i>.</p> <p>Mr. Pirritano discussed the key aspects of population health, emphasizing its comprehensive nature and evidence-based approach. He outlined the organization's goals for the past year and shared the performance results. The report included an overview of new surveys and requirements, such as the annual cognitive health assessment and all the Kelly and requirements. Mr. Pirritano highlighted the main areas covered under population health, including the creation of a member profile and a provider needs assessment, in compliance with DHCS requirements. He mentioned the monthly cross-functional team meetings to discuss related efforts across the organization. The report also touched on ongoing efforts, such as program evaluation as part of NCQA requirements. Looking ahead, Mr. Pirritano discussed the development of a new population health management index, a set of metrics tracked throughout the year. Closing the fiscal year, he shared that the organization achieved 13 out of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>16 goals, reaching the mid-tier target. This success contributes to staff bonus calculations, reflecting the team's dedication and hard work. Mr. Pirritano expressed excitement about the positive outcomes and acknowledged the collaborative efforts of the staff in achieving their targets.</p> <p>Mr. Chang discussed the significance of transitional care services within the vision for population health management. He highlighted recent revisions to include new populations, such as individuals receiving special mental health services, those undergoing substance use disorder treatment, members transitioning to and from nursing facilities, and extending pregnancy-related care to 12 months postpartum. For 2024, there is a shift in approach, aiming to provide transitional care services to all members. The proposed workflow involves offering these services to each member, with a simplified model to ensure effective coverage considering the vast membership. Notably, the assignment and availability of a care manager become the primary distinction between high-risk and low-risk members. For high-risk individuals, the plan is to assign a dedicated care manager for outreach. In contrast, the low-risk model for 2024 involves sending information sheets to members, potentially also to the facility. Mr. Chang mentioned that there is pending clarification on whether outreach to the facility where the member is admitted is required.</p> <p>Mr. Pirritano discussed the key performance indicators (KPIs) required by the state, providing an overview of how various health plans in the state are performing on these indicators. The KPIs include measures like the percentage of members with more visits than primary care and care management for high-risk members after discharge. The state provides thresholds, serving as either floors or ceilings for performance. Mr. Pirritano highlighted that their team is above the floor or below the ceiling for the specified metrics, indicating favorable performance.</p>	
<p><b>TRANSFORM LA AND PROVIDER ENGAGEMENT EFFORTS</b></p>	<p>Cathy Mechsner, <i>Manager, Practice Transformation Programs, Quality Improvement</i>, gave a report about Transform LA and Provider Engagement Efforts (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Transform L.A. is a value added technical assistance program focusing on:</p> <ul style="list-style-type: none"> <li>▪ Practice-Centered Transformation</li> <li>▪ Data-Driven Quality Improvement</li> <li>▪ Workflow Redesign</li> <li>▪ Practice coach/facilitator model</li> <li>▪ Modeled after the successful Transforming Clinical Practice Initiative (TCPI):</li> <li>▪ CMS grant funded innovative quality improvement program, concluded in 2019</li> </ul> <p>Direct Network (DN) Practice Enrollment:</p> <ul style="list-style-type: none"> <li>▪ 19 primary care practices</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ 102 physicians</li> <li>▪ 12,095 DN members (29% of total DN members)</li> </ul> <p>Need to strengthen practice engagement</p> <ul style="list-style-type: none"> <li>▪ Created Recognition Program to increase practice engagement. <ul style="list-style-type: none"> <li>- Up to \$30,000 incentive</li> </ul> </li> <li>▪ Restructured practice groupings <ul style="list-style-type: none"> <li>- Transitioned from cohorts per enrollment year to levels of program progress: Low, Intermediate and Advanced</li> </ul> </li> <li>▪ Established time limit to complete program: 2-3 years</li> </ul> <p>Practices continue to have challenges understanding QI</p> <ul style="list-style-type: none"> <li>▪ Reporting quality of care data from practice EMR</li> <li>▪ Use of QI tools: <ul style="list-style-type: none"> <li>- Plan, Do, Study, Act (PDSAs) cycles</li> <li>- Monthly QI review team meetings</li> </ul> </li> </ul> <p>High staff turnover contributes to poor performance</p> <ul style="list-style-type: none"> <li>▪ Care team members, office managers, physicians, etc.</li> <li>▪ Sustaining practice QI knowledge and ongoing improvement is dependent on staff capacity</li> </ul> <p>CQM/HEDIS Measure</p> <ul style="list-style-type: none"> <li>▪ HbA1C &gt;9% (Poor Control)</li> <li>▪ Working with Office Ally to correct erroneous data mapping.</li> <li>▪ Impacts 8 practices</li> </ul> <p>Next Steps:</p> <p>Education of new TLA Recognition Program</p> <ul style="list-style-type: none"> <li>▪ Ensure practices are fully apprised of Incentive program and are focused on achievement of program goals.</li> </ul> <p>Leadership of Provider Engagement &amp; Outreach workgroup</p> <ul style="list-style-type: none"> <li>▪ Continue cross QI team engagement to improve support of DN practices</li> <li>▪ Solicit and incorporate Provider Advisory Collaborative feedback across QI programs</li> </ul> <p>Continue to work closely with the Direct Network Administration team</p> <ul style="list-style-type: none"> <li>▪ Weekly meetings with the DNA 2.0 workgroup and CRM leadership to identify areas of partnership and resolve any challenges outside of the TLA program.</li> <li>▪ Complete VIIP + DN Action Plan for improvements in: <ul style="list-style-type: none"> <li>▪ Domain 1: Adult Member satisfaction</li> </ul> </li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>▪ Domain 2: Childhood Immunization Series 10 (CIS-10) Continue DN practice recruitment to grow the program</li> </ul>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:20 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 4:20 p.m.	

Respectfully submitted by:

APPROVED BY:

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

\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed: \_\_\_\_\_