

L.A. CARE BOARD OF GOVERNORS MEETING

February 6, 2025 • 1:00 PM

Lobby Conference Room

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

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

Mission

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

Overview

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

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

Health Coverage

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with two subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross and Blue Shield of California Promise Health Plan. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.
- **L.A. Care Medicare Plus (HMO D-SNP)** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.



Health Equity and Community Impact

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

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

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

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

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

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

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



DRAFT



L.A. Care
HEALTH PLAN®

AGENDA
BOARD OF GOVERNORS MEETING

L.A. Care Health Plan
Thursday, February 6, 2025, 2024, 1:00 P.M.

1055 W. 7th Street, Lobby Conference Room 100, Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
<https://lacare.webex.com/lacare/j.php?MTID=m31297987511e2e3482934c455898a81b>

To listen to the meeting via teleconference please dial: +1-213-306-3065
English Meeting Access Number: 2484 192 4469 Password: lacare
Spanish Meeting Access Number: 2486 870 0721 Password: lacare

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

Ilan Shapiro, MD
Marriott Marquis Washington, DC
901 Massachusetts Avenue NW
Washington, DC 20001

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

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

The process for public comment is evolving and may change at future meetings.
All votes in a teleconferenced meeting shall be conducted by roll call.

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

1. Welcome Alvaro Ballesteros, MBA, *Chair*
2. Approve today’s agenda *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve Consent Agenda Items *Chair*
(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with “BOG”.)
 - December 5, 2024 Board of Governors Meeting Minutes. **p.17**
 - Changes to regular meeting schedule of Technical Advisory Committee and Compliance & Quality Committee meetings. **(EXE 100) p.58**

- Authorize staff to implement any and all of the identified limited employee assistance efforts and programs for a reasonable duration of time in order to effectively deal with the effects of the wildfire aftermath. **(EXE 101)** p.60
 - Authorize staff to establish the Relief Fund in an amount up to \$10 million, utilizing the most feasible funding sources and delineate suitable requirements and conditions for approving and making the Relief Grants. **(EXE 102)** p.62
 - OptumInsight, Inc. Contract Amendment to continue to support L.A. Care with post-payment Data Mining services **(FIN 100)** p.64
 - Delegate to Martha Santana-Chin, Chief Executive Officer, discretionary authority to approve vendors to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street Building **(FIN 101)** p.66
 - 2025 Compliance Program Plan **(COM 100)** p.68
 - 2025 Compliance Work Plan **(COM 101)** p.102
 - Regional Community Advisory Committees (RCACs) members as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their December 11, 2024, meeting **(TTECA 100)** p.130
5. Chairperson Report *Chair*
- Discuss the ad hoc Nomination Committee to carry out the process for nominating a member to the L.A. Care Board.
 - Board Officers Election
6. Chief Executive Officer Report p.133
- Fire Disaster Response and Recovery Support Efforts Martha Santana-Chin
Chief Executive Officer
 - Strategic Vision FY 2024/25 – 2026/27 p.136 Wendy Schiffer
Senior Director, Strategic Planning
 - Annual and Monthly Grants & Sponsorship Reports p.152
 - Government Affairs Update Cherie Compartore
Senior Director, Government Affairs
 - Listing of California Lawsuits Against the Trump Administration p.164
 - Directives Issued by the Trump Administration p.168
 - Update on Push Doors Terry Brown
Chief Human Resources Officer
7. Chief Medical Officer Report p.172 Sameer Amin, MD
Chief Medical Officer
8. Chief Financial Officer Report p.199 Afzal Shah
Chief Financial Officer
- Financial Performance Report - October and November 2024 **(FIN 101)** p.209 Jeff Ingram
Deputy Chief Financial Officer
 - Monthly Investment Transactions Reports October and November 2024 *(Informational Only)* p.228
9. Chief Health Equity Officer Report Alex Li, MD
Chief Health Equity Officer
- Social Determinants of Health - Strategy, Approach & Results p.329 Kathy Kwan
Program Manager

10. Performance Monitoring – January 2025 p.347

Sameer Amin, MD
Acacia Reed
Chief Operating Officer

Public Advisory Committee Reports

11. Temporary Transitional Executive Community Advisory Committee

Fatima Vazquez / Layla Gonzalez
Consumer member / Advocate member

- The Temporary Transitional Executive Community Advisory Committee (TTECAC) request and recommends L.A. Care to conduct a comprehensive review of business process which impacts member experience. **(TTECA 101) p.372**

Ana Rodriguez
Committee Chair

12. Children’s Health Consultant Advisory Committee

Tara Ficek, MPH
Committee Chair

13. Technical Advisory Committee

Alex Li, MD
Chief Health Equity Officer / Committee Chair

Board Committee Reports

14. Executive Committee

Chair

15. Finance & Budget Committee

Stephanie Booth, MD
Committee Chair

16. Compliance & Quality Committee

Stephanie Booth, MD
Committee Chair

17. Audit Committee

Layla Gonzalez
Committee Member

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

Chair

ADJOURN TO CLOSED SESSION (Estimated time: 90 minutes)

Chair

19. 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 2027*

20. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

21. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

Significant Exposure (3 cases)

Pursuant to paragraph 2 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act

22. 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)
23. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Acacia Reed, *Chief Operating Officer*, Noah Paley, *Chief of Staff*, Terry Brown, *Chief Human Resources Officer*
24. THREAT TO PUBLIC SERVICES OR FACILITIES
Government Code Section 54957
Consultation with: Acacia Reed, *Chief Operating Officer*, Noah Paley, *Chief of Staff*, Terry Brown, *Chief Human Resources Officer*, Augustavia Haydel, *General Counsel*
25. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
Prospect Medical Holdings, Inc., et al
Case No: 25-80002-SGJ-11
United States Bankruptcy Court for the Northern District of Texas
26. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act
Dr. Lincoln Luk, Jr. M.D. and Cal. Soc. of Pathologists v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV21211
27. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: CEO
Agency Designated Representative: Alvaro Ballesteros, MBA
Unrepresented Employee: Martha Santana-Chin

RECONVENE IN OPEN SESSION

Chair

ADJOURNMENT

Chair

The next meeting is scheduled on March 6, 2025 at 1 PM, it may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

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

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

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

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

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

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



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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 1:00 PM <i>(for approximately 3 hours)</i> Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>February 6 March 6 * April 3 May 1 June 5 July 24** <i>No meeting in August</i> September 4 *** October 2 * November 6 December 4</p> <p><i>*Placeholder meeting</i> <i>**4th Thursday due to summer vacations</i> <i>***All Day Retreat</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez VACANT</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Wednesday of the month 2:00 PM <i>(for approximately 2 hours)</i> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>February 26 March 26 April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> G. Michael Roybal, MD, MPH <i>Governance Committee Chair</i> <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 428.5500 or send email to boardservices@lacare.org.

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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>February 20 March 20 April 17 May 15 June 16 <i>No meeting in July</i> August 21 September 18 October 16 November 20 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>February 26 March 26 April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
PROVIDER RELATIONS ADVISORY COMMITTEE	<p>Meets Quarterly 3rd Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>February 19 May 21 August 20 November 19</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>

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

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

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

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

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

<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez VACANT</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center">L.A. CARE JOINT POWERS AUTHORITY</p>	<p><i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p> <p><i>*Placeholder meeting</i> <i>**4th Thursday due to</i> <i>summer vacations</i> <i>***All Day Retreat</i></p>	<p>February 6 March 6 * April 3 May 1 June 5 July 24** <i>No meeting in August</i> September 4 *** October 2 * November 6 December 4</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez VACANT</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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

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

PUBLIC ADVISORY COMMITTEES			
<p align="center">CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p align="center">3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">March 18 May 20 August 19 October 21</p>	<p>Tara Ficek, MPH, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center">TEMPORARY TRANSITIONAL EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p align="center">2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">February 12 March 12 April 9 May 14 June 11 July 9 <i>No meeting in August</i> September 10 October 8 November 12 December 10</p>	<p>Ana Rodriguez, Chairperson</p> <p>Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p>
<p align="center">TECHNICAL ADVISORY COMMITTEE</p>	<p align="center">Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">April 10 August 14 October 9</p>	<p>Alex Li, MD, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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

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

REGIONAL COMMUNITY ADVISORY COMMITTEES <i>(MEETINGS SUBJECT TO CHANGE, PLEASE CONFIRM WITH CO&E STAFF)</i>			
REGION 1	11 AM – 1:30 PM L.A. Care Community Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580	Friday, February 21 Friday, April 18 Friday, June 20 Friday, August 15 Friday, October 17 Friday, Dec. 12	Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i>
REGION 2	10:00 a.m. to 12:30 p.m. L.A. Care Community Resource Center 7868 Van Nuys Blvd. Panorama City CA 91402 (213) 438-5497	Monday, March 17 Monday, May 19 Monday, July 21 Monday, Sept. 15 Monday, Nov. 17	Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i>
REGION 3	10:00 a.m. to 12:30 p.m. Community Resource Center in El Monte 3570 Santa Anita Ave. El Monte, CA 91731 (213) 428-1495 Community Resource Center in Pomona 696 W. Holt Avenue Pomona, CA 91768 (909) 620-1661	Wednesday, Mar. 9 (El Monte) Wednesday, May 21 (Pomona) Wednesday, July 16 (El Monte) Wednesday, Sept. 17 (Pomona) Wednesday, Nov. 19 (El Monte)	Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i>
REGION 4	10:00 p.m. to 12:30 p.m. Community Resource Center in Metro L.A. 11173 W. Pico Blvd. Los Angeles, CA 90064 (310) 231-3854	Tuesday, March 18 Tuesday, May 20 Tuesday, July 15 Tuesday, Sept 16 Tuesday, Nov 18	Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i>
REGION 5	2:00 p.m. to 4:30 p.m. Community Resource Center in West L.A. 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457	Thursday, Feb 20 Thursday, April 17 Thursday, June 26 Thursday, August 21 Thursday, Oct. 16 Thursday, Dec. 18	Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i>

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

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

<p>REGION 6</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in South Los Angeles 5710 Crenshaw Blvd. Los Angeles, CA 90043 Community Resource Center in Lynwood 3200 E. Imperial Highway Lynwood, CA 90262</p>	<p>Wednesday, Feb 19 (South LA) Wednesday, April 16 (South LA) Wednesday, June 18 (Lynwood) Wednesday, Aug. 20 (Lynwood) Wednesday, Oct. 15 (South LA) Wednesday, Dec. 17 (South LA)</p>	<p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
<p>REGION 7</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in East L.A. 4801 Whittier Blvd. Los Angeles, CA 90022 (213) 438-5570 Community Resource Center in Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>	<p>Friday, March 21 (Norwalk) Friday, May 16 (East LA) Friday, July 18 (Norwalk) Friday, Sept. 19 (East LA) Friday, Nov. 21 (Norwalk)</p>	<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>
<p>REGION 8</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in Wilmington 911 N. Avalon Blvd. Wilmington, CA 90744 (213) 428-1490 Community Resource Center in Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (562) 256-9810</p>	<p>Monday, Feb. 24 (Wilmington) Monday, April 21 (Long Beach) Monday, June 16 (Wilmington) Monday, August 18 (Long Beach) Monday, October 20 (Wilmington) Monday, Dec. 15 (Long Beach)</p>	<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>

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



Schedule of Meetings February 2025

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6 <i>Board of Governors Meeting</i> 1 pm <i>(for approx. 3 hours)</i>	7
10	11	12 <i>TTECAC Meeting</i> 10 AM <i>(for approx. 3 hours)</i>	13	14
17	18	19 <i>Provider Relations Advisory Committee</i> 9:30 AM <i>(for approx. 2 hours)</i> <i>RCAC 6</i> 10 AM <i>(for approx. 2-1/2 hours)</i>	20 <i>Compliance & Quality Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i> <i>RCAC 5</i> 2 PM <i>(for approx. 2-1/2 hours)</i>	21 <i>RCAC 1</i> 11 AM <i>(for approx. 2-1/2 hours)</i>
24 <i>RCAC 8</i> 10 AM <i>(for approx. 2-1/2 hours)</i>	25	26 <i>Finance & Budget Committee Meeting</i> 1 PM <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	27	28

CONSENT AGENDA

**Board of Governors
Regular Meeting Minutes #333
December 5, 2024**

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



L.A. Care
HEALTH PLAN

Members

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

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

Management

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

*Absent

** Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, MBA, <i>Board Chairperson</i> , called the meetings to order at 1:06 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously. Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved.	Unanimously approved. 7 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Roybal, Vaccaro and Vazquez)
PUBLIC COMMENTS	<u>PUBLIC COMMENT</u> <i>Maritza LeBron commented that she suffers from shortness of breath and tachycardia. She had a problem with transportation today. She sat in the back of the vehicle, and it was very difficult to breathe. It is very important for all the drivers to be trained so members can have air in the back of the vehicle.</i> Mr. Baackes responded that staff would speak with the transportation vendor.	

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> November 7, 2024, meeting minutes Authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025 <u>Motion BOG 100.1224*</u> To designate Communities Lifting Communities and Shelter Partnership as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025. Revisions to the Conflict of Interest Code of the L.A. Care Health <u>Motion EXE 100.1224</u> To approve revisions to the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to the CEO and General Counsel (including their respective designees) to make any non-substantive changes or changes that may be required by the County upon their review. Revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) <u>Motion EXE 101.1224</u> To approve revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) as submitted. Availity, LLC Contract to support L.A. Care with Electronic Claims Clearinghouse Services <u>Motion FIN 100.1224*</u> To authorize the staff to enter into a new contract and SOW #1 with Availity, LLC, for an overall contract amount of \$7,000,000, with a contract term from February 1, 2025 through January 31, 2030, for a total term of 5 years. This contract and SOW will allow Availity, LLC, to support L.A. Care with Electronic Claims Clearinghouse services through January 31, 2030. Claris Health (formerly Santé Analytics) Scope of Work 2 (A3) Contract Amendment <u>Motion FIN 101.1224*</u> To authorize L.A. Care staff to enter into SOW #2 Amendment #3 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$3,446,916 to \$5,591,916, an incremental increase of \$2,145,000, and increasing the contract terms from January 1, 2021 through December 31, 2024, to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will 	<p>Unanimously approved. 7 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Roybal, Vaccaro and Vazquez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>allow Claris Health to continue to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits, through December 31, 2027.</p> <ul style="list-style-type: none"> • Claris Health (formerly Santé Analytics) Scope of Work 5 (A3) Contract Amendment <u>Motion FIN 102.1224*</u> To authorize the staff to enter into Amendment 3 to SOW 5 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$600,000 to \$9,585,825, an incremental increase of \$8,985,825, and increasing the contract terms from January 1, 2022 through December 31, 2024 to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health (formerly Santé Analytics) to continue supporting L.A. Care with Pareo Analytics through December 31, 2027, as we implement additional concepts and enhance recoveries. This extension ensures continued progress in optimizing our payment integrity efforts and maximizing savings. • Claris Health (formerly Santé Analytics) Scope of Work 6 (A2) Contract Amendment <u>Motion FIN 103.1224*</u> To authorize the staff to enter into Amendment 2 for SOW 6 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$4,076,950 to \$6,056,950, an incremental increase of \$1,980,000, and increasing the contract terms from January 1, 2022, through December 31, 2024, to January 1, 2025, through December 31, 2027, an incremental term of three years. This amendment will allow Claris Health (formerly Santé Analytics), to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health's Optical Character Recognition (OCR) software through December 31, 2027. • Claris Health (formerly Santé Analytics) Scope of Work 7 (New Contract) <u>Motion FIN 104.1224</u> To authorize staff to execute a new contract in the amount of \$7,680,000 with Claris Health for Pareo Pre-Pay analytics services for the period of January 1, 2025 through December 31, 2027. • WiPro Contract <u>Motion FIN 105.1224*</u> To authorize the staff to enter into a contract with WiPro LLC. for \$9,813,834 and for the term of January 01, 2025 to December 31, 2027. This contract will allow WiPro LLC. to perform claims processing, Provider Dispute Resolution processing, 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services.</p> <ul style="list-style-type: none"> Quarterly Investment Report for the quarter ending September 30, 2024 (FIN 106) <u>Motion FIN 106.1224*</u> To accept the Quarterly Investment Report for the quarter ending September 30, 2024, as submitted. Regional Community Advisory Committee Membership (TTECA 100) <u>Motion TTECA 100.1224</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their November 13, 2024, meeting: <ul style="list-style-type: none"> Norma Angelica Alvarez, RCAC 2, Consumer Yessica Chavez, RCAC 6, Consumer 	
CHAIRPERSON'S REPORT	<i>The Chairperson's report was postponed to later in the meeting.</i>	
MOTIONS FOR CONSIDERATION		
<ul style="list-style-type: none"> Agreement for continued Community Resource Center Partnership with Blue Shield of California 	<p><i>(Board Member Raffoul joined the meeting.)</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, introduced an agreement to continue the Community Resource Center (CRC) partnership with Blue Shield Promise. Five years ago, L.A. Care entered into an agreement with Blue Shield Promise to co-brand and co-fund the CRCs and the expansion. That five-year agreement has ended, and a new five-year agreement has been negotiated and is presented for consideration. It calls for an \$87 million investment by Blue Shield over the next five years and a \$102,000,000 investment by L.A. Care over the next five years, subject to annual budget approvals. The 14th CRC will open on December 14, with a ribbon cutting scheduled at 10:00 a.m. He invited everyone to attend and commented that he has visited each of the CRCs recently and is pleased with the success in responding to the needs of the communities.</p> <p><u>Motion BOG 101.1224</u> To delegate authority to CEO to accept funds from Blue Shield in the amount of approximately \$82,000,000 with an approximate period of performance from January 1, 2025 to December 31, 2030; and to authorize the CEO to execute the funding agreement and any other relevant documents.</p>	<p>Unanimously approved. 8 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Resolution to Support L.A. Care Members regardless of legal immigration status. 	<p><i>(Board Member Contreras joined the meeting.)</i></p> <p>Alex Li, MD, <i>Chief Health Equity Officer</i>, summarized a Board resolution to reaffirm the mission to protect member access to healthcare coverage regardless of immigration status. With the recent election, there is a real credible threat with regard to deportation as well as public charge rules. As an organization, L.A. Care stands by members regardless of immigration status. This is an affirmation and provides staff with the capacity and ability to further that message and work with community partners to ensure that our members are not deterred from seeking health care coverage or fear a pathway to legal status.</p> <p>Board Member and Supervisor Solis thanked Dr. Li and the Board of Governors for this resolution. The undocumented population has a lot of concerns regarding this issue and access to medical care. We do not want to have as a risk, and they do not want to risk being able to receive Medi-Cal benefits. Safety and medical attention is something that they are looking for and that they need. That is the purpose of L.A. Care - for all Angelinos to have access to medical attention.</p> <p>Mr. Baackes added that the Board should be aware that we have 440,000 undocumented members in the plan representing about 17 % of our total enrollment of 2.6 million.</p> <p><u>Motion BOG 102.1224</u> L.A. Care Health Plan Board of Governors Resolution to protect member access to health coverage regardless of immigration status.</p> <p>Whereas, L.A Care Health Plan, the nation’s largest publicly operated health plan, is committed to advancing health care access for all Los Angeles County residents, regardless of immigration status;</p> <p>Whereas, immigrants are a vital part of our community;</p> <p>Whereas, recent conversations at the national level have included proposals to deport immigrants with unsatisfactory immigration status , which could deter such individuals from accessing non-cash based programs like Medi-Cal and Covered California;</p> <p>Whereas, California has expanded Medi-Cal to all eligible residents, regardless of immigration status;</p> <p>Whereas, health care access for vulnerable individuals and communities is part of L.A. Care’s mission and values;</p> <p>Be it resolved, that L.A. Care will strongly advocate for continued access to health coverage and benefits for all eligible children and adults regardless of immigration</p>	<p>Unanimously approved. 9 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Vaccaro and Vazquez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>status, and for the ability to protect and not disclose information that may lead to decreased access to health coverage resulting from negative impacts upon individuals' path to legal citizenship or status, including deportation.</p> <p>Thus, through this resolution, we do hereby reaffirm that we are dedicated to creating a more equitable and healthy Los Angeles County for all.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p><u>PUBLIC COMMENT</u> <i>Public comment submitted anonymously, "what is John going to do in retirement?"</i></p> <p><i>Andria McFerson, RCAC 5, asked for accommodation for a person with a disability. Her whole comment has everything to do with making sure that all of the stakeholders have rights. We had a great CEO, John Baackes is awesome. The new CEO needs to be able to make sure that they adhere to stakeholder rights. Department of Healthcare Services, DHCS or something like that, members need to be able to go by those guidelines and knowing that when they speak about different things having to do with the billion dollar decisions that L.A. Care makes, it adheres to their necessity That's the best way. And that's everyone from people just like her who have fault, who advocated to have proper treatment so that we can lifesaving treatment. And she'll take one for the team because she already has. She's had brain surgery. While she's been advocating, at this point, when she feels this way, when she gets emotional and things like that, she has seizures. She's had four here. She's had brain surgery since she's been advocating, but nothing is going to make her stop. The only reason why she's here is for all of these people here that need assistance with low income health care insurance. Her personal story, she had a skateboard run into her in front of her house. That man kept going. Her ankle was fractured, but since she was low income, the hospital that night told her that her ankle wasn't fractured it was sprained, and she needed to go home. So, then she went to a specialist. That specialist, far and few between, said that she had to be in a cast for six weeks. Who's taking accountability for the people who are mistreating low income people? They're denounced. And she doesn't want to be denounced today. She wants the Board to take this seriously and please talk about this during the RCAC meetings so they can have open conversation. One of the Chairs here called point of order when she was telling that story.</i></p> <p>Board Member Booth asked for a copy of the Department of Healthcare Services (DHCS) stakeholder rights referenced in the public comment, and Mr. Baackes offered to provide the information.</p> <p><u>PUBLIC COMMENT</u> <i>Reginald Fagan is curious, Mr. Baackes indicated that the contract had expired for a vendor with the community centers. He asked if there is a form or some way that vendors</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>can apply for doing contractual work with the centers. He is particularly interested because he was reflecting recently and thinking about the community centers, and that they're there for the members. But has there been thought to outreach local businesses and other stakeholders in the community in terms of public health issues, things of that nature. Because it falls under the umbrella of ensuring that members are able to have environments that are conducive for wellness. Is that something that L.A. Care is working on or is there someone in within the network that he can talk to? He thinks public health is so important.</i></p> <p>Mr. Baackes thanked him for the question. The resolution approved by the Board is to renew a partnership agreement with L.A. Care's partner, Blue Shield Promise to operate the Community Resource Centers (CRCs), not a vendor relationship. L.A. Care has a robust program that includes community-based organizations using the CRCs. The CRCs have health education programming conducted by contracted outside vendors. Since expanding the CRCs in partnership with Blue Shield, the space has been opened to community-based organizations and social service agencies with office hours on the premises, making it easier for members to have face to face access for enrollments in programs like Cal Fresh and other community-based organizations. There are technology bars in the resource center so members without high-speed internet access can avail themselves of it there for virtual appointments. He introduced Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, who is in charge of the CRCs, to review the vendor contracts in place and opportunities for other community-based organizations to participate.</p> <p>Mr. Baackes noted that L.A. Care has barely scratched the surface on what these community resource centers can do. During COVID restrictions, L.A. Care was able to partner with food vendors and food providers, and CRCs became distribution centers for food baskets as food insecurity was a huge issue during the pandemic. Flu shot clinics were conducted in conjunction with the University of Southern California pharmacy program, and a school backpack distribution program is offered every year. L.A. Care has a robust involvement in the communities now, but we think it is just at the beginning.</p> <p>Mr. Baackes reported this is his last report to the Board of Governors, and he asked the people who report to him directly to sit with him as a team because he wants to recognize them during this closing report.</p> <p>Mr. Baackes reported on the state of the plan. When he arrived in 2015, L.A. Care was dealing with explosive growth in enrollment brought about by the implementation of the Affordable Care Act (ACA) in 2014, participation in the new Cal Medi-Connect (CMC) program for dually-eligible beneficiaries, and a decision to enter Covered California as L.A. Care's first commercial product. To deal with the change and complexity in the organization, a matrix</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>management structure was put in place that has provided accountability for all the new products and eliminated the silos of operations that had previously worked in isolation. The matrix structure remains in place today.</p> <p>The health plan quality scores were mediocre at best when he arrived. The Value Initiative for IPA (VIIP) Performance was instituted and held delegated medical groups accountable. That platform incorporates the pay for performance incentives for providers. All three plan partners participate in the effort. To reward high achieving providers, an annual recognition dinner was established that has been a highlight of L.A. Care’s relationship with providers. The provider report card is being extended in 2025 to include hospitals and skilled nursing facilities. The results are that quality scores improved, and L.A. Care has a material positive difference between it and its competitor, Health Net, even after the departure of Kaiser as a plan partner.</p> <p>It was apparent when he joined L.A. Care that the delegated model had increased in complexity as many doctors participated in multiple delegated entities. The delegated model did not add value to the members or the medical practices and added unnecessary administrative expense. L.A. Care began offering direct contracting with primary care doctors and specialty physicians without a third party delegate. The direct network has now grown to almost 400 primary care doctors and 1300 specialty physicians caring for 47,000 L.A. Care members. A list of 120 primary care doctors want to switch their contractual relationship with L.A. Care to the direct network from a third party, demonstrating that this is an attractive alternative contracting option.</p> <p>In 2015, there were four CRCs, offering free health education programs to anyone whether they were an L.A. Care member or not. Four seemed inadequate to him for a county covering 4500 square miles and a population of 10 million, and L.A. Care embarked on a plan to expand the number of CRCs and the services provided onsite. Today, in partnership with Blue Shield Promise, the 14th CRC will open in Lincoln Heights on December 14. Everyone is invited to the event. The CRCs continue to provide free health education classes for children through senior citizens. Member services staff and hosting social service agencies were added as well as access to high-speed internet service.</p> <p>In 2018, he asked the Board of Governors to set aside 5% of L.A. Care’s unassigned reserves for five years to create a workforce development fund, now known as Elevating the Safety Net (ESN), and last year the Board approved another \$50 million for the fund. To date ESN has funded 56 four-year medical school scholarships, recruited 194 new primary care doctors to LA County's safety net, helped 199 doctors reduce their medical school debt by \$180,000 in exchange for a three-year commitment from each to the safety net, and 7,300 home caregivers</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for chronically ill members have been trained. There is still \$114 million in the fund to keep these programs going for a few more years.</p> <p>The technology supporting L.A. Care has significantly improved, with a commitment to continuous quality improvement. Under that philosophy, there are currently several business transformation projects underway that are nearing full implementation. For example, a customer relationship management system is being implemented that will include a provider portal. The beta test will begin on December 19 and the program will be open to all providers early in 2025. The member portal will open in February 2025. The Board approved funding for these programs in prior capital budgets and it has taken multiple years to bring to fruition. The telecom system is being overhauled and will move to the cloud in February 2025. Call recording analytics will be added in January 2025. Likely the one improvement that will be the most helpful is the provider target state program, which will create a provider network management system that will provide one source of data on the existing providers, where they are located and their current status. That will be implemented by May 2025. There is a list of many more improvements, but he wanted to highlight these because of their significance.</p> <p>In 2023, he proposed that L.A. Care create a Provider Relations Advisory Committee to allow a forum for providers to discuss critical issues impacting the providers' ability to serve members at the highest quality level. In less than two years, the committee has been recognized by participants as a unique forum for discussion, idea creation, feedback and collaboration.</p> <p>Finally, the financial position of L.A. Care is as strong as it's ever been. L.A. Care has had two back-to-back years with the surplus from operations that give L.A. Care reserves of \$2.2 billion or 91 days of operating expenses. This reserve will serve the plan in the challenging years it faces with new federal administration that is committed to reducing funding for entitlement programs.</p> <p>After his report, Mr. Baackes will introduce two resolutions for Board consideration: one to expand Board designated funds for Elevating the Safety Net (ESN), and the second is to ask the Board to consider the creation of a foundation to safeguard those funds.</p> <p>He would like to recognize his appreciation for the expertise of the leadership team at L.A. Care before the Board and the public.</p> <p>Alex Li, MD is the Chief Health Equity Officer. In less than two years in this role, he is building enduring relationships and partnerships across Los Angeles County to address health disparities such as black maternal birth rates and public health issues like gun violence. He led the process that gained health equity accreditation for L.A. Care by the National Committee of Quality Assurance (NCQA).</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Todd Gower is the Chief Compliance Officer. He joined L.A. Care when his predecessor retired in 2023, and he has re-energized the compliance function to a new level of discipline and excellence.</p> <p>Linda Green is the Chief Product Officer and oversees the three product areas. She has used the matrix management structure to achieve material growth in all areas using the resources of the enterprise without building her own empire. She has three remarkable executive directors for each product segment.</p> <p>Phinney Ahn is Executive Director of the Medi Cal product. She has close to 20 years of experience at L.A. Care and is a prime example of promotion from within. When Mr. Baackes arrived, she was a project manager in the CEO office and today leads Medi-Cal, serving 90% of L.A. Care’s 2.6 million covered lives.</p> <p>Victor Hurtado, Executive Director of Medicare, leads the Medicare product, which has had to go through a major transformation. DHCS limited the CMC product that led to the expansion in 2014, and Victor led a successful conversion to a Dual Special Needs Plan (D-SNP).</p> <p>Cristina Inglese, Executive Director, leads the Commercial Products and has achieved growth for L.A. Care, which is now the largest HMO plan in Los Angeles County in Covered California, against five commercial competitors. L.A. Care will continue to hold that position after the upcoming open enrollment because L.A. Care is still the price leader. She also manages the very challenging PASC-SEIU product for 50,000 in home supportive service workers.</p> <p>Tom MacDougall is Chief Information Technology Officer. He leads L.A. Care’s large number of information technology projects and is bringing L.A. Care into the 21st century. Technology changes take forever. Mr. MacDougall cuts through the noise, gets to the essence of a project and sees it through to timely implementation.</p> <p>Terry Brown, Chief Human Resources Officer, diligently keeps L.A. Care in compliance with California’s multiple complex labor laws and the bewildering array of federal regulations. He is supported by Darren Lee, Deputy Chief Human Resources Officer.</p> <p>Noah Paley is Chief of Staff. The chief of staff title is the most fluid title in any organization, meaning it can be whatever you want it to be. Mr. Paley has taken on the most challenging areas to manage and has been a trusted administrator in handling all aspects of the provider network, including contracting and network accuracy. He oversees communications, government relations, and community resource centers. If there's a problem, Mr. Baackes calls Mr. Paley first.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Acacia Reed is Chief Operating Officer, one of the most challenged positions in a health plan because it requires meeting the expectations of regulators, members, providers, and internal colleagues. Ms. Reed is a top notch problem solver. She is assisted by Suma Simcoe, Deputy Chief Operating Officer. Ms. Simcoe is improving essential operations since joining L.A. Care last year and he hopes she is here a long time, because she's doing a great job.</p> <p>Afzal Shah is Chief Financial Officer. Mr. Shah has brought a strategic focus to financial management, budgeting and reporting. Jeff Ingram is the Deputy Chief Financial Officer, and together they are a financial dynamic duo.</p> <p>Augustavia Haydel, General Counsel, is an L.A. Care treasure, and the Board of Governors probably knows her best of all the members of this team. She has been his North Star, guiding him from his first days as a novice in the California public entity health plan world. She has steered him away from potential legal and regulatory potholes.</p> <p>His partner for the last two years in bringing L.A. Care Health Services to its highest level of performance is Sameer Amin, MD, Chief Medical Officer. Dr. Amin has built bridges in collaboration with the functional areas in the matrix that are essential to adding value for members and providers. Mr. Baackes has worked with almost a dozen chief medical officers in his 48-year career in five health plans and can say unequivocally that Dr. Amin has no peers among them.</p> <p>Mr. Baackes thanked the team, he could not have done any of this without them.</p> <p>Board Member Gonzalez asked about the Medicare Plus debit card and what it means for members. Mr. Baackes asked Mr. Hurtado to respond. Mr. Hurtado stated that the debit card is a monthly allowance that allows members to access over the counter drugs, groceries, gas, utility bills and automotive fuel. A member enrolled in Medicare Plus can spend the funds wherever the card is accepted.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p><i>Mr. Baackes referred to the written report included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> Authorization to adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to 	<p><i>(Board Members Supervisor Solis and De La Torre joined the meeting.)</i></p> <p>Mr. Baackes introduced a motion to allocate an additional \$50 million from L.A. Care's unassigned reserves to the Board Designated fund that supports Elevating the Safety Net (ESN) programs. L.A. Care has had two extraordinary years of financial performance, and this is the time for the Board to consider protecting that program by allocating another \$50 million. The original set aside was \$155 million. In October 2023, after a very financially successful year, the Board allocated another \$50 million. Today there's \$114 million remaining. If L.A.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>address emerging safety net and community needs through FY 2026-27</p>	<p>Care was to continue at the same pace in providing eight full four-year medical school scholarships each year, providing 30 grants to bring new primary care doctors into the safety net, provide medical school debt relief of \$180,000 for a three-year commitment to stay in a safety net practice, that would total expenditures of over \$12 million a year. The board could operate the programs for another 14 years with an additional \$50 million in the fund. Adding \$50 million leaves the door open for modifying ESN programs as the environment changes, and as other needs arise to be addressed in workforce development that funding could be available. He recommends this as a prudent action.</p> <p>Board Member Ghaly commented that it is certainly a wonderful program. She asked when the program funding would run out of if the \$50 million is not provided. Mr. Baackes responded that it would last another 9.5 years. Board Member Ghaly asked about the desire to add the \$50 million now. Mr. Baackes responded that is because L.A. Care has the funds. Board Member Ghaly is concerned about the change in the federal administration bringing in an era of more financial uncertainty for health plans and for the providers that rely on the health plans. She speaks not just for Los Angeles County Department of Health Services (DHS), but for many other partners when she thinks the road ahead is really rocky. Mr. Baackes agreed, and he noted that the next resolution addresses that. Board Member Ghaly commented that the risk is of potentially needing to save resources and not make allocations even for programs as valid as this one. If it has sustainable funding for the next several years rather than planning so far ahead for something that we do not need to do at this point. Mr. Baackes responded that certainly is a decision the Board could make, even if the funds are set aside in a designated fund, it can be reversed through the budget on an annual basis. Mr. Baackes noted that the reason in 2023 for designated the funds was because it was a stellar year. L.A. Care has had a second stellar year and will not have them in the near future. Mr. Shah has made that clear in his comments about the rate situation coming up. He agreed that it will be really rocky going ahead and with the new federal administration, but we still need these programs for workforce development. Board Member Ghaly commented that the counter argument to that is that if the money is set aside, it appears that it is not necessarily available for other pressing priorities, even if, to your point, it could be reallocated by a Board vote. There would be less ability to be able to pivot to whatever is the pressing need of the day, depending on what those needs are.</p> <p>Board Member Gonzalez asked if L.A. Care would be able to use these funds to have more nurse practitioners or physician assistants for development of those careers. Mr. Baackes responded that the motion is to set aside the money in the Board Designated reserve. Over the years various changes have been recommended by staff, and the Board can certainly recommend changes to it. L.A. Care has had many requests from the community to consider allied professionals, nurse practitioners, and nurses, and that is certainly a future decision the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board can make. Having the designated funds means that L.A. Care is fulfilling its commitment to workforce development here in the County. It will be badly needed for a long time to come. It is not about where the money goes, he just gave the examples of what L.A. Care has used it for, but the Board could certainly expand the program and that particular point has been brought up many times.</p> <p>Board Member Roybal noted that it is not yet known, but from what was said, it sounds like L.A. Care would not have excess funds probably for the next three years or longer. As you said before, with the current funding the program as itself would exist for nine years. At the current rate of spending, this additional funding would extend to 14 years. He asked if DHCS could take the funds back, which goes to the second motion about protecting funds. Board Member Roybal is concerned that whatever is allocated for the program, DHCS can take funds back, and there is a new mechanism for DHCS approval of community benefits spending. L.A. Care might have all the good intentions of having the fund last nine years, but if funding is not protected, it could just go away if DHCS does not allow L.A. Care to continue funding the program. Mr. Baackes responded that he is correct and that is the nature of the second motion.</p> <p>Mr. Shah commented that the motion is written to allow these funds to be used towards the requirements in the community reinvestment All Plan Letter (APL) from DHCS, which has not yet been released. L.A. Care expects the APL to be released during the first calendar quarter of 2025. The draft APL that has been reviewed includes workforce development as a key community reinvestment area, with health plans required to allocate up to the lesser amount of 5% of net income or 7.5% of the revenue. The motion is written in a way that these funds can be used towards that requirement, and it would not be separate funding.</p> <p><u>Motion BOG 103.1224</u> To authorize adding \$50 million from CY 2024 net income to the Board Designated Fund for workforce development to address emerging safety net and community needs.</p>	<p>Approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez) 1 NAY (Ghaly)</p>
<ul style="list-style-type: none"> • Authorization for the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the 	<p>Mr. Baackes noted that this motion addresses the issues that Board Members Ghaly and Roybal brought up. In addition to the unknown threat of a new federal administration reducing funding for programs like Medicaid, the California contract requires that Medi-Cal health plans invest a certain amount into community investments, as Mr. Shah just described. The final APL has not yet come out. In the draft APL, the health plans cannot count current community investments toward that requirement, the community reinvestment program has to be new and must also be approved by DHCS. The draft APL also includes provisions to share governance for approval of the community reinvestments. Mr. Baackes would like to leave the Board with a tool to use in the future to further protect L.A. Care’s community investment,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Safety Net Board-restricted funds</p>	<p>and the idea is to create a foundation. He is not recommending creating a foundation, in this motion that you do a feasibility study under the direction of the General Counsel. It will involve outside counsel opinion on a foundation that, once funded with the Board Designated Fund, could further isolate the fund from acuity adjustments. The last claw back amounted to \$280 million, with \$180 million from L.A. Care and the rest from plan partners. If there is a minimal amount of profit in a year, any spending that L.A. Care would like to continue for the scholarships, the grants or so forth might not be possible. He asks that the Board approve a feasibility study so that next year, that information is in front of the Board. Inland Empire Health Plan created a foundation five years ago, Partnership Health Plan in northern California is considering a foundation and Blue Shield has had a foundation for years. There are many considerations.</p> <p>Board Member Booth stated this motion is not making a decision now to form a foundation, but to authorize people to look into it. Mr. Baackes responded that is correct, he does not have information about how it could be done in a way where the Board of Governors has control.</p> <p>Board Member and Supervisor Solis asked if other organizations with a foundation had funding clawed back by any government entity. Mr. Baackes responded he believes that would not be possible as the foundation funds would not be part of the health plan reserves, in a separate entity, but the Board would need to study and develop a structure to ensure the funds would be used as intended. Board Member Solis asked about case law in this area.</p> <p>Ms. Haydel responded that research needs to be done and that is why Mr. Baackes brought forward the idea of a feasibility study. Supervisor Solis asked about a Board to govern the funds. Mr. Baackes responded that would be part of the study. Mr. Baackes thinks the Board should have that information available so if it appears that the funds are threatened, the Board can take action. Supervisor Solis noted that with the County, departments had foundations, and for some reason that kind of got away from the Board of Supervisors governance, and away from what the values and restrictions should have been. It really needs good oversight and accountability. Mr. Baackes agreed, and that is why he recommends getting outside experts to give the Board information about guidelines and rules. The Board can then make a decision about whether it is an idea with pursuing or not. Mr. Baackes commented that there is so many threats on the horizon that the Board should have this information to make an informed decision.</p> <p>Board Member Gonzalez asked how much it would cost and how long it would take, and where the funds would come from. Mr. Baackes responded that the foundation would be endowed with the Board-restricted funds, and the cost for the feasibility study, would come</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>out of L.A. Care administrative expenses. Ms. Haydel stated that the cost would not be significant.</p> <p>Board Member Vaccaro asked for examples of other public health plans that have a successfully run foundation or is this a new idea. Mr. Baackes responded that Inland Empire Health Plan created a foundation five years ago and Blue Shield has had a foundation for years, so those examples would be models to review.</p> <p><u>Motion BOG 104.1224</u> To authorize the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the Safety Net Board-restricted funds.</p>	<p>Approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<ul style="list-style-type: none"> Government Affairs Update 	<p>Joanne Campbell, <i>Health Care Policy Specialist, Government Affairs</i>, reported:</p> <p>At the federal level, Congress is expected to vote on stopgap funding through a continuing resolution that would fund the government until March 2025; averting a partial shutdown that would begin on December 20. Funding will likely be extended another few months. For 2025, it is expected the House and Senate GOP will use budget reconciliation, which requires 51 vote majority instead of the normal 60, to address immigration, energy, and health care. While it is not expected that the GOP pursue the repeal of the ACA, efforts to cut Medicaid or institute new requirements, such as work requirements, have been mentioned. Government Affairs staff will continually monitor this and will reach out to all legislative offices. Meetings are already planned in February.</p> <p>At the State level, a new legislative session has begun. Assembly Bill AB4 has been reintroduced. This proposed legislation expands access regardless of immigration status, to California Covered, the health benefit exchange. AB4 was proposed last year and aligns with the L.A. Care resolution to support members, which the Board approved earlier today. Additionally, two legislative proposals announced by the California Attorney General aim at safeguarding medication abortion and enforcing California's Reproductive Privacy Act. Both bills, if enacted, would align with more than two dozen other laws intended to make California's reproductive health a safe haven, since the US Supreme Court's Dobb decision three years ago, which eliminated federal abortion protection. L.A. Care will take a support position on AB4 and on the family planning rights legislation in accordance with the Board approved policies.</p> <p>A Special Session has been called by California's Governor, focused on providing legal resources to safeguard California's values and rights. It was proposed as a \$25 million fund for the California Department of Justice and other state agencies. The legislation is expected to reach the Governor's desk and be signed into law before January 20, 2025.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Solis noted that about two weeks ago the Los Angeles County Board of Supervisors affirmed the values outlined in legislation and supported the Governor in his efforts. She suggested L.A. Care Board of Governors could also send a message that that the Board is in agreement with the Governor in declaring California’s values and rights. Ms. Haydel suggested that the Board could discuss and come to a consensus without a vote, which is not specifically on the agenda. There are items on the agenda for other related issues, so perhaps a discussion and an expression by all the Board members could be documented in the meeting minutes.</p> <p>Board Member Gonzalez is in agreement with Supervisor Solis and an affirmation, a statement that we are in agreement could be made.</p> <p>Board Member Booth asked if the Board of Supervisors read the Governor’s statement. Supervisor Solis offered to provide a copy and send it to the Board members. Supervisor Solis noted that a resolution was approved by the Board of Supervisors to reaffirm support for the values and rights, and resolution is public. Ms. Haydel suggest that L.A. Care’s CEO has the authority through the government relations platform to develop a statement on behalf of the Board based on the board's discussion. Mr. Baackes responded that he would do that, and there was no objection from Board Members.</p>	
<p>CHAIRPERSON’S REPORT</p>	<p><u>PUBLIC COMMENT</u></p> <p><i>Submitted via Webex chat message by Gustavo at 1:33 pm LACMA wishes you nothing but the best, John. You've been a steady hand, fantastic role model, amazing friend and colleague, and we hope your next chapter is as exciting as the last. You've left a legacy that will be talked about for generations. Thank you for your leadership and for taking a leap of faith to partner with us and support those physicians caring for the most vulnerable, Best Wishes John.</i></p> <p><i>Andria McFerson, RCAC 5, has spoken about peer on peer support from day one with real volunteers like RCAC members who have been through many things, of course, not only mental disparities, but those instances where that could cause chronic illnesses. Mental disparities that can cause chronic illnesses, like strokes and heart attacks and different things like that. People who actually suffer those things, could be RCAC members like herself. The peer on peer communication is the best type of communication. RCACs need to be able to have some sort of outreach. That outreach with the RCACs should be a part of the budget, which is they should be able to know their rights as far as RCACs to have functional meetings that do just that - have community outreach peer on peer. There's nothing wrong with that. Yet the agendas are handwritten by staff, so they have absolutely no access to speaking to each other about functional things that would be able to touch the community in a positive way. She thinks it's important. She knows John Baackes has to speak about different things that he's done throughout the time that we've</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>been here, and he's been great. She agrees, but they need to focus more on making sure that the next CEO focuses on proper outreach and peer on peer outreach because that's what the RCACs are here for. They are here for something functional to do something well for the community. And that's it. There's nothing wrong with saying that, is there? No, absolutely not. On the agendas, please instruct the staff of Outreach and Engagement to allow more time to speak about what they would like to do to have better functionality into the community and do what we need to do to have that peer on peer outreach. And that's all she is asking for today.</i></p> <p><i>Estela Lara stated it is a pleasure to be before this distinguished Board of Governors. She wants to commend Mr. Baackes and she personally wishes to say thank you very much for his service to L.A. Care. He has improved sevenfold, the membership and their health plan. It is under your leadership that we owe you a debt of gratitude for enhancing the programs, for creating the programs and for all that you've done during the tenure that you've been with us. She has known him, for she doesn't even know how long now, but she thinks that this Board has seen how much things have improved for our members, and she thinks it's really a result of his leadership. And especially also the top tier staff members that he has flanking him today. They are excellent in what they do. She was going to say each of their names, but he already said it. So, it is an honor to have met him and to realize that had it not been for his creativity along with all these members the plan would not have improved so much. It takes a whole set of people to do so, and you have done it with excellence. And the fact that he is staying here still in a consulting position until the transition goes through says a lot about his character. Other people say goodbye, but not him. He said he would continue here until the transition has gone through and making them aware of where we are at this point and what else you had in mind when these programs began and how they've gotten to this point. So, she wants to say kudos to him, kudos to his excellent staff. Because altogether they have made an excellent collaboration. She didn't realize that the enrollment had gone up. The 2.6 million members are that much better for themselves and for their families because of everything the staff have all done. They are wonderful, excellent, and each of them deserves a round of applause. The staff are great and it's only because of everything they do, even the things that we don't see behind the scenes. With the restructure with the roundtable, which we didn't like that round table. They listened to us, which is very important to us because sometimes people weren't really listening, but they did. And that is something that takes a lot for people to say that the members are important and what the staff has done for us.</i></p> <p><i>Hilda Perez is a former Board Member, and she commented it is good to see everyone. She's emotional, she's a woman, hear her roar. She wanted to be at the last meeting for John Baackes as she was at the very first one. She would like to say personally that she truly admires and appreciates everything he's done for the membership, for the RCACs, for</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>the staff. The ambition and the projects brought to their communities make a difference. She likes to be at the community resource centers a lot because that's where one can see the people that one serves firsthand. One can see how many people line up for the gift cards for the grocery stores. How many people do not have a turkey, a ham or the basic food for their table. How many people do not have diapers for their babies. And that makes her personally go back to the centers and revisit the reason why they meet. And she would like to say thank you for listening to them, for saying yes. For saying yes to their proposals and recommendations. She wanted to point out the fact that he mentioned every single person on his team, and for her that is a true leader, someone that recognizes everyone's efforts. She wanted to wish John the best. She remembers that it was not even in her thoughts that she would be part of a committee to choose a CEO for the largest health plan in California, and she gives thanks to the Lord for that. She also believes that a wise decision was made in hiring John Baackes. She thanked him so much for everything he did for their communities. There's a lot of things to do, there's so many things to do, but she believes that L.A. Care is headed in the right direction. Mr. Baackes, she doesn't know what to say. She should have brought something written, but she always speak from her heart. She was not planning to say anything but thank you so much. She hopes he fares well in his new endeavors.</i></p> <p><i>Deaka McClain wasn't planning on speaking. She was going to send an email, but she wants to thank her fellow colleagues that have spoken before her for giving her the encouragement to speak to Mr. Baackes today. Mr. Baackes will truly be missed. She really appreciates the relationship that has formed over the years with him. Like she said at another meeting, she remembers the day that they met, and he sat right by her at a RCAC meeting, and she didn't even know who he was. That just proves how down earth he is, and he doesn't let his position go to his head. He really has a position and rolls up his sleeves. He makes sure that each one of the members are sure to get what they need, especially access to health. It's one thing to say in words, access to health, but it's a whole other dynamic when it isn't walked out. And whenever ECAC as well as the temporary ECAC, came before him, ECAC gave him their concerns. He really took the time to listen. And one time she wants to mention particularly is when they were doing the restructure. They were having a meeting, and it went over. But it went over because he took the time to hear their concerns. And she remembers when he said, well, L.A. Care has to turn it in, and she forgot what day it was, but he extended it because he said that L.A. Care would be fined, she's paraphrasing what he said. And he said, he'd deal with that later. He didn't care about that, he wanted to hear from members. He took the time to come to each and every RCAC to hear their concerns and make changes. She wants to let him know he's going to be missed and she thanked him for helping her be a better leader, by his example.</i></p> <p><i>Joyce Sales is the RCAC 6 Chair and an L.A. Care member, but new to the Board meetings, the RCAC 6 meetings. When she signed on, it was like months before</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>everything shut down, pandemic wise. She just wants to say that in meeting Mr. Baackes, it has definitely been a pleasure. This is the first time in her professional career that she has had direct access to the decision maker. So that's always nice. One of the reasons why she's been self-employed her entire professional life, and, she just wants to say it's been a pleasure. She's sorry that our reign together was short lived, but she knows he's still going to have his fingers in the pot, be it verbal or otherwise, and they just want to thank you. They want to thank him and wish him the best in whatever those future endeavors may be for he and his family.</i></p> <p><i>Mr. Lopez spoke in Spanish and below is the English version of his comments provided by a professional interpreter.</i></p> <p><i>Jose Lopez, RCAC 3, is speaking for the third time at the Board meeting. The first time he was at a Board meeting he wrote 10 pages of notes and read 2-4 pages each day. He is thankful for the blessing of being able to be at three meetings. He knows there is very little time, and he thanked the Board as he has learned so much. He will, in his heart, miss Mr. Baackes a lot.</i></p> <p><i>Sylvia Socio, RCAC 6, is sorry to insist in things that have already been talked about, but she has some issues that are really concerning her. For instance, do you have a specific protocol to follow, specifically she means in hospitals. Because if they are asked, are you undocumented, the person doesn't have to answer. However, who could stop the immigration officers if they stand at the entrance of the hospital or around the corner or worse in the ER, when you don't have control of what's going on. The EMTs have all your information that they are ready to pass on to the medical staff. She's concerned about details, how is this going to be managed. Besides that, she has been following the City Council and Board of Supervisors decisions as much as the Governor, but she cannot help thinking what would happen if the center administration might put their paw into medical files, as a whole. Because they have an attitude of revenge on every respect, and they will come after the State of California because we have always been a sanctuary state. And all that concerns her, mainly what they might do if they get control of medical funds and what would you do in that case, are you ready for that? She thanked Mr. Baackes.</i></p> <p>Chairperson Ballesteros commented that this is hard, as Mr. Baackes has been CEO for nearly 10 years. He thanked Mr. Baackes for recognizing the executive team and speaking about his appreciation of each one. One thing is very clear, and he is speaking for the whole Board, and that is that the whole Board thinks that this is an amazing executive team at L.A. Care. The Board appreciates all the work done by the executive staff, the chiefs and the deputies, on a daily basis. He thanked Mr. Baackes for assembling an amazing team, a winning team. We are going to recognize Mr. Baackes starting with a video that was put together for him (<i>the video shown at the meeting is available for viewing on the L.A. Care website</i>).</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Recognition of Service to L.A. Care</p> <ul style="list-style-type: none"> John Baackes 	<p>Ana Rodriguez, <i>Temporary Transitional Executive Community Advisory Committee Chairperson</i>, commented that sometimes they fight with Mr. Baackes, sometimes they agree with him. She presented a Certificate on behalf of the members of the Regional Community Advisory Committees (RCACs). Deaka McClain, <i>Temporary Transitional Executive Community Advisory Committee Vice Chairperson</i>, read from the Certificate: in recognition of his dedication, leadership, exceptional service to the RCACs and for his commitment to health, equity, and empowering community voices and driving meaningful change. Members will miss him. Ms. Rodriguez thanked Mr. Baackes.</p> <p>Mr. Baackes commented that the advisory committees are a very important part of the legacy of L.A. Care. He values talking directly with members. It is very important. It keeps him grounded. He thanked them.</p> <p>Board Member and Supervisor Hilda Solis commented that it is quite hard to follow all the statements and comments made by the public and especially the community advisory committee members that represent L.A. Care and the volunteers. On behalf of all of us, we want to say thank you to John Baackes. It is a true testament to Mr. Baackes, who she has known since 2016 and before, when she was running for Supervisor, he was there. More importantly, the care that he took with this organization, and she was happy to serve on the Board then for about a year or so. She and Mr. Baackes got to know each other. In one of the first meetings, it impressed her when he talked about the Community Resource Centers and there were maybe seven CRCs then. Her first question for him was about whether a CRC was located in the first district, and he told her there was already a CRC in the first district. L.A. Care opened a CRC in Pomona, and she was there. It really struck her that he was somebody who means business, if L.A. Care could go all the way out to Pomona. L.A. Care has members in Pomona, but how important it was to do that. It is not easy, dealing with community and making sure we have boots on the ground, the staffing that goes with it and the monies set aside are really important. That is a mission that gives her energy to stay on the Board because she knows how valuable it is. The County of Los Angeles cannot provide access to health care services and bridge the disparities. The County can try, and it can also do better with the partnership and what L.A. Care has established, we will be able to do to do that. There can be very challenging and problematic times ahead, not just for residents and the people we serve, there is a lot of fear in our community with different elements. It is not all because of immigration status, she thinks it also has to do with economic status and the inability to raise families outside of this poverty that people are experiencing. She commends Mr. Baackes on behalf of the County Board of Supervisors for continuing to put people front and center in the things that he does and remain especially mindful of what has been done in helping young</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>physicians continue their careers. Health care workers are the biggest segment of the economy that needs to continue to grow. She is hopeful that effort will continue.</p> <p>She noted that her colleagues will say something too, and they have served obviously quite longer than she has on the Board. She is profoundly proud to work with Mr. Baackes and L.A. Care staff. L.A. Care immediately provided CalAIM funds to support health care in key areas, such as Skid Row and MacArthur Park. Looking at those needs in terms of homelessness and the unhoused and helping seniors. Sometimes when she comes to these meetings the Board hears people that complain. But they may not be fully aware of the bountiful services that are provided. We have to continue to improve access, in all languages and serve people where they are. That is something that she knows Mr. Baackes fully understands and she appreciates that.</p> <p>Board Member Ghaly thanked Mr. Baackes for his tireless leadership of this organization over the last several years. She thinks he is a true advocate and a believer in the power and promise of the Medicaid program in the United States, in California and in Los Angeles County. He knows what it means to people, to communities, to families, and he has dedicated his career, and she is so pleased in this latter part of his career, to seeing the success of Medicaid, Medi-Cal in California. There are millions of people in Los Angeles that have better health care today, better access to physicians, nurses, social workers, housing, and other services because of what he has done, and his leadership at L.A. Care. He has been a real partner for her in her role at DHS and she really appreciates that, and she knows her team does as well. He was always just a phone call away. He was always available to talk through issues and partner with DHS as it went through various situations in their respective roles. She appreciates his spirit of collaboration, communication, and partnership. She is excited for him in this next phase of his life and cannot wait to see what he does next. He will still be busy, and she cannot wait to hear about it. She thanked him for all he has done, for his leadership, for his willingness to innovate and try something new, because there have been a lot of new things in Medicaid over the last several years and he was not afraid to try them.</p> <p>Board Member Roybal thanked Mr. Baackes for all the years of service that he provided at L.A. Care. Board Member Roybal believes that times and leaders often coincide. L.A. Care had the good fortune to have a leader whose time was really appropriate and supportive of the health plan, patients, members and providers. On behalf of all the physicians that he worked with who have benefited from L.A. Care and the programs that Mr. Baackes has instituted, the IHSS workers who he worked with and whose patients have benefitted from training, other allied health staff who have benefited and will continue to benefit from all the training, he thanked Mr. Baackes from the bottom of their hearts and congratulated him on the next chapter in his journey and he fully expects to see what you do and how you do it, with just as much flair and aplomb as he has always done.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Contreras congratulated Mr. Baackes, and she is excited for him. She has come to accept the fact that people do retire. Although she wants all the good people to stick around forever. He is one of the first people to reach out to her in her new role as Department of Public Social Services (DPSS) Director. He was calling and emailing her about the Medi-Cal unwinding. She appreciated his persistence, but most appreciated that he was not calling her to ask what she was going to do, he was calling to ask what L.A. Care could do. That is the organization that he has built over these years, the team that he has built. He is an incredible resource. She offered one more reflection: hearing the members talking about him, the way that he reaches out to them, the way that he connects with them, the way that he supports them is so beautiful and a reflection of who he is as a leader and as a person. She wished him all the best.</p> <p>Supervisor Solis presented Mr. Baackes with a commemorative scroll signed by all five LA County Supervisors on behalf of the 10 million residents of Los Angeles County. She congratulated him on his 10 years of services provided to Los Angeles County and L.A. Care.</p> <p>Mr. Baackes thanked all of them, and noted it is a bit overwhelming. It was wonderful to see his daughter in the video. A year ago, when he gave notice to the Board, if he had known then where the world would be today, he would not have left. There will be a lot of work to do going forward. He likes a good fight and a righteous fight, so he will be devoting time, energy and resources to do whatever he can to emerge from this next period in a better place. He will not sit aside and say well, that is the way it is. He wants to do something to ensure continued advocating for this population and the providers that support them. He is not going, he is retiring but not surrendering.</p> <p>Chairperson Ballesteros commented that Mr. Baackes is a great leader and has been a great leader of L.A. Care. He remembers when Mr. Baackes first came to L.A. Care, he made it a priority in the first few months to talk to the community clinics. He attended meetings and listened to the needs of the clinics. He has delivered on those requests more than 150%. When there were problems in the Antelope Valley and one of the biggest provider organizations caused nearly a collapse in the safety net, Mr. Baackes and L.A. Care stepped in and saved that safety net, with more than 24,000 people getting care. Mr. Baackes made it a priority to ensure that network was preserved and put resources behind it. Today that system is more robust, with more services in place. There are more providers because the Elevating the Safety Net program proved to be very effective in areas like that. Under his leadership and his staff, historic investments are being made to serve the homeless in Skid Row, in MacArthur Park and in other parts of Los Angeles County. He is saving lives, and that is not just hyperbole. The term is used all the time. Mr. Baackes saved lives in the Antelope Valley. He</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>is saving lives among the homeless. The term, a great leader, does not even give enough justice to the fact that due to Mr. Baackes’ work, people are alive.</p> <p>Chairperson Ballesteros read the resolution by the L.A. Care Board of Governors commending Mr. Baackes for his service (<i>a copy of the Resolution can be obtained by contacting Board Services</i>).</p> <p>Mr. Baackes thinks he said it all in his earlier remarks. This is inspiring him to keep going and he will keep going. He thanked the Board for the recognition.</p> <p>Board Member Raffoul commented on behalf of the hospitals in Los Angeles County. There have been ups and down with L.A. Care and hospitals over the years and regardless of the issue, Mr. Baackes has always been open. He would take calls in the morning, at night, in the middle of the day – he has always responded to questions and was always very accessible. He appreciates that even going through hard times Mr. Baackes was very inclusive. Instead of pushing back he invites everyone to the table. He formed a committee and invited providers to talk through their concerns and resolve them. That takes a lot of maturity and leadership. Board Member Raffoul appreciates his inclusiveness and his leadership. Mr. Baackes will be missed.</p> <p>Board Member Gonzalez would like to thank Mr. Baackes for remembering the In-Home Support Services (IHSS) home care providers at a time when it was really critical. During the pandemic there were no PPGs, no gloves, no masks. Care providers were trying to care for the recipients and did not know how people were getting sick or how it was passed on to others. People were afraid and very timid; they did not want to care for anybody because they were afraid of getting them sick. Mr. Baackes took the steps to ensure that the providers would have the needed equipment, and at a time where there were supply shortages. Board Member Gonzalez thanked him on behalf of the care providers and the members.</p> <p>Board Member Booth commented that Mr. Baackes made huge progress with the members, and did things that other people did not do, like L.A. Care Covered. He gathered diverse groups in health care that rely on the dwindling pot of funding and aligned them. He did a great job with the health plan. He also built a fantastic cabinet of leadership supported by others with great back up and great workers. She noted that there has been major change in every year that Mr. Baackes has been CEO. It has been kind of crazy, and he brought the health plan successfully through all of those. Mr. Baackes leadership has truly been transformational and has brought L.A. Care to a height that she’s not sure anybody would have thought it would achieve. She thanked Mr. Baackes.</p> <p>Board Member Vaccaro, on behalf of community health centers and federally qualified health centers, she thanked him for his partnership. Ten years of listening to the problems and challenges that they are experiencing, some that are not sure how they will fix, and yet he has</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Recognition of Service to L.A. Care</p> <ul style="list-style-type: none"> Hector De La Torre 	<p>created a team that really helped, in partnership and hand in hand, to solve the problems, things that have been issues and pain points for years. They are now seeing resolutions. Workforce is the top priority for community health centers and the safety net initiative and the structures that he put in place with provider recruitment and loan repayment have made a significant difference for community health centers to expand services, bring in more providers and take care of more consumers. She noted it is profound to her to hear consumers of a very large health plan talk about the relationship they have with the CEO. That is really special, and she hopes he really sees and feels that, because she sees that and it is so important. She thanked Mr. Baackes for listening to the L.A. Care consumers and addressing their problems with humanity and care. She thanked him for his leadership. She feels he welcomes problems with open arms, and he likes to solve them. The challenge then goes to his team to solve those problems because he committed to it. She thanked him for that, because if no is the constant response, it is hard to make change become great. And she really thinks he made L.A. Care become great.</p> <p>Mr. Baackes considers it a high compliment to be called a problem solver. He thanked Board Member Vaccaro.</p> <p><i>Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter.</i></p> <p>Board Member Vazquez thanked Mr. Baackes for everything he has done. She remembers when at the beginning Mr. Baackes visited all the RCACs. For all the members, it was quite significant that Mr. Baackes wanted to see exactly what was happening with the members as far as health care within their community. During the pandemic era, members had a lot of difficulty in accessing health care and they worked on it. They had a good feeling that they had good leadership that helped them through hardships and difficulties. Members never felt alone because they had Mr. Baackes as a leader, they also had great people under him leading them, and that helped them through the process. She had the opportunity to visit with the new medical school students who will work in the community. The program will help future generations. There are other great things that Mr. Baackes did, and he has left us with a great feeling to continue working toward accomplishing their goals. She thanked Mr. Baackes.</p> <p>Chairperson Ballesteros noted that it is also the last Board meeting for Hector De La Torre, the immediate past Chairperson of the Board. Chairperson Ballesteros read a resolution in commendation of Mr. De La Torre's service to L.A. Care. He thanked Mr. De La Torre for his excellent service to L.A. Care.</p> <p>Mr. Paley commented that serving in a multifaceted role at L.A. Care and interacting with all the internal functional areas and with many of external partners and stakeholders, he is immensely grateful for Mr. Baackes' caring, compassionate leadership of this vital public health</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>plan. Along with his colleagues and coworkers, he is very fortunate to have participated in bringing Mr. Baackes' strategic blueprints for bringing to life all of the community focused programs and operational enhancements over the past nine+ years. Simply put, under Mr. Baackes' thoughtful direction, L.A. Care has substantially optimized its ability to deliver on the promise of managed care for the many members who are relying on our attention and care. He paraphrased Michelangelo, Mr. Baackes has helped free the angel from the marble. He thanked Mr. Baackes.</p> <p>Mr. MacDougall commented there is a line in the movie Jerry McGuire, you had me at hello. Mr. MacDougall had retired from the ACA, where he had worked for six years. He never wanted another job, he only wanted to consult and do his thing. He spent time with Mr. Baackes and it is particularly gratifying to Mr. MacDougall to hear from community members about Mr. Baackes. Mr. MacDougall is an Angeleno and lived near Board Member De La Torre. He grew up in poverty. In his first conversation with Mr. Baackes, he asked if Mr. MacDougall knew how many people die every day on the streets of Los Angeles, and he told him the number. Mr. Baackes then said, with L.A. Care's mission, the reason the organization exists, unless we in the community are doing the work we are supposed to be doing, we are not doing anything at all. To hear how important his relationship has been with the community and with the members, it is important, and his hat goes off to Mr. Baackes. He thanked Mr. Baackes. He noted Mr. Baackes has been in some ways the toughest and the kindest man he has ever met, and he appreciates that. Mr. Baackes is very kind, he cares, and he lends an ear. He stops and he listens. Mr. MacDougall hopes L.A. Care never loses that spirit as we go forward. He commended the Board and recognized the passion in this room, from the members, from the Board, and from his colleagues. He has the world of respect for the people he works with every day. We are all in this together and it is important and there's people that count on us, so thank you.</p> <p>Mr. Gower thanked Mr. Baackes for all that did for the organization in the toughest of times, especially during COVID, moving to a hybrid work environment, as well as expand membership for this organization. Mr. Gower had heard a lot about Mr. Baackes while consulting at L.A. Care, but working with him has been humbling. The Compliance team also let Mr. Gower know that Mr. Baackes is a really cool CEO and it will be tough see him go. It has been amazing. His thoughtfulness and his roll-up-your-sleeves approach in navigating everything that has happened with L.A. Care and in the County, it shows remarkable leadership and courage. He is an example of what it means to lead through strength and empathy. On behalf of the entire Compliance team, he thanked Mr. Baackes for his support, clarity of vision and dedication to ensuring L.A. Care continues to be a beacon of compliance, integrity, and excellence.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Shah commented on the success due to Mr. Baackes' leadership and hard work on the Safety Net Coalition, especially given the current administration and federal activities. As a result of the passage of Proposition 35, about \$2 to \$5 billion a year will be added to the Medi-Cal program. As a finance person, Mr. Shah can say it will make a difference in the lives of Medi-Cal members every single day. It is especially important in the face of current headwinds. He has already made a mark with this change and by fighting back against the odds. He did not know it at the time, but he has done it. He thanked Mr. Baackes.</p> <p>Ms. Haydel commented, and this applies to both Mr. Baackes and to Mr. De La Torre because she was in the room with them, they exhibited something that the late John Lewis talked about the courage to get into good trouble and necessary trouble for the right reason. She noted that they are scary when they are together. She thanked them for their dedication to the mission and to the people. Whenever they stepped out on that cliff, she got the parachutes ready and was prepared to jump over the cliff with them. She thanked both gentlemen, very much.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned temporarily at 2:57 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 2:58 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>December 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County</i>, L.A.S.C. Case No. 24STCV15962</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act <i>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County</i> L.A.S.C. Case No. 21STCV47250</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>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</p>	
Reconvene in Open Session	Augustavia Haydel announced there is no report from closed session.	
Consideration of New Chief Executive Officer’s Appointment and Compensation	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson from RCAC 5 commented that she was trying to ask a question because during closed session public comment is usually called so that they can make a comment on the agenda items within closed session. When a five-minute break was called, she was trying to walk over to ask when they would be allowed to make public comment on the agenda items that were closed, or the agenda items specifically that the Board was going to cover. Unfortunately, one of the staff members, Linda Merkens, she continues to receive harassment from her. Ms. Merkens pushed her. She’s not quite sure whether they understand that she has epilepsy, and she’s been saying that for a long time now. Her ankle is black and blue right now, so she doesn’t have access like everyone else to stand properly and brace herself. When that happens, a staff member does not need to do things like that. She has continuously had harassment from Linda Merkens. When the Board Member, Ms. Gonzalez, was running at their RCAC meeting, well actually she was stepping down. And they said that they would have another election, and they did. Ms. McFerson was the only one that ran. Linda Merkens stated during that meeting that they should not have an election and Ms. Gonzalez should stay, even though she had met her tenure. And she continues to receive that harassment from Linda Merkens, something needs to be done, please. She would ask that someone help her out. This is a public comment to everyone on record, knowing that that ambulance right there could have been her. She cannot take that harassment. The PTSD causes seizures, she can’t do that. Please note that she is just here for one reason and one reason only, to better access to care. That would definitely be the decision makers that the Board is, and please understand that she’s not here to address anyone in a in a wrong way. She just had a question on whether they were going to have public comment on that closed session item. And just so that the Board could understand that she’s not making these things up she is going to show her leg that is black and blue right now.</i></p>	<p>Approved unanimously by roll call. 11 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Ballesteros introduced a motion to appoint Martha Santana-Chin as Chief Executive Officer of the Local Initiative Health Authority for Los Angeles County, including its affiliated organizations.</p> <p><u>Motion BOG 105.1224</u> To appoint Martha Santana-Chin as Chief Executive Officer of the Local Initiative Health Authority for Los Angeles County (including it’s affiliated organizations), effective January 6, 2025, and to approve the employment agreement between L.A. Care and Ms. Santana-Chin, as attached.</p>	<p>(Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<p>CHIEF MEDICAL OFFICER</p>	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson asked that any information from the Chief Medical Officer report be broken down in a brief synopsis and given to the RCAC meeting so that they can talk about it and discuss those things and how it affects them.</i></p> <p>Dr. Amin, MD reported on expanding services provided at the Community Resource Centers (CRC) (<i>a copy of his presentation can be obtained by contacting Board Services</i>). Health Services staff has explored this over the last few months, and he will discuss it with the Board and gather input. The plan is not yet ready for implementation, staff is evaluating the potential return on investment and determining the services to be offered at CRCs.</p> <p>He summarized considerations for expanded services in the CRCs. A significant reason is to address the administrative burden on network providers. Access for members can be difficult at the clinics and there are significant administrative tasks being added to regulatory requirements and expansion of reporting requirements on medical assistants and ancillary staff in the clinics. Regulators have levied financial sanctions on the health plan and those are passed down to the providers for quality of care and gaps in care that need to be addressed by providers. There is a long list of quality-of-care items to be addressed. There is some overlap between the quality programs required but not 100% alignment. Sanctions are imposed not just once or twice, but sometimes three times or even four times. Sanctions for Medi-Cal Managed Care Accountability Sets (MCAS) also affect enrollment auto assignment through the quality withholds, so the sanctions can grow to a very large cost not only for the health plan, but for the healthcare ecosystem in Los Angeles County. Fines also may not be reinvested in the local healthcare system. L.A. Care needs to find a way to close the quality-of-care gaps because it is one financial driver for the health plan.</p> <p>L.A. Care could simply advise primary care clinics to work harder to complete new regulatory requirements and improve access to care, but that may not work. He suggested that a better approach is to ask providers how L.A. Care can collaborate with them on closing the gaps and determine how the health plan could help with improvements.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The 14 CRCs are a great resource with sites throughout Los Angeles County. CRCs are in the right geographic locations and through this footprint some clinical care could be delivered in collaboration with primary care providers (PCPs). It is proposed to have ancillary wrap around resources available to relieve some of the workload load for PCPs. Examples of potential services include well-care visits for children, adolescents and adults, developmental screenings, follow-up after emergency care, lab services like cancer screenings, lead screenings, along with HIV and STI testing. Vaccinations could also be offered in the CRCs along with care management, complex case management and enhanced care management. L.A. Care can provide services for disease management for asthma, cardiovascular disease, congestive heart failure, diabetes, and bring pharmacists into the CRCs for medication therapy management and comprehensive medication review. There's potential for transitions of care work in the CRCs. To do this, L.A. Care would need to retool CRCs to turn them from community facing sites into clinic sites, potentially with beds and other equipment. The regulation for lab draws and clinical work would need to be addressed.</p> <p>There could be a significant member impact, not only in closing care gaps, but in reducing inpatient and emergency room utilization and in growing and retaining enrollment. If health plan members start seeing the CRCs as places to get care, they would have a tighter connection with the health plan. There is a solution for staffing requirements, by having medical directors, nurse practitioners, medical assistants, case managers, community health workers, as well as social services in the CRCs. L.A. Care is developing a plan for staffing the 14 CRCs that will be fully developed and brought to the Board for consideration. This would be a major endeavor for the health plan and before launching it, the resulting lower cost of care overall for L.A. Care should be assured.</p> <p>An estimated \$38 million in revenue could be returned to the health plan by closing care gaps, with a 6% improvement in clinical quality performance for members within seven miles of each CRC, which is achievable. The return on investment could be significant through reduced inpatient and emergency room utilization.</p> <p>There may be an impact of 20% on potentially avoidable costs with potentially \$9.4 million in savings for inpatient utilization and \$2.8 million savings in outpatient emergency department services for patients that live within 10 mi of a CRC. The product team was asked about the return on investment in delivering clinical services and potential growth in sales from the CRCs. The potential is up to \$3.75 million in years one through three, and \$1.25 million in year one. Altogether, there's a potential opportunity for a return of \$51.7 million from clinical quality improvement, reducing adverse utilization and membership growth, representing about a 2:1 return on investment. The startup costs and the annual costs are estimated at \$28 million, the majority of which will be the initial cost of retooling the CRCs.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The meaningful effect would be improving care for members and improving member perception of L.A. Care as a health plan that is helping to improve access and provide care. Additional details are not included in this brief overview, such as how to make sure that the primary care doctors are informed about the care delivered in the CRCs, what can be done for the FQHCs in an alternate payment methodology with fewer clinic encounters and improving the care gaps. There is much detail in the background, a lot of conversations with the large provider groups. There are conversations ongoing about how to do this, and it will be a complicated and expensive endeavor.</p> <p>This overview was to inform the Board of Governors, and staff will come back with more information and discussion. There will be an opportunity in the new year to decide whether to pursue this effort. From the health services and operations standpoints, leadership has been very proactive in pursuing this course. Conversations with Anthem and Blue Shield Promise will be held around their investment in the services. Some initial talks have been held with Blue Shield Promise, and they're very excited about the proposition. He stated that current services available at the CRCs would not end, the new services would be added. The CRCs have always been open to anybody in the community, whether an L.A. Care member or not, and those services would still be available.</p> <p>Board Member Booth commented in favor of the proposal with the opportunity to improve care for L.A. Care members. She asked about the hours the services would be offered. Dr. Amin responded that Mr. Baackes has been a huge proponent of this and he's right that L.A. Care needs to make sure there is sufficient throughput in these clinics, otherwise there won't be any return on investment, improvement in quality or reduction in care. L.A. Care needs to make sure that care is available when members need it and have strong connections with primary care doctors.</p> <p>Mr. Baackes added that one concern particularly with the MCAS measures including health screening and immunizations for children will make it easier for families. The daytime hours are not convenient, just as it's difficult for them to get to their primary care doctor's offices, so evening and weekend hours are absolutely essential and that would be part of the plan.</p> <p>Board Member De La Torre is wholeheartedly supportive. We know that these preventive measures are important, particularly for children who are not getting everything that they need. He noted that a 2022 State Auditor Report showed that the Department of Health Care Services was not making sure that children were getting needed preventive care before they start school. In fact, less than 50% of children enrolled in Medi-Cal had at least some of the preventive services that the American Academy of Pediatrics recommended in the Bright Futures requirements. Nearly 75% of two-year old children did not receive the required number of preventive services, which includes lead screening, vaccines and some of other</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>developmental measures. The use of CRCs as a hub for care is a great use of the facilities that are out in the community to take care of these shortfalls.</p> <p>Mr. Baackes commented that one of the frustrations with DHCS about preventive measures is the sanctions and fines for health plans that do not achieve the DHCS goals. L.A. Care has repeatedly pointed out that the issue is about education for the parents about these essential services. There is hesitancy on the part of some parents to bring their children in for vaccines. The sanctions and fines aren't helping to overcome that. If L.A. Care can bring this project to fruition and provide another convenient outlet, maybe with incentives like gift cards to get them to come in, it would be a step in the right direction.</p> <p>Dr. Amin noted that providers have creative ideas to increase throughput in the CRC clinics. Providers have offered to retool their programs to incentivize providers to send patients to the CRCs, and they are even thinking about member incentives.</p> <p>Board Member and Supervisor Solis supports the proposal. She noted that the resource centers are provocative and are not demonstrated in other parts of the County in this way. She encouraged working with staff at local elementary schools and secondary schools to reach the parents. Some schools have health care counselors or nurses and there are opportunities to help expand reach and lessen the burden on schools for preventive care.</p> <p>Dr. Amin noted that Los Angeles Unified School District has a number of clinics throughout the County and L.A. Care could partner with them for vaccinations and other care.</p> <p>Board Member Ghaly thanked Dr. Amin for the information, it is an exciting proposal, it is innovative and there are a lot of opportunity to better coordinate care that has provided right now in a lot of different networks and places with arbitrary rules. It is also immensely complicated and will take a lot of work in collaboration and partnership and a lot of work with teams in finance and contracting, and with all the providers, many of whom have contracts that are structured in many different ways. She applauds the proposal and looks forward to working together on it. She noted that this cannot be implemented quickly.</p> <p>Dr. Amin noted he has experience with these types of clinics at other health plans and other delegated provider groups, it's an extremely complicated operation that will require staff, new contracts and partnership with providers. Implementation will take a while. This would be a sea change for the health plan and how Medi-Cal is practiced in the County.</p> <p>Dr. Ghaly added that among the various things that need to be worked through, one of the first is the proper documentation and sharing of services. And if the approach will be phased, an easy place to start would be those providers that participate in the Los Angeles Network for Enhanced Services (LANES), because it offers an opportunity to have the health information</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>exchange that is important in coordinating care - otherwise providers would document care in separate electronic health records and others do not have visibility.</p> <p>Dr. Amin commented that he has done this a couple of times and failed at times, so he knows exactly how not to do it. He has done it through different point of care tools, and LANES is a good idea. The beginning of it will probably be through a phased approach, and it won't go live in all 14 CRCs at one time. It will likely start in the areas of most need and move from there.</p> <p>Board Member Roybal supports the concept, and he thinks it will work. One thing that will help make it work is if it makes the PCP's job easier. He recommended thinking about not only nurse practitioners (NPs), but also clinical pharmacists. There is a robust clinical pharmacy group in his clinic, and when a patient has high blood pressure, a thyroid disorder, a need to be treated for latent TB or for H pylori or need to have depression medications titrated, they are referred to the clinical pharmacist. Providers appreciate this because it is one less thing that the PCP has to do. Clinical pharmacists appreciate it, and they can also do immunizations, because it helps increase their scope. It also helps improve care by streamlining access. The key is helping providers understand the benefit to their own operation by allowing clinical pharmacists to do some work and freeing the physicians for other work.</p> <p>Board Member Gonzalez commented that she thinks Board Member Vazquez would agree, that members have been asking for this for a long, long time, and she's so glad that it has reached the planning stage. Knowing it will take a while before this comes to fruition, she asked that Dr. Amin provide a short report to the ECAC, as the members would appreciate it. Dr. Amin agreed.</p> <p>Mr. Baackes cautioned the timing of a report to ECAC, as the planning will take time and members will want to see action. Based on his interactions with members, he recommended sharing the information close to the time the implementation will begin.</p> <p><i>Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter.</i></p> <p>Board Member Vazquez thanked Dr. Amin for his presentation. She is very hopeful about these added services. She noted that members go to the clinics, and they experience long wait times and a lot of other issues. Members that go to the clinics have many complaints, so this is great because a lot of members go to the CRCs. Members want other places to access some of the services. There are many reasons that some of the members go to the clinics. They have questions about care, because there are a lot of myths sometimes about vaccines for the children and they want to know if it is the right thing to do. This project would be a good way to help members and parents.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Amin commented that further information will be provided at future meetings.</p> <p><i>(Board Member and Supervisor Solis left the meeting.)</i></p>	
<p>Performance Monitoring – November 2024</p>	<p>Dr. Amin referred Board Members to the report included in the meeting materials.</p>	
<p>CHIEF FINANCIAL OFFICER</p> <ul style="list-style-type: none"> Financial Performance Report – September 2024 	<p>Chairperson Ballesteros announced that due to time constraints, items 10, 12, 13, 15 and 16 would not be discussed at this meeting.</p> <p><i>(Board Member Contreras left the meeting.)</i></p> <p>Mr. Shah reported on the financial results through September 2024.</p> <p>Total membership for the year ending September 2024 was 2.6 million members, which is around 215,000 members favorable to the 4+8 financial forecast. There will likely be some favorability into the next fiscal year. Medi-Cal membership throughout California and the country could change under the new administration, information will be provided to the Board as it becomes available.</p> <p>Financial results for the month of September include a large net revenue surplus of \$134 million, excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP).</p> <p>The twelve months ended September 2024 resulted in a \$419 million net surplus, which is \$272 million favorable to forecast when HHIP and IPP are excluded. Investment income has been favorable due to investments in Treasuries. Excluding investment income, the surplus would be a little over \$200 million, or about 1.9 % of revenue, which is where DHCS expects the health plan to be. Of that \$200 million excluding interest income and based on the board motion approved earlier in the meeting, L.A. Care will place \$50 million in board designated funds, roughly 25% of the \$200 million surplus for the year ending 2024.</p> <p>Mr. Shah reviewed L.A. Care’s net income in millions of dollars and the percentage of revenue over the last six years. Net income for the last two years is almost \$900 million, higher than the previous four years combined. In part, that is due to a favorable interest rate environment, but it is also due to improved operations, better contracting, and the leadership team working towards ensuring that L.A. Care has more efficient operations overall.</p> <p>For each year’s end two comparisons are made: compare the actuals to the most recent 4+8 forecast, and a comparison to the original budget approved by the Board. The original budget is planned without knowing revenue from DHCS, because even draft rates are not available at</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>that time. The original forecast is generally a high-level estimate of the budget, and multiple forecasts are done throughout the year to realign the budget. The original budget assumed a \$302 million surplus, results are \$225 million favorable. He reviewed highlights of the original budget compared to the actual financial results. The largest area of favorability includes rates from the state and provider re-contracting. There was major favorability in investment income. The investment environment is expected to be not as favorable in the coming years.</p> <p>On the expense side, there is unfavourability in the administrative expenses in comparison to the forecast. As discussed in prior meetings, there is close to \$91 million higher expense than was budgeted. This is an area that every chief officer, including the CEO, has had lots of discussions around better internal controls. L.A. Care will be moving toward three-year administrative and health care cost projections. It is difficult to project revenue in the future because there are many unknowns in the economic environment, but a disciplined approach towards administrative expense can be achieved. Another item to note is the incurred claims. Membership was higher than expected and resulted in higher revenue than expected and of course, higher claims and higher capitation than expected. So, \$153 million in incurred claims, with risk corridor impacts of \$125 million.</p> <p><i>(Board Member Ghaly left the meeting.)</i></p> <p>Mr. Shah reviewed the ratio of overall health care expense to revenue by line of business. The forecast was 94% MCR, and actual results were nearly two and a half points better, at 91.7% overall. Medi Cal is the main driver of improved performance for the year, with 92% MCR, equal to forecast. DSNP also improved over forecast. Covered California results are unfavorable to forecast due to the risk adjustment factor (RAF) score, moving from .7 to .64. L.A. Care is the lowest priced health plan in the Covered California marketplace in Los Angeles County, and enrolls younger and healthier members, which lowers the RAF. PASC SEIU is virtually unchanged.</p> <p>The key financial ratios are all positive. Mr. Shah noted that the administrative expense ratio is compared to the 4+8 forecast and is a slightly favorable to the forecast but is unfavorable to the original budget.</p> <p>The Tangible Net Equity (TNE) is healthy at 881%, with 91 days of cash on hand.</p> <p>Finance Committee Chair Booth reported that the Committee met on October 23 and November 20 <i>(contact Board Services to obtain approved meeting minutes).</i></p> <p><u>Motion FIN 107.1224</u> To accept the Financial Reports as of September 2024, as submitted.</p>	<p>Approved unanimously. 8 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		(Ballesteros, Booth, De La Torre, Gonzalez, Raffoul, Roybal, Vaccaro and Vazquez)
<ul style="list-style-type: none"> Monthly Investment Transactions Reports <i>(Informational Only)</i> 	<p>The investment transactions reports are included in the meeting materials <i>(a 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 L.A. Care's total investment market value as of September 30, 2024, was \$3.6 billion.</p> <ul style="list-style-type: none"> \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$125 million in BlackRock Liquidity T-Fund \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund 	
<ul style="list-style-type: none"> Quarterly/Annual Internal Policy Reports <i>(Informational Only)</i> 	<p>Mr. Shah referred to the reports that are included in the meeting materials pursuant to internal policies. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over \$250,000, and sole source purchases over \$250,000.</p>	
ADVISORY COMMITTEE REPORT		
Provider Relations Advisory Committee	This item was not discussed <i>(contact Board Services to obtain a copy of approved meeting minutes)</i> .	
Transitional Temporary Executive Community Advisory Committee	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson, RCAC 5, wanted to know how long a tenure is for a Board seat. That would be the regular one that's elected and then also the temporary. She would like to know specifically, what are the guidelines, what is the time frame that they will have for another BOG seat. Specifically, the RCACs need to be able to vote on different things like that, especially if there will be provisions and time constraints, time changes, whatever the case may be, being that it is having to do with the RCACs and how they are represented. She believes that it should be presented during the RCAC meetings, and they should be able to speak on those things and vote accordingly. Also, with the temporary transitional executive community advisory committee. They represent the RCACs, and a more diverse Advisory committee is needed right now if you do look at the statistics. She does not know how to basically explain that according to the race, but it is primarily one race. So, when they do that, they bring up only certain Items having to do with that particular community.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Everyone is important, of course, every single person deserves to have different topics that affect them. So, they need to be able to go to the CRCs and talk about the RCACs.</i></p> <p>Board Member Vazquez reported that TTECAC met on October 9, 2024. <i>(Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter.</i> She thanked all the members that attended the TTECAC in person and those present today.</p> <ul style="list-style-type: none"> • A motion to approve new members of the Regional Community Advisory Committees (RCAC) was approved earlier today on the consent agenda. We welcome the newest members of the RCACs. • Francisco Oaxaca provided an update to the Committee. Mr. Oaxaca reminded the TTECAC members that the ribbon cutting ceremony for the Community Resource Center (CRC) in South Los Angeles would be on October 11, 2024. TTECAC and RCAC 6 members are invited. The CRC in Lincoln Heights will be ready by February 2025. More information will be shared as we get closer to the opening of the center. The CRCs will extend business hours starting in March 2025. Mr. Oaxaca is currently working closely with Blue Shield Promise to finalize a new five-year agreement to jointly operate the CRCs, effective January 2025. • Wendy Schiffer reported on L.A. Care’s Strategic Vision 2024-25 through 2026-27. The Strategic Vision for L.A. Care Health Plan outlines a comprehensive plan for the fiscal years 2024 to 2027, noting the organization's mission to provide quality healthcare to vulnerable populations in Los Angeles County. The vision includes four strategic directions: improving operational efficiency, supporting a robust provider network, enhancing member experiences and quality of care, and promoting equitable healthcare as a national leader. Specific goals involve modernizing systems, expanding community resource services, optimizing care management, and advocating for sustainable funding and equity in healthcare access. The plan also highlights the importance of collaboration with community partners and the integration of innovative technologies like artificial intelligence to improve health outcomes. • TTECAC approved a motion asking the two consumer Board Members to continue to serve until election of new nominees can be completed in mid-2025. TTECAC also directed the proposed rules for the election be reviewed at RCAC meetings, with feedback from members to be brought for review at the February meeting, when a final version of the election rules will be considered for approval. <p>Board Member Gonzalez reported that TTECAC met on November 13, 2024.</p> <ul style="list-style-type: none"> • Mr. Baackes gave last CEO update to the committee. She thanked Mr. Baackes for attending the meeting. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • A motion to approve new members of the Regional Community Advisory Committees (RCAC) was approved earlier today on the consent agenda. We welcome the newest members of the RCACs. • The committee received a report from Karen Rios about the 2025 L.A. Care Benefit Rollout, highlighting the health plan's mission to provide affordable, quality healthcare to over 2.5 million members, with a modest 6.2% rate increase for 2025. The plan includes expanded eligibility for Medi-Cal, the new availability of the Silver 73 plan for those above 200% FPL, and a wide range of benefits like telehealth, chronic disease management, and wellness rewards. L.A. Care's extensive provider network and community resource centers further support its commitment to serving low-income and vulnerable communities. • Tanisia Johnson provided an update on several health promotion initiatives. She explained the Self-Measured Blood Pressure Program targeting African American and Latino L.A. Care members and a Digital Health Promoters pilot that significantly increased engagement and vaccination rates. She also highlighted collaborations with organizations like the American Cancer Society, asthma education workshops in Spanish, and community events focused on food security and health education. • The committee approved a motion that proposes adding Hoyer lifts or electronic lifts to the Community Health Investment Fund program to assist patients with getting on and off examination tables, with providers receiving training on their proper use. • Board Member Gonzalez reported that she was able to attend meetings of RCACs 1, 2, 5 and 7. • The sentiment is the same among members of all of the RCACs, there's not enough doctors, it's hard to get an appointment, members can't get a referral, it takes forever to get a referral and the treatment that they're getting at the clinics is really bad. This was expressed in all of the RCACs that she visited in the last two months, and it and it doesn't seem to be getting any better now that the pandemic has finally ended. 	
<ul style="list-style-type: none"> • Request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting on and off examination tables. 	<p>Board Member Gonzalez presented a motion from TTECAC to request L.A. Care to include Hoyer lifts in the Community Health Investment Fund program to aid with patients getting on and off examination tables. And the motion also includes that providers who receive funding for the Hoyer lifts or electronic lifts receive training on how to use them effectively.</p> <p>At the November 13, 2024, the Interim RCAC 8 Chair presented to TTECAC a motion approved by the committee members of RCAC 8 asking TTECAC committee members to please discuss and consider forwarding a motion to L.A. Care's Board of Governors to add Hoyer Lifts or electronic lifts to the Community Health Investment Program (CHIF) funding.</p> <p><u>Motion TTECA 101.1224</u></p>	<p>Approved unanimously. 8 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	A request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting on and off examination tables. The motion also includes that providers who receive funding for the Hoyer Lifts or electronic lifts receiver training on how to use them effectively.	
Children’s Health Consultant Advisory Committee	This item was not discussed. <i>(contact Board Services to obtain a copy of approved meeting minutes).</i>	
Technical Advisory Committee	This item was not discussed. <i>(contact Board Services to obtain a copy of approved meeting minutes).</i>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson, RCAC 5, asked about the recommendation that the Board election be delayed to February of 2025. The RCACs did not get an opportunity to vote on that date change. They were told that it was going to change according to what the TTECAC had decided upon and presented today. They didn't have the opportunity to vote on any sort of time frame having to do with the two seat representatives. Also, the topic that the Board was talking about before, she thinks that it is important, the annual employee incentive program and different things like that. She thinks it's important to broaden the spectrum and have more employees work directly with the RCACs. The Outreach and Engagement department so that we can (public comment time had elapsed).</i></p> <p>Chairperson Ballesteros reported that the Committee met on October 23 and November 20. Copies of the approved minutes can be obtained by contacting Board Services and will be available on L.A. Care’s website.</p>	
<ul style="list-style-type: none"> Annual Employee Incentive Program 	<p>Mr. Brown summarized a motion to fund the annual incentive program. This year the amount necessary to fund the program is \$12.63 million that will be going to slightly under 2400 employees.</p> <p><u>Motion EXE 102.1224</u> To authorize the disbursement of funds not to exceed \$12.63 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 2023-24 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</p>	<p>Approved unanimously. 8 AYES</p>
<ul style="list-style-type: none"> Recommend to the Board that Board 	<p>The Executive Committee recommends that the Board officer election be delayed to the February 2025 meeting.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Officers election be delayed to the February 2025 meeting.	There was no objection from Board members to hold the officer election at the February 2025 meeting.	
<ul style="list-style-type: none"> Recommend to the Board that initiation of consideration of a nomination for the seat representing health plan/health insurance expertise be delayed to February 2025. 	<p>The L.A. Care Board of Governors nominates a Board Member representing health plan or health insurance expertise. The Executive Committee recommends a process to fill this seat through an ad hoc committee to receive applications, screen candidates and bring a recommendation to the Board.</p> <p>There was no objection from Board members about the proposed process.</p>	
Finance & Budget Committee	This item was not discussed. <i>(Contact Board Services to obtain a copy of approved meeting minutes.)</i>	
Compliance & Quality Committee	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson commented that it's important that we know exactly some sort of follow up during the RCAC, of course, she thinks that's very important There are high mortality rates in all cultures, and they need better organization compliance, working with different organizations. Organizations that deal with maternal health. The Asian health coalition. They have all kinds of different things having to do with the community that they need to work directly with. Also, like today the technical advisory committee. Miss Cooper could not participate today because she did not have assistance in knowing how to participate in this meeting, but yet she was in the hospital, and she wasn't able to come today. They need to work with the compliance and quality committee for those who are delayed.</i></p> <p>Board Member Booth reported that the Compliance and Quality Committee met on October 17 and November 21. <i>(Contact Board Services to obtain approved meeting minutes.)</i> The Chief Compliance Officer and compliance department staff reported. The Committee approved an update on the Committee charter. The Committee heard reports from the Special Investigations Unit. The issues inventory was updated. The risk management program is maturing well. L.A. Care has a focus on improving delegation oversight, monitoring, reporting, and streamlining regulatory intake and distribution of information. Coordination has improved between departments working together to resolve issues in a transparent fashion. The Chief Medical Officer reported on facility site reviews results, an overview regarding the initial health appointments and a report on managed care accountability sets for 2023.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Committee approved a 2024-25 program description for the future and an evaluation of the 2023-24 program.	
PUBLIC COMMENT on Closed Session items	<i>Andria McFerson, RCAC 5, asked about the whole closed session and how they can work directly with the public employee performance evaluation, that they actually have an evaluation from the receivers, people who receive the services in itself, so that they can have proper numbers, proper data, proper statistics, and proper empathy towards training the public employee that serves with L.A. Care. She guesses because she has absolutely no idea what is going to be spoken about with this agenda item. They used to have it to where it was introduced to the community first and they knew exactly how it related to them and then they can make a comment. So, excuse her if her comment is a little broad. Then also the watches, the emergency watches, see if they can work with someone directly so that they can have better senior access to care if they fall or something like that. They need to bring that up so in future references, maybe that's a topic that they can work with.</i>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 5:07 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 5:07 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>December 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County</i>, L.A.S.C. Case No. 24STCV15962</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act <i>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County</i> L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 5:29 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:29 pm.	

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

APPROVED BY:

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



Board of Governors

MOTION SUMMARY

Date: February 6, 2025

Motion No. EXE 100.0225

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Approval of the following changes to 2025 Board and Committee regular meeting schedules

- 1) Technical Advisory Committee January 9, 2025 meeting moved to January 30, 2025 at 2:00 PM
- 2) Compliance & Quality Committee June 19, 2025 moved to Monday, June 16 due to Juneteenth Holiday.

Background:

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

Budget Impact: None.

Motion: Approval of the following changes to 2025 Board and Committee regular meeting schedules:

1. Technical Advisory Committee January 9, 2025 meeting moved to January 30, 2025 at 2:00 PM, and
2. Compliance & Quality Committee June 19, 2025 moved to Monday, June 16 due to Juneteenth Holiday.

2025 Regular Board and Committee Meeting schedule

BoG: Board of Governors, meets 1st Thursdays of the month at 1:00 pm, and meets all day in September for strategic discussion

C&Q: Compliance and Quality Committee, meets 3rd Thursdays of the month at 2:00 p.m.

Exec: Executive Committee meets 4th Wednesdays of the month at 2:00 p.m.

F&B: Finance & Budget Committee meets 4th Wednesday of the month at 1:00 p.m.

PRAC: Provider Relations Advisory Committee meets Quarterly 3rd Wednesday of meeting month at 9:30 a.m.

CHCAC: Children’s Health Consultant Advisory Committee meets 3rd Tuesdays every 2 months at 8:30 a.m.

ECAC: Executive Community Advisory Committee meets 2nd Wednesdays of the month at 10:00 a.m.

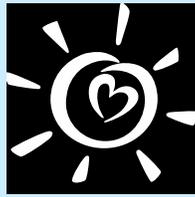
TAC: Technical Advisory Committee meets 2nd Thursday of meeting month at 2:00 PM

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

Meetings are usually held at 1200 W. 7th Street, 90017, Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.

<u>January 2025</u> <i>No Board meeting</i> 1/21 – CHCAC 1/16 – C&Q 1/22 –F&B, Exec 1/30 - TAC	<u>February 2025</u> 2/6 – BoG 2/12 – ECAC 2/19 – PRAC 2/20 – C&Q 2/26 –F&B, Exec	<u>March 2025</u> 3/6 BoG (tentative) 3/12 – ECAC 3/18 – CHCAC 3/20 - C&Q 3/26 – F&B, Exec TBD – GOV
<u>April 2025</u> 4/3 – BoG 4/9 – ECAC 4/10 - TAC 4/17 – C&Q 4/23 – F&B, Exec	<u>May 2025</u> 5/1– BoG 5/14 – ECAC 5/15 – C&Q 5/20 – CHCAC 5/21 - PRAC 5/28 – F&B, Exec	<u>June 2025</u> 6/5 – BoG (<i>offsite</i>)* 6/16 – C&Q 6/11 – ECAC 6/25 – F&B, Exec
<u>July 2025</u> <i>No Committee Meetings</i> 7/9 - ECAC 7/24 – BOG	<u>August 2025</u> <i>No Board meeting</i> <i>No ECAC meeting</i> 8/14 – TAC 8/21 – C&Q 8/19 – CHCAC 8/20 - PRAC 8/27 – F&B, Exec TBD – Audit	<u>September 2025</u> 9/4 – BoG (<i>all day retreat</i>) 9/10 - ECAC 9/18 – C&Q 9/24 - F&B, Exec TBD –GOV
<u>October 2025</u> 10/2 BoG (tentative) 10/9 - TAC 10/8 – ECAC 10/16 – C&Q 10/21 - CHCAC 10/22 - F&B, Exec	<u>November 2025</u> 11/6 – BoG 11/12 – ECAC 11/19 – PRAC 11/19 - F&B, Exec** <i>**Due to Thanksgiving holiday</i> 11/20 – C&Q	<u>December 2025</u> 12/4 – BoG 12/10 – ECAC TBD – Audit <i>No other meetings</i>

*Offsite locations are tentative ***Revisions as highlighted**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. EXE 101.0225

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Make findings of public benefit related to the provision of temporary and limited employee assistance efforts and programs in response to the Los Angeles County wildfires of January 2025.

Background: L.A. Care staff requests Board approval to implement a series of temporary measures to assist L.A. Care employees who have been directly or indirectly adversely affected by the recent wildfires in Los Angeles County.

Since January 7, 2025, a series of 30 wildfires have affected the Los Angeles metropolitan area and surrounding regions. As of January 16, 2025, 4 fires remain active, including the 2 largest. The fires have been exacerbated by drought conditions, low humidity, a build-up of vegetation the previous winter, and hurricane-force Santa Ana winds, which in some places have reached 100 miles per hour. As of January 15, 2025, the wildfires have killed at least 25 people, forced over 200,000 to evacuate, and destroyed or damaged more than 12,401 structures.¹

This disaster is nearly unprecedented in scope, severity and destruction, and as of January 15, 2025, at least nine (9) L.A. Care employees have lost their homes. Several dozen had to be evacuated and a few hundred others have otherwise been impacted by the fires, whether that be power outages, wind damage or poor air quality.

Apart from the very real personal loss and challenges faced by these employees and their families, the potential effects on L.A. Care's members cannot be ignored or understated. Should L.A. Care experience a dramatic loss of productive employee time due to employees' inability to attend to their immediate needs arising from the fires, the level of service to L.A. Care's members could suffer. Further, without appropriate and reasonable assistance, some L.A. Care employees might be forced to leave the agency, creating even more (and potentially more severe) impacts on L.A. Care's ability to maintain its staffing levels and to continue to fulfill its mission throughout the County.

Staff and the Office of the General Counsel believe that providing the employee benefits identified below for existing employees **serves a public purpose** because it increases employee retention and allows L.A. Care to be competitive in the marketplace. Ensuring L.A. Care employee retention and well-being is critical to fully serving L.A. Care members without undue interruption or diminishment of services.

¹ At the height of the wildfires, nearly 59,000 unique L.A. Care members were impacted by evacuation warnings or orders. More specifically, a total of 58,967 L.A. Care members have addresses within areas that were under either evacuation warnings (35,325 members) or evacuation orders (23,642 members).

Board of Governors
MOTION SUMMARY

Noting that some of these measures have been implemented either partially or more robustly in an effort to respond meaningfully in the immediate aftermath of the crisis, following is the list of tools for which staff seeks Board authority, retroactively where the case may be:

1. **Emergency Paid Time Off (PTO)**: L.A. Care implemented a special Emergency PTO Program allowing qualified employees to be paid for the initial days of crisis, January 8, 9 and 10.
2. **Emergency PTO for Home Loss**: Provides an additional 40 hours of Emergency PTO for those employees who lost their homes as a result of the fires. This time may be used any time in the next 90 days.
3. **Volunteer Time Off**: Provides an increase of the current allowable 16 hours of paid time that employees may earn compensation for volunteer efforts in the community to a total of up to 40 hours. This time may be used any time thru September 30, 2026.
4. **Disaster PTO Donation Pool**: Employees can donate PTO into the pool. Staff can access PTO from the pool based upon impartial qualifications and based upon need. Any remaining pool hours will be credited back to the donor employees on a pro rata basis. This time may be used any time thru September 30, 2026.

Findings

In approving this motion, the Board hereby finds that the services L.A. Care provides to its members are essential to the health and well-being of a significant portion of the indigent and qualifying community throughout Los Angeles County. Further, many of L.A. Care’s employees have been adversely affected by the disaster as discussed above, and the Board finds that the provision of the above-listed temporary and additional benefits to qualifying employees will help ensure that these employees are able to attend to their immediate and short-term needs without undue pressure of losing income or their employment entirely. Retention of its public employees serves a legitimate and compelling public interest for the continued and uninterrupted provision of services at acceptable levels to L.A. Care’s members. Moreover, these limited efforts are likely to yield correspondingly greater benefits to the individual affected employees, contributing to their emotional health and well-being, and sends a clear message that the agency cares about them, thereby furthering easing or reducing their stress and distress due to the fires and increasing their overall job satisfaction and commitment to the agency and its members.

Member Impact: Members will be benefited by assuring continuity of services agency-wide through the retention of L.A. Care’s existing employees who have been adversely affected by the wildfires.

Budget Impact: The cost has been estimated to no more than \$305,000 per budget year. This amount can be funded from this year’s budget and we will include the amounts in future budgets.

Motion: **To make and affirm the findings set forth in the Board motion report and authorize staff to implement any and all of the identified limited employee assistance efforts and programs for a reasonable duration of time in order to effectively deal with the effects of the wildfire aftermath.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. EXE 102.0225

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Authorization to establish a disaster-relief fund for making grants to community organizations, county agencies, and impacted network providers (the “Relief Fund”) in response to the extensive and historic wildfires that devastated several areas within Los Angeles County the second week of January, 2025, forcing the evacuation of more than 200,000 people, damaging more than 12,000 structures, and resulting in the deaths of more than 25 county residents (the “Wildfires”).

Background: L.A. Care staff requests authorization to establish the Relief Fund in an amount up to \$10 million, utilizing either: 1) a portion of the \$50 million approved by the Board in December, 2024 for workforce development and other community and safety net needs, which amount has been added to the Board Designated Fund of \$205 million for Elevating the Safety Net; 2) other surplus funds from CY 2024 and unassigned reserves not already allocated to the Board Designated Fund for Elevating the Safety Net; or 3) with the approval of the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), a portion of the total \$28 million that L.A. Care is obligated to invest in initiatives benefitting communities throughout Los Angeles County pursuant to the separate enforcement-action settlement agreements entered into with DMHC and DHCS on September 26, 2024.¹

L.A. Care staff further requests delegated authority to: 1) delineate suitable requirements and conditions for making wildfire-related relief grants to community organizations, county agencies, and impacted network providers (the “Relief Grants”); and 2) determine the appropriate scope and extent of the Relief Grants in consideration of a designated grant recipient’s need for and proposed use of such funds in accordance with staff-delineated requirements and conditions.

In response to the Wildfires and under direction of the Incident Command Center led by the Disaster Recovery and Business Continuity Unit within L.A. Care’s Compliance Department, L.A. Care staff have been:

- 1) surveying and communicating through various channels with impacted members, providers, and employees;
- 2) implementing a variety of measures to (i) provide immediate assistance,
 - (ii) mitigate administrative burdens,
 - (iii) facilitate ongoing network operations and care access;
- 3) collaborating with network partners and community stakeholders in deploying multifaceted support resources through L.A. Care’s Community Resource Centers; 4) coordinating and documenting daily (i)

¹ Regarding the ability to obtain such approval, the settlement agreement with DMHC—which commits L.A. Care to investing \$21.5 million “in initiatives benefitting communities throughout Los Angeles County”—expressly provides, in pertinent part, that: “L.A. Care shall have the discretion to determine the specific amounts and projects toward which it shall [make the community investments], subject to advance approval” of DMHC. (See Paragraph 71 on Page 14 of the DMHC Settlement Agreement, dated September 26, 2024.)

Board of Governors
MOTION SUMMARY

analytics about members,² providers, and employees impacted by the Wildfires and (ii) ongoing crisis-response measures and efforts; and 5) providing disaster-response reports and updates to DHCS as required.

Member Impact: Through the Relief Fund and Relief Grants authorized hereunder, L.A. Care’s support of community organizations, county agencies, and network providers impacted by the Wildfires will benefit L.A. Care members by facilitating their continued access to care and other, multifaceted support services that will be needed as the entire Los Angeles County community navigates forward in responding to and rebuilding from this crisis.

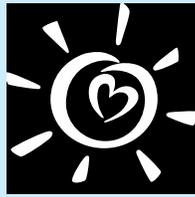
Budget Impact: The above-noted alternative and previously reserved sources for the Relief Fund are already included in the updated budget for the balance of this fiscal year and will continue to be included in future fiscal years.

Motion:

To authorize staff to:

1. Establish the Relief Fund in an amount up to \$10 million, utilizing either of the most feasible funding sources itemized above; and
2. Delineate suitable requirements and conditions for approving and making the Relief Grants in such amounts that are:
 - a) consistent with staff-delineated requirements and conditions and
 - b) commensurate with a designated grant recipient’s need for and proposed use of such funds.

² At the height of the Wildfires, nearly 59,000 unique L.A. Care members were impacted by evacuation warnings or orders. More specifically, a total of 58,967 L.A. Care members have addresses within areas that were under either evacuation warnings (35,325 members) or evacuation orders (23,642 members).



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. FIN 100.0225

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: L.A. Care staff would like approval to amend Scope of Work (SOW) # 4 (PRO-000005513) increasing the contract amount by \$10,687,500, with OptumInsight, Inc. who provides post-payment Data Mining Services.

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

Background: The current OptumInsight, Inc. contract PRO-000005513, SOW # 4 Amendment # 2 is \$14,957,500, and is effective from May 12, 2023 until December 31, 2026.

The funds associated with SOW # 4 Amendment # 2 are exhausted due to the vendor exceeding recovery projections by a substantial margin. In 2023, recoveries were projected to be \$9,500,000, actual recoveries were \$20,448,077. In 2024, recoveries were projected to be \$9,750,000, actual recoveries were \$22,585,083. The additional recoveries exceeding projections totaled \$23,783,160, across both years resulting in fees totaling \$8,176,301, versus the originally projected fees of \$3,657,500.

L.A. Care staff requests approval to increase the contract amount from \$14,957,500 to \$25,645,000, an incremental increase of \$10,687,500. The vendor will continue to provide post-payment Data Mining Services. Post-payment data mining identifies and recovers overpayments by analyzing paid claims.

L.A. Care requires these services to meet its legal obligations under Medicare Integrity Program¹ and Title 28 provision and to increase Payment Integrity Programs², which mandate proactive measures to detect, investigate, and prevent fraud, waste, and abuse. These regulations guide us in responsibly administering our programs, preserving healthcare service integrity, and protecting financial resources.

We have partnered with this vendor since October 2017, and are highly satisfied with their performance. No request for proposal was conducted for this vendor as we have an existing contract, and continuing with the existing vendor would allow the L.A. Care Payment Integrity team to save time, resources, and initiation fees to procure and implement a new vendor.

We are projecting \$56,250,000, in recoveries in fiscal years 2024-2025, 2025-2026, and 2026-2027, based on the current recovery run rate. The associated contingency fees are \$10,687,500, throughout the remaining term of the contract.

¹ 42 U.S.C. § 1396a

² Cal. Code Regs. tit. 28 § 1300.71

Board of Governors
MOTION SUMMARY

Fiscal Year	FY 2024/2025	FY 2025/2026	FY 2026/2027 (Through 12/31/2026)	Total
Projected Recoveries	\$25,000,000	\$25,000,000	\$6,250,000	\$56,250,000
Projected Fees	\$4,750,000	\$4,750,000	\$1,187,500	\$10,687,500

Member Impact: L.A. Care members will benefit from this motion through reduced medical spending thus allowing for additional funds to remain in the Medicaid/Medicare Trust for future services.

Budget Impact: Vendor commissions related to the extension of this contract are included in the Fiscal Year 2024-2025 budget. Funding for future fiscal years will be requested during the budget process in the years impacted.

Motion: To authorize L.A. Care staff to enter into SOW #4 Amendment #3 with OptumInsight, Inc. increasing the contract amount from \$14,957,500 to \$25,645,000, an incremental increase of \$10,687,500. This amendment will allow OptumInsight, Inc. continue to support L.A. Care with post-payment Data Mining services.



Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. FIN 101.0225

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Facilities Services

Issue: Approval of the tenant improvement design, construction, and Information Technology (IT) audio-visual conferencing equipment budget to build-out the hybrid workspace in the 1200 W. 7th Street (Garland) Building.

Background: L.A. Care executed a 10-year lease effective March 1, 2024 at the 1200 W. 7th Street (Garland) building for enterprise administrative offices. Since the pandemic, the workplace environment has changed and industry best practice is to have space designs that accommodate remote work, hybrid work and collaborative meeting spaces. Our architect, Gensler, designed hybrid workspace for floors 1, 5, 6 and 7 that includes permanent workspaces, hoteling spaces and numerous collaborative conferencing rooms. The Construction project encompasses 149,037 sq/ft and will be built by Sierra Pacific Constructors who won a competitive RFP process and is a preferred vendor that also builds our Community Resource Centers.

FIN 104.0324 was approved March 7, 2024 for this project, however, L.A. Care encountered construction delays due to a lease dispute with our landlord. While there are still disputed items in the lease, we have been able to reach agreement on a third amendment to the Lease that allows L.A. Care to contract directly with the Contractor so we have more control over the process and can now proceed with construction without further delay. Staff is seeking authority for the CEO, on a discretionary basis, to enter into contractual agreement(s) for certain professional services to perform capital improvement construction to build-out the tenant improvements on floors 1, 5, 6, and 7 in the 1200 7th Street Building. Because almost 1 year has passed since the job was first bid, our general contractor has had to re-bid the project. The cost to build-out the space includes a 10% contingency to cover potential unknown conditions and/or raw material commodity price increases during the construction period in an amount not to exceed \$48,094,856.

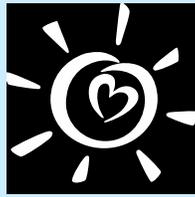
The lease provides for the landlord to pay a Tenant Improvement (TI) Allowance to L.A. Care with a balance of \$23,950,401. There exists a dispute with the landlord on how the TI allowance will be allocated. The Third Amendment identifies this dispute and defines the undisputed and disputed TI allowances. The undisputed TI allowance for floors 1, 5, 6, & 7 is \$7,627,150. The disputed TI allowance is \$16,323,251 which L.A. Care intends to pursue recovery using any and all legal options available. The net construction expense to L.A. Care will be \$40,467,706 less any disputed TI allowance L.A. Care recovers at a later date.

Board of Governors
MOTION SUMMARY

Member Impact: L.A. Care members benefit by enabling staff to efficiently perform their job in professionally designed administrative office space.

Budget Impact: Sufficient funds are in the FY 2024-25-capital budget for this construction project.

Motion: To delegate to Martha Santana-Chin, Chief Executive Officer, discretionary authority to approve vendors and enter into contractual agreements for certain professional services to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street building in an amount not to exceed \$48,094,856 which includes a 10% contingency for potential unknown conditions.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. COM 100.0225

Committee: Compliance & Quality

Chairperson: Stephanie Booth, MD

Issue: CY 2025 Compliance Program Document (CPD) Plan

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. This Compliance Program Document will include the following:

- Three key elements and seven functional processes
 - Three key elements
 1. Prevention of compliance issues
 2. Detection - Identification of potential compliance issues
 3. Correction - Resolution of those issues through corrective action.
 - Seven functional processes to support the key elements:
 1. Support the development of policies, procedures, standards of conduct;
 2. Establish the role of Compliance officer, committees, governing body focused on Compliance;
 3. Provide training and education for staff;
 4. Provide effective lines of communication;
 5. Support well-publicized disciplinary guidelines;
 6. Establish systems for monitoring and auditing to prevent and correct problems;
 7. Establish systems and processes to appropriately elevate and respond to compliance issues

In addition, the Board must be made aware of the following in support of Compliance and this Compliance Program Document.

1. The Legal and Regulatory Requirement
 - Many laws and regulations, such as the **Affordable Care Act (ACA)** and guidance from the **Office of Inspector General (OIG)**, require health plans to maintain an effective compliance program. Board approval demonstrates formal oversight and accountability.
 - Federal Regulatory bodies, including **CMS (Centers for Medicare & Medicaid Services)**, mandate board-level engagement in compliance program oversight for organizations participating in government-sponsored health plans.
2. Governance Best Practices
 - Board approval of the CPD underscores its role in overseeing the organization's compliance framework, aligning with fiduciary responsibilities.
 - It ensures the compliance program remains a priority and reinforces the organization's commitment to ethical and legal practices.
3. Adaptation to Changes
 - Healthcare regulations and risks evolve rapidly. Annual approval ensures the CPD is updated to address new regulatory requirements, risk areas, and operational changes.

Board of Governors
MOTION SUMMARY

- Regular board review helps incorporate lessons learned from audits, investigations, or industry developments.
4. Accountability and Transparency
- The approval process creates a clear record that the compliance program has been reviewed and endorsed by the board and holds the CCO accountable to effectively communicate to the Board what is included in the CPD,
 - It reinforces the accountability of the board and senior leadership for fostering a culture of compliance and hold the CCO accountable.
 - The OIG strives for the Boards role for oversight - this critical element of effective Board oversight is the process of asking the **right questions of management** to determine the adequacy and effectiveness of the organization’s compliance program, as well as the performance of those who develop and execute that program, and to make compliance a responsibility for all levels of management. (*Practical Guidance for Health Care Governing Boards on Compliance Oversight*)
5. Support for the CCO
- Board approval of this CPD signals support for the CCO and the compliance function, empowering them to implement and enforce policies effectively.
 - It provides the CCO with necessary authority to address compliance risks and allocate resources.
6. Risk Mitigation
- Active Board involvement reduces liability by demonstrating active oversight in case of investigations or legal scrutiny.
 - A well-documented approval process can serve as evidence of due diligence in managing compliance risks.

Member Impact: None

Budget Impact: None

Motion: To approve the CY2025 Compliance Program Plan, as submitted.



L.A. Care
HEALTH PLAN

For All of L.A.

Compliance Program



Compliance

The Heartbeat of Accountability

Table of Contents



L.A. Care
HEALTH PLAN

For All of L.A.

Contents

- I. Compliance Program Overview3
- II. Goals and Objectives.....4
- III. Definition of Terms.....5
- IV. Written Policies, Procedures, and Standards of Conduct.....7
- V. Chief Compliance Officer, Compliance Committee, Governing Body, and Compliance Department Structure7
- VI. Effective Training and Education16
- VII. Effective Lines of Communication and Pathways for Reporting Compliance Concerns17
- VIII. Enforcement of Standards through Well-publicized Disciplinary Guidelines21
- IX. Effective Systems for Routine Monitoring and Auditing22
- X. Procedures and Systems for Promptly Responding to Compliance Issues and Suspected Fraud, Waste and Abuse31
- XI. Measures to Prevent, Detect, and Correct Fraud, Waste, and Abuse32
- XII. References32
- XIII. Conclusion.....33

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.

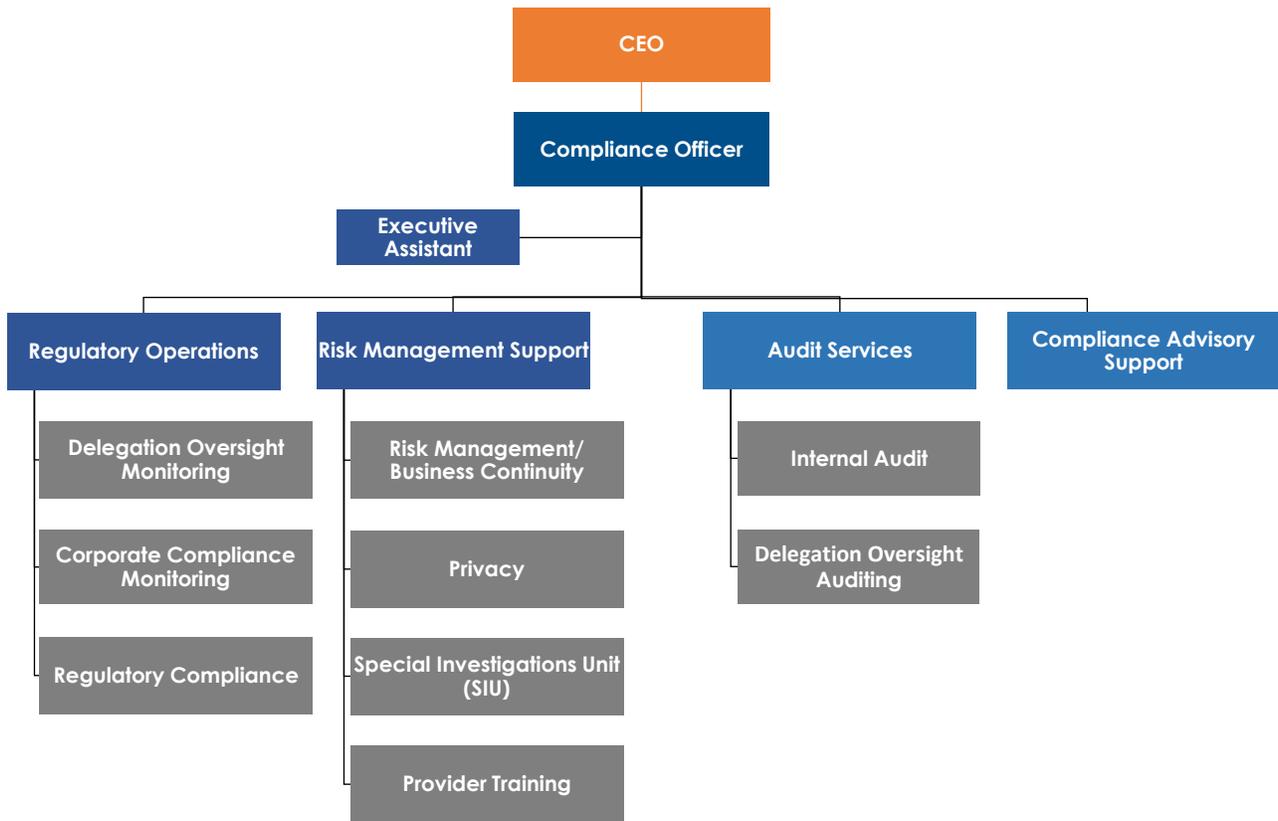
The duties and responsibilities of the ICC include but are not limited to the following:

- 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 rules, developing privacy policies, providing guidelines procedures, conducting ongoing HIPAA training on the workforce, and conducting ongoing auditing and monitoring initiatives. Privacy also partners with Information Security on security rules and policies.

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 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;
- HIPAA & Privacy;
- Fraud, Waste and Abuse
- Medicare and Medicaid Compliance Awareness

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

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 HIPAA and privacy incidents to PrivacyOfficer@lacare.org

Report security incidents infosec@lacare.org
(CC: 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

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, employee's, 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 2025

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.

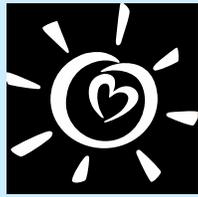
XII. References

- 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.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. COM 100.0225

Committee: Compliance & Quality

Chairperson: Stephanie Booth, MD

Issue: CY 2025 Compliance Work Plan

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

Background: L.A. Care's Compliance Plans establish a foundation for responding to multiple state and federal regulatory initiatives. Not only does the implementation of our Compliance Plans help identify and prevent deficiencies, but it also may reduce the potential for liability should violations occur. Additionally, the Compliance Plans establish the organization's commitment to ethical behavior and the proper way of doing business.

Member Impact: None

Budget Impact: None

Motion: To approve the CY2025 Compliance Work Plan, as submitted.

Compliance Services Division 2024-2025 Strategic Workplan C&Q January 2025



L.A. Care
HEALTH PLAN®

For All of L.A.

Todd Gower, Chief Compliance Officer

Roadmap

**Compliance
Strategy
Framework**

**Key
Considerations**

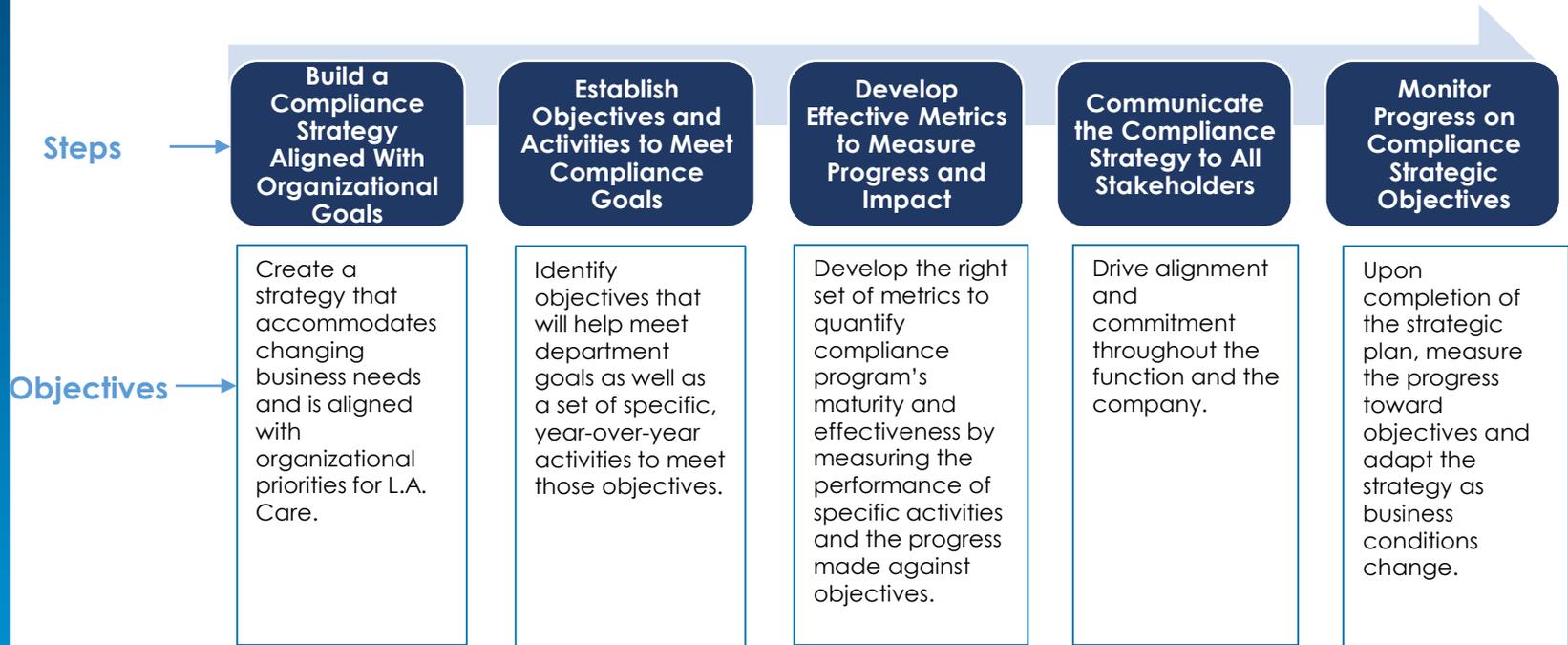
**Integrating Past
Success**

**Strategic
Priorities for 2025
& Beyond**



Development of the 2025 Strategic Plan

Leadership Summit: Compliance had a 2-day summit in October to develop the workplan for 2025



Roadmap

**Compliance
Strategy
Framework**

**Key
Considerations**

**Integrating Past
Success**

**Strategic
Priorities for 2025
& Beyond**



Key Considerations – Mission & Vision

Enterprise



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.



A healthy community in which all have access to the health care they need..

Compliance

The L.A. Care Compliance Department shall be a strategic and collaborative business partner to the Board of Governors, employees and business units by providing advice, support and guidance on ethical and regulatory requirements as these groups make decisions and implement operations at L.A. Care.

The L.A. Care Compliance Department will foster trust, honesty, ethics and integrity with all L.A. Care employees and third parties by providing guidance and counsel on compliance risks and their potential impact to L.A. Care, advice and support on implementing compliance best practices into operations, and the ability to report any potential compliance concerns confidentially and without fear of retaliation.



Key Considerations – L.A. Care Strategic Priorities



Improve operational efficiency.



Support a robust provider and partner network to ensure their capacity to address our members' health and social needs.



Improve the member experience with L.A. Care and the quality of care members receive.



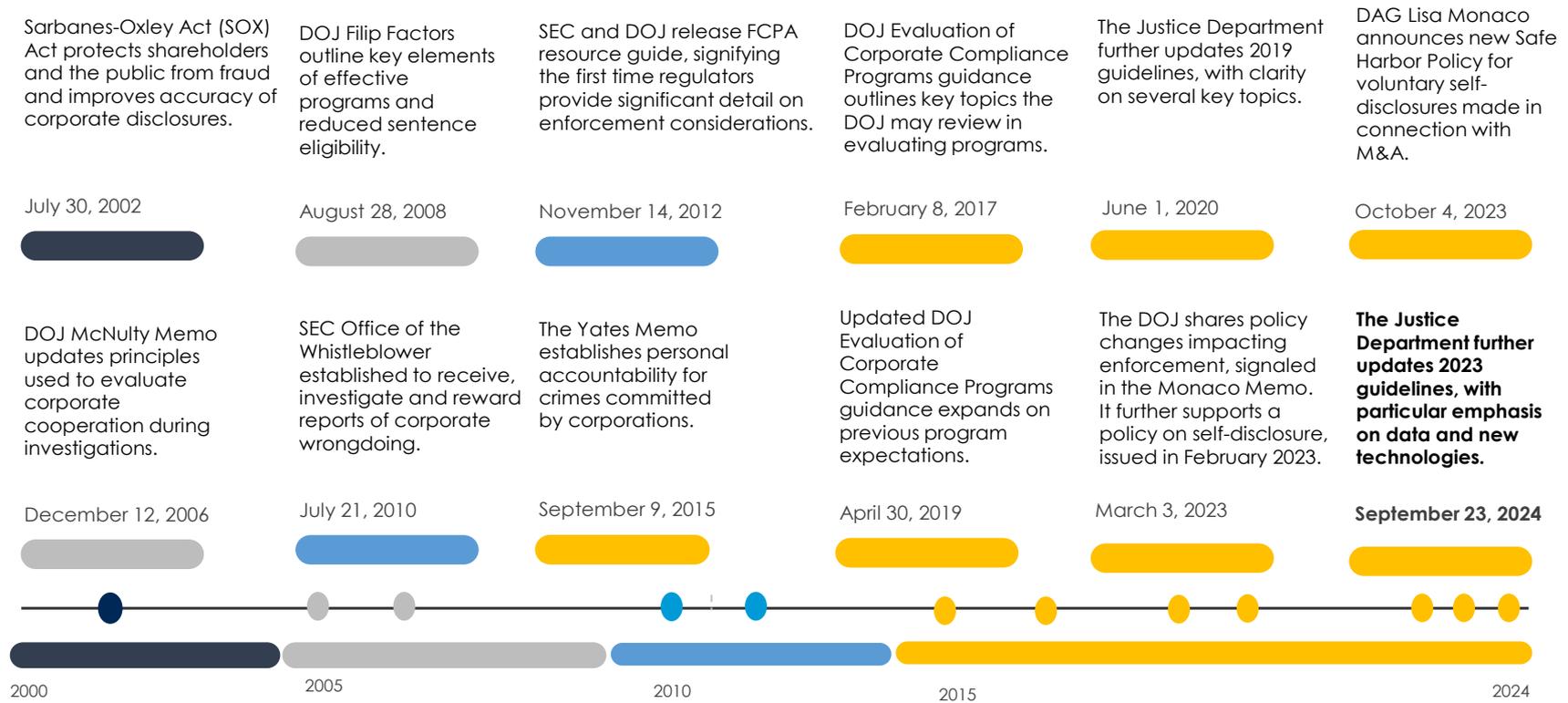
Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.

Strategic Vision

FY 2024/25 – 2026/27



Key Considerations – DOJ Guidance Context



Key Considerations – DOJ Guidance

<p>1</p> <h3>Managing Risk of New Technologies Like AI</h3> <p>The guidance asks how organizations are managing the internal and external risks of new technologies, particularly AI.</p> <p>It calls for:</p> <ul style="list-style-type: none">▪ AI governance in both the commercial business and the compliance program▪ “Monitoring and testing” to ensure AI functions as intended▪ Quick detection and correction of poor decisions made by AI	<p>2</p> <h3>Stakeholder Support to Access and Experiment With Data</h3> <p>The guidance considers whether compliance programs have sufficient, timely access to data sources.</p> <p>It calls for:</p> <ul style="list-style-type: none">▪ Giving compliance staff timely access to data sources▪ Giving compliance comparable “assets, resources, and technology” to other parts of the company▪ Using analytics tools to measure compliance effectiveness and improve compliance operations	<p>3</p> <h3>Tailored and Iterative Training</h3> <p>The guidance calls for training efficacy that goes beyond compliance leaders’ standard practices today.</p> <p>It calls for:</p> <ul style="list-style-type: none">▪ Tailoring training by employee “needs, interests, and values”▪ Measuring employee engagement with training sessions▪ Incorporating lessons learned from industry/geography peers into training	<p>4</p> <h3>Protection for Internal and External Whistleblowers</h3> <p>The guidance has a new emphasis on external whistleblowing and anti-retaliation.</p> <p>It calls for:</p> <ul style="list-style-type: none">▪ Training employees on “external whistleblower programs and regulatory regimes”▪ Ensuring the same protections for external whistleblowers as internal reporters▪ Measuring employee willingness to speak up	<p>5</p> <h3>Early Postdeal Integration Planning in M&A Due Diligence</h3> <p>The guidance asks about compliance’s involvement in the M&A and integration process.</p> <p>It calls for:</p> <ul style="list-style-type: none">▪ Compliance involvement in “designing and executing the integration strategy”▪ Establishing a process to “ensure appropriate compliance oversight of the new business”▪ Incorporating the new business “into the company’s risk assessment activities”
--	---	---	---	--

Source: [Evaluation of Corporate Compliance Programs \(Updated September 2024\)](#), U.S. Department of Justice Criminal Division.



Key Considerations – Industry Input for 2025

Changes in the profile of top risks from the prior year point to a number of shifting conditions that may disrupt markets, including events triggered by intensifying geopolitical conditions. Many of those shifts are expected to have long-lasting impacts on business models and the competitive balance in a nuanced global marketplace. Board members and C-suite leaders who recognize the increasing pace of change and address dynamic conditions through robust, enterprise wide risk analyses that are aligned with their business' strategy position their organizations to better navigate the rapidly evolving healthcare business landscape.

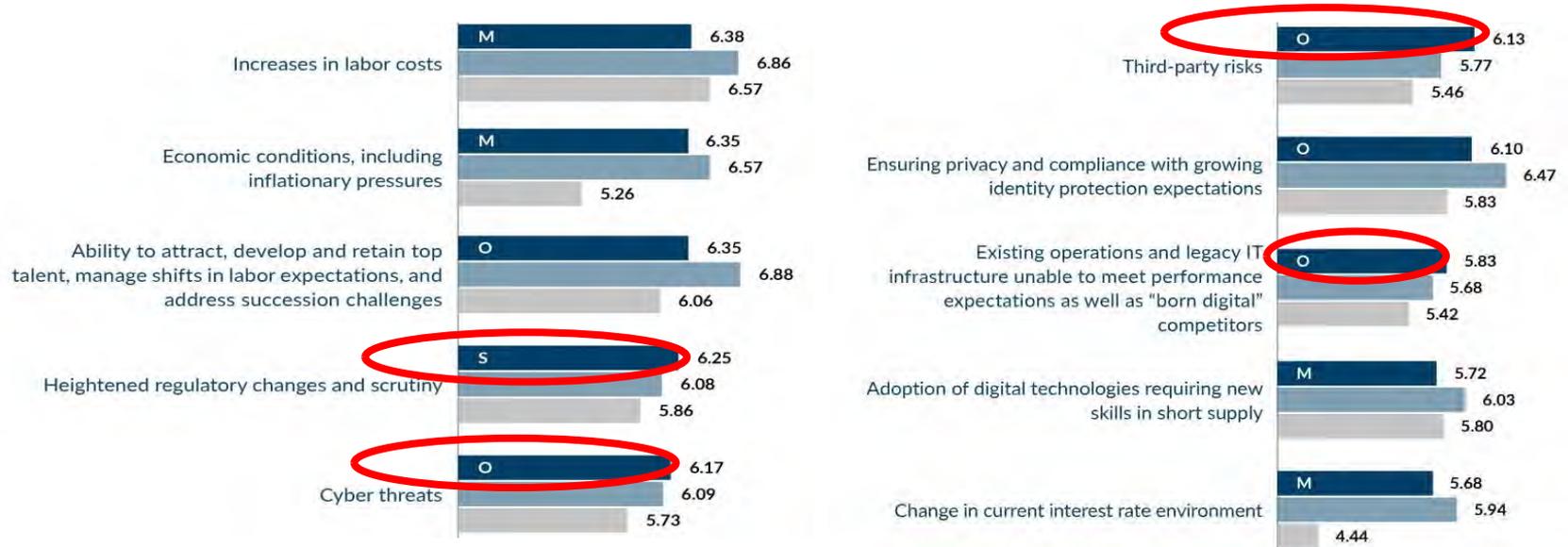
Each year there are annual surveys from Gartner, Protiviti, Big 4 and University's analyzing ERM efforts to help share the top risks currently on the minds of board members and executives worldwide. The results of these surveys reflect their views on the extent to which a broad range of risks are likely to affect their organizations over the next year, 2024, and a decade later, 2034.

The respondent group, which includes board members and C-suite executives from around the world, provided their perspectives about the potential impact over the next 12 months and next decade of 36 risk issues across these three dimensions:

- **Macroeconomic risks** likely to affect their organization's growth opportunities
- **Strategic risks** the organization faces that may affect the validity of its strategy for pursuing growth opportunities
- **Operational risks** that might affect key operations of the organization in executing its strategy₁₁₁
-



Key Considerations – Survey 2024



Risk Increase: Regulatory – Cyber – 3rd Party Risks – Ops and IT Systems

M Macroeconomic Risk Issue S Strategic Risk Issue O Operational Risk Issue 2024 2023 2022

Roadmap

**Compliance
Strategy
Framework**

**Key
Considerations**

**Integrating Past
Success**

**Strategic
Priorities for 2025
& Beyond**



Building on Past Success

Compliance Program Components	Subcomponents	Operational Practice (1 st LoD)		Education, Comms. and Training		Reporting		Technology		Trend
		2023	2024 (Current)	2023	2024 (Current)	2023	2024 (Current)	2023	2024 (Current)	
Policies & Procedures	<ul style="list-style-type: none"> Mission, Vision and Value Statements Policy Management (P&Ps) Regulatory Change Management 	2	3	2	3	2	3	2	2	↔
Training and Awareness	<ul style="list-style-type: none"> Culture and Tone of Compliance & Regulatory Change Participation of Training and Timely Content Medicare Awareness Regular and Frequent Communication 	2	3	2	3	3	3	3	3	↑
Effective Communication	<ul style="list-style-type: none"> Periodic Reporting to Management and Committee Required Regulatory Reporting Compliance Effectiveness Dashboard L.A. Care Governance Structure Reporting and Tracking of Potential FWA FDR and Delegation Oversight Committee 	2	3	2	2	2	3	2	2	↑
Risk Management	<ul style="list-style-type: none"> Inventory Material Regulatory Requirements Review Current Compliance Risks Issues Management and Recommendations Vendor Risk Management Hotline Triage and Review Responding to Government Investigations and Exam Proactive COI Monitoring 	2	2	2	2	1	2	1	2	↑
Monitoring and Auditing	<ul style="list-style-type: none"> Monitoring and Tracking of Regulatory Change Payment Integrity FWA Auditing and Monitoring Periodic Compliance Program Evaluation Delegation / FDR Oversight 	2	3	2	3	3	3	2	2	↑
Use of Technology	<ul style="list-style-type: none"> Technology to Support Compliance Program Defined Measures (KRs/KPIs) Potential Recoveries and Refund Monitoring 	2	2	2	2	1	1	2	2	↑
People, Skills and Culture	<ul style="list-style-type: none"> Roles & Responsibilities Performance Management and Incentives Enforcement and Disciplinary Accountability Culture and Tone from the Top Organizational Design 	2	3	2	3	2	3	2	2	↔
Trend			↑		↑		↑		↔	↑

KEY

- 1- Basic (Ad hoc, Individual Heroics)
- 2- Developing (Reactive)
- 3- Established (Proactive)
- 4- Advanced (Orchestrated)
- 5- Leading (Continuous Improvement)



Completed FY24 Compliance Work Plan

The projects noted in the subsequent pages related to the approved 2024 Compliance Workplan Presented at C&Q. A Draft 2025 Compliance Work Plan will be presented January of 2025 C&Q.

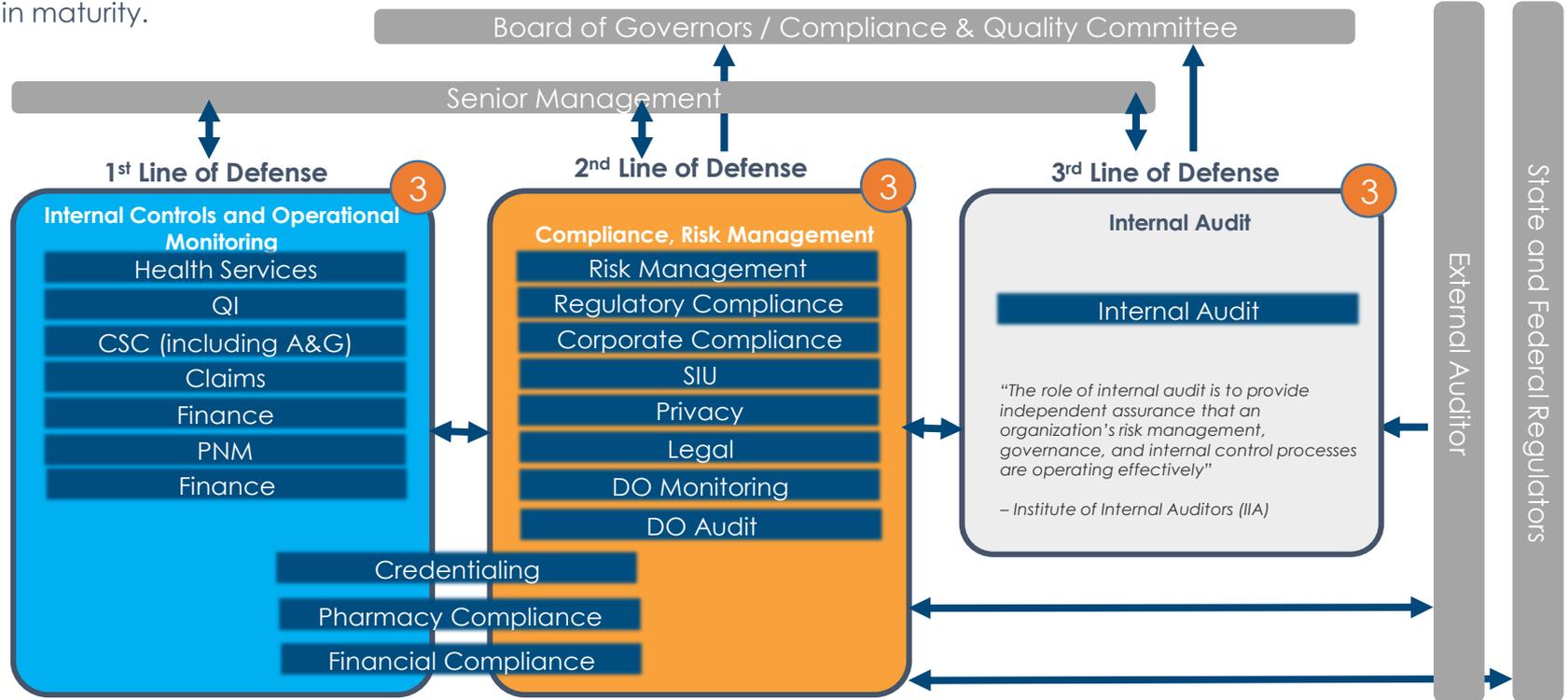
2024 Overview: 29 Projects

- ✓ **Testing effectiveness (6):** Compliance validated the closure of 6 of the 7 closed projects from 2023. The remaining project now #14) ties to completing the Fraud Prevention Program, which will be part of 2025 Work Plan
- **2024 Projects removed (3):** These projects related to Internal Audit and Delegation Oversight Audit and in 2024 Audit Services was not part of Compliance.
- ✓ **2024 Completed Projects (6)**
- **2024 Remaining Projects that will roll over to 2025 (14):** These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance. One project was split into 2 projects #9 and #10 are tied to #25 in the approved list of 2024 Compliance Work Plan Projects.



Reiterating the Lines of Defense

Since the remediation efforts of the enforcement matter, LA Care has made significant improvements in their Lines of Defense. Each line is more established and 2025 will be a focus to harden the processes and tech to level in maturity.



Roadmap

**Compliance
Strategy
Framework**

**Key
Considerations**

**Integrating Past
Success**

**Strategic
Priorities for 2025
& Beyond**



Our Compliance Priorities for 2025

01

Advanced Compliance
Technology Integration

02

Cultivating a Culture of
Compliance

03

Delegation Oversight
Stabilization

04

Modernizing Compliance
Reporting Tools

05

Enhanced Regulatory Change
Management



Compliance and Audit Services in 2025

Aspect	Compliance (Monitoring/Risk Management)	Internal Audit (IA)
Reporting	<ul style="list-style-type: none"> Admin – CEO; Inform: Compliance & Quality Committee (C&QC) of the Board 	<ul style="list-style-type: none"> Admin – Chief Compliance Officer; Inform: C&QC
Consult	<ul style="list-style-type: none"> Senior Leadership, Regulatory bodies 	<ul style="list-style-type: none"> Senior Leadership, Risk Management
Nature	<ul style="list-style-type: none"> Ongoing and continuous 	<ul style="list-style-type: none"> Risk-based approach; Periodic and retrospective. A snapshot in time.
Objective	<ul style="list-style-type: none"> Detect and correct compliance issues in real-time 	<ul style="list-style-type: none"> Verify effectiveness of controls
Scope	<ul style="list-style-type: none"> Broad, covering daily operations and processes 	<ul style="list-style-type: none"> Narrow, focusing on specific areas or risks
Frequency	<ul style="list-style-type: none"> Continuous (daily/weekly/monthly) 	<ul style="list-style-type: none"> Scheduled (annually, biannually, quarterly)
Methodology	<ul style="list-style-type: none"> Data analytics, dashboards, regular reviews 	<ul style="list-style-type: none"> Sampling, document reviews, interviews
Responsibility	<ul style="list-style-type: none"> Management 	<ul style="list-style-type: none"> Management
Focus	<ul style="list-style-type: none"> Prevention and real-time correction 	<ul style="list-style-type: none"> Identification of gaps, risk assessment
Outcome	<ul style="list-style-type: none"> Immediate correction of issues and recommendations for IA to test 	<ul style="list-style-type: none"> Formal reports with recommendations and corrective actions



Goal 1 – Compliance Technology Integration

Description of Goal: Enhance compliance efficiency and oversight by implementing and optimizing industry-leading platforms, leveraging technology to streamline processes, improve risk management, and ensure robust regulatory adherence across the organization.

Strategic Objectives Supported	
Enterprise Goals	Compliance Objectives
Improve Operational Efficiency: <ul style="list-style-type: none"> • Improve systems, technology, and network infrastructure • Modernize our data ecosystem using cloud-based rather than legacy systems; • Employ a suite of technologies that are lightweight, nimble, and adaptable 	Implement technology platforms that centralize compliance activities, enhance risk management capabilities, and streamline governance processes by automating workflows, improving data analytics, and ensuring alignment with regulatory requirements. <ul style="list-style-type: none"> • Compliance Workplan #6

Why and How	
What's Driving the Need?	Activities to Accomplish
Increasing Regulatory Complexity - growing regulatory requirements across multiple jurisdictions,	System Design and Implementation for all modules related to the Governance, Risk, Compliance (GRC) platform
Management of compliance activities in isolated systems or departments, leading to inefficiencies, duplication of efforts, and gaps in oversight.	Deployment of Artificial Intelligence Capabilities to enhance Regulatory Change Management
Compliance requires robust analytics to make informed decisions about risk and compliance.	Optimize Smartsheet Utilization Across the Compliance Ecosystem
L.A. Care requires scalable systems that can accommodate evolving compliance needs. A GRC platform offers flexibility to align with organizational changes.	



Goal 2 – Compliance Culture

Description of Goal: Embed a culture of compliance across the organization by fostering awareness, accountability, and ethical decision-making through targeted education, leadership engagement, and the implementation of proactive compliance strategies

Strategic Objectives Supported	
Enterprise Goals	Compliance Objectives
Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.	Develop tailored training programs, enhance communication channels, and incentivizing compliance practices to ensure that compliance becomes a core value in daily operations. <ul style="list-style-type: none"> • Compliance Workplan #3, #5, #7, #11, #12, #14, #15, & #17

Why and How	
What's Driving the Need?	Activities to Accomplish
Community and network partners increasingly demand transparency, ethical practices, and adherence to regulatory standards.	Hotline Operations - Create a new awareness campaign for our Hotline system along with appropriate reporting for substantiation and investigation. Be able to track the insights that could lead to an SIU or internal investigation
Prevention of unethical behavior, fraud, harassment, and other misconduct, safeguarding the organization and its employees.	Enhance the fraud prevention program by focusing on proactive measures, leveraging technology, enhancing internal and external partnerships, and fostering a culture of awareness.
Integrating compliance into the organization's culture reinforces alignment with mission, vision, and values.	Create the Enterprise Business Continuity Plan
Need to reduce the likelihood of regulatory violations, financial penalties, reputational harm, and operational disruptions.	Improve Policy Management Program to include our external facing HIPAA Policy
Medicare and HIPAA Compliance. New rules and greater regulatory scrutiny. Our need to drive this awareness is key.	Drive HIPAA & Medicare Compliance Awareness Program



Goal 3 – Delegation Oversight Stabilization

Description of Goal: Establish and standardize robust processes for delegation oversight by developing clear guidelines, implementing consistent monitoring protocols, and ensuring alignment with regulatory requirements

Strategic Objectives Supported	
Enterprise Goals	Compliance Objectives
Support a robust provider and partner network to ensure their capacity to address our members' health and social needs.	<p>Achieve stabilization in delegation oversight by enhancing operational consistency, streamlining monitoring & auditing processes, and ensuring compliance with regulatory standards. This includes developing standardized tools and workflows, fostering collaborative relationships with delegated entities, and implementing a comprehensive governance plan to align expectations and improve accountability.</p> <ul style="list-style-type: none"> • Compliance Workplan #9 & #10, #14, & #16

Why and How	
What's Driving the Need?	Activities to Accomplish
L.A. Care's decentralized organizational structure can lead to inconsistent oversight practices across different departments and delegated entities.	Develop and implement an enterprise-wide strategy for delegation oversight across all departments and entities.
The increasing number of delegated entities and the diversity of their functions create operational complexity.	Create and implement an effective Vendor Risk Management program at LA Care.
Disparate or inconsistent data collection and reporting practices among delegated entities can hinder decision-making.	Create and implement an effective First Tier, Downstream and Related Entity (FDR) program at LA Care.
Fragmented oversight processes can lead to inefficiencies and wasted resources.	Establish clear lines of communication with delegated entities for regular updates, issue resolution, and feedback.



Goal 4 – Modernizing Compliance Reporting

Description of Goal: Enhance the accuracy, efficiency, and accessibility of compliance reporting by adopting advanced tools and technologies that enable real-time data analysis, automated reporting, and seamless integration across systems.

Strategic Objectives Supported	
Enterprise Goals	Compliance Objectives
<ul style="list-style-type: none"> Support a robust provider and partner network to ensure their capacity to address our members' health and social needs. Improve operational efficiency. 	<p>Streamline reporting workflows, ensuring compliance with regulatory requirements, and empowering stakeholders with actionable insights through user-friendly dashboards and advanced analytics.</p> <ul style="list-style-type: none"> Compliance Workplan #1, #2 #8, #13 & #18

Why and How	
What's Driving the Need?	Activities to Accomplish
Increasingly complex and stringent regulations necessitate more comprehensive and timely reporting to meet compliance obligations	Regulatory Compliance Quarterly Reporting- Design and launch a trending and actionable report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits, deficiencies and corrective action plans.
Growing volumes of compliance-related data across multiple systems make traditional reporting methods inefficient and prone to errors.	Regulatory Reports Quality Assurance & Monitoring - Continue to develop and expand the Regulatory Reporting Quality Assurance process
L.A. Care requires real-time reporting capabilities to identify risks early and make informed decisions promptly.	Develop compliance dashboard to provide key metrics of an effective compliance workplan
Need to ensure that reports are audit-ready with clear data trails and regulatory alignment.	Member Data Validation - Develop a robust quarterly monitoring process of member data This will help validate marketing and care efforts to nonqualified members.



Goal 5 – Enhance Regulatory Change Mgmt.

Description of Goal: Strengthen the organization's ability to monitor, assess, and respond to regulatory changes by implementing robust processes, leveraging advanced tools, and fostering cross-departmental collaboration

Strategic Objectives Supported	
Enterprise Goals	Compliance Objectives
Improve operational efficiency.	Ensure compliance with evolving regulations, reduce risks associated with non-compliance, and maintain operational agility in adapting to new regulatory requirements. <ul style="list-style-type: none"> • Compliance Workplan #4

Why and How	
What's Driving the Need?	Activities to Accomplish
Failure to respond effectively to regulatory changes can result in penalties, reputational damage, and operational disruptions.	Develop a Centralized Regulatory Tracking System to consolidate updates into a centralized repository accessible to all relevant stakeholders.
Existing regulatory change management processes may lack standardization and coordination, leading to inefficiencies and missed requirements	Utilize artificial intelligence and machine learning tools to identify and analyze regulatory changes and automate notifications and workflows to ensure timely action on identified changes
The sheer volume of regulatory updates demands systems that can efficiently track, analyze, and prioritize necessary actions.	Enhance Regulatory Change Management Framework
Rapid changes in regulations across regulators require a more dynamic and efficient approach to manage updates.	Develop and execute validation protocols to ensure that regulatory changes are implemented correctly by all relevant stakeholders.



2025 Work Plan for Approval



2025 Workplan (Prior approved # included)

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
1 (#5)	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	Design and launch a trending and actionable report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits, deficiencies and corrective action plans. <ul style="list-style-type: none"> The report will be communicated to senior management and used to monitor business unit investigation and remediation activities Each section will include new initiatives or programs and implementation updates 	<ul style="list-style-type: none"> GRC Implementation Sr. Director onboarding Smart Sheet configuration 	25%	<ul style="list-style-type: none"> Report baseline document created and outlined the quarterly inputs (new PM managing the development); working with stakeholders to provide initial quarter inputs Currently collecting a pilot due 8/5 (differs from CCM's KPIs - this is focused on CAPs, monitoring and Chief level need-to-knows)
2 (#1)	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: <ul style="list-style-type: none"> Comprehensive technical specifications document for regulatory reports including regulatory review tools. Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate Streamline coordination of report development and ensure data governance 	<ul style="list-style-type: none"> Prioritization efforts Enhancement to ERCM program Delegation Oversight RACI GRC Implementation 	75%	<ul style="list-style-type: none"> FTE officially moved over (6/17); Upcoming meeting to discuss regulatory reports quality assurance current state and begin to outline future state process Developed Regulatory Reporting strategy; working on CMS audit universe collection as a priority; still defining the regulatory reporting team
3 (#6)	Improve Policy Management Program	Material Review	Improve enterprise-wide Policy Management Program: <ul style="list-style-type: none"> Update Policy template and glossary Review and revise Policy Management Workflow Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirement 	<ul style="list-style-type: none"> GRC Implementation 	25%	<ul style="list-style-type: none"> Gathering P&P listing current state assessment from BUs to enable reporting and to clean up P&P listing in the system; Developing quarterly report to be included in larger ongoing Director Compliance report; Policy Management of GRC is in the configuration stage (reviews begin week of 8/5) Deadlines may be pushed due to losing an FTE and one being on LOA
4 (#7)	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	Enhance the enterprise-wide regulatory change management program, including but not limited to: <ul style="list-style-type: none"> Develop and socialize Regulatory Implementation Dashboard Implement Regulatory Implementation Artifact Inventory Review and revise Regulatory analysis templates and change management workflow 	<ul style="list-style-type: none"> Staffing enhancements GRC Implementation 	50%	<ul style="list-style-type: none"> IT resources are not allowed to transfer to Compliance - project on hold until position filled (in the meantime regular regulatory change management process taking place; Need to confirm how items in the queue should be handled (w Todd);

2025 Workplan (Prior approved # included)

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
5 (#4)	Create the Enterprise Business Continuity Plan	Risk Management / Business Continuity	<ul style="list-style-type: none"> • Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2024 	<ul style="list-style-type: none"> • Outcome of Application (DR) and BCP testing • Mission critical BCP identification and creation • Sign-off of enterprise BCP 	50%	<ul style="list-style-type: none"> • Completed BIA and working through infrastructure changes (DR) – IT responsible • Enterprise BCP and crisis management plan created developed with IT and Compliance – both need sign off • BCPs being created for mission critical processes • Training component underway for crisis management • Developing a communication plan and vetting OnSolve contract (electronic tool for internal communications) – waiting on final sign-off
6 (#3)	Implement GRC	All	<ul style="list-style-type: none"> • Collection and prioritization of business requirements: • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users 	<ul style="list-style-type: none"> • PISQ form completion underway (secure SFTP site development for Users) – needed for better automation 	Phase 1 50% Phase 2 15%	<ul style="list-style-type: none"> • Phase 1 workstreams (Policy Management testing underway; Privacy testing starting soon; Enhanced Regulatory Change Management still under configuration development) • Phase 2 workstreams (ERM, Incidents, Delegation oversight all kicked-off) • Confirming responsible parties for InfoSec privacy verification sign-off across the system
7 (#2)	External facing HIPAA Policy	Privacy	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	<ul style="list-style-type: none"> • Defining the roll-out plan along with established Vulnerability Management Program 	50%	<ul style="list-style-type: none"> • BAA updated and working to get it confirmed with internal stakeholders (deciding if there will be a single BAA or one for vendors and one for providers) • New FTE coming to inventory the contracts and then work through the high-risk contracts; Legal may go to outside counsel for help • New FTE coming to inventory the contracts and then work through the high-risk contracts; Legal may go to outside counsel for help
8 (#23)	Compliance Dashboard	All	Develop compliance dashboard to provide key metrics of an effective compliance workplan	<ul style="list-style-type: none"> • UBIX Approval (Resources) • GRC Implementation 	15%	<ul style="list-style-type: none"> • Potential contract with UBIX AI to complete a compliance dashboard pilot leveraging LA Care's available data • Outlining Compliance Dashboard metrics with details on availability, responsibility, and priority-level; defining scope of UBIX pilot



2025 Workplan (Prior approved # included)

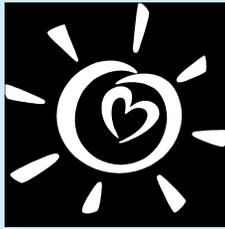
#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
9 (#25)	Vendor Risk Management "Oversight" Program (Level 1)	Risk Management	Create an effective Vendor Risk Management program at LA Care. This includes support from IT Security, Compliance, Legal, Finance, Procurement.	<ul style="list-style-type: none"> Approval of charter Approval of P&Ps Staffing of 1 FTE 	50%	<ul style="list-style-type: none"> Working with contractor to assist with designing the program, charter, P&Ps, 12-month initial plan (sub-committee to the Risk committee); Worked with Delegation Oversight to combine the needs of DO, FDR and broad-based vendors Targeting 9/26 charter approval with Risk Committee Creating Vendor Risk Management P&P Approval from Finance to support VRMC reporting FDR definitions and rubric shared with the Risk Committee Need to update FDR list from mock audit and further define the future state (i.e., vendor listing)
10 (#25)	FDR Risk Management	Delegation Oversight	Create an effective FDR program at LA Care. This includes support from IT Security, Compliance, Legal, Finance, Procurement.	<ul style="list-style-type: none"> Procurement enhancements 	25%	<ul style="list-style-type: none"> Hotline Defined: Ethics hotline (mostly escalated issues (e.g., long wait on A&G), OCR mailbox, FWA hotline, in-person, Compliance team Initial awareness program kicks off with Compliance week (week of 9/16) Resource hired to assist with risk management team reporting (SIU and Hotline)
11 (#26)	Hotline Operations	Corporate Compliance	Create a new awareness campaign for our Hotline system along with appropriate reporting for substantiation and investigation. Be able to track the insights that could lead to an SIU or internal investigation	<ul style="list-style-type: none"> Access to SQL sandbox for report development 	25%	<ul style="list-style-type: none"> Updated the scope of the project to align with the CMS program mock audit findings (tied to program requirements) Developing project timelines for addressing findings Awaiting completion of KPI buildout
12 (#27)	Medicare Awareness Program	Medicare Compliance	Develop a robust Medicare and DSNP Compliance awareness program. To include modifying the current communication plan, monitoring and auditing.	<ul style="list-style-type: none"> DSNP KPI Implementation Medicare Product team partnership 	75%	<ul style="list-style-type: none"> In planning stage with a workgroup of HCS, Product team, Compliance and IT IT Architecture is finalizing the ingestion requirements to protect member data after analysis.
13 (#28)	Member Data Validation	Regulatory Compliance	Develop a robust quarterly monitoring process of member data This will help validate marketing and care efforts to nonqualified members. The data will have to be validated against a 3rd party resource to check movement of members within the county, state, or country	<ul style="list-style-type: none"> LexisNexus and IT Data Management 	10%	



2025 Workplan (Prior approved # included)

#	Project	Compliance Unit	Description	Dependencies	% Complete	Current Status
14 (#18)	Fraud Prevention Program (Part of FY 23)	Regulatory Compliance	From FY23 (#18) Compliance Workplan - Develop a fraud prevention program. LA Care has a leading practice detection program which has provided recoveries and insights to reduce revenue leakage and thwart fraud. The next step is to improve its fraud prevention program by focusing on proactive measures, leveraging technology, enhancing internal and external partnerships, and fostering a culture of awareness.	<ul style="list-style-type: none"> Enhanced communication plan to providers Collaborative Fraud Prevention Committees. 	50%	<ul style="list-style-type: none"> SIU has developed tracking of trends in their investigations Established an Internal Investigations Team (potential employee FWA) Leverages Fraud Shield for case management and tracking of open cases
15	**New** Enforcement Matter Support	All	In response to the DMHC and DHCS Enforcement Matter and settlement, Compliance will be leading the oversight of the outside consulting firm Forvis/Mazars, which will be validating effective closure of our findings	<ul style="list-style-type: none"> Regulatory Audit closures Forvis/Mazars Contract and Workplan 	0%	<ul style="list-style-type: none"> Working with legal on the updated scope of the project to align with the enforcement deliverables
16	**New** Audit Workplan	Audit Services	With the incorporation of the Audit Services Program back into Compliance, this will help strengthen our Delegation Oversight Monitoring programs to not duplicate efforts.	<ul style="list-style-type: none"> Annual Risk Assessment Monitoring Plan Senior Leadership Team Support 	50%	<ul style="list-style-type: none"> Audit Services already has been working to develop their annual plan and will need to present to Senior Leadership.
17	**New** 2025 Compliance Comms Plan	All	With the integration of Audit Services, New CEO, Forvis/Mazars, Medicare Awareness and Fraud Prevention, the Compliance Department will develop a new Comms plan for 2025.	<ul style="list-style-type: none"> Medicare Product Leadership SIU Senior Leadership Forvis/Mazars 	50%	<ul style="list-style-type: none"> Compliance already has a digital newsletter and updated website. Needing to work with LA Care Comms on updating website with Audit Services, new CEO information and updating the frequency of communications to the LA Care staff.





L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. TTECA 100.0225

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

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

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

Budget Impact: None.

Motion To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their December 11, 2024, meeting:

- Discovery Cube, RCAC 2, Community Partner
- Meals in Motion, RCAC 2, Community Partner
- Mend Poverty, RCAC 2, Community Partner
- Pacoima Beautiful, RCAC 2, Community Partner
- Pomona Valley Pride Center, RCAC 3, Community Partner
- American Red Cross, RCAC 3, Community Partner
- Breathe Southern California, RCAC 4, Community Partner
- Humanity Heroes, RCAC 4, Community Partner
- Plus Me Project, RCAC 4, Community Partner
- SELAH Neighborhood Homeless Coalition, RCAC 4, Community Partner
- HELPERS Foundation, RCAC 5, Community Partner
- Cinna Moms, RCAC 6, Community Partner
- Green Dot, RCAC 6, Community Partner
- Health Matters Clinic, RCAC 6, Community Partner
- Macedonia Community Development Corporation, RCAC 6, Community Partner
- Sanctuary of Hope, RCAC 6, Community Partners

- **Ten Toes, RCAC 6, Community Partner**
- **Alzheimer's Association, RCAC 6, Community Partner**
- **East L.A. Women's Center, RCAC 7, Community Partner**
- **Helpline Youth Counseling, Inc, RCAC 7, Community Partner**
- **Human IT Org, RCAC 7, Community Partner**
- **Pools of Hope, RCAC 8, Community Partner**
- **Woman II Woman, RCAC 8, Community Partner**
- **Asian Pacific Environmental, RCAC 8, Community Partner**

**CHIEF
EXECUTIVE
OFFICER
REPORT**



February 6, 2025

TO: Board of Governors
FROM: Martha Santana-Chin, *Chief Executive Officer*
SUBJECT: CEO Report – February 2025

As I assumed the role of CEO less than one month ago, my initial focus was on strengthening our core operations, fulfilling our mission to deliver exceptional value to the members we serve, preparing to advocate for the protection of advances we've made in expanded coverage and whole-person care, and accelerating my learning to position L.A. Care for future success. However, our immediate attention was redirected to responding to the historic wildfires that devastated large parts of Los Angeles County.

These wildfires forced the evacuation of more than 200,000 people, including 59,000 L.A. Care members and 237 employees, destroyed over 12,000 structures, and tragically claimed more than 25 lives. This unprecedented crisis provided me with an opportunity to witness the unwavering dedication of the L.A. Care team. They quickly mobilized, forming three focused groups to support our members, providers, and employees. Their tireless efforts and unified commitment ensured we responded to this crisis with care, compassion, and effectiveness. As I begin my tenure, I do so with immense pride, knowing that our organization is resilient and ready to meet the challenges ahead.

1. **Wildfire Support and Relief Efforts**

The devastating wildfires profoundly impacted our members, employees, and providers. L.A. Care swiftly mobilized to provide support:

For Members:

- Ensured continuity of care by suspending prescription refill limits, relaxing authorization requirements and enabling access to out-of-network providers.
- Conducted proactive outreach to high-risk members to support their immediate needs, ensuring care was uninterrupted and deployed field medicine support for unhoused populations.
- Expanded services to address long-term health concerns, including respiratory and mental health needs, including providing at-home autism services and promoting our Behavioral Health vendor's 24-hour crisis line, among other efforts to support.

For Providers and the Community:

- Assessed service availability, allocated resources to address provider needs and partnered to support the transfer of members to safety, minimizing administrative burden as much as possible.
- Partnered with community-based organizations, disaster relief agencies, and Blue Shield Promise to extend hours at Community Resource Centers, gather donations and facilitate connections with resources in the community.
- Provided sponsorships to community-based organizations working on-the-ground supporting the immediate needs of individuals impacted by the wildfires.

For Employees:

- Activated emergency communication channels and offered flexible work arrangements.

- Provided financial support and counseling services through our Employee Assistance Program (EAP).
- Extended direct support to employees who lost their homes and encouraged volunteerism to allow team members to contribute without financial hardship.

Supporting Recovery: Recognizing that recovery is a long-term process, we are recommending the allocation of \$10 million in grant funding for wildfire relief efforts across Los Angeles County. This funding will ensure our members continue to have access to high-quality care. Our Communications team will maintain an ongoing focus on building awareness of our impact, support, and opportunities to assist our communities.

2. Advocacy Amid Federal Policy Shifts

The new federal administration presents significant uncertainties, particularly regarding immigration and diversity, equity and inclusion policies and potential reductions in funding for Medicaid. L.A. Care is proactively addressing these challenges by:

- Collaborating with trade associations, state agencies, and local governments to protect the integrity of Medi-Cal programs and the people we serve.
- Engaging in advocacy to inform legislative and budget priorities that minimize negative impacts on access to high-quality, equitable care.
- Enhancing our role as a local trusted source of accurate information by framing communications to acknowledge sensitivities and fear resulting from recent or proposed changes that may negatively impact the communities we serve, and focusing on providing facts and information about democratic processes for the purpose of supporting community awareness and engagement.
- Deepening our partnerships with local, state, and nonprofit agencies leading the charge to support immigrants, ensuring our policies for addressing potential deportation efforts and interactions with immigration officials are informed by the latest legal and policy developments. We are also updating our website and training member-facing and provider-facing team members to effectively direct members and providers to expert guidance that helps them prepare, understand their rights, and appropriately engage with immigration officials.

3. Learning and Strengthening Organizational Foundations

Over the past month, I have also focused efforts on immersing myself in L.A. Care's operations, strategy, people, and culture. Key activities include:

- Sharing a pre-recorded introductory video with all employees and hosting a "Meet the CEO" event attended by nearly 1,800 staff, sharing my vision, and fostering open dialogue.
- Engaging with community partners, elected officials, heads of state agencies, staff and leadership to foster strong relationships and identify areas for improvement and innovation.
- Planning a strategy retreat to refine priorities to ensure operational excellence and strategic alignment remain central to our work as we prepare the organization to withstand potential changes in program funding in the coming years.

While the challenges ahead are significant, we are committed to finding silver linings and strengthening our communities through collaboration and resilience. By addressing the brutal facts of today and remaining optimistic about the future, we will position L.A. Care for long-term success, ensuring that the people we serve receive the care and support they need. Thank you for your partnership and unwavering commitment to our mission.

Below please find organizational updates for January.

L.A. Care's Community Partner Collaborative Launches Donation Drop-off and Distribution Center to Support Those Impacted by Southern California Wildfires

As the wildfires continue to devastate the Southern California region, L.A. Care Health Plan has brought together a network of community partners to support residents who were forced to leave their neighborhoods, many of which have been destroyed. Many fled the flames with only the clothes on their backs, or not much more. The L.A. Care Community Collaborative is accepting contributions of essential items that can be dropped off at any of the 13 [Community Resource Centers](#) that L.A. Care operates with Blue Shield of California Promise Health Plan. Items that are being accepted include non-perishable food, water, hygiene products, and household supplies. While rebuilding is going to take some time, L.A. Care and its partners want to help those who have suffered great loss with some basic needs. People can also receive help connecting to longer-term resources, such as food and housing, at each of the L.A. Care and Blue Shield Promise Community Resource Centers.

L.A. Care and Children's Hospital Los Angeles Jointly Release Four Policy Briefs on the State of Children's Health

After many months of researching and exploring some of the most complex challenges facing children in a post-pandemic world, experts from L.A. Care Health Plan and Children's Hospital Los Angeles (CHLA) unveiled their first-ever Los Angeles County State of Children's Health report. The report, made up of four policy briefs, identified core issues impacting kids and teens and key recommendations to proactively address them. The report is the product of a roundtable held in November of 2023. Expert stakeholders broke into groups to create four distinct policy briefs and action plans. Recommendation highlights include establishing new school-based programs to improve mental health services within educational settings, launching an effort to dispel vaccine myths to improve children's health, and addressing resource challenges that children and youth with complex chronic conditions and in social welfare system experience in Los Angeles County and beyond. The four policy briefs were produced with support from First 5 LA, HealthNet, Molina and Health Management Associations.

L.A. Care Invests \$465,000 for Accessible Exam Tables and Scales at 24 Community Clinics and Doctor's Offices

To ensure more equitable health care, seniors and people with disabilities (SPD) must have access to services that are equal to those received by a person without a disability. That means clinics and doctor's offices must have equipment that is accessible for people with disabilities. But [surveys and observational studies](#) have found that fewer than 40% of medical offices have disability-accessible examination tables or weight scales. Today, L.A. Care Health Plan announced it has invested an additional \$465,000 through its Accessible Equipment Fund Initiative for in-kind awards of adaptive exam tables and/or scales for community clinics and practices that serve a high volume of L.A. Care members and other community members who identify as SPD and other differently abled individuals. This new funding commitment follows two earlier investments totaling more than \$2 million that provided the accessible equipment needed to serve vulnerable residents in Los Angeles County. This funding aligns with L.A. Care's commitment to advancing [health equity](#), which means everyone has a fair and just opportunity to be as healthy as possible.



STRATEGIC VISION

FY 2024/25 – 2026/27

Prepared by
Strategic Planning

Quarterly Progress Report
Fiscal Year Quarter 1
October – December 2024

Table of Contents

Introduction.....	3
L.A. Care Health Plan’s Mission and Vision.....	4
Strategic Direction #1	5
Strategic Direction #2.....	8
Strategic Direction #3.....	11
Strategic Direction #4	14

Introduction

L.A. Care's strategic plan, Strategic Vision, outlines our major goals for FY2024/25 – 2026/27, and guides us towards continued growth and success using the framework offered by the four strategic directions presented in the following page.

The Strategic Vision document is available upon request.

Progress Reports

L.A. Care reports to the Board of Governors regarding the progress made towards the goals in Strategic Vision 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. Each strategic direction begins with an “At a Glance” section that highlights notable updates for the quarter, followed by the full, detailed report of all the quarterly updates.

L.A. Care Health Plan’s Mission and Vision

Our Mission

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

Our Vision

A healthy community in which all have access to the health care they need.

Strategic Vision FY 2024/25 – 2026/27



Strategic Direction #1
Improve operational efficiency.



Strategic Direction #2
Support a robust provider and partner network to ensure their capacity to address our member’s health and social needs.



Strategic Direction #3
Improve the member experience with L.A. Care and the quality of care members receive.



Strategic Direction #4
Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.



Strategic Direction #1

Improve Operational Efficiency

At a Glance

- The VOICE project completed development activities, quality assurance, systems integration testing, and user acceptance testing for all three solutions being rolled out, which are the member portal, provider portal, and a new agent console for the Call Center and enterprise.
- Provider Target State program completed the first round of mapping activities to ensure that necessary provider data can sync from Helix to the QNXT system.
- L.A. Care's Modernizing Data Architecture program, responsible for moving our data ecosystem and processes to the cloud, completed vendor discovery and selection of new technology.
- The first release of the new Potential Quality of Care Issue (PQI) system successfully went live in October 2024.
- A vendor has been selected to implement a new Provider Dispute Resolution System.

Full Progress Report Updates for Q1: October – December 2024

Provide support, education, and mentoring to develop and retain strong leaders.

The Management Certificate Program is a 12-month program designed to provide Individual Contributors with the knowledge, skills, attitudes, and experience that is the equivalent of, and can be used in lieu of, the experience required to apply for management positions at L.A. Care. The program welcomed its fourth cohort in November, with 30 participants enrolled. The third cohort will conclude this April; twenty-eight of 32 participants remain enrolled. At the end of FY Q1, one participant from the third cohort was promoted.

Succession Planning has been completed for one department and is currently ongoing for other departments. The creation of success profiles is currently underway.

Finish VOICE, a centralized customer relationship platform that simplifies the member and provider service processes for the Call Center and across the enterprise.

The VOICE program includes the roll out of a new member portal, provider portal, and agent console for the Call Center and enterprise. During the last quarter, the project has completed development activities, quality assurance, systems integration testing, and user acceptance testing for all three solutions being rolled out. Additionally, the team developed a strategy for a staggered roll out for the provider portal. The strategy is to rollout to a limited group of providers as a Beta Release in mid-January 2025, followed by a release to an additional "soft launch" group. Feedback will be solicited, and lessons learned will be implemented prior to rolling out to the general provider population. We have completed a technical go-live for the provider portal. Activities to deploy VOICE CRM agent console and member portal in production have started. Plan is to stage in production by mid-January 2025 to support end user rollout beginning the last week of January 2025.

Create and maintain the Provider Target State, a task management workflow platform for provider enrollment and maintenance that will serve as a central, accurate source of provider data to provide decision support.

During the reporting period, the Provider Target State program achieved key milestones. Key configuration documents were 80% completed, allowing implementation to begin. The team initiated the replication of data from Helix to L.A. Care databases for development and QA environments, enabling downstream system development and testing. The first round of mapping activities was completed to ensure that necessary provider data can sync from Helix to the QNXT system at L.A. Care. Business stakeholders participated in system demonstrations to validate alignment with operational needs. In the coming months, user acceptance testing will begin, and system configurations will be refined to ensure successful implementation by May 2025.

Modernize our data ecosystem using cloud-based rather than legacy systems; employ a suit of technologies that are lightweight, nimble, and adaptable.

L.A. Care has a program called Modernizing Data Architecture that aims at moving our data ecosystem and processes to the cloud. In the past quarter, the program completed vendor discovery and the selection of our new technology. Contracts with Amazon Web Services (cloud platform) and Snowflake (cloud data warehouse solution) were finalized in November 2024. The statement of work (SOW) with Infosys (the vendor that was selected as the system integrator) was finalized in December 2024. We moved from on-premise Informatica PowerCenter to cloud-based Informatica Data Management Cloud, which is a major accomplishment. This solution supports data management, data development, and data governance. The migration was a heavy lift, and it included all data mappings, transformations, source definitions, target definitions, workflows, and data quality rules. We reported 98% completion in December 2024, with a remaining 9 elements on hold and due to fully complete migration by end of January 2025.

Improve systems, technology, and network infrastructure to enhance the optimization of health plan functions allowing L.A. Care to serve our members and providers more efficiently.

We have several modernization efforts impacting several of our core applications and enterprise infrastructure. The Utilization Management (UM) system implementation remains on track for a January 21, 2025, business go-live. A technical go-live occurred on October 17, 2024. Since the technical go-live, over 300 end users were trained, and additional quality control was done to ensure a successful business go-live.

Our first release of the new Potential Quality of Care Issue (PQI) system successfully went live on October 1st, 2024. A PQI Phase 2 has been approved through governance and it begins in January 2025. The Appeals & Grievances (A&G) system is being developed in an agile fashion and there have been multiple technical releases in the first quarter. The business go-live for the A&G system is targeted for May 19, 2025.

We have also selected a vendor to implement a new Provider Dispute Resolution System using our Salesforce technology that we are using in VOICE. We are currently working on the contract to kick off the discovery process to ensure we have clarity of deliverables and timelines. In terms of implementing new claims automation tools, there is a product called Auto Q that will improve claim's processing, and that project is underway.

Outside of application implementations, we have several infrastructure-related modernization efforts underway that include a Microsoft 365 Office and email migration, a data replication modernization effort, identity access management solution cloud migration, and network device consolidation efforts. We are also implementing a new Disaster Recovery Migration Service that will support LA. Care's requirements for uptime and data lost in the event of a disaster.



Strategic Direction #2

Support a robust provider and partner network to ensure their capacity to address our members' health and social needs.

At a Glance

- L.A. Care and its Plan Partners are developing co-branded educational materials for the community and provider network to increase awareness on the importance of making active health care decisions and considerations when selecting a primary care provider.
- To strengthen and grow the Direct Network, L.A. Care is exploring the expansion of CRC services to offer wraparound-type services that will address member care gaps.
- The Community Health Team finalized and issued nine investment agreements to support the creation of new field medicine teams across the county.
- ECM enrollment increased by 25% by the end of FY Q4, compared to last year's FY Q4 total.

Full Progress Report Updates for Q1: October – December 2024

Identify and implement strategic collaborations with our subcontracted Plan Partners in areas that strengthen our overall Medi-Cal presence in L.A. County and provide greater value to Medi-Cal members.

L.A. Care is working collaboratively with our Plan Partners to increase the number of new Medi-Cal beneficiaries who proactively select a plan and provider during the choice process, rather than being defaulted (auto-assigned) to a plan by the State. Our family of Medi-Cal health plans will develop co-branded educational materials for the community and provider network to increase awareness on the importance of making active health care decisions and considerations when selecting a primary care provider. The first phase will be a digital campaign, with beneficiary- and provider-facing collateral to follow. The anticipated launch date of the digital campaign is March 2025.

Expand, administratively support, and improve the performance of the Direct Network.

To strengthen and grow the Direct Network, L.A. Care is:

- 1) **Expanding Regional Joint Operation Meetings** to feature best practices by high-performing providers.
- 2) **Hosting Provider Engagement Events** at CRCs monthly and quarterly Physician Advisory Collaborative events.
- 3) **Exploring Expanding CRC Services** to offer wraparound-type services addressing member care gaps.
- 4) **Normalizing MLR** by analyzing data to identify outlier providers and implementing next steps.
- 5) **Transferring Members** into the Direct Network to ensure continuity with their current primary care physicians after a plan partner's PPG contract termination.
- 6) **Enhancing the Provider Directory** by adding more contracted locations and detailed subspecialty services.
- 7) **Vetting and Engaging in Direct Contracting** with high-performing practices and negotiating competitive rates.

- 8) **Collaborating with Regulators** in monthly monitoring of Direct Network performance for optimization and prospective approvals of membership increases.

Mature and stabilize our field medicine program.

During this reporting period, the Community Health team continued to implement the L.A. County Field Medicine Program, which launched in July of this year. Implementation is progressing across four key areas:

- 1) **Network Development:** We initially launched with 13 Field Medicine providers who were already contracted with L.A. Care at the time of launch, and during this period, we finalized contracts and contract amendments for new providers selected to participate in the program. Contract negotiations with new providers are in progress.
- 2) **Capacity Building Investments:** In addition to expanding the network of field medicine providers, the Community Health team finalized and issued nine investment agreements to support the creation of new field medicine teams across the county.
- 3) **Performance Incentives:** The initial measurement period for performance incentives ended on 12/31/2024. In the coming months, the Community Health team will collect performance data and issue payments to participating providers.
- 4) **Internal Operations:** The Community Health team has finalized processes for paying claims for services delivered in the field, regardless of member assignment. This process is scheduled to go online in early 2025. The Community Health team is working to finalize the updated process for direct specialty access, with plans to bring new processes online in early 2025 as well.

Expand and optimize Enhanced Care Management and Community Supports services.

Enhanced Care Management (ECM):

- **Enrollment:** L.A. Care is making significant progress in increasing ECM enrollment. By the end of FY Q4, 19,318 members were enrolled, including Plan Partners—a 25% increase from last year’s FY Q4 total of 15,500. This growth is largely driven by L.A. Care’s efforts, including new provider incentives and improved referral processes.
- **Provider Network:** The ECM network now includes 86 contracted providers. To prioritize the CalAIM Providing Access and Transforming Health Initiative (PATH) recipients and Justice-Involved providers, we’ve slowed network expansion. In Q1, we continued our ECM Provider Monitoring and Oversight Program, auditing 20 additional providers and 60 cases—bringing the total to 50 providers and over 140 cases reviewed to date.

Community Supports (CS):

- **Member Engagement and CS Utilization:** The Asthma Remediation Incentive Program Request for Applications was released in Dec. 2024. The program is intended to increase utilization of Asthma Remediation (AR) services by engaging PCPs in referring eligible members and engaging AR providers in timely service delivery. Planning is ongoing for other CS incentive programs to be implemented in 2025 with a focus on increasing CS utilization.
- **Network Development:** The CS provider network continues to expand to support and increase CS member engagement. L.A. Care took the lead in updating the CS Letter of

Interest and Certification Application, which are utilized by all plans in the county. Updates were made with input from key internal and external stakeholders, including CS providers, and they were also made to ensure compliance with regulatory requirements.

- **Provider Training and Stakeholder Engagement:** The CS webinar series is intended to expand knowledge about CS, enhance provider skills, and share best practices and resources to best meet the needs of members. Different CS and provider identified topics are highlighted each month. There were 328 participants for the October and November webinars combined. The department also participated in community meetings and delivered community presentations/in-service trainings to promote awareness of CS.
- **Compliance with Regulatory Requirements:** The CS Model of Care was submitted in accordance with regulatory requirements.



Strategic Direction #3

Improve the member experience with L.A. Care and the quality of care members receive.

At a Glance

- The Community Resource Centers have begun to be used as supply hubs for field medicine teams serving members in the community.
- L.A. Care partnered with a health care provider, Quality Health Partners, to conduct Well Care visits to children at the Community Resource Centers.
- L.A. Care Covered (LACC) membership has exceeded 211k members through the October 2024 forward renewal period, in addition to the January 2025 new members.
- Deferred Action for Childhood Arrivals (DACA) enrollments are slower for LACC than expected, likely attributed to the newly elected Administration.
- The Member Experience Transformation pilot was launched in December to empower Call Center representatives with tools and additional system access that will drive member satisfaction and first call resolution.
- Health Services launched a strategic planning process to enhance strategic integration of Health Services departments and align with enterprise goals.

Full Progress Report Updates for Q1: October – December 2024

Expand services at Community Resource Centers to focus more on members, add clinical services to improve quality measures, and evaluate to increase responsiveness to member needs.

The Community Resource Centers (CRCs) are working with the QI team to increase the number of member-focused quality events at CRCs this year to eight. CRCs have also begun to be used as supply hubs for field medicine teams serving members in the community. Health Services presented to the Board of Governors in December on a concept to integrate clinical services at the CRCs. The concept will be reviewed by our new CEO before next steps are taken. A consultant team has also been engaged to develop and implement a formal evaluation program for the CRCs. This will be implemented by Q3 Calendar Year 2025, along with a formal evaluation report.

Enhance the member and provider experience by providing Customer Service Representatives the development and resources needed to increase first call resolution and reduce handoffs across all products and service offerings.

The Call Center workgroup launched the Member Experience Transformation (MET) pilot in December. The pilot empowers the MET representatives with tools and additional system access to improve member satisfaction and drive first call resolution. In its current state, the Customer Service Representative role has scope limitations with restricted access that often results in high hold times with various touchpoints and/or transfers to other departments. The workgroup meets weekly to review member transactions handled by the five MET representatives, monitor volume and performance, and identify gaps and areas of improvement to enhance the pilot. The pilot is geared to continue until the end of Q2.

Currently, the pilot is servicing our commercial product members, but the long-term goal is to expand this elevated level of service to all products.

Stand up a MAPD product in 2026 to offer continuity to members who age out of L.A. Care Covered.

- L.A. Care submitted a *Notice of Intent to Apply* to the Centers for Medicare & Medicaid Services (CMS) in November 2024, which informed CMS that L.A. Care plans on submitting a 2026 CMS Application to apply for a Medicare Advantage contract in February 2025.
- The California Department of Managed Health Care approved the material modification request to add an MAPD plan to L.A. Care's license.
- MAPD implementation project teams and cross-functional business units continue to develop MAPD product requirements and processes to prepare for 2026 go-live.

Grow and retain membership in all lines of business, including using our Community Resource Centers for outreach, education, and enrollment assistance.

L.A. Care Covered (LACC): Membership continues to have unprecedented growth, exceeding 211k members through the October 2024 forward renewal period, in addition to the January 2025 new members. LACC is projected to be on track to have 225k members by the end of the open enrollment period or February 1, 2025.

- Deferred Action for Childhood Arrivals (DACA) enrollments are slower than expected due to the impact of the newly elected Administration and deportation fears.
- Medi-Cal transitioners automatically enrolled in LACC through SB260 continues to trend higher (Approx. 2-3k members per month) than the projected post-redetermination period slow down.

Medicare Plus (D-SNP): Enhanced benefit positioning and expansion of sales distribution channels has led to high-growth, nearly doubling expectations.

- New January 2025 enrollments exceeded 4,480 new members (vs. goal of 2,310);
- Net D-SNP membership is nearing 24,000 members, which equates to a one-month growth increase (December 2024 to January 2025) of over 17%.

Medi-Cal (MCLA): Development of the Medi-Cal/Covered CA Enrollment Assistance pilot team is underway and targeted to be operational by the end of Q1, CY 2025.

- The new team will allow for direct member and prospect eligibility and enrollment assistance and oversight which is projected to increase the L.A. Care Medi-Cal enrollment choice rate.
- The new team will also allow L.A. Care to assist members who lose Medi-Cal coverage including walking them through Covered CA options.

Improve the member experience by streamlining touchpoints in our members' interaction with our products to make them as effective as possible.

The Member Experience Project began with the assessment of member materials, and learning more about when they were delivered, how they were delivered (meaning which modality), if they were regulatory-required, and what the goal of each communication was. Sixteen working sessions were conducted from October to December to review materials and process flows with business unit leaders and the product teams. This project is currently in the Strategy Phase; all the findings are being synthesized to develop focus areas and make recommendations.

Achieve star performance in L.A. Care Covered, L.A. Care Medicare Plus, and improve Medi-Cal performance on MCAS measures, in order to remain competitive, maximize revenue, and be compliant with state requirements.

- L.A. Care partnered with a health care provider, Quality Health Partners, to conduct Well Care visits to children at the community resource centers (CRCs). 1,021 well-care visits were completed in 2024 at both in-person events at the CRCs and via telehealth.
- L.A. Care staff conducted live agent outreach calls to members and providers to boost immunization levels. Over 100 provider offices and members were contacted between October and December.
- L.A. Care staff released several text messaging campaigns through a vendor, including relaunching the Controlling Blood Pressure and Diabetes Management campaigns to the L.A. Care Covered population.
- L.A. Care developed and launched a new text messaging script for pediatric flu to almost 4,000 members.
- A new email-based intervention was released to Medi-Cal members who needed cervical cancer screenings, which provided a method of contacting members in addition to traditional mailings and automated calls and texts.
- L.A. Care released an innovative Hypertension Postcard Magnet which provided members with an accessible way to track their medications, blood pressure, and physical activity.
- L.A. Care distributed in-home Cologuard and A1C test kits to members to allow for accessible testing for members for Colorectal Cancer and HbA1c.

Seamlessly integrate health care services to improve coordination and drive more effective population health management.

Health Services has launched a strategic planning process to enhance:

- Strategic Alignment with enterprise goals
- Strategic Integration of Health Services departments
- Strategic Collaboration with Compliance, Provider Network Management, Operations, and other business unit partners,
- Strategic Investments

The strategy planning process will consist of five key steps:

- *Department Leadership Engagement:* Individual sessions with department heads to define high-level priorities, goals, and cross-departmental opportunities.
- *Operational Team Engagement:* Collaborating with operational teams to refine departmental initiatives and translate them into actionable work plans with clear timelines and milestones.
- *Strategy Synthesis:* Consolidating leadership and operational inputs into a cohesive division-wide strategy.
- *Leadership Review and Approval:* Finalizing the strategy with Department heads.
- *Implementation and Monitoring:* Activating the strategy and tracking progress toward goals.

Collectively, these efforts will deepen collaboration across Health Services teams, improve coordination across services, and enhance population health management.



Strategic Direction #4

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

At a Glance

- L.A. Care Health Plan Board of Governors unanimously approved a resolution to protect those who may be at risk of losing their health care coverage and benefits because of their immigration status.
- The Community Health Investment Fund (CHIF) released \$400K to help prevent evictions, and also invested \$375K to support individuals with chronic medical conditions and advanced illnesses.
- Government Affairs organized Community Resource Center (CRC) tours for elected officials.

Full Progress Report Updates for Q1: October – December 2024

Ensure a culture of equity among L.A. Care staff and maintain a diverse workforce.

We continue to monitor current employee demographics and remain an ethnically diverse organization with only minor variations in demographics over the last quarter. Our employees are: 37.7% Hispanic or Latino; 22.2% Asian; 14.8% Black or African American; 11.1% White; 4.4% Native Hawaiian or Other Pacific Islander; 0.2% American Indian/Alaskan Native; 2.9% two or more races; 6.8% non-applicable. Additionally, our employees are 69.7 % Female and 30.4% Male.

Advocate for equitable and sustainable funding for Medi-Cal and related health and social services that our members need.

L.A. Care released a statement supporting Governor Gavin Newsom's recent proclamation calling for a special legislative session to protect California values and fundamental rights in response to the incoming Trump administration. This session addressed potential actions by President-elect Trump and his advisors that could threaten essential freedoms, including reproductive rights, immigration protections, healthcare coverage, and LGBTQ+ rights. L.A. Care commended the Governor's leadership in safeguarding Californians from these potential attacks.

In October, Government Affairs organized Community Resource Center (CRC) tours for elected officials. The purpose of these visits are for L.A. Care to collaborate with and help increase state legislators' understanding of the need and availability of the CRCs as safety-net resources, and the various services they offer to the community.

- Assemblymember Juan Carrillo visited Palmdale CRC
- Assemblymember Tina McKinnor visited Inglewood CRC
- Senator Maria Elena Durazo visited Metro L.A. CRC

Be a local, statewide and national leader in promoting equity and health equity.

L.A. Care Health Plan Board of Governors unanimously approved a resolution to protect those who may be at risk of losing their health care coverage and benefits because of their immigration status.

The Board of Governors of L.A. Care Health Plan unanimously approved a \$2 million commitment to support the L.A. County Medical Debt Relief Program, which includes efforts to prevent and reduce medical debt for qualified county residents.

L.A. Care continues to chair the L.A. County Health Equity Officers meeting. During the October meeting, topics included a presentation for the Department of Public Health on the Community Health Equity Plan, overview of Section 1557, Health Equity conference updates, and Social Determinants of Health Subgroup action steps.

Invest in the needs of our safety net providers and the community they serve through Elevating the Safety Net and other L.A. Care signature funding initiatives.

The Community Health Investment Fund (CHIF) released \$400K to help prevent evictions. Two grants support housing stability through outreach, Know Your Rights, and legal services centering residents in the East Los Angeles area. A third grant supports the Stay Housed LA program which provides similar services countywide.

CHIF also invested \$375K to support individuals with chronic medical conditions and advanced illnesses. Project Angel Food will triple the volume of medically tailored meals by 2026, while maintaining the provision of 1.5 million medically tailored meals in 2025 helping 5,500 low-income, people of color in L.A. County to manage chronic illnesses. The AC Care Alliance deploys Care Navigators to conduct home visits and develop personalized care plans for each of its 70 clients with advanced illness. The agency also conducts community events to advocate for advance care planning, provider communication, and caregiving support in marginalized communities.

On October 30th, L.A. Care launched the Provider Leadership Program, in partnership with the Center for Strategic Partnership. This SCOPE Fund program aims to enhance the capacity of providers in emerging leadership roles from L.A. County community health clinics.

Under the Elevating the Safety Net initiative, L.A. Care awarded 7 new physicians for their 3-year service commitment as part of our Provider Loan Repayment Program for a total of 199 physicians ever awarded. L.A. Care also awarded a grant to the AltaMed Foundation to develop a curriculum and provide value-based care training for up 4,500 care team members over a two-year period with a focus on workforce retention and burnout prevention.

Prioritize the adoption of Artificial Intelligence (AI) and create a strategy that improves member health outcomes and operational efficiency, while ensuring that we have a robust data management, governance, policies and procedures, vetting processes for AI technology selection, and proactive methods to mitigate any potential biases within our AI solutions.

In 2025, L.A. Care will be developing an AI strategy to ensure there is a clear roadmap for adopting, implementing, and leveraging artificial intelligence. Our AI strategy work will entail solidifying our vision and objectives, identifying high value use cases, assessing any technology and data needs, building our AI talent pool, developing appropriate AI Governance Framework and Policies, and ensuring there is appropriate regulatory adherence and risk management. As part of the strategy work, we will assess if there are opportunities to start the implementation of a few key, high-value use cases in 2025. In the first quarter, the

team completed market research to identify AI strategy framework and implementation approaches, engaged other health organizations to learn about how they are using AI, and began developing several proof of concepts. Meanwhile, L.A. Care has active AI use cases that we continue to develop, such as a Chatbot used to help staff engage IT support.



L.A. Care
HEALTH PLAN

February 1, 2025

TO: Al Ballesteros, MBA, Chair, Board of Governors

VIA: Francisco Oaxaca, Chief, Communications & Community Relations

FROM: Mariah Walton, Community Relations Specialist III

SUBJECT: Fiscal Year 2023-2024 Sponsorship Report

Staff is submitting the annual sponsorship report to the Board, as required by L.A. Care policy 603.

Fiscal Year Highlights

This fiscal year, staff supported organizations that met the community's immediate needs, supported the health care safety net, and addressed Health Equity and the Social Determinants of Health (SDOH) via the sponsorship program.

All sponsorships were carefully reviewed to determine whether the requesting organization and/or the event met the requirements of L.A. Care's sponsorship policies. Special consideration was given if 1) the event offered considerable exposure to L.A. Care; 2) the organization was a CHIF grantee; 3) the organization was within L.A. Care's provider network; 4) the event focused on health equity or one or more of L.A. Care's identified SDOH priority areas; or 5) an L.A. Care department was interested in participating.

The Communications department sponsored 120 organizations and awarded a total of \$1.4 million. These 120 organizations collectively hosted nearly 140 events across L.A. County. The Communications team focused on collaborating with organizations across Los Angeles County that would allow for L.A. Care's outreach teams to distribute Medi-Cal redetermination information, Community Resource Center calendars, health education, and product line brochures. Additionally, L.A. Care used sponsorships as an opportunity to position L.A. Care leadership as industry experts at State of Reform, the Los Angeles Business Journal Women's Leadership Symposium, California Association of Health Plans, and more. Lastly, given John Baackes' retirement announcement, L.A. Care leveraged sponsorships to highlight Mr. Baackes' contribution to not only L.A. Care Health Plan, but to the healthcare industry in California. Mr. Baackes was honored at several sponsored events held by organizations such as Project Angel Food, Meet Each Need with Dignity, Los Angeles County Medical Association, Universal Muslim Medical Association, and more.

Sponsorship by SDOH Priorities

The Communications team focused on strengthening existing relationships and cultivating new partnerships with organizations that address various SDOH. Of the 120 approved sponsorships, 115 (about 96%) addressed one or more of our SDOH priorities, including access to health care.

Staff will continue to identify and collaborate with partners that enhance the diversity of organizations supported by the sponsorship program, with a special focus on organizations that support the safety net and/or address SDOH and Health Equity, including social justice organizations.

The below bar graphs depicts the total amount we invested into our safety net partners and community-based organizations (CBOs) per SDOH category.

Sponsorship Investments per Focus Area



Figure 1. Total amount of investments made to our safety net clinics, hospitals and CBOs categorized by SDOH focus areas.

This year’s sponsorship efforts provided access to health care and food for families across LA County, while elevating L.A. Care’s brand voice as an industry leader. L.A. Care contributions supported events and residents across L.A. County, including in Palmdale. L.A. Care partnered with several internal departments such as Sales, Marketing, Human Resources, Health Promoters, Community Outreach & Engagement, Behavioral Health, Provider Network Management, Community Resource Centers and more to ensure L.A. Care was present in the community providing valuable information and relevant health resources.

In the coming year, the Communications department will continue to invest in organizations that are addressing health and SDOH needs, while partnering with community-facing internal departments to help them meet their department goals. Furthermore, our team will work to leverage sponsorship opportunities to elevate our position as health industry experts. Additionally, we will support the organizational-wide effort to engage with and increase membership within the Asian and Black and African American communities, while promoting health equity for all and supporting the safety net. Our efforts will align with L.A. Care’s Strategic Vision to make L.A. Care a recognized leader in improving health for low income and vulnerable communities.

Please reference the FY 2023-2024 sponsorship log for further details on individual sponsorships.

Sponsorships Approved in FY 2023 - 2024

*Note: Sponsorship event dates occurring in FY 2024 - 2025 were processed and approved in FY 2023 - 2024

#	Event Date	Organization Name	Project Title	Sponsorship Amount
1	10/13/2023	California State University Long Beach Bob Murphy Access Center	BMAC 50th Anniversary Celebration	\$ 5,000
2	10/26/2023	Community Health Alliance of Pasadena	ChapCare 25th Anniversary Gala	\$ 15,000
3	10/29/2023	Adventist Health White Memorial Charitable Foundation	Adventist Health White Memorial Charitable Foundation Gala 2023	\$ 10,000
4	11/1/2023	iHeart Media	L.A. Care Community Youth Community Skill Clinics	\$ 75,000
5	11/2/2023	Nimoy Knight Foundation	Remembering Leonard Nimoy COVID and Flu Vaccine Campaign	\$ 50,000
6	11/2/2023	San Pedro Chamber of Commerce	2023 State of the County with Supervisor Janice Hahn	\$ 1,250
7	11/3/2023	Hospital Association of Southern California	My SoCal Hospital Heroes Awards Gala	\$ 46,660
8	11/4/2023	Care Harbor	Veterans' Care	\$ 10,000
9	11/4/2023	University Muslim Medical Association, Inc. dba UMMA Community Clinic	UMMA 25th Anniversary Celebration Gala	\$ 5,000
10	11/6/2023	Valley Presbyterian Hospital	Valley Presbyterian Hospital 13th Annual Golf Classic	\$ 6,000
11	11/8/2023	Los Angeles County Department of Public Health	2023 Department of Public Health Giving Thanks Event	\$ 12,500
12	11/8/2023	United Friends of the Children	United Friends of the Children: An Autumn Affair	\$ 5,000
13	11/11/2023	Ability First	Ability First Stroll & Roll	\$ 5,000
14	11/11/2023	Oaks of Righteousness Ministry	Food Distribution	\$ 30,000
15	11/11/2023	The African American Male Wellness Agency	African American Male Wellness Walk	\$ 5,000

16	11/12/2023	California Association of Health Facilities	CAHF 2023 Convention & Expo	\$ 10,000
17	11/14/2023	Children's Hospital Los Angeles	LA County Child Health Disparities Roundtable	\$ 20,000
18	11/18/2023	Heart of Compassion Distribution	Thanksgiving Giveaway Event	\$ 13,000
19	12/1/2023	Patient Care Foundation	11th Annual LA Healthcare Awards	\$ 30,000
20	12/6/2023	California Health Care Safety Net Institute	CAPH/SNI Annual Conference	\$ 25,000
21	12/7/2023	California Black Health Network	CBHN 40th Anniversary	\$ 10,000
22	12/8/2023	Los Angeles Brotherhood Crusade - Black United Fund, Inc.	55th Annual Pioneer of African American Achievement Award Gala	\$ 10,000
23	12/9/2023	Fostering UNITY	2023 Winter Wonderland	\$ 5,000
24	12/9/2023	It's Bigger Than Us	Winter Wonderland	\$ 10,000
25	12/9/2023	Voices of Our Youth	I Solemnly Swear That I Am Up To Some Good	\$ 7,500
26	12/16/2023	Urban Voices Project	A Holiday Called Home Celebration	\$ 25,000
27	12/23/2023	South LA Cafe Community Foundation	Feeding the People - South LA Block Party & Wellness Fair	\$ 10,000
28	12/25/2023	Los Angeles Business Journal	Book of Lists 2024	\$ 4,500
29	1/12/2024	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)	The Dream Show 2024: Power of Purpose	\$ 25,000
30	2/1/2024	Angel City FC	Angel City FC (Full season partnership)	\$ 75,000
31	2/6/2024	Insure the Uninsured Project	Engagement Redefined: Harnessing Community Power for Equitable Health	\$ 5,000
32	2/7/2024	Song for Charlie	The New Drug Talk: Connect to Protect	\$ 10,000
33	2/15/2024	Los Angeles Area Chamber of Commerce	2024 Inaugural Dinner	\$ 10,000
34	2/23/2024	It's Bigger Than Us	It's Bigger Than Us Food and Resource Distributions	\$ 50,000

35	2/29/2024	Charles R. Drew University of Medicine and Science	President's Breakfast and Jazz at Drew	\$ 50,000
36	2/29/2024	UCLA Center for Health Policy Research	Distinguished Speaker Series	\$ 9,925
37	3/9/2024	American Red Cross	Sound the Alarm	\$ 25,000
38	3/21/2024	Hollenbeck Police Business Council and Inner-City Games	Health Care Workshop Series	\$ 5,000
39	3/23/2024	Golden Future Expos Inc.	Golden Future 50+ Senior Expo - LA North Edition	\$ 20,000
40	3/26/2024	Peggy Beatrice Foundation	Serve-A-Soul weekly Homeless feeding program	\$ 5,000
41	3/29/2024	Community Clinic Association of Los Angeles County (CCALAC)	Policy Cafe	\$ 7,000
42	4/5/2024	Community Clinic Association of Los Angeles County (CCALAC)	23rd Annual Health Care Symposium	\$ 15,000
43	4/13/2024	Playmakers (formerly known as Beach Cities Miracle League)	Long Beach Adaptive Sports Fair	\$ 2,000
44	4/18/2024	Health Consortium of Greater San Gabriel Valley	2024 San Gabriel Valley Health Summit	\$ 2,500
45	4/18/2024	Justice In Aging	Celebrate Justice in Aging	\$ 2,500
46	4/20/2024	Long Beach Forward	In Full Bloom	\$ 2,500
47	4/20/2024	Speak Up Empowerment Foundation, Inc.	8th Annual Ms. Single Mom Empowerment Forum	\$ 2,500
48	4/25/2024	LA Family Housing	LAFH Awards 2024	\$ 10,000
49	4/27/2024	Eriksson Ad Venture	Central American Health Fair	\$ 3,500
50	4/27/2024	Los Angeles County Department of Health Services - Rancho Los Amigos	Rancho Los Amigos Foundation's Annual Amistad Gala - 2024	\$ 10,000
51	4/27/2024	Southern California Counseling Center	2024 Spring Bash	\$ 5,000

52	5/1/2024	Community Partners FBO Maternal Mental Health NOW	2024 Sex and Perinatal Mental Health Conference: There is no Perinatal Mental Health Without Sexual Health	\$ 5,000
53	5/1/2024	Nick and Norma's No Child Left Behind Fund DBA Meals in Motion	Meals in Motion - Food Distributions	\$ 10,000
54	5/2/2024	United Friends of the Children	Foster The Conversation	\$ 3,500
55	5/4/2024	Discovery Science Center of Los Angeles	Star Gala - 10-Year- Anniversary of Discovery Cube Los Angeles	\$ 2,500
56	5/4/2024	National Alliance on Mental Illness Greater Los Angeles County	NAMI Walks Greater LA County & Mental Health Fest	\$ 5,000
57	5/9/2024	Alzheimer's Association	The Magic of Music	\$ 10,000
58	5/9/2024	The People Concern	The People Concern's Annual Gala	\$ 5,000
59	5/11/2024	Eisner Pediatric and Family Medical Center	Mother's Day Health Fair	\$ 2,500
60	5/11/2024	KJLH	Women's Health Expo	\$ 25,000
6	5/16/2024	Helpline Youth Counseling, Inc	2024 Heroes of HYC	\$ 2,500
62	5/20/2024	Hospital Association of Southern California	2024 HASC Annual Meeting	\$ 10,000
63	5/23/2024	Valley Community Healthcare	Legacy 54 Gala	\$ 5,000
64	5/30/2024	Los Angeles Urban League	Whitney M. Young, Jr. Annual Awards Dinner	\$ 5,000
65	5/31/2024	Move LA	Move LA's Community Conversation and Policy Conference	\$ 10,000
66	6/8/2024	Christopher Street West Association, Inc. dba LA Pride	2024 LA Pride	\$ 25,000
67	6/13/2024	Los Angeles Business Journal	Women's Leadership Symposium & Awards	\$ 12,500
68	6/14/2024	CA Black Women's Collective Empowerment Institute	CA Black Women's Trailblazer Hall of Fame Celebration	\$ 10,000
69	6/14/2024	LA Opera	LA County Arts and Health Week Summit	\$ 10,000

70	6/19/2024	Open Arms Food Pantry & Resource Center	Juneteenth x Health First Fair	\$ 5,000
71	6/21/2024	Neighborhood Legal Services of Los Angeles County (NLSLA)	Music for Justice	\$ 2,500
72	6/22/2024	Housing Works	21st Annual Dinner	\$ 1,500
73	6/22/2024	Project Angel Food	Lead With Love 5 A Live Televised Special	\$ 10,000
74	6/22/2024	SALVA	Gala 2024 - 8th Anniversary	\$ 8,000
75	6/29/2024	Proyecto Pastoral at Dolores Mission	Proyecto Pastoral's Annual Women's Conference	\$ 2,500
76	6/30/2024	Gay Men's Chorus of Los Angeles	GMCLA's 2024 GALA	\$ 25,000
77	7/19/2024	Alta Med Health Services Corporation	East LA Meets Napa	\$ 10,000
78	8/3/2024	Eriksson Ad Venture	El Dia Del Salvadoreño Festival	\$ 3,500
79	8/3/2024	Imagine Los Angeles, Inc.	Back-to-School 2024!	\$ 5,000
80	8/3/2024	It's Bigger Than Us	5th Annual Back 2 School Festival	\$ 5,000
81	8/3/2024	South Central Family Health Center	SCFHC 2nd Annual Family Health Day	\$ 3,000
82	8/4/2024	Venice Family Clinic	Venice Family Clinic National Health Center Week	\$ 5,000
83	8/5/2024	Arroyo Vista Family Health Foundation	2024 National Health Center Week - Children's Back to School	\$ 3,000
84	8/5/2024	FundaMental Change	FundaMental Change Golf Tournament and Wellness Retreat	\$ 10,000
85	8/7/2024	Northeast Valley Health Corporation	2024 National Health Center Week	\$ 2,500
86	8/8/2024	University of Southern California	6th Annual California Street Medicine Symposium	\$ 5,500
87	8/10/2024	Be Social Productions	Summer Health Fair	\$ 4,000

88	8/10/2024	Comprehensive Community Health Centers	CCHC National Health Center Week - Multicultural Health Fair and Children's Appreciation Day	\$ 5,000
89	8/10/2024	Eisner Pediatric and Family Medical Center	National Health Center Week	\$ 2,500
90	8/10/2024	LA County Medical Association	153rd Installation of President and Officers	\$ 5,000
91	8/17/2024	Special Needs Network, Inc.	Back to School Health + Resource Fair	\$ 5,000
92	8/21/2024	Los Angeles Business Journal	Health Care Leadership Forum & Awards	\$ 9,500
93	8/24/2024	Care Harbor	Women's Health free clinic	\$ 10,000
94	8/24/2024	Every Day Action	Fundraising Luncheon	\$ 5,000
95	8/29/2024	Breastfeeding Task Force of Greater Los Angeles	Breastfeed LA "Know Your Rights" Day	\$ 6,500
96	9/7/2024	Cabrillo Marine Aquarium	Grand Grunion Gala 2024: GLOW	\$ 2,750
97	9/7/2024	Northeast Valley Health Corporation	Community Resource Day	\$ 5,000
98	9/11/2024	Health Management Associates dba State of Reform	2024 Southern California State of Reform Health Policy Conference	\$ 20,000
99	9/19/2024	Student Health SVCS Support Fund	Salute to Student Health	\$ 10,000
100	9/26/2024	Eisner Pediatric and Family Medical Center	2024 Sunset Social	\$ 1,500
101	9/27/2024	AltaMed Foundation	55th Anniversary Gala, Noche de Salud y Arte	\$ 25,000
102	9/28/2024	Project Angel Food	Angel Awards	\$ 75,000
103	10/10/2024*	Westside Family Health Center	Westside Family Health Center's Fiftieth Birthday Party	\$ 2,500
104	10/13/2024*	Be Social Productions	Health Fair + Wellness Conference	\$ 4,000
105	10/17/2024*	MEND - Meet Each Need with Dignity	Annual Dignity Awards Gala	\$ 15,000
106	10/19/2024*	Erick A Garcia You Are Enough Foundation	3rd Antelope Valley Mental Health Awareness Day	\$ 1,000
107	10/19/2024*	Family Focus Resource Center	All Abilities Resource Fair	\$ 1,000
108	10/19/2024*	Taxi Productions, Inc.	Taste of Soul	\$ 15,000

109	10/20/2024*	Adventist Health White Memorial Charitable Foundation	Adventist Health White Memorial Charitable Foundation Gala 2024	\$ 7,500
110	10/22/2024*	Valley Presbyterian Hospital	Valley Presbyterian Hospital Golf Classic	\$ 6,000
111	10/23/2024*	The Los Angeles City College Foundation	2024 LACC Gala	\$ 10,000
112	10/25/2024*	Clinica Msgr. Oscar A. Romero	Clinica Monseñor Oscar A. Romero's 41st Anniversary Gala	\$ 25,000
113	10/25/2024*	National Alliance on Mental Illness Greater Los Angeles County	NAMI Walks Greater LA County Conference	\$ 2,500
114	10/27/2024*	Association of Black Women Physicians	ABWP 43rd Annual Charity Scholarship Benefit Luncheon	\$ 5,000
115	10/3/2024*	Vision y Compromiso	Vision y Compromiso 22nd Annual Conference	\$ 14,800
116	10/5/2024*	Antelope Valley Partners for Health	AVPH 25th Anniversary Masquerade Ball	\$ 5,000
117	10/9/2024*	PATH (People Assisting the Homeless)	PATH 40th Anniversary GALA	\$ 5,000
118	11/25/2024*	Westside Infant-Family Network	"Advancing Equity in Early Childhood"	\$ 5,000
119	12/4/2024*	UCLA Foundation	Women's Health and the Environment Conference	\$ 3,000
120	2/22/2025*	Voices of Our Youth	Voices For Change Gala	\$ 3,000
Total				\$ 1,401,385

**November 2024
Grants & Sponsorships Report
January 2025 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cumulative Total
1	California Health Care Safety Net Institute	The CAPH/SNI Annual Conference is an event that brings together leaders from California's public health care systems to: Celebrate the year's accomplishments, learn from other experts in the field, showcase innovative approaches to improve health care, and recognize talented professionals in public health care.	11/13/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
2	Los Angeles Brotherhood Crusade - Black United Fund, Inc.	Brotherhood Crusade Pioneer of African American Achievement Award Gala: This sponsorship supports the work of Brotherhood Crusade, which improves quality of life by addressing the unmet needs of low-income, underserved, under-represented and disenfranchised individuals.	11/13/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
3	SALVA	Winter Wonderland Family Festival: This sponsorship supports low-income families by giving them toys, and a variety of resources and information in the Palmdale area.	11/13/2024	Sponsorship	\$ -	\$ 5,500	\$ 5,500
4	It's Bigger Than Us	Weekly Food & Resource Distribution Events (every week on Fridays): This sponsorship supports our food security pillar in the SPA 6 area for one month worth of weekly food distribution events (a total of 12 events).	11/13/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
5	Children's Institute Inc.	6th Annual Cape & Gown Gala: This sponsorship supports early childhood education, behavioral health services, and parental counseling to families in Echo Park, Watts, Compton, and Long Beach.	11/13/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
6	Drew Child Development Corporation	Winter Wonderland Comfort and Joy Fair: This sponsorship supports critical items for families that require their basic needs to be met, such as winter coats, food, and health services. This is in the Lynwood area.	11/13/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
7	Eisner Pediatric and Family Medical Center	Eisner Health 2024 Winter Festival: This sponsorship supports our access to care focus area by helping Eisner Health bring holiday cheer, community resources, and flu vaccinations to 1,000 youth.	11/13/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
8	Sandpipers	Holiday Baskets: Sandpipers provides support to over 100 local families who have suffered recent economic hardships.	11/13/2024	Sponsorship	\$ -	\$ 1,500	\$ 1,500
10	Los Angeles Rams Foundation	This sponsorship supports a Thanksgiving food distribution and community event in Nickerson Gardens. Residents from the community and surrounding areas will go home with a bag of thanksgiving food, engage in football activities and community resource booths, plus gives us game tickets to raffle off to increase engagement at our CRC's.	11/13/2024	Sponsorship	\$ -	\$ 75,000	\$ 75,000
11	California Aquatic Therapy & Wellness Center, Inc.	Annual Holiday Toy & Food Giveaway Event: This sponsorship supports a holiday food and toy distribution event that will also offer nutrition education and asthma screenings for approximately 1,000 North Long Beach residents.	11/13/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000

12	CicLAvia	Series of three CicLAvia Sundays: CicLAvia temporarily closes streets to car traffic and opens them to use as a public park. Free for all to participate, participants are encouraged to bike, walk, run, skate, stroller- or wheelchair-push, without the need to dodge fast moving automobiles.	11/13/2024	Sponsorship	\$ -	\$ 17,750	\$ 17,750
13	Minority Health Institute, Inc.	Minority Health Imhotep Gala Awards and Symposium: This sponsorship supports the work Minority Health Institute is doing to ensure health equity and access to care for people of color. This event will bring together healthcare professionals, clinicians, policy makers, and community advocates.	11/13/2024	Sponsorship	\$ -	\$ 15,000	\$ 15,000
14	It's Bigger Than Us	Winter Wellness Bash: This sponsorship supports a holiday health and wellness resource and physical activity activation for the South LA community and surrounding neighborhoods.	11/13/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
15	UCLA Center for Health Policy Research	UCLA CHPR 30th Anniversary Dinner: This sponsorship supports geographic disparities in rates of preventable hospitalizations and emergency department visits across all SPA regions in Los Angeles County.	11/13/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
16	Oaks of Righteousness Ministry	Renew, Rebuild, Restore Project: This sponsorship supports our food access pillar for residents in SPAs 3, 5, 6, and 7. Our Lynwood community resource center team will engage with event attendees and have access to 10 events in 2025.	11/21/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
17	Project Angel Food	Project Angel Food Thanksgiving Day: This sponsorship supports 200 dedicated volunteers who will help prepare and deliver 2,000 traditional turkey meals to critically ill clients across Los Angeles County.	11/21/2024	Sponsorship	\$ -	\$ 35,000	\$ 35,000
18	AHN Foundation	Planning for the New Year and Healthier Me: AHN Foundation is connecting participants with local services supporting healthcare, food security, housing, and income stability. This event will support the following areas: Long Beach, Wilmington and Inglewood areas.	11/21/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
19	Urban Voices Project	A Holiday Called Home Celebration: This sponsorships supports a winter clothing drive, healthcare resources, food and hygiene essentials and an opportunity for community members to engage in arts and crafts.	11/21/2024	Sponsorship	\$ -	\$ 25,000	\$ 25,000
20	Black Cooperative Impact Fund	BCIF Holiday Celebration & Fundraiser: This sponsorship supports a financial education program that increases the income stability and economic growth of Black social entrepreneurs throughout L.A. County who are creating solutions to community problems.	11/22/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
Total of grants and sponsorships approved in November 2024					\$ -	\$ 252,250	\$ 252,250

**December 2024
Grants & Sponsorships Report
February 2025 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY Sponsorship Cumulative Total	FY CHIF & Sponsorships Cumulative Total
1	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)	The Dream Show 2025: This sponsorship supports access to care for Los Angeles residents primarily in the South LA region.	12/16/2024	Sponsorship	\$ -	\$ 50,000	\$ 50,000	\$ 50,000
2	Nick and Normas No Child Left Behind Fund DBA Meals in Motion	Meals in Motion Health Fair: This sponsorship supports food security and provides meals for Antelope Valley community members. This sponsorship covers two events.	12/16/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000	\$ 10,000
3	Coalition of Black Men Physicians	Debt Rx: This sponsorship supports access to care and income stability as the focus of this event is financial literacy for Black male physicians serving the most vulnerable populations in Los Angeles.	12/19/2024	Sponsorship	\$ -	\$ 16,000	\$ 16,000	\$ 16,000
Total of grants and sponsorships approved in December 2024					\$ -	\$ 76,000	\$ 76,000	\$ 76,000



January 28, 2025

TO: L.A. Care Board of Governors

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

SUBJECT: Listing of California Lawsuits Against the Trump Administration

The following is a listing of lawsuits in which the State of California has been named as a plaintiff in actions taken against the Trump Administration to date, along with the status of each case. While California has been involved in numerous lawsuits beyond those listed here, this document focuses specifically on cases of significant relevance to L.A. Care, particularly in the areas of healthcare and immigration. These legal actions highlight California's efforts to protect its residents and uphold policies critical to the well-being of its population.

- ***State of California v. Donald J. Trump (Pause on Federal Grants) (2025)***
New York and 22 other states (including California) filed a lawsuit to block the implementation of a memo issued by the Office of Management and Budget (OMB). The directive threatens to freeze up to \$3 trillion in federal assistance funding, impacting disaster recovery, public health, education, and public safety programs. The attorneys general argue that the directive is unconstitutional, violating the Administrative Procedure Act, the Spending Clause of the U.S. Constitution, and the separation of powers. *On 1/28/25, a U.S. District Court judge temporarily suspended the Administration's order to take effect. On 1/28/25 the Trump Administration rescinded the memo.*
- ***State of California v. Donald J. Trump (Birthright Citizenship Executive Order) (2025)***
PENDING – TEMPORARILY HALTED
California is joining others in the lawsuit challenging President Trump's executive order titled "Protecting the Meaning and Value of American Citizenship," which aims to end birthright citizenship for children born in the U.S. to non-citizen parents. The lawsuit argues that the executive order violates the Fourteenth Amendment of the U.S. Constitution, which guarantees citizenship to all individuals born in the United States. January 23, 2025, a federal judge granted a temporary restraining order blocking the executive order, calling it "blatantly unconstitutional." A hearing for a preliminary injunction is scheduled, and the states are seeking a court order to ensure citizenship rights for American-born children remain protected as litigation proceeds. On 01/23/25 a federal judge temporarily halted the order.
- ***State of California v. U.S. Department of Homeland Security (Limits to DACA Protections) (2020)***
PENDING
California is leading the lawsuit. After the U.S. Supreme Court blocked the Trump administration's attempt to revoke Deferred Action for Childhood Arrivals (DACA) protections, acting DHS Secretary Chad Wolf issued a memo restricting the program. The memo limited the

time DACA recipients could apply for deferred action and work authorization and imposed restrictions on travel abroad.

- ***State of New York v. U.S. Department of Health and Human Services (Obamacare's Anti-Discrimination Rule) (2020) PENDING***
California is joining others in the lawsuit. The Affordable Care Act (ACA) includes provisions prohibiting discrimination in health care settings receiving federal funding. In 2020, the Trump administration issued a rule narrowing this interpretation, removing protections for transgender individuals and others seeking reproductive health care.
- ***State of California v. Donald Trump (Counting Californians) (2020) PENDING***
California is leading the lawsuit. The U.S. Constitution mandates a census every ten years to count the "whole number of persons in each State," which determines Congressional representation and federal funding. In 2020, President Trump issued a memorandum excluding undocumented immigrants from the count.
- ***State of California v. U.S. Department of Homeland Security (International Student Restrictions) (2020) PENDING***
California is leading the lawsuit. On July 6, 2020, ICE announced it would no longer allow international students attending schools operating entirely online to remain in the U.S., impacting approximately 32,000 students in California.
- ***State of California v. Jefferson B. Sessions (Sanctuary State Funding, Round 2) (2020) WON***
California is leading the lawsuit. For the second consecutive year, the Trump administration's Justice Department attempted to withhold federal grant money from "sanctuary" jurisdictions unless they agreed to cooperate with federal immigration authorities.
- ***State of California v. Donald Trump (No National Emergency) (2020) WON***
California is leading the lawsuit. In February 2019, President Trump declared a national emergency to redirect nearly \$7 billion from military construction and drug enforcement to fund additional border fencing.
- ***State of California v. U.S. Department of Homeland Security (Ending DACA) (2020) WON***
California is leading the lawsuit. California, joined by three other states, sued after President Trump announced the termination of the Deferred Action for Childhood Arrivals (DACA) program, which allowed undocumented immigrants brought to the U.S. as minors to stay temporarily. The lawsuit was consolidated with other challenges, including one led by the University of California. On June 17, 2020, the U.S. Supreme Court ruled against the Trump administration, stating that it had not provided adequate justification for ending the program.
- ***State of California v. Donald J. Trump (Still No National Emergency) (2020) PENDING***
California is leading the lawsuit. In February 2020, the Trump administration announced plans to redirect \$3.8 billion from the Defense Department to fund the construction of the U.S.-Mexico border wall.
- ***State of California v. U.S. Department of Health and Human Services (The Pro-Choice Invoice Debate) (2019) PENDING***
California is leading the lawsuit. The ACA allows individuals to purchase health insurance through statewide marketplaces, which include federal subsidies for lower-income buyers. In

2019, the Trump administration mandated separate invoices for abortion coverage and other healthcare services, citing a commitment to preventing taxpayer funding for abortion.

- ***District of Columbia v. United States Department of Agriculture (Work Requirements for Food Stamps) (2019) PENDING***
California is joining others in the lawsuit. Federal law requires able-bodied adults under 50 without dependent children to work at least 20 hours per week or be enrolled in vocational training to consistently receive food stamps. For years, California and other states have received federal waivers for this requirement, but in December 2019, the Trump administration announced plans to tighten these regulations.
- ***State of California v. Alex M. Azar (More "Conscience Rights" for Doctors) (2019) WON***
California is leading the lawsuit. In May 2019, the Trump administration issued a rule allowing federally funded medical providers to refuse certain health care services based on religious or moral objections.
- ***Commonwealth of Massachusetts v. U.S. Department of Homeland Security (Checking in on ICE) (2019) PENDING***
California is joining others in the lawsuit. Massachusetts, California, and eight other states requested information from the Department of Homeland Security to understand immigration enforcement activities within their jurisdictions. The administration failed to respond to the request, prompting the states to file a lawsuit.
- ***State of California v. Kevin K. McAleenan (Fighting for Flores and Against Detaining Children) (2019) PENDING***
California is leading this lawsuit. In 2019, the Trump administration proposed a policy allowing undocumented children to be detained indefinitely while their immigration claims were adjudicated, contradicting the Flores Settlement, which capped such detentions at 20 days.
- ***State of California v. Department of Homeland Security (No Green Cards for Welfare Users) (2019) WON***
California is leading the lawsuit. In August 2019, the Trump administration announced a policy making it harder for immigrants to obtain green cards if they used or were deemed likely to use public assistance programs like food stamps or Medicaid.
- ***State of California v. Alex M. Azar (Medicaid Payments for Union Dues) (2019) WON***
California is leading the lawsuit. In May 2019, the Trump administration introduced a rule prohibiting states from using Medicaid payments to pay unions representing groups of medical providers. This impacted nearly half a million unionized homecare workers in California who are paid by Medi-Cal, the state's Medicaid program.
- ***State of California v. U.S. Department of Justice and Office of Justice Programs (Why No Funding for Sanctuaries?) (2019) PENDING***
California is leading the lawsuit. The Trump administration cut off federal law enforcement grants to "sanctuary" jurisdictions. California filed a Freedom of Information Act request to understand the decision, but the administration ignored the request. In response, California filed a lawsuit challenging the lack of transparency and the legality of the funding cut.
- ***State of California v. Alex Azar (Title X "Gag" Rule) (2019) LOST***
California is leading the lawsuit. In February 2019, the Trump administration implemented new

restrictions on the Title X Family Planning program, blocking funding to organizations that provide or refer patients for abortion services.

- ***State of California v. Sessions (Sanctuary State Funding) (2018) WON***
California is leading the lawsuit. California sued the Trump administration's Justice Department over plans to cut federal funding for "sanctuary" jurisdictions unless they cooperated with federal immigration authorities. In November 2018, a district court ruled the funding cuts unconstitutional. California then sought to apply the ruling to additional law enforcement grants that had been withheld by the administration.
- ***People of the State of California v. United States of America (The Border Wall) (2018) LOST***
California is leading the lawsuit. In a solo lawsuit, California argued that the federal government violated state and federal environmental laws by waiving those laws to expedite construction of the Mexico border wall. The state claimed this action undermined California's economic interests, procedural rights, and sovereignty.
- ***State of Washington v. The United States of America (Family Separation Policy) (2018) PENDING***
California joined others in this lawsuit. In 2018, the U.S. Justice Department implemented a "zero tolerance" policy, prosecuting anyone crossing the border illegally, which led to the separation of children from their families.
- ***State of New York v. U.S. Department of Labor (Affordable Care Act Protections) (2017) WON***
California is joining others in the lawsuit. In October 2017, following a failed attempt to repeal the ACA, President Trump issued an executive order easing rules established by the ACA. The Department of Labor implemented a policy allowing employers to form Association Health Plans, which operate outside ACA protections and increase consumer risk by driving up coverage costs.
- ***State of California v. Donald J. Trump (Cost Sharing Reduction Payments) (2017) PENDING***
California is leading the lawsuit. The ACA requires insurance companies to offer low out-of-pocket cost plans to low-income individuals, with the federal government covering the additional expenses for insurers. In 2017, the Trump administration announced it would stop these payments.
- ***State of California v. Hargan (Contraceptive Mandate) (2017) PENDING***
California is leading the lawsuit. After the Trump administration eased regulations allowing employers to deny insurance coverage for contraception, California filed a lawsuit. The state argued that this policy discriminates against women and violates the First Amendment's separation of church and state.

If you have any questions, please contact Cherie Compartore, *Senior Director, Government Affairs*.



January 28, 2025

TO: L.A. Care Board of Governors

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

SUBJECT: Directives Issued by the Trump Administration

The following is a list of directives issued by the Trump Administration. While the Administration has issued numerous directives since the President took office, this list highlights those closely monitored by L.A. Care, specifically regarding healthcare and immigration. These actions emphasize California's ongoing efforts to safeguard its residents and uphold policies vital to their well-being.

- ***Executive Order on Ending Radical Indoctrination in K-12 Schooling (JAN 2025)***
On January 29, 2025, President Trump signed an executive order aimed at eliminating what he describes as "radical, anti-American ideologies" in K-12 education. The order seeks to withhold federal funding from schools that teach concepts such as critical race theory or gender ideology, asserting that these teachings promote division and undermine national unity. It mandates compliance with federal laws prohibiting discrimination and protecting parental rights, including Title VI, Title IX, FERPA, and PPRRA.
- ***Memo on Restricting Federal Support for Gender Transition Care for Minors (JAN 2025)***
On January 28, 2025, President Trump signed an executive order prohibiting federal support for gender transition procedures for individuals under 19. The order bars federal insurance programs, including Medicaid, from covering gender-affirming care and restricts federally funded hospitals and universities from providing such services. It also encourages legal and legislative actions opposing access to this care. The order has drawn strong opposition from medical organizations and human rights groups, which argue it contradicts established medical guidance. Several advocacy groups have announced plans to challenge the order in court.

Memo on Freezing Federal Funds (JAN 2025 - RESCINDED)

On January 28, 2025, President Trump issued a directive freezing all federal grants and loans, excluding Social Security and Medicare, pending a policy review. The order, influenced by the "Project 2025" initiative, has raised concerns among nonprofits, public health agencies, and state governments over disruptions to Medicaid, disaster relief, and other essential programs. Multiple lawsuits have been filed, arguing the freeze unlawfully withholds congressionally appropriated funds. *On 1/28/25, a U.S. District Court judge temporarily suspended the Administration's order to take effect. On 1/28/25 the Trump Administration rescinded the memo.*

- ***Executive Order on Withdrawing the United States from the World Health Organization (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order to withdraw the United States from the World Health Organization (WHO). The order cites dissatisfaction with the WHO's handling of the COVID-19 pandemic, lack of reforms, and perceived political influence. It halts U.S. funding to the organization, recalls U.S. personnel, and directs the identification of alternative health partners. The decision has raised global concerns about its impact on international health efforts.
- ***Executive Order on Realigning the United States Refugee Admissions Program (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order suspending the U.S. Refugee Admissions Program (USRAP) effective January 27, 2025. The order cites national security and assimilation concerns, halts refugee application decisions, and mandates a 90-day review to assess the program's alignment with U.S. interests. Exceptions may be granted on a case-by-case basis.
- ***Executive Order on Protecting the Meaning and Value of American Citizenship (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order seeking to end birthright citizenship for children born in the U.S. to non-citizen parents. The order has sparked legal challenges, with opponents arguing it violates the Fourteenth Amendment. *A federal judge has temporarily blocked its implementation.*
- ***Executive Order on Securing Our Borders (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order titled "Securing Our Borders." The order mandates the construction of physical barriers along the southern U.S. border, deployment of additional personnel, and resumption of the "Migrant Protection Protocols," requiring asylum seekers to remain in Mexico during U.S. immigration proceedings. It also seeks to end "catch-and-release" practices by detaining individuals apprehended for immigration violations until their removal. The order emphasizes achieving complete operational control of the border to address unlawful mass migration and associated security concerns.
- ***Executive Order on Protecting the American People Against Invasion (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order declaring the situation at the southern border as an invasion under Article IV, Section 4 of the U.S. Constitution. The order suspends the entry of individuals involved in this invasion and restricts their access to immigration provisions that would allow their continued presence in the United States. It directs federal agencies to take necessary actions to implement these measures until the President determines that the invasion has ceased.
- ***Executive Order on Protecting the United States from Foreign Terrorists and Other National Security and Public Safety Threats (JAN 2025)***
 On January 20, 2025, President Trump signed an executive order expanding travel restrictions for individuals from countries deemed high-risk for terrorism or national security threats. The order directs federal agencies to review and update the list of restricted countries and implement

enhanced screening procedures. Critics argue the order disproportionately targets specific regions and populations, raising concerns about discrimination.

- ***Executive Order on Initial Rescissions of Harmful Executive Orders and Actions (JAN 2025)***

On January 20, 2025, President Trump signed an executive order revoking 78 executive orders and memoranda from the previous administration. The rescinded directives pertain to diversity, equity, and inclusion initiatives, climate change policies, and certain immigration enforcement priorities. The order directs federal agencies to cease implementing these rescinded policies and to review related actions for potential reversal.

- ***Executive Order on Enforcing the Hyde Amendment (JAN 2025)***

On January 24, 2025, President Trump signed an executive order reaffirming the Hyde Amendment, which prohibits the use of federal funds for elective abortions. The order revokes previous directives that expanded access to abortion services and directs federal agencies to ensure compliance with the Hyde Amendment. This action underscores the administration's commitment to preventing taxpayer funding of elective abortions.

- ***Executive Order on Emergency Measures to Provide Water Resources in California and Improve Disaster Response (JAN 2025)***

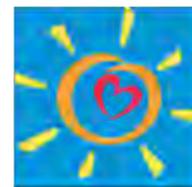
On January 24, 2025, President Trump signed an executive order implementing emergency measures to address water shortages in California and improve disaster response in affected areas. The order prioritizes the allocation of federal resources to enhance water infrastructure and expedite disaster relief operations. It also directs federal agencies to streamline permitting for critical projects to mitigate future risks.

- ***Executive Order on Council to Assess the Federal Emergency Management Agency (JAN 2025)***

On January 24, 2025, President Trump signed an executive order establishing the Federal Emergency Management Agency Review Council. The council, composed of federal officials and appointed experts, is tasked with evaluating FEMA's effectiveness, priorities, and potential political biases in disaster response. It will provide recommendations to the President for improvements or structural changes to enhance national resilience.

If you have any questions, please contact Cherie Compartore, *Senior Director, Government Affairs*.

**CHIEF
MEDICAL
OFFICER'S
REPORT**



L.A. Care
HEALTH PLAN®

For All of L.A.

CMO Report: January 2025

Health Services Division Update

Medical Management
Community Health
Pharmacy
Quality Improvement

Sameer Amin, MD

Chief Medical Officer, Health Services

Contents

- Strategy Operations2
- Medical Management4
 - Enhanced Care Management (ECM).....4
 - Care Management for Dual Eligible Special Needs Plans (D-SNP)5
 - Care Management for MCLA Members5
 - Utilization Management5
 - Managed Long Term Services and Supports (MLTSS)7
- Community Health8
 - Community Supports (CS) Operations & Reporting8
 - Behavioral Health Services (BH)9
 - Social Services (SS)..... 10
 - Housing Initiatives 10
 - Field and Street Medicine: Launch and Operations 12
- Pharmacy13
 - Medication Adherence Programs 13
 - Statin Use in Persons with Diabetes (SUPD) and Statin Therapy for Patients with Cardiovascular Disease (SPC)..... 14
 - Medication Therapy Management (MTM) Program 15
 - Additional Pharmacy Programs..... 15
- Quality Improvement17
 - Health Education, Cultural, and Linguistic Services (HECLS)..... 17
 - QI Initiatives 18
 - Provider Quality Review (PQR) 19
 - Stars Excellence..... 20
 - Regulatory CAHPS Survey..... 21
 - Population Health Management (PHM)..... 22
 - Initial Health Appointment (IHA) 23
 - Annual Cognitive Health Assessment (ACHA) APL 22-025 233
 - Child Health and Disability Prevention (CHDP) Program Transition..... 24
 - Population Health Informatics 24

Strategy Operations

The Health Services (HS) Division is crafting a comprehensive strategy to align with L.A. Care’s enterprise-wide goals while fostering seamless integration of operations across its departments—Medical Management, Community Health, Pharmacy, and Quality Improvement. By adopting a shared foundational framework based on L.A. Care’s enterprise directions, the division ensures consistency and focus with its strategic efforts. These enterprise directions serve as guiding pillars for the development of specific departmental goals, driving alignment with organizational priorities and enabling a cohesive, unified strategy.



Figure 1. HS Strategy Framework

This work ensures alignment and promotes integration across departments by highlighting interdependencies, encouraging resource sharing, and enabling cross-functional collaboration. The result is a streamlined approach that breaks down silos, minimizes duplication, and maximizes impact across the continuum of care.

Each departmental goal is supported by targeted initiatives that translate high-level objectives into actionable steps. These initiatives establish clear milestones and measurable key performance indicators (KPIs),

providing a structured pathway for implementation, monitoring, and reporting. By harmonizing efforts within the division and building dynamic collaboration pathways with other business units—such as Provider Network Management, Compliance, Operations, and Product—the strategy enhances operational efficiency, drives clinical quality, improves member experience, and promotes health equity.

Ultimately, the Health Services Division’s integrated approach advances L.A. Care’s mission to provide equitable, high-quality care and support to the diverse communities it serves, fostering accountability and continuous improvement throughout the organization.

The final set of initiatives supporting and operationalizing the HS strategic goals is expected to be completed by 1/31/2025. A preview of strategic goals, by department, is listed below.

Health Services Strategic Goals by Department - In Development

- **Medical Management**
 - Complete QNXT System Implementations to Improve Efficiency and Ensure Compliance
 - Streamline Utilization Management Processes to Minimize Member Friction and Provider Abrasion
 - Implement a Model of Care Focused on Advanced Risk Stratification and Proactive Intervention
 - Strengthen Care Coordination in the Inpatient Member Journey for Seamless Transitions and Improved Outcomes
 - Improve the Quality of Care to Close Care Gaps, Prevent Readmissions, and Manage Costs

- **Community Health**
 - Increase Member Engagement in Community Health Services
 - Integrate Community Health Services with County and Government Programs
 - Build a High-Performing Provider Network
 - Improve Coordination of Transitions of Care
 - Improve Coordination Among Multiple Field-Based Services
 - Enhance Collaboration Among and Between Community Supports and Enhanced Care Management (ECM)
 - Track performance demonstrate efficacy and financial impact.
 - Maintain regulatory compliance across all Community Health services.
 - Community Health Innovation Platform to align investments with enterprise-wide goals, develop streamlined processes for project evaluation, launch and monitoring, and a framework for soliciting external funds.

- **Pharmacy**
 - Achieve Excellence in Regulatory Compliance for Prescription Drug Coverage
 - Optimize Operational Efficiency in Pharmacy Services to Reduce Member and Provider Abrasion
 - Advance Clinical Quality Programs to Drive Improved Member Outcomes
 - Enhance Provider Engagement by Integrating Pharmacy into Network Management Efforts

- **Quality Improvement**
 - Meet and Exceed Accreditation Standards and Regulatory Compliance in Quality Improvement and Population Health Management
 - Enhance Analytics and Technology to Drive Quality Performance, Population Health, and Health Equity
 - Improve Care Quality and Lead Practice Transformation through Focused Value-Based Initiatives
 - Elevate the Member Experience through Innovative Solutions that Drive Satisfaction and Deepen Engagement
 - Participate in Robust Collaboration

Medical Management

Enhanced Care Management (ECM)

Enrollment

L.A. Care continues to work towards the goal of enrolling 30,000 members in ECM. The initial Q3 2024 enrollment data, including Plan Partners, shows 19,318 members enrolled, reflecting a 16% increase from the previous quarter (16,725). This growth in Q3 2024 was driven almost entirely by L.A. Care, thanks to the ECM team's enrollment push, which included new incentive payments and improved referral and lead processes.

Contracting and Network

Providers have responded well to the Payment Model (PUPM) amendment, and the team closely monitored any risks for those who might not meet the October 1, 2024 signature deadline. L.A. Care's ECM network now includes 86 contracted providers. To focus on Providing Access and Transforming Health (PATH) initiative provider-recipients and providers with a Justice-Involved specialty, we have slowed the overall growth of our network. While we expect further growth throughout 2025, new providers joining later this year will primarily be those with expertise in Justice-Involved, Birth Equity, or Child Welfare populations.

Audit and Oversight

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

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

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

Case Volumes

Through December 2024, the DSNP Care Management (CM) team experienced an uptick in overall active high-risk and complex cases under management. This increase resulted from the Health Risk Assessment (HRA) process for new DSNP enrollees and existing members needing their annual reassessments, as well as cases identified through predictive modeling as eligible to receive ECM-like services. In total, over 1,210 DSNP CM cases were active with the LAC Care Management team in December 2024, representing approximately 5.9% of the entire DSNP membership.

Care Management for MCLA Members

Case Volumes

- During August 2024, the LAC CM team created 457 MCLA CM cases and conducted initial outreach to offer members CM support.
- In total, 1,448 MCLA CM cases were active, with members either participating or in active outreach.
- For Transitional Care Services (TCS), the LAC team sustained volume of high-risk TCS cases outreached through December. During that month, 2,679 members were contacted and offered TCS support. The team is collaborating with the analytics resources to enhance and expand real-time admission notifications via Health Information Exchanges (HIEs). Currently, all but two contracted hospitals in Los Angeles County (West Hills and Lakewood) are on an HIE platform. Our data algorithms help immediately identify members who fall under the "DHCS High Risk" category for TCS purposes. Low risk TCS members began receiving post discharge notification of their ability to access TCS services. To date, a total of 223 low risk members have contacted the TCS Central Intake Line to request TCS support.

Utilization Management

Timeliness of UM Decisions and Notifications

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

Operational System Transition

L.A Care is currently transitioning the program utilized to process authorization requests from Syntranet to QNXT. The move to QNXT is set to occur on January 21, 2024. The UM team has been working with our IT, configuration, and associated departments extensively over the past year to ensure a smooth transition. This program is used across multiple areas including UM, MLTSS, Behavioral Health, Community Health Services, and Claims. A multi-faceted training for all departments commenced on September 30th, which was successfully completed by the end of November. Approximately 350 users over multiple areas of LAC attended this series of educational sessions. UM continues to provide education as needed to all areas affected by the Syntranet to QNXT transition.

Prior Authorization Requirement Updates

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

Inpatient Member Engagement

Our current inpatient Medical Management team manages a large census of members daily, ranging from 500-700 members in house depending on current member admissions. In addition to ensuring regulatory compliance regarding decisions and notifications, our leadership team also implemented strategies to effectively manage our members, while providing support to the facilities that our members are housed in. Over the course of the year several different initiatives were started: Provider calls being warm transferred to our nursing team from our internal call center, Complex/Long length of stay member rounds in May of 2024, DHS member specific rounds to support discharge planning was initiated in February of 2024, Difficult to Place member rounds with Beacon and Rockport skilled nursing facilities also began in Quarter 1 of 2024. Currently, the MD leadership team, along with our Inpatient Clinical Leadership group, is utilizing the experiences from the past 6 months to improve our rounds, expediting member discharge and collaboration with our facility partners.

Provider Engagement Initiatives

The Utilization Management team has prioritized provider education and support by implementing a monthly series, effective June 2024. Every other month, an email entitled “Clinical Connection” with important updates and educational tidbits is sent to all contracted providers, as well as some frequently used non-contracted providers. On the alternating months, UM hosts a WebEx session, inviting all providers, both contracted and non-contracted, important information and reminders to hear firsthand from Medical Management leaders. The sessions have been driven by the issues identified by our leaders, utilizing real-time data from our internal departments.

Managed Long Term Services and Supports (MLTSS)

CalAIM & Community Supports (CS)

Efforts to increase referrals and enrollment in all MLTSS CS-administered programs continue. Services are promoted in various provider forums as well as through internal education and training for cross-functional teams across the organization. Referrals to Personal Care and Homemaking Services have seen a significant increase, averaging 199 per month since October 2024, compared to an average of 146 per month in the previous fiscal year. Referrals to Respite Care and Environmental Accessibility Adaptations also continue to rise, with a current authorization rate of 75%, an increase since the last report.

Nursing Facility Transition and Diversion to Assisted Living Facility (NFTD) and Community Transition Services (CTS) to home and other private community settings became effective on January 1, 2024. Currently, three providers are contracted, with more to be added during the scheduled “Letter of Interest” process later in the year. Referrals for both programs have steadily increased, originating from hospitals, skilled nursing facilities, and internal teams (Utilization Management and Care Management) via Interdisciplinary Care Teams (ICTs). To date, the average number of referrals is 27, an increase from 20 in the last report, with an authorization rate of 78%. Trends and outcomes will continue to be monitored and reported.

CalAIM & Benefits Standardization

Since January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care became a Medi-Cal Managed Care covered service. Contracting efforts are ongoing with nearly 200 facilities throughout the county, most of which are new to managed care. As of April this year, the ICF-DD census was 326, and has increased to 378 by end of December 2024.

Community Health

Community Supports (CS) Operations & Reporting

CS Provider Network

Providers are in various stages of the contracting process for CS services. CS Letters of Interest (LOI) and Certification applications were released for the July 2025 CS contracting cycle in November and December 2024.

CS Stakeholder Engagement

The team is continuing to develop and implement strategies to increase member engagement, provider/stakeholder engagement, and CS utilization. Strategies include but are not limited to provider opportunity reports to help identify members potentially eligible for services, provider incentives, and referral monitoring and reporting.

- The Asthma Remediation Incentive Program: Request for Applications (RFA) was released in Dec 2024 and is planned for implementation in Jan/Feb 2025. The program is intended to increase utilization of Asthma Remediation services by engaging PCPs in referring eligible members and engaging Asthma Remediation providers in timely service delivery. Planning is ongoing for additional incentive programs to be implemented in 2025 targeting other CS services to support increased utilization.
- We are continuing to participate in community meetings, collaboratives, and deliver community presentations and in-service trainings to promote awareness and availability of CS services to internal and external stakeholders. External stakeholders attending presentations and in-service trainings include: Hospital Association of Southern California (Oct 2024), Southside Coalition of Community Health Centers (Nov 2024), and Southern California Hospital System (Dec 2024).

Latest in CS Implementation and Monitoring

The Community Health Department is awaiting final DHCS guidance for revised CS service descriptions, i.e., Model of Care, and the addition of a new CS service, Transitional Rent, which seeks to provide coverage of time-limited opportunity for housing to aid members in exiting homelessness and transitioning to stable housing. Review of draft/preliminary guidance completed to identify potential impacts.

CS Stakeholder Education and Training

The CS monthly webinar series for current and prospective CS providers is ongoing. The webinar series is intended to expand knowledge and awareness about CS, enhance provider skills, and share best practices and resources to best meet the needs of members. Different

CS and provider identified topics are highlighted each month. There were 149 participants in the November 2024 webinar which covered Recuperative Care & Short-Term Post-Hospitalization Housing. The January 2025 webinar will cover Doula services.

CS Reporting

- Teams are actively working to stand up processes for CS required reporting via Authorization Status File (ASF) and Return Transmission File (RTF) files.
- Review of final DHCS Closed Loop Referral (CLR) guidance is in progress, (released December 2024) which is required to be implemented by July 2025.

Systems IT: SyntraNet and QNXT

- CS under Housing Initiatives and Social Services (i.e., Housing Navigation, Tenancy Sustaining Services, Housing Deposits, Day Habilitation, Recuperative Care, and Short-Term Post Hospitalization Housing) will not transition to QNXT in Jan. 2025, they will remain in SyntraNet and plan to transition later in 2025.

Behavioral Health Services (BH)

School Behavioral Health Incentive Program (SBHIP)

L.A. Care has been collaborating with Health Net, DMH, and LA County Department of Education to help children and youth access behavioral health services in school. The SBHIP came to an end on 12/31/2024:

- 52 Local Education Agencies (LEAs) with 760 schools are currently referring members for BH services through Hazel Health.
- Utilization: 4,110+ students served, 25k+ telehealth visits, and 41K clinical service hours delivered.
- 160 dedicated spaces within the 7 selected LEAs were created to support behavioral health services, including individual and group counseling.
- LACOE staff supervised 76 interns placed in the 13 selected LEAs.
- 19 peer-to-peer programs were implemented in the 13 selected LEAs.

Behavioral Health services will continue to be available to these students through the **Children and Youth Behavioral Health Incentive (CYBHI) fee schedule.**

In alignment with APL 24-012, L.A. Care is actively working to increase utilization of Non-Specialty Mental Health Services (NSMHS) by creating a comprehensive outreach and education plan to inform Members on how to access NSMHS and support Primary Care Providers (PCPs) in effectively referring Members to NSMHS.

Social Services (SS)

- We launched a referral pathway through Los Angeles County Department of Health Services (DHS) / Housing for Health (HFH) for members in Recuperative Care. It will allow eligible members an easier connection with housing navigation services and a potential voucher.

Housing Initiatives

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

Financial Restructure Planning

- HN/TSS will transition from a preemptive monthly capitation structure to a 2 claims per month (paid at half the cap rate each) structure. Implementation is in progress.
- HD will transition from having administration costs included in monthly capitation to being added as a cost line item on HD requests.
- Timeline: Go live 1/1/2025
 - SOW - HHSS and HD contract amendments went out to Providers 9/30
 - Operational and configuration go live is Jan 2025
 - Provider support: trainings, TA, meetings, updated guidance - *ongoing*

Unsupported Capitation Recovery

Phase I to request provider claims submission to support capitation paid - to begin after final HN/TSS capitation payment and payment reconciliation; schedule to commence in early March 2025.

2024 Network and Member Enrollment Summary

	JAN 24	DEC 24	Change
Contracted Providers: HN/TSS	26	33	27%
Contracted Providers: HD	19	25	32%
Provider Network Capacity	31,346	34,150	9%
HN/TSS Enrollment	10,498*	14,961	43%
HN/TSS Network Utilization	33%	43%	10%

*Enrollment number as of 2/2/2024 (due to delay in processing DHS cohort)

2024 Operational Highlights

- Development and launch of Day Habilitation CS
- Claims issues resolution

- Development and implementation of Housing CS Financial Restructure
- Ongoing updating/development of provider guidance and support
- Significant increase in utilization, including provider network expansion, provider capacity and member enrollment.

2025 Look Forward

- Continued program growth and refinement
- ECM Coordination
- Syntranet to QNXT+CCA platform transition
- Expanded strategic collaboration with key partners - LAHSA, HFH, DMH
- Transitional Rent CS (TBD)

Day Habilitation Community Support

This community support program launched on July 1, 2024.

- SOW and P&P - Completed
- Operations planning and launch, including program and provider guidance development; systems build out and configuration - Completed
- Member Assessment: Forms and processes development - Completed.

Housing and Homelessness Incentive Program (HHIP)

- The Skid Row Care Collaborative HHIP Investment agreements were finalized. JWCH agreement has been executed. DHS agreement pending final signatures for execution.
- Mayor's Fund for LA amendment was completed and includes additional funding for new service model which will support legal support for Angelenos facing evictions.
- Brilliant Corners Interim Housing Accessibility HHIP Investment Agreement is being finalized and will be executed in early 2025. Brilliant Corners will support large- and small-scale modifications at interim housing sites to support accessibility needs for people experiencing homelessness.
- **2024 Highlights**
 - Final HHIP program earnings were received from DHCS
 - HHIP investments made to support Field Medicine including Skid Row Care Collaborative and 5-year field medicine capacity building investments to launch new field medicine teams in designated regions.
 - Additional investments were executed supporting HHIP priority areas including eviction prevention, data sharing, homeless sector workforce development, unit acquisition, and activities of daily living (ADL) supports at interim housing sites.
 - HHIP Unit Acquisition investment with County CEO - HI has resulted in 1,751 units currently contracted. Of these units 1247 are occupiable.

- L.A. Care participated regularly in Inside Safe, Pathway Home, and Tiny Home events to connect members to health plan resources and assist with program referrals.
- **2025 Look Forward**
 - Continued focus on oversight of current HHIP investments and relationship building with partners.
 - Homeless Management Information System (HMIS) IT adjustment to be completed in 2025 to improve data exchange and quality.
 - Expansion of eviction prevention partnerships and potential workshops for members and community at CRCs (expected 2025).

Field and Street Medicine: Launch and Operations

- Capacity-building grants for new Street Teams, workplans and corresponding budgets were reviewed and approved by LAC for 5 of the 9 teams.
- Measurement Period 1 of the Field Medicine Performance Incentive program concluded on December 31st, 2024.
- Provider Services Agreement (PSA) and Field Medicine amendment sent to selected, non-contracted Field Medicine providers in October for their review.
 - Meetings are scheduled for January to discuss comments including rates and programmatic questions for those providers who submitted an edited contract.
- Convened a Field Medicine Steering Committee and associated subcommittees to work on internal processes that need to be altered or created.
- LAHSA provided 2 interim housing sites to begin the Provider Care Pod concept: 1 site in the Antelope Valley, and the other in Hollywood.
 - Field Medicine team met with the Field Medicine provider and on-site Housing Navigation provider separately before scheduling joint meetings for January.
- Scheduled meetings in January with Field Medicine providers not currently contracted for Housing Navigation services.
- MacArthur Park RFP under final review before posting in January.
- Working with newly established Emergency Centralized Response Center (ECRC) on the role Field Medicine providers will play with other City and County organizations.

Pharmacy

Medication Adherence Programs

Comprehensive Adherence Solutions Program (CASP)

Adherence rates for all three medication adherence measures have improved compared to this time last year. Our projections indicate that we are on track to meet our goals by the end of 2024. To further enhance member experience, the Pharmacy team will be launching a new welcome call campaign for incoming members who are new to our DSNP plan starting 1/2025. This initiative will educate members on health plan pharmacy benefits and resources, assisting them in getting started with our DSNP plan.

Pharmaco-Adherence Mailers

Pharmacy has been collaborating with Facilities on medication adherence mailers. Since the campaign launched in June 2024, a total of 1,575 DSNP and 1,998 LACC provider mailers have been sent out, alongside 3,200 DSNP and 18,135 LACC member mailers. Based on member feedback from the Enrollee Advisory Committee (EAC) meeting on 11/12/24, the mailers will continue in 2025.

Pharmaco-Adherence Email Campaign

Based on member feedback from the EAC meeting on 11/12/24, Pharmacy has partnered with Marketing to launch a new email campaign as an additional way to engage members. These quarterly emails will highlight pharmacy benefits and resources, helping members with their DSNP plan.

Pharmaco-Adherence Postcards

Pharmacy has been designing a magnetic postcard to inform members about their pharmacy benefits. The magnet will serve as a daily reminder for members to contact their Pharmacy team at L.A. Care with any questions or issues related to their prescription benefits or medications.

mPulse Mobile Inc. Text Campaigns

Pharmacy has partnered with mPulse Mobile Inc. to launch two text campaigns since 7/9/24 to support medication adherence. These campaigns remind members of overdue refills and include an interactive feature allowing members to request 100-day supplies of their medications. As of 12/23/24, 2,207 members have responded with requests for 100-day supplies and the pharmacy team has been diligently working to fax prescription change

requests to providers. Text campaigns will continue in 2025 based on some members' preferences to receiving text messages, as discussed in the 11/12/24 EAC meeting.

Refill Reminder Robocalls

Pharmacy has been collaborating with CSC Even More to re-launch the refill reminder robocalls on 7/22/24. The robocall identification criteria was updated to identify and call members who are overdue for a medication refill, rather than those with an upcoming refill, reducing member abrasion. Since the campaign re-launch, 49,130 total robocall attempts have been made to DSNP and LACC members. Of these, 14,241 calls successfully connected with the members. Some members expressed a preference for robocalls during the 11/12/24 EAC meeting, so they will continue through 2025.

AdhereHealth Vendor Collaboration

Pharmacy is collaborating with AdhereHealth to engage high-risk, non-adherent members. The program year has concluded with a total of 953 members enrolled and program evaluation will take place in Q1 2025.

New Start Insulin

Pharmacy has launched a new initiative to support diabetic members with uncontrolled A1c who are not on insulin therapy. Clinical pharmacists are engaging with both members and their providers to highlight the benefits of initiating insulin therapy, as recommended by current diabetes management guidelines. As of 12/26/24, Pharmacy has attempted to outreach 31 members, with 6 members and their providers agreeing to start insulin therapy.

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

AdhereHealth

A total of 229 members have been referred to AdhereHealth for assistance in member outreach as of 11/21/24. AdhereHealth will conduct outreach to assess the need to initiate a statin in this population. The population consists of members who are currently eligible or may become eligible for the SPC measure.

Timely Member Identification for SPC Measure

The Health Information Management (HIM) team helped identify 359 at risk members with 113 of them eligible for possible intervention in 2024. Pharmacy also submitted an intake request to the Advanced Analytics Lab (AAL) team to develop a predictive model that will identify members likely to qualify for the SPC measure. The model is expected to be completed in 2025.

Medication Therapy Management (MTM) Program

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

- L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), has achieved a 91% completion rate of eligible members as of 12/23/24, a significant improvement from this time last year at 86%.
- Due to major changes in the MTM program eligibility criteria starting 2025, the MTM measure will be moving to “tracking” for at least two years. During this time, the program will still be active with expanded eligibility criteria. Pharmacy is working with Navitus Clinical Engagement Center to accommodate a higher volume of qualified members and ensure a smooth transition.

Additional Pharmacy Programs

Asthma Medication Ratio (AMR):

Pharmacy identified discrepancies in drug quantities within the HEDIS engine’s pharmacy claims data, inflating rescue inhaler counts and lowering our AMR rate. As a result, DHCS (Department of Health Care Services) removed our sanction for the AMR quality measure, allowing L.A. Care to avoid a monetary penalty.

PA Accel

PA Accel is an automated prior authorization program which operates at the point of sale by utilizing the member’s medical and pharmacy data. Medications requiring prior authorization may approve seamlessly at the pharmacy if criteria are met. PA Accel went into production 5/13/24 for our DSNP line of business and is planned to roll out for LACC and PASC by the end of Q1 2025. In the months of September and October, 417 and 468 transactions were approved through PA Accel, respectively. This made up 33% of all transactions, specific to PA Accel drugs.

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

Pharmacy completed 448 reviews as of 12/17/24 in collaboration with Care Management’s Transitional Care Services Program for MCLA. Pharmacy has also developed a workflow with the STARS team to complete 180 reviews for DSNP members since starting 6/14/24.

Community Resource Center (CRC) Vaccine Clinics:

Pharmacy worked closely with Health Education, CRC leadership, and North Star Alliances to host 7 vaccine clinics between September and November 2024. Overall, the clinics provided 850 flu vaccines, 429 COVID vaccines, 605 blood glucose screenings, and 644

blood pressure screenings. Of the total blood pressure readings, 190 blood pressure readings were identified to be of our members and were submitted as supplemental data to our Quality Performance Management (QPM) team.

Date	Time	Location
Friday, 9/13/2024	10AM-4PM	Norwalk CRC
Saturday, 9/28/2024	10AM-2PM	West LA CRC
Friday, 10/4/2024	10AM-2PM	Lynwood CRC
Saturday, 10/5/2024	9AM-2PM	El Monte CRC
Monday, 10/7/2024	12PM-4PM	Long Beach CRC
Friday, 10/11/2024	12PM-4PM	East LA CRC
Friday, 11/8/2024	10AM-2PM	Panorama City CRC

Quality Improvement

Health Education, Cultural, and Linguistic Services (HECLS)

Meals as Medicine Program

The Meals as Medicine (MAM) program continues to grow. The number of service requests surpassed the 1,000+ mark in October and averaged 209 service requests per week in November.

Medi-Cal Doula Hub

Health Education continues to work with LA County's Medi-Cal Doula Hub. The Hub will complement ongoing efforts of direct service doula programs and statewide benefit implementation and enable doulas to prioritize families most at risk of adverse birth outcomes. More specifically, the Hub will focus on the following areas:

- Doula Training and Health Care System Integration
- Technical Assistance to Participate in Health Plan Doula Provider Networks
- Workforce & Organizational Development
- Evaluation
- Communications/Public Awareness Efforts (Doulas, Medi-Cal members, and Providers.)

DHCS Transitional Care Services (TCS) for Birthing Individuals

The TCS program for Birthing Individuals has ramped up outreach and enrollment efforts to members eligible for this program. The newly hired eight-member team has been trained and actively coordinates post-discharge care for pregnant and postpartum individuals.

Language Assistance Program

L.A. Care members can contact Member Services to request an onsite interpreter for their medical appointments. In September, 815 interpreter requests were received. 94.0% of the requests (excluding cancelled appointments) were fulfilled. The top five requested languages were Spanish, American Sign Language, Thai, Korean, and Khmer.

Fight the Flu and COVID-19 Campaigns

- 90.5% of members (n=226,426) outreached to by the texting campaign were successfully messaged.
- CRC Vaccine Events concluded in 1st week of November.

- A social media campaign with flu and COVID-19 messages on Instagram and Facebook is currently running.
- A total of 16,368 messages have been sent to members in the MyHIM wellness portal since the initiative's launch in September. This is the newest initiative to launch under the Fight the Flu & COVID-19 campaign and continued in December as we enter peak season for respiratory viruses.

Spanish and Khmer Glossary Project

Based on the Consumer Health Equity Council member feedback, Cultural and & Linguistic Services is working with Spanish and Khmer-speaking members to review and update the glossary terms to improve the readability and quality of translated documents. The initial glossary review by Spanish members has been completed, and the review by Khmer members is in progress.

QI Initiatives

Regulatory Updates

MY2023 MCAS sanctions decreased by 76% from almost \$800K for MY2022 down to around \$220K. This is reflective of significant improvement in overall performance in MY 2023

For MY2024, most MCAS measures have improved year over year performance from MY 2023. This is despite headwinds from the Kaiser plan partner exit.

The QI team is currently working to enact the terms of the All Plan Letter (APL) 24-008, titled Immunization Requirements. The APL stated that Managed Care Plans must have a plan to ensure their providers use the immunization registry in a timely manner. The team is currently developing a plan to monitor whether providers are using the CAIR registry.

Interventions by HEDIS Measure

- **Topical Fluoride for Children (TFL-CH):** The Clinical Initiatives team will distribute fluoride varnish materials/kits to Transform L.A Clinics in Jan 2025. We have been actively working with all 15 clinics who have shown interest in participating.
- **Colorectal Cancer Screening (COL):** As part of a Q4 push spearheaded by Dr. Sheen, a new partnership was developed with Cologuard. Cologuard test kits were deployed on November 18, 2024 to LACC members who are due for COL screening and who did not receive an iXlayer at-home test kit. Approximately 18,714 unscreened members were sent Cologuard test kits.
- **Childhood Immunization Status Combination 10 (CIS-10):** L.A. Care Covered (LACC) CIS-10 measure is a Quality Transformation Initiative (QTI) measure for Measurement Year (MY) 2024. Plans across California and nationally have been

struggling with increases in vaccine hesitancy and declining vaccination rates due to parental refusal. To help increase LAC CIS-10 rates, the following are taking place:

- Daily stand-up team huddles and aggressive “all-hands on deck” team effort
- Provider and clinic staff incentives launched for LACC CIS-10. Member incentive is still ongoing. We are offering larger incentives than ever.
- The Clinical Initiatives and Quality Performance Management (QPM) teams are working closely together to close CIS-10 care gaps. Quality Improvement (QI) nursing staff are reaching out to provider offices and members' parents/guardians with refined member lists that include enhanced immunization information from QPM. L.A. Care staff are now also conducting in-person office visits to discuss the provider and member incentives and support providers in scheduling appointments.
- New partnership with DocGo to conduct home visits for vaccines.
- The Pediatric Flu Text Messaging Campaign launched 10/24 in English and Spanish, reaching 9,357 members
- Outreach and advocacy with Covered CA to update their CIS-10 QTI policy which is not based on current benchmarks and disproportionately penalizes plans like L.A. Care with very small member denominators for CIS-10 (e.g. currently approximately \$130,000 fine per open child vaccination gap). Important for Covered CA to recognize that statewide collaborative efforts are needed to address vaccine hesitancy and there are many cases where providers and plans are not able to change parental decisions.
- L.A. Care has contracted with Quality Health Partners (QHP) to host mobile clinic events for well-child visits, social determinants of health screening, topical fluoride application, and blood lead screening. So far, QHP has conducted 687 appointments for L.A. Care MCLA members, 593 via telehealth, and 91 via in-person events. The second event occurred on December 7th at the South L.A. Community Resource Center (CRC).

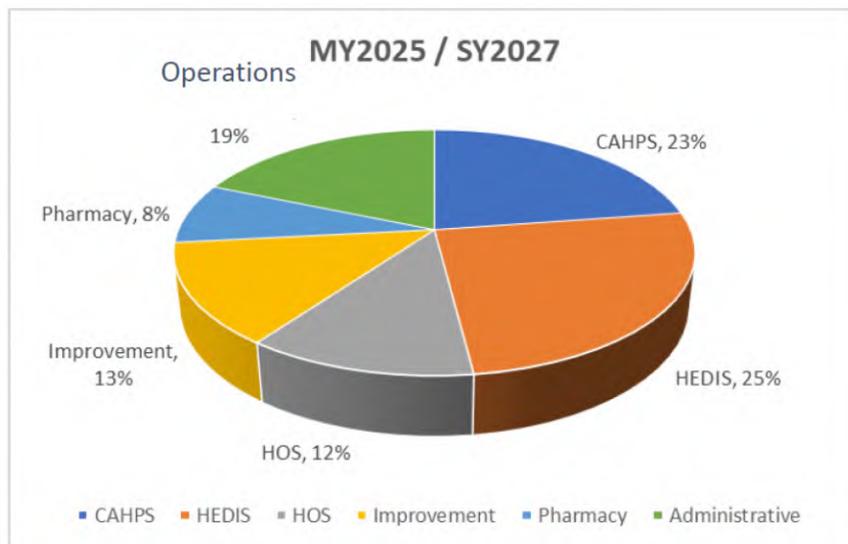
Provider Quality Review (PQR)

- **Total Potential Quality Issue (PQI) Processed/PQI Processing Timeliness:** PQR has maintained a perfect timely closure rate (100%) for two consecutive months.
- **PQR- Audits and Oversight:** PQR has completed all Annual Audits for Plan Partners and Specialty Health Plans with no corrective action plans issued. PQR continues to monitor Anthem for low-volume trends, however, their PQI policies are noted to be in alignment with other health plans.
- **PQR Collaboration with A&G:** A&G, Medical Management, and PQR teams continue a forward-looking partnership as we enter 2025. Key stakeholders in each business unit continue to collaborate on:
 - Refining data reporting for trend analysis

- Regularly sharing grievance volumes with the Quality team so the PQR team can preemptively prepare to resource around incoming demand.
- Optimizing member touchpoints for follow-up on prioritized quality of care grievance issues.
- Optimizing the escalation process for medical record retrieval in the grievance process.
- PQR continues to monitor case volume from grievances and monthly audit oversight with non-referred cases to capture all necessary PQI. In September, 80 grievances were reviewed, of which 21 were found to have quality of care concerns. The findings were referred back to Grievances for a PQI to be submitted. PQR met with the IT team to align the new A&G platform with the PQI platform (Kaizen) requirements. Discussed crucial data fields for a seamless transfer between systems and to ensure all necessary information is captured and transferred accurately.
- **PQR - PQI Platform:** Kaizen was successfully deployed on 9/27/24 and started receiving cases on 10/1/24. Initial challenges with duplicate cases have been mitigated. Kaizen Phase II started development on January 5, 2025. Our team has made significant progress with Kaizen training to ensure a smooth transition for all staff members.

Stars Excellence

Stars performance is determined by multiple divisions at L.A. Care. HEDIS is currently 25% of the score. Success requires enterprise performance across HEDIS, Pharmacy, Operations, and Member Experience.



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

- HEDIS domain performance is projected to increase from a 2.3 Stars rating in MY2023 to a 2.5 Stars rating in MY2024. Pharmacy is projected to maintain a 3.46 Star rating in MY2024. Both domains have demonstrated substantial year over year measure improvements.
- The Operations domain performance is projected to decline from 3.48 to 2.92 Stars rating. The decline in the Operations domain is due to a significant decrease in the Reviewing Appeals Decision measure, which is dropping to a projected 2 Star rating. Call Center TTY / Foreign Language (Part C) and SNP Care Management is maintaining performance but dropping a Star rating due to the changes in cut-points.
- LACC MY2023 is projected to earn an overall summary indicator rating of 75, achieving a Star Rating of 3, just 5 points short of achieving a 4-Star rating. LACC MY2024 is pending additional projections, and an update will be provided soon.

Regulatory CAHPS Survey

- **HP (Health Plan)-CAHPS (Consumer Assessment of Healthcare Providers and Systems (Adult & Child) (HPR (Health Plan Rating))**
 - Results received. Response rates are up.
 - Improvements were seen in all six adult-rated question scores.
 - Improvements were seen in 2 of the 5 Child-rated question scores. Child scores remain higher than the Adult scores. Child scores are used for NCQA (National Committee for Quality Assurance) scoring.
- **QHP (Quality Health Plan), EES (Enrollee Experience Survey), LACC (L.A. Care Covered CA), QRS (Quality Rating System)**
 - Results received. Response rates are up.
 - Improvements were seen on 21 of the 30 rated question scores. L.A. Care remains a 4 STAR Member Experience Plan
- **MAPD (Medicare Advantage Prescription Drug) DSNP (Dual Special Needs Plan) (STARs)**
 - Results received. Response rates are up - 37.35%, the highest plan response at the survey vendor.
 - Improvements were seen in six of the nine rated question scores.

Population Health Management (PHM)

- **The PHM Team continues to lead collaborative efforts with local health departments and all health plans that serve L.A. County to develop a work plan that achieves the proposed SMART goal and participate in each local health department's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP):**
 - SMART Goal: Reduce maternal and infant mortality disparities for Black and Native American Persons by at least 5% annually in Los Angeles County to make progress towards the 50% BOLD goals.
 - Objective: Develop a survey and data set of patient experiences in hospital settings for the Black/African American and Native American pregnant population, with annual data reports contributed by the MCPs to track progress and identify areas for improvement.
 - There has been agreement to move along the Doula Hub efforts within the county.
 - The collaborative brings a consultant to lead strategy, facilitation, and project management efforts. Currently, we are in the process of procuring BluePath Health.
 - The collaborative has developed regular workgroups for resources/funding, planning, data, and steering. The PHM Strategy deliverable to DHCS was submitted on 11/18/2024.
 - The PHM team attended two Community Advisory Committee (CAC) meetings in October and November to gather input on the Local Health Department's Community Health Assessment (CHA)/ Community Health Improvement Plan (CHIP). The PHM team will present a PHM overview and CAC expectations in the CHA/CHIP process at the TTECAC meeting in December.
 - Local Health Departments have shared their funding requests for the CHA/CHIP contribution. Internal teams (PHM, strategic investments, and finance) are reviewing the requests to determine the appropriate allocation and possible use of IPP funds to contribute to the CHA/CHIP.
 - Current Projected Funding Request Breakdown: Currently, the PHM team is working with the IPP team for year 1 funding.

Row Labels	Sum of Year 1	Sum of Year 2	Sum of Year 3	Sum of Total Request
LA County	\$3,360,000	\$4,335,500	\$2,733,500	\$10,429,000
Staffing	\$500,000	\$500,000	\$500,000	\$1,500,000
Contractual/Other	\$2,860,000	\$3,835,500	\$2,233,500	\$8,929,000
Long Beach	\$1,527,725	\$1,376,725	\$1,376,725	\$4,281,174
Staffing	\$261,725	\$261,725	\$261,725	\$785,174
Contractual/Other	\$1,266,000	\$1,115,000	\$1,115,000	\$3,496,000
Pasadena	\$1,069,480	\$1,039,931	\$1,111,393	\$3,220,804
Call to Action	\$13,837		\$14,183	\$28,020
Cultural Connectors	\$229,491	\$236,376	\$243,467	\$709,334
Data Infrastructure	\$100,000	\$100,000	\$100,000	\$300,000
LA County Health Survey & MIHA	\$32,498		\$32,498	\$64,996
Staffing	\$347,345	\$357,705	\$368,377	\$1,073,427
(SPA 3) - Group Prenatal Care	\$346,309	\$345,850	\$352,869	\$1,045,028
Grand Total	\$5,957,205	\$6,752,155	\$5,221,618	\$17,930,978

Initial Health Appointment (IHA)

- **The IHA workgroup has developed a draft corrective action plan (CAP) to address the preliminary DHCS Audit finding that the Plan did not ensure the completion of an IHA for new members within 120 days of enrollment. New IHA initiatives are under development, including:**
 - The monthly compliance reports/scorecards are complete, shared internally, and posted monthly on the provider portal. Annual trending was added in the November reports.
 - IHA has been added to the P4P program for payment and was released in the May 2024 P4P Program Description.
 - The IHA text campaign with mPulse was executed. IHA texts have started, and monthly reports are being sent.
 - A reminder robocall and live script for members who have not completed an IHA but have visited the ER or Urgent Care was approved in Podio and will start in December.
 - An overall IHA scorecard was developed to identify top and bottom performers in the network and was integrated into the monthly compliance reports.
 - CCM developed a provider template for documenting member refusals and outreach efforts to be included in the member’s medical record for documentation. This will be included in the annual training materials.
- The IHA workgroup presents at the Provider Advisory Committee (PAC), Quality Oversight Committee (QOC), QI JOMs, and the Delegation Oversight JOMs.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- **The Policy for APL 22-025** developed by the PHM team was approved by DHCS and initially by QOC in November 2023.
- DHCS is sending the reports on providers completing the **Dementia Care Aware training**, and L.A. Care has notified all providers of the new APL requirements.

- Corporate Compliance Monitoring sends ACHA training and completes quarterly monitoring on a sample of delegates.

Child Health and Disability Prevention (CHDP) Program Transition

- **The CHDP Transition Plan** was developed in collaboration with the CHDP Program Transition Workgroup and with feedback from CHDP stakeholders throughout the state. The transition preserves presumptive eligibility enrollment currently offered through the CHDP Gateway, activities under the CHDP Childhood Lead Poisoning Prevention Program, and the Health Care Program for Children in Foster Care. In accordance with Health and Safety Code section 124024, DHCS published on its website a declaration certifying that all activities required for successful transition were completed by March 27, 2024.
- **Provider communication notifications** have been sent to all providers participating in the CHDP program. Operational readiness activities include the LACI portal and provider portal updates.
- **CHDP Provider Trainings** are available through the provider external learning department. Providers and their staff can register to attend vision, fluoride varnish application, and audiometric/anthropometric Webex sessions.
- Statewide Managed Care Plan (MCP) Facility Site Review (FSR) collaborative workgroups have been developed and are meeting to compile a unified set of CHDP provider trainings on vision, fluoride varnish application, audiometric, and anthropometric content.

Population Health Informatics

Health Information Ecosystem (HIEc)

- **Health Information Exchange (HIE) Amendments:** The Hospital Services Agreement (HSA) is being updated to require mandatory participation in Health Information Exchanges (HIEs) for hospitals. This update ensures compliance with CMS 9115-F standards for Admission, Discharge, and Transfer (ADT) notifications and mandates engagement with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF). Similarly, updates are being made to Skilled Nursing Facility (SNF) contracts to mandate participation in the CalHHS DXF and HIEs, facilitating more efficient information exchange. The amendments are currently under legal review.
- **Incentive Programs:** A new one-time HIE Adoption Incentive for clinics, small practices, and solo providers contracted with Plan Partners is being planned. This initiative is designed to encourage the adoption and meaningful use of HIEs and will target facilities currently contracted with Plan Partners only. Additionally, other one-time HIE Adoption Incentives targeting hospitals and SNFs are ongoing.

- **Clinical Data Repository (CDR) Program - FHIR ADT and CCD Projects:** Real-time ADT data integration into downstream applications (CCA) was completed on December 19, 2024. Testing is currently underway with Cognizant. This project aims to develop a real-time FHIR CCD data ingestion pipeline.
- **Data Exchange Framework (DXF) Implementation:** The implementation of the DXF is progressing, with internal testing successfully completed and external testing underway with LANES. This initiative requires L.A. Care to implement a Consent Management solution to comply with AB352 and AB254 requirements. Additionally, it involves the exchange of all claims, encounters, and clinical data maintained in internal systems. A robust three-phase plan for consent management is in place, with the initial release set for January 9, 2025, and full implementation expected by April 2025. This is crucial for the successful deployment of the DXF.
- **CMS Interoperability and Prior Authorization Rule (CMS-0057):** Planning is underway to implement CMS-0057 requirements to meet 2026 and 2027 deliverables.
- **HL7 CCD Ingestion for HEDIS Improvements:** Efforts are underway to enable the ingestion of HL7 CCDs into ClaimSphere to improve HEDIS gap closures and measure rates. Feasibility testing has been completed with a sample of 25,000 CCDs.

Incentives

- **Hospital P4P Program:** The third hospital data progress reports were distributed at the end of the year.
- **SNF P4P Program:** We are working with PNM and IT to set up the SNF data progress reports in the Provider Portal.
- **Provider Opportunity Report (POR)/Gap in Care (GIC) reports** are produced monthly for all provider types. Plans for report enhancements are underway, alongside efforts to use the Cozeva platform more effectively. The 6th 2024 prospective PORs went out in December, and the UM POR reports are also going out.
- **Member incentives for 2025** are currently being assessed among stakeholders. Much of the groundwork laid out in 2024 will continue with enhancements going into next year.

**CHIEF
FINANCIAL
OFFICER
REPORT**

Board of Governors Meeting



L.A. Care
HEALTH PLAN®

For All of L.A.

November 2024 YTD Financials

February 6, 2025



Agenda

Financial Performance – November 2024 & YTD

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

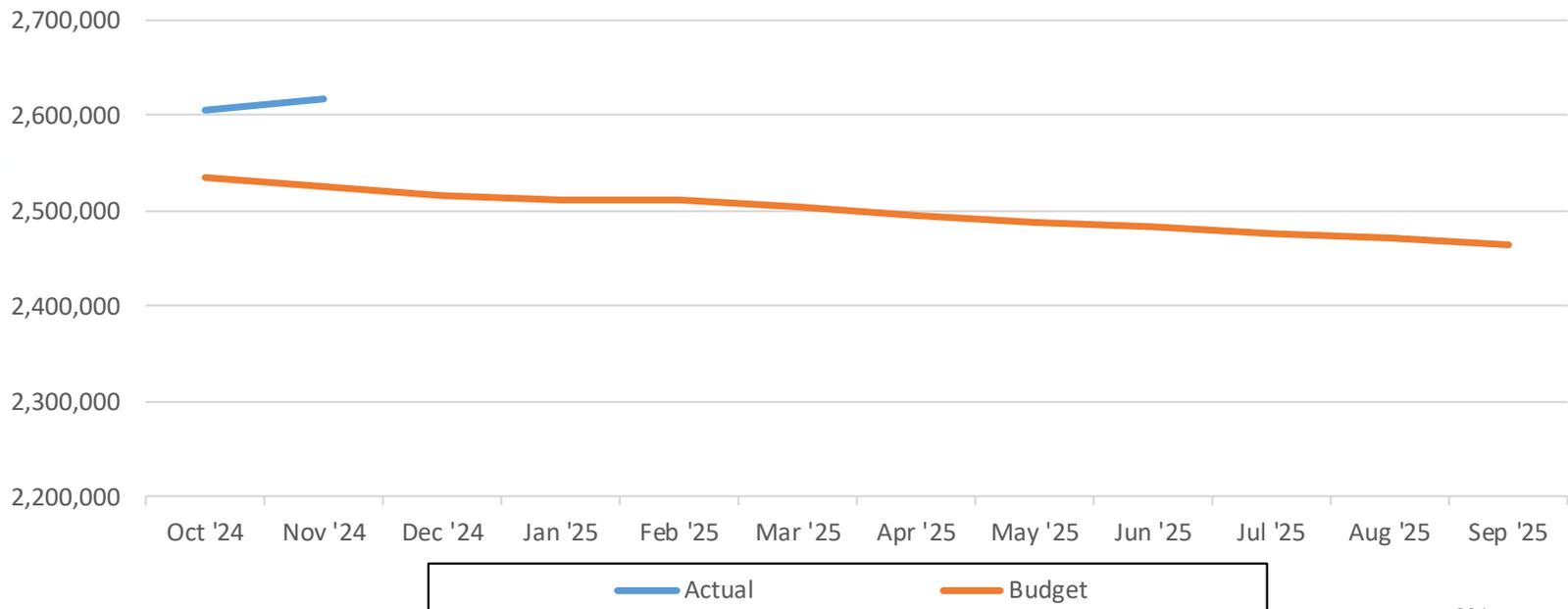
Financial Informational Updates

- Investment Transactions

Membership – November 2024 MTD & YTD

Sub-Segment	November 2024			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Medi-Cal	2,370,128	2,290,741	79,387	4,731,694	4,591,625	140,069
D-SNP	20,304	20,195	109	40,614	40,459	155
LACC	198,293	185,402	12,891	391,791	370,622	77,165
PASC	49,699	49,172	527	99,316	98,345	971
*Elimination	(20,304)	(20,195)	(109)	(40,614)	(40,459)	(155)
Consolidated	2,618,120	2,525,315	92,805	5,222,801	5,060,592	162,209

*D-SNP members included in MCLA membership under CCI.



Consolidated Financial Performance – November 2024

(\$ in Thousands)	Actual	Budget	Variance
Member Months	2,618,120	2,525,315	92,805
Total Revenues	\$943,442	\$884,344	\$59,098
Total Healthcare Expenses	\$883,644	\$821,542	(\$62,102)
Operating Margin	\$59,797	\$62,802	(\$3,004)
Total Admin Expenses	\$56,423	\$56,008	(\$415)
Income/(Loss) from Operations	\$3,375	\$6,794	(\$3,419)
Non-Operating Income (Expense)	\$7,549	\$12,281	(\$4,732)
Net Surplus/(Deficit)	\$10,923	\$19,075	(\$8,152)
Net Surplus/(Deficit) less Investment Income	(\$3,201)	\$2,589	(\$5,790)

Note: Excludes HHIP & IPP

Consolidated Financial Performance – Nov 2024 YTD

(\$ in Thousands)	Actual	Budget	Variance
Member Months	5,222,801	5,060,592	162,209
Total Revenues	\$1,874,680	\$1,770,924	\$103,755
Total Healthcare Expenses	\$1,783,206	\$1,649,016	(\$134,190)
Operating Margin	\$91,474	\$121,908	(\$30,434)
Total Admin Expenses	\$109,463	\$115,600	\$6,137
Income/(Loss) from Operations	(\$17,989)	\$6,308	(\$24,297)
Non-Operating Income (Expense)	\$10,789	\$24,483	(\$13,694)
Net Surplus/(Deficit)	(\$7,200)	\$30,791	(\$37,991)
Net Surplus/(Deficit) less Investment Income	(\$29,283)	(\$2,181)	(\$27,102)

Note: Excludes HHIP & IPP



Operating Margin by Segment – November 2024 YTD

(\$ in Thousands)

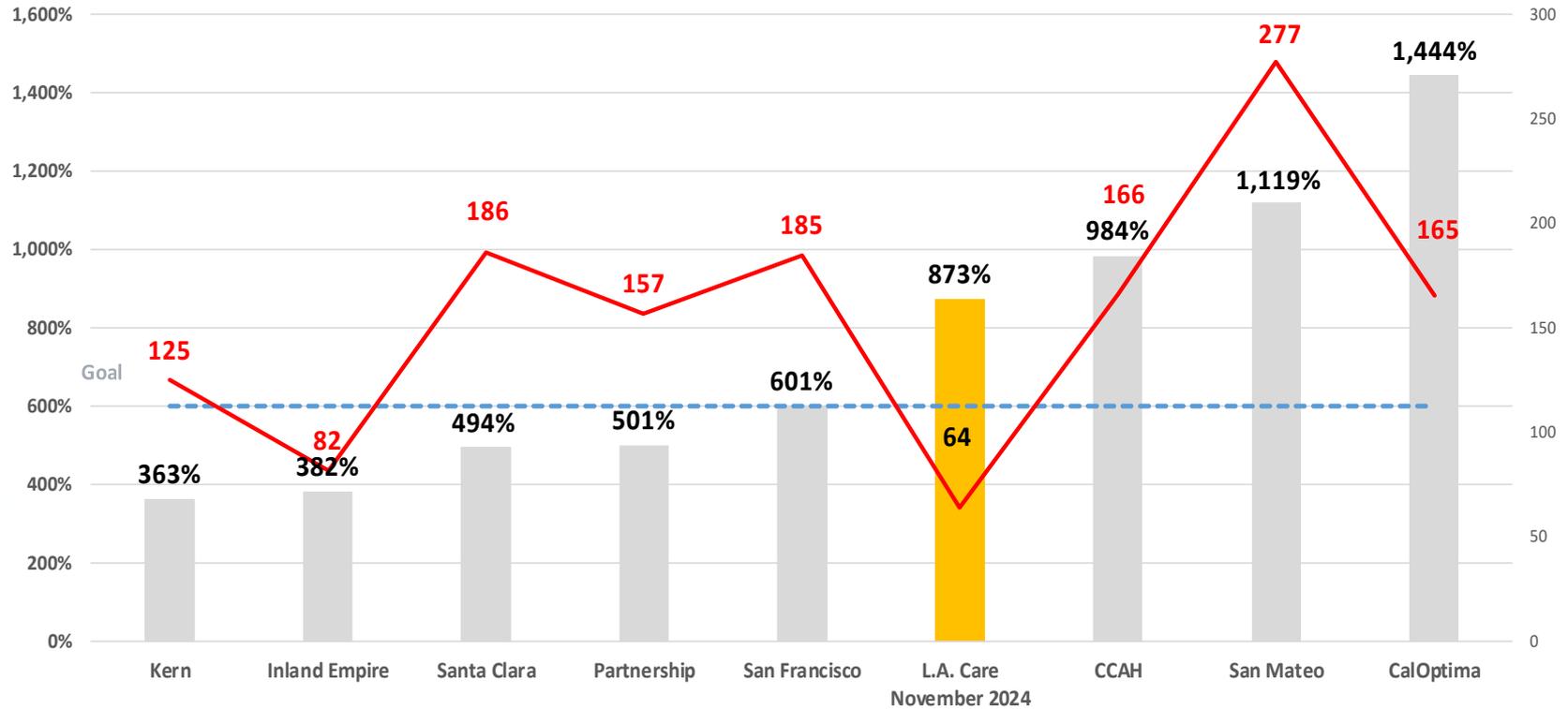
	Medi-Cal	D-SNP	LACC	PASC	Total (excl HHIP/IPP)
Revenue	\$1,670,564	\$58,860	\$113,649	\$31,380	\$1,874,680
Healthcare Exp.	\$1,584,312	\$52,616	\$102,641	\$43,651	\$1,783,206
Operating Margin	\$86,251	\$6,244	\$11,009	(\$12,270)	\$91,474
MCR %	94.8%	89.4%	90.3%	139.1%	95.1%
Budget %	93.7%	88.3%	85.3%	101.1%	93.1%

Key Financial Ratios – November 2024 YTD

(Excl. HHIP/IPP)	Actual	Budget	
MCR	95.1%	vs. 93.1%	✘
Admin Ratio	5.8%	vs. 6.5%	✔

	Actual	Benchmark	
Working Capital	1.45	vs. 1.00+	✔
Cash to Claims	0.88	vs. 0.75+	✔
Tangible Net Equity	8.73	vs. 1.30+	✔

Tangible Net Equity & Days of Cash On-Hand



• As of September 2024 Quarterly filings, unless noted otherwise.

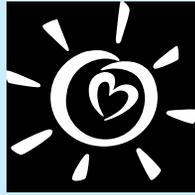
Questions & Considerations

Motion

- To accept the Financial Report for two months ended November 30, 2024.

Investment Transactions

- As of November 30, 2024, L.A. Care's total investment market value was \$3.2B
 - \$3.1 billion managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$125 million in BlackRock Liquidity T-Fund
 - \$11 million in Los Angeles County Pooled Investment Fund
 - \$6 million in Local Agency Investment Fund



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. FIN 102.0225

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 2024.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for October and November 2024, as submitted.



L.A. Care
HEALTH PLAN®

Financial Performance
October 2024
(Unaudited)



Financial Performance Results Highlights - Year-to-Date

October 2024

Overall

L.A. Care total member months are 2.6M, +69K favorable vs budget. Current financial performance resulted in a deficit of (\$19.5M) or (2.1%) margin and is (\$116.1M)/(1,195bps) unfavorable vs budget. The current unfavorability is driven by higher capitation expense (\$49.5M), lower revenue (\$48.8M), higher outpatient (\$32.0M) and skilled nurse facility claims (\$7.6M), higher unrealized losses (\$6.7M), and higher pharmacy claims (\$5.5M); partially offset by lower inpatient claims +\$20.4M, timing of provider incentives +\$8.2M, and lower operating expenses +\$6.7M.

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). Current member months are 2.4M, +61K favorable to budget. Current financial performance resulted in a surplus of +\$3.4M or +0.4% margin, (\$14.9M)/(192bps) unfavorable vs budget. The current unfavorability is driven by higher capitation expense (\$41.7M), higher outpatient (\$27.8M) and skilled nurse facility claims (\$6.6M), and higher unrealized losses (\$5.9M); partially offset by higher revenue +\$39.7M, lower inpatient claims +\$23.3M, and lower operating expenses +\$5.7M.

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. Current member months are 20K, flat vs budget. Current financial performance resulted in a deficit of (\$0.2M) or (0.8%) margin, (\$0.8M)/(261bps) unfavorable vs budget. The current unfavorability is driven by higher outpatient (\$0.9M) and skilled nurse facility claims (\$0.8M), and higher capitation expense (\$0.7M); partially offset by lower inpatient claims +\$1.2M and lower operating expenses +\$0.7M.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. Current member months are 243K, +9K favorable vs budget. Current financial performance resulted in a deficit of (\$16.8M) or (22.6%) margin, (\$14.4M)/(1,911bps) unfavorable vs budget. The current unfavorability is driven by higher capitation expense (\$7.1M), higher pharmacy (\$4.4M), inpatient (\$4.1M), and outpatient (\$3.3M) claims; partially offset by higher revenue +\$4.9M.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). Current financial performance resulted in a deficit of (\$1.4M), (\$86.3M) unfavorable vs budget, primarily driven by timing of revenue (\$93.4M); partially offset by timing of provider incentives +\$7.1M.



Consolidated Operations Income Statement (\$ in thousands)

October 2024

Current Actual		Current PMPM		Current Budget		Current PMPM		Current Fav/ (Unfav)		PMPM		YTD Actual		YTD PMPM		YTD Budget		YTD PMPM		YTD Fav/ (Unfav)		PMPM	
2,604,681				2,535,275				69,406				2,604,681				2,535,275				69,406			
\$ 931,238		\$ 357.52		\$ 980,021		\$ 386.55		\$ (48,783)		\$ (29.03)		\$ 931,238		\$ 357.52		\$ 980,021		\$ 386.55		\$ (48,783)		\$ (29.03)	
\$ 931,238		\$ 357.52		\$ 980,021		\$ 386.55		\$ (48,783)		\$ (29.03)		\$ 931,238		\$ 357.52		\$ 980,021		\$ 386.55		\$ (48,783)		\$ (29.03)	
\$ 473,923		\$ 181.95		\$ 424,384		\$ 167.39		\$ (49,539)		\$ (14.56)		\$ 473,923		\$ 181.95		\$ 424,384		\$ 167.39		\$ (49,539)		\$ (14.56)	
\$ 110,897		\$ 42.58		\$ 131,300		\$ 51.79		\$ 20,403		\$ 9.21		\$ 110,897		\$ 42.58		\$ 131,300		\$ 51.79		\$ 20,403		\$ 9.21	
\$ 149,612		\$ 57.44		\$ 117,642		\$ 46.40		\$ (31,969)		\$ (11.04)		\$ 149,612		\$ 57.44		\$ 117,642		\$ 46.40		\$ (31,969)		\$ (11.04)	
\$ 118,295		\$ 45.42		\$ 110,717		\$ 43.67		\$ (7,578)		\$ (1.75)		\$ 118,295		\$ 45.42		\$ 110,717		\$ 43.67		\$ (7,578)		\$ (1.75)	
\$ 23,372		\$ 8.97		\$ 17,887		\$ 7.06		\$ (5,485)		\$ (1.92)		\$ 23,372		\$ 8.97		\$ 17,887		\$ 7.06		\$ (5,485)		\$ (1.92)	
\$ 13,000		\$ 4.99		\$ 21,184		\$ 8.36		\$ 8,184		\$ 3.36		\$ 13,000		\$ 4.99		\$ 21,184		\$ 8.36		\$ 8,184		\$ 3.36	
\$ 11,714		\$ 4.50		\$ 12,685		\$ 5.00		\$ 970		\$ 0.51		\$ 11,714		\$ 4.50		\$ 12,685		\$ 5.00		\$ 970		\$ 0.51	
\$ 900,813		\$ 345.84		\$ 835,799		\$ 329.67		\$ (65,014)		\$ (16.18)		\$ 900,813		\$ 345.84		\$ 835,799		\$ 329.67		\$ (65,014)		\$ (16.18)	
96.7%				85.3%				(11.4%)				96.7%				85.3%				(11.4%)			
\$ 30,425		\$ 11.68		\$ 144,222		\$ 56.89		\$ (113,797)		\$ (45.21)		\$ 30,425		\$ 11.68		\$ 144,222		\$ 56.89		\$ (113,797)		\$ (45.21)	
\$ 53,155		\$ 20.41		\$ 59,805		\$ 23.59		\$ 6,651		\$ 3.18		\$ 53,155		\$ 20.41		\$ 59,805		\$ 23.59		\$ 6,651		\$ 3.18	
5.7%				6.1%				0.4%				5.7%				6.1%				0.4%			
\$ (22,730)		\$ (8.73)		\$ 84,416		\$ 33.30		\$ (107,146)		\$ (42.02)		\$ (22,730)		\$ (8.73)		\$ 84,416		\$ 33.30		\$ (107,146)		\$ (42.02)	
(2.4%)				8.6%				(11.1%)				(2.4%)				8.6%				(11.1%)			
\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
\$ (4,718)		\$ (1.81)		\$ (4,284)		\$ (1.69)		\$ (434)		\$ (0.12)		\$ (4,718)		\$ (1.81)		\$ (4,284)		\$ (1.69)		\$ (434)		\$ (0.12)	
\$ (5)		\$ (0.00)		\$ -		\$ -		\$ 5		\$ 0.00		\$ (5)		\$ (0.00)		\$ -		\$ -		\$ 5		\$ 0.00	
\$ (6,763)		\$ (2.60)		\$ -		\$ -		\$ (6,763)		\$ (2.60)		\$ (6,763)		\$ (2.60)		\$ -		\$ -		\$ (6,763)		\$ (2.60)	
\$ 3,241		\$ 1.24		\$ 12,202		\$ 4.81		\$ (8,961)		\$ (3.57)		\$ 3,241		\$ 1.24		\$ 12,202		\$ 4.81		\$ (8,961)		\$ (3.57)	
\$ (19,489)		\$ (7.48)		\$ 96,618		\$ 38.11		\$ (116,107)		\$ (45.59)		\$ (19,489)		\$ (7.48)		\$ 96,618		\$ 38.11		\$ (116,107)		\$ (45.59)	
(2.1%)				9.9%				(12.0%)				(2.1%)				9.9%				(12.0%)			



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

October 2024

Current Actual		Current Budget		Current Fav/ (Unfav)		YTD Actual		YTD Budget		YTD Fav/ (Unfav)	
PMPM		PMPM		PMPM		PMPM		PMPM		PMPM	
2,361,566		2,300,883		60,683		2,361,566		2,300,883		60,683	
\$ 826,484	\$ 349.97	\$ 786,791	\$ 341.95	\$ 39,693	\$ 8.02	\$ 826,484	\$ 349.97	\$ 786,791	\$ 341.95	\$ 39,693	\$ 8.02
\$ 826,484	\$ 349.97	\$ 786,791	\$ 341.95	\$ 39,693	\$ 8.02	\$ 826,484	\$ 349.97	\$ 786,791	\$ 341.95	\$ 39,693	\$ 8.02
Membership						Member Months					
Revenue						Capitation Revenue					
Total Revenues						Total Revenues					
Healthcare Expenses						Healthcare Expenses					
\$ 435,812	\$ 184.54	\$ 394,148	\$ 171.30	\$ (41,664)	\$ (13.24)	\$ 435,812	\$ 184.54	\$ 394,148	\$ 171.30	\$ (41,664)	\$ (13.24)
\$ 87,155	\$ 36.91	\$ 110,420	\$ 47.99	\$ 23,266	\$ 11.08	\$ 87,155	\$ 36.91	\$ 110,420	\$ 47.99	\$ 23,266	\$ 11.08
\$ 130,915	\$ 55.44	\$ 103,151	\$ 44.83	\$ (27,764)	\$ (10.60)	\$ 130,915	\$ 55.44	\$ 103,151	\$ 44.83	\$ (27,764)	\$ (10.60)
\$ 117,354	\$ 49.69	\$ 110,717	\$ 48.12	\$ (6,637)	\$ (1.57)	\$ 117,354	\$ 49.69	\$ 110,717	\$ 48.12	\$ (6,637)	\$ (1.57)
\$ 1,282	\$ 0.54	\$ 1	\$ 0.00	\$ (1,280)	\$ (0.54)	\$ 1,282	\$ 0.54	\$ 1	\$ 0.00	\$ (1,280)	\$ (0.54)
\$ 8,436	\$ 3.57	\$ 9,525	\$ 4.14	\$ 1,089	\$ 0.57	\$ 8,436	\$ 3.57	\$ 9,525	\$ 4.14	\$ 1,089	\$ 0.57
\$ 10,306	\$ 4.36	\$ 11,040	\$ 4.80	\$ 734	\$ 0.43	\$ 10,306	\$ 4.36	\$ 11,040	\$ 4.80	\$ 734	\$ 0.43
\$ 791,260	\$ 335.06	\$ 739,003	\$ 321.18	\$ (52,258)	\$ (13.88)	\$ 791,260	\$ 335.06	\$ 739,003	\$ 321.18	\$ (52,258)	\$ (13.88)
95.7%		93.9%		(1.8%)		95.7%		93.9%		(1.8%)	
\$ 35,224	\$ 14.92	\$ 47,788	\$ 20.77	\$ (12,564)	\$ (5.85)	\$ 35,224	\$ 14.92	\$ 47,788	\$ 20.77	\$ (12,564)	\$ (5.85)
\$ 38,513	\$ 16.31	\$ 44,258	\$ 19.24	\$ 5,745	\$ 2.93	\$ 38,513	\$ 16.31	\$ 44,258	\$ 19.24	\$ 5,745	\$ 2.93
4.7%		5.6%		1.0%		4.7%		5.6%		1.0%	
\$ (3,290)	\$ (1.39)	\$ 3,530	\$ 1.53	\$ (6,819)	\$ (2.93)	\$ (3,290)	\$ (1.39)	\$ 3,530	\$ 1.53	\$ (6,819)	\$ (2.93)
(0.4%)		0.4%		(0.8%)		(0.4%)		0.4%		(0.8%)	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (0)	\$ (0.00)	\$ 242	\$ 0.11	\$ (243)	\$ (0.11)	\$ (0)	\$ (0.00)	\$ 242	\$ 0.11	\$ (243)	\$ (0.11)
\$ (4)	\$ (0.00)	\$ -	\$ -	\$ 4	\$ 0.00	\$ (4)	\$ (0.00)	\$ -	\$ -	\$ 4	\$ 0.00
\$ (5,853)	\$ (2.48)	\$ -	\$ -	\$ (5,853)	\$ (2.48)	\$ (5,853)	\$ (2.48)	\$ -	\$ -	\$ (5,853)	\$ (2.48)
\$ 6,718	\$ 2.84	\$ 14,841	\$ 6.45	\$ (8,123)	\$ (3.61)	\$ 6,718	\$ 2.84	\$ 14,841	\$ 6.45	\$ (8,123)	\$ (3.61)
\$ 3,428	\$ 1.45	\$ 18,370	\$ 7.98	\$ (14,942)	\$ (6.53)	\$ 3,428	\$ 1.45	\$ 18,370	\$ 7.98	\$ (14,942)	\$ (6.53)
0.4%		2.3%		(1.9%)		0.4%		2.3%		(1.9%)	



DSNP Income Statement (\$ in thousands)

October 2024

Current Actual		Current Budget		Current Fav/ (Unfav)		YTD Actual		YTD Budget		YTD Fav/ (Unfav)	
PMPM		PMPM		PMPM		PMPM		PMPM		PMPM	
20,310		20,264		46		20,310		20,264		46	
\$ 30,039	\$ 1,479.04	\$ 30,080	\$ 1,484.40	\$ (41)	\$ (5.36)	\$ 30,039	\$ 1,479.04	\$ 30,080	\$ 1,484.40	\$ (41)	\$ (5.36)
\$ 30,039	\$ 1,479.04	\$ 30,080	\$ 1,484.40	\$ (41)	\$ (5.36)	\$ 30,039	\$ 1,479.04	\$ 30,080	\$ 1,484.40	\$ (41)	\$ (5.36)
Membership						Member Months					
Revenue						Capitation Revenue					
Total Revenues						Total Revenues					
Healthcare Expenses						Healthcare Expenses					
\$ 11,297	\$ 556.21	\$ 10,566	\$ 521.44	\$ (730)	\$ (34.77)	\$ 11,297	\$ 556.21	\$ 10,566	\$ 521.44	\$ (730)	\$ (34.77)
\$ 6,587	\$ 324.33	\$ 7,775	\$ 383.68	\$ 1,188	\$ 59.36	\$ 6,587	\$ 324.33	\$ 7,775	\$ 383.68	\$ 1,188	\$ 59.36
\$ 4,725	\$ 232.67	\$ 3,790	\$ 187.05	\$ (935)	\$ (45.62)	\$ 4,725	\$ 232.67	\$ 3,790	\$ 187.05	\$ (935)	\$ (45.62)
\$ 805	\$ 39.65	\$ -	\$ -	\$ (805)	\$ (39.65)	\$ 805	\$ 39.65	\$ -	\$ -	\$ (805)	\$ (39.65)
\$ 1,634	\$ 80.46	\$ 1,827	\$ 90.18	\$ 193	\$ 9.72	\$ 1,634	\$ 80.46	\$ 1,827	\$ 90.18	\$ 193	\$ 9.72
\$ 2,103	\$ 103.53	\$ 2,002	\$ 98.78	\$ (101)	\$ (4.76)	\$ 2,103	\$ 103.53	\$ 2,002	\$ 98.78	\$ (101)	\$ (4.76)
\$ 552	\$ 27.17	\$ 581	\$ 28.67	\$ 29	\$ 1.51	\$ 552	\$ 27.17	\$ 581	\$ 28.67	\$ 29	\$ 1.51
\$ 27,703	\$ 1,364.00	\$ 26,542	\$ 1,309.79	\$ (1,161)	\$ (54.21)	\$ 27,703	\$ 1,364.00	\$ 26,542	\$ 1,309.79	\$ (1,161)	\$ (54.21)
92.2%		88.2%		(4.0%)		92.2%		88.2%		(4.0%)	
\$ 2,336	\$ 115.03	\$ 3,538	\$ 174.61	\$ (1,202)	\$ (59.58)	\$ 2,336	\$ 115.03	\$ 3,538	\$ 174.61	\$ (1,202)	\$ (59.58)
\$ 2,908	\$ 143.17	\$ 3,566	\$ 175.97	\$ 658	\$ 32.79	\$ 2,908	\$ 143.17	\$ 3,566	\$ 175.97	\$ 658	\$ 32.79
9.7%		11.9%		2.2%		9.7%		11.9%		2.2%	
\$ (572)	\$ (28.14)	\$ (28)	\$ (1.36)	\$ (544)	\$ (26.78)	\$ (572)	\$ (28.14)	\$ (28)	\$ (1.36)	\$ (544)	\$ (26.78)
(1.9%)		(0.1%)		(1.8%)		(1.9%)		(0.1%)		(1.8%)	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 0	\$ 0.00	\$ -	\$ -	\$ 0	\$ 0.00	\$ 0	\$ 0.00	\$ -	\$ -	\$ 0	\$ 0.00
\$ (0)	\$ (0.01)	\$ -	\$ -	\$ 0	\$ 0.01	\$ (0)	\$ (0.01)	\$ -	\$ -	\$ 0	\$ 0.01
\$ (286)	\$ (14.09)	\$ -	\$ -	\$ (286)	\$ (14.09)	\$ (286)	\$ (14.09)	\$ -	\$ -	\$ (286)	\$ (14.09)
\$ 328	\$ 16.17	\$ 569	\$ 28.08	\$ (241)	\$ (11.91)	\$ 328	\$ 16.17	\$ 569	\$ 28.08	\$ (241)	\$ (11.91)
\$ (243)	\$ (11.97)	\$ 541	\$ 26.72	\$ (785)	\$ (38.69)	\$ (243)	\$ (11.97)	\$ 541	\$ 26.72	\$ (785)	\$ (38.69)
(0.8%)		1.8%		(2.6%)		(0.8%)		1.8%		(2.6%)	



Incentive Programs Income Statement (\$ in thousands)

October 2024

Current		Current		Current		YTD		YTD		YTD Fav/	
Actual	PMPM	Budget	PMPM	Fav/ (Unfav)	PMPM	Actual	PMPM	Budget	PMPM	(Unfav)	PMPM
-	-	-	-	-	-	-	-	-	-	-	-
Membership											
Member Months											
Revenue											
\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -	\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -
\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -	\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -
Healthcare Expenses											
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 1,241	\$ -	\$ 8,325	\$ -	\$ 7,084	\$ -	\$ 1,241	\$ -	\$ 8,325	\$ -	\$ 7,084	\$ -
\$ 11	\$ -	\$ -	\$ -	\$ (11)	\$ -	\$ 11	\$ -	\$ -	\$ -	\$ (11)	\$ -
\$ 1,252	\$ -	\$ 8,325	\$ -	\$ 7,074	\$ -	\$ 1,252	\$ -	\$ 8,325	\$ -	\$ 7,074	\$ -
0.0%		8.9%		8.9%		0.0%		8.9%		8.9%	
\$ (1,252)	\$ -	\$ 85,115	\$ -	\$ (86,367)	\$ -	\$ (1,252)	\$ -	\$ 85,115	\$ -	\$ (86,367)	\$ -
\$ 114	\$ -	\$ 213	\$ -	\$ 99	\$ -	\$ 114	\$ -	\$ 213	\$ -	\$ 99	\$ -
0.0%		0.2%		0.2%		0.0%		0.2%		0.2%	
\$ (1,366)	\$ -	\$ 84,902	\$ -	\$ (86,268)	\$ -	\$ (1,366)	\$ -	\$ 84,902	\$ -	\$ (86,268)	\$ -
0.0%		90.9%		(90.9%)		0.0%		90.9%		(90.9%)	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (1,366)	\$ -	\$ 84,902	\$ -	\$ (86,268)	\$ -	\$ (1,366)	\$ -	\$ 84,902	\$ -	\$ (86,268)	\$ -
0.0%		90.9%		(90.9%)		0.0%		90.9%		(90.9%)	



Balance Sheet (\$ in thousands)

	<u>Oct-24</u>
Assets	
Cash and Cash Equivalents	\$ 1,291,319
Short Term Investments, at fair value	\$ 2,024,401
Capitation Receivable	\$ 3,054,918
Interest and Non-Operating Receivables	\$ 265,002
Prepays and Other Current Assets	\$ 62,382
Current Assets	\$ 6,698,022
Capitalized Assets - net	\$ 268,022
Non-Current Assets	\$ 26,140
Total Assets	\$ 6,992,184
Liabilities & Equity	
Liabilities	
Accounts Payable and Accrued Liabilities	\$ 412,259
Subcapitation Payable	\$ 3,059,188
Accts Receivable - PP	\$ 1
Reserve for Claims	\$ 711,683
Accrued Medical Expenses	\$ 167,349
Deferred Revenue	\$ 67,414
Reserve for Provider Incentives	\$ 144,946
Non-Operating Payables	\$ 46,530
Grants Payable	\$ 15,825
Deferred Rent	\$ 126,177
Total Current Liabilities	\$ 4,751,372
Equity	
Invested in Capital Assets, Net of related dep	\$ 118,174
Restricted Equity	\$ 23,327
Minimum Tangible Net Equity	\$ 251,076
Board Designated Funds	\$ 110,027
Unrestricted Net Assets	\$ 1,738,208
Total Equity	\$ 2,240,812
Total Liabilities & Equity	\$ 6,992,184
Solvency Ratios	
Working Capital Ratio	1.45
Cash to Claims Ratio	0.88
Tangible Net Equity Ratio	8.92



Cash Flows Statement (\$ in thousands)

October 2024

	Oct-24	YTD
Cash Flows from Operating Activities:		
Capitation Revenue	\$ 783,126	\$ 783,126
Other Income (Expense), net	\$ 11,095	\$ 11,095
Healthcare Expenses	\$ (724,243)	\$ (724,243)
Operating Expenses	\$ (83,498)	\$ (83,498)
Net Cash Provided By Operating Activities	\$ (13,520)	\$ (13,520)
Cash Flows from Investing Activities		
Purchase of investments - Net	\$ 317,054	\$ 317,054
Purchase of Capital Assets	\$ (3,403)	\$ (3,403)
Net Cash Provided By Investing Activities	\$ 313,651	\$ 313,651
Cash Flows from Financing Activities:		
Lease Payment - Capital & ROU	\$ (309)	\$ (309)
SBITA Liability Increase / (Decrease)	\$ (249)	\$ (249)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (82,027)	\$ (82,027)
Pass through transactions (AB 85, IGT, etc.)	\$ 77	\$ 77
Net Cash Provided By Financing Activities	\$ (82,508)	\$ (82,508)
Net Increase in Cash and Cash Equivalents	\$ 217,623	\$ 217,623
Cash and Cash Equivalents, Beginning	\$ 1,073,696	\$ 1,073,696
Cash and Cash Equivalents, Ending	\$ 1,291,319	\$ 1,291,319
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:		
Excess of Revenues over Expenses	\$ (19,489)	\$ (19,489)
Adjustments to Excess of Revenues Over Expenses:		
Depreciation	\$ 5,522	\$ 5,522
Realized and Unrealized (Gain)/Loss on Investments	\$ 6,758	\$ 6,758
Deferred Rent	\$ -	\$ -
Gross Premium Tax provision	\$ 18	\$ 18
Loss on Disposal of Capital Assets	\$ -	\$ -
Total Adjustments to Excess of Revenues over Expenses	\$ 12,298	\$ 12,298
Changes in Operating Assets and Liabilities:		
Capitation Receivable	\$ (145,768)	\$ (145,768)
Interest and Non-Operating Receivables	\$ 7,183	\$ 7,183
Prepaid and Other Current Assets	\$ (94,270)	\$ (94,270)
Accounts Payable and Accrued Liabilities	\$ (26,727)	\$ (26,727)
Subcapitation Payable	\$ 271,375	\$ 271,375
Medi-Cal Adult Expansion Payable	\$ -	\$ -
Deferred Capitation Revenue	\$ (2,345)	\$ (2,345)
Accrued Medical Expenses	\$ (20,303)	\$ (20,303)
Reserve for Claims	\$ 3,652	\$ 3,652
Reserve for Provider Incentives	\$ 7,216	\$ 7,216
Grants Payable	\$ (6,342)	\$ (6,342)
Net Changes in Operating Assets and Liabilities	\$ (6,329)	\$ (6,329)
Net Cash Provided By Operating Activities	\$ (13,520)	\$ (13,520)



L.A. Care
HEALTH PLAN®

Financial Performance
November 2024
(Unaudited)



Financial Performance Results Highlights - Year-to-Date

November 2024

Overall

L.A. Care total Year-to-Date (YTD) combined member months are 5.2M, +162K favorable versus budget. YTD financial performance resulted in a deficit of (\$13.6M) or (0.7%) margin and is (\$128.2M)/(687bps) unfavorable versus budget. The YTD unfavorability is driven by higher capitation expense (\$60.9M), higher outpatient (\$56.3M), skilled nurse facility (\$17.4M), and pharmacy (\$6.4M) claims, as well as lower net interest income (\$5.6M), and higher unrealized losses (\$5.3M); partially offset by higher revenue +\$10.3M, lower operating expenses +\$6.3M, timing of provider incentives +\$5.9M, and lower inpatient claims +\$3.4M.

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). YTD member months are 4.7M, +140K favorable to budget. YTD financial performance resulted in a surplus of +\$26.7M or +1.6% margin, (\$16.6M)/(116bps) unfavorable versus budget. The YTD unfavorability is driven by higher capitation expense (\$60.8M), higher outpatient (\$49.2M) and skilled nurse facility (\$15.5M) claims, lower net interest income (\$5.5M) and higher unrealized losses (\$4.6M); partially offset by higher revenue +\$99.2M, lower inpatient claims +\$11.2M, and lower operating expenses +\$7.0M.

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. YTD member months are 41K, flat versus budget. YTD financial performance resulted in a surplus of +\$0.7M or 1.2% margin, (\$0.6M)/(90bps) unfavorable versus budget. The YTD unfavorability is driven by higher skilled nursing claims (\$1.6M), lower revenue (\$1.2M), higher capitation expense (\$0.9M), and higher outpatient claims (\$0.6M); partially offset by lower inpatient +\$2.4M and pharmacy +\$1.4M claims.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. YTD member months are 491K, +22K favorable versus budget. YTD financial performance resulted in a deficit of (\$23.2M) or (16.0%) margin, (\$18.9M)/(1289bps) unfavorable versus budget. The YTD unfavorability is driven by higher inpatient (\$10.3M), outpatient (\$6.5M), and pharmacy (\$6.5M) claims; partially offset by higher revenue +\$5.6M.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). YTD financial performance resulted in a deficit of (\$6.4M), (\$90.2M) unfavorable versus budget, primarily driven by timing of revenue (\$93.4M); partially offset by timing of provider incentives +\$3.1M.



Consolidated Operations Income Statement (\$ in thousands)

November 2024

Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM
2,618,120		2,525,316		92,804	
\$ 943,442	\$ 360.35	\$ 884,344	\$ 350.19	\$ 59,098	\$ 10.16
\$ 943,442	\$ 360.35	\$ 884,344	\$ 350.19	\$ 59,098	\$ 10.16
\$ 434,499	\$ 165.96	\$ 423,180	\$ 167.57	\$ (11,319)	\$ 1.62
\$ 149,742	\$ 57.19	\$ 132,713	\$ 52.55	\$ (17,029)	\$ (4.64)
\$ 140,415	\$ 53.63	\$ 116,096	\$ 45.97	\$ (24,319)	\$ (7.66)
\$ 116,781	\$ 44.61	\$ 107,004	\$ 42.37	\$ (9,777)	\$ (2.23)
\$ 18,797	\$ 7.18	\$ 17,928	\$ 7.10	\$ (869)	\$ (0.08)
\$ 16,221	\$ 6.20	\$ 13,908	\$ 5.51	\$ (2,313)	\$ (0.69)
\$ 12,207	\$ 4.66	\$ 11,763	\$ 4.66	\$ (444)	\$ (0.00)
\$ 888,662	\$ 339.43	\$ 822,592	\$ 325.74	\$ (66,069)	\$ (13.69)
94.2%		93.0%		(1.2%)	
\$ 54,780	\$ 20.92	\$ 61,752	\$ 24.45	\$ (6,972)	\$ (3.53)
\$ 56,487	\$ 21.58	\$ 56,131	\$ 22.23	\$ (356)	\$ 0.65
6.0%		6.3%		0.4%	
\$ (1,707)	\$ (0.65)	\$ 5,621	\$ 2.23	\$ (7,328)	\$ (2.88)
(0.2%)		0.6%		(0.8%)	
\$ 12,652	\$ 4.83	\$ 16,486	\$ 6.53	\$ (3,834)	\$ (1.70)
\$ (6,575)	\$ (2.51)	\$ (4,205)	\$ (1.67)	\$ (2,370)	\$ (0.85)
\$ (42)	\$ (0.02)	\$ -	\$ -	\$ 42	\$ 0.02
\$ 1,430	\$ 0.55	\$ -	\$ -	\$ 1,430	\$ 0.55
\$ 7,549	\$ 2.88	\$ 12,281	\$ 4.86	\$ (4,732)	\$ (1.98)
\$ 5,841	\$ 2.23	\$ 17,902	\$ 7.09	\$ (12,061)	\$ (4.86)
0.6%		2.0%		(1.4%)	

	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership						
Member Months	5,222,801		5,060,591		162,210	
Revenue						
Capitation Revenue	\$ 1,874,680	\$ 358.94	\$ 1,864,365	\$ 368.41	\$ 10,315	\$ (9.47)
Total Revenues	\$ 1,874,680	\$ 358.94	\$ 1,864,365	\$ 368.41	\$ 10,315	\$ (9.47)
Healthcare Expenses						
Capitation	\$ 908,422	\$ 173.93	\$ 847,564	\$ 167.48	\$ (60,858)	\$ (6.45)
Inpatient Claims	\$ 260,639	\$ 49.90	\$ 264,013	\$ 52.17	\$ 3,374	\$ 2.27
Outpatient Claims	\$ 290,026	\$ 55.53	\$ 233,738	\$ 46.19	\$ (56,289)	\$ (9.34)
Skilled Nurse Facility	\$ 235,076	\$ 45.01	\$ 217,721	\$ 43.02	\$ (17,356)	\$ (1.99)
Pharmacy	\$ 42,169	\$ 8.07	\$ 35,816	\$ 7.08	\$ (6,354)	\$ (1.00)
Provider Incentive and Shared Risk	\$ 29,221	\$ 5.59	\$ 35,092	\$ 6.93	\$ 5,871	\$ 1.34
Medical Administrative Expenses	\$ 23,921	\$ 4.58	\$ 24,448	\$ 4.83	\$ 527	\$ 0.25
Total Healthcare Expenses	\$ 1,789,475	\$ 342.63	\$ 1,658,391	\$ 327.71	\$ (131,083)	\$ (14.92)
MCR (%)	95.5%		89.0%		(6.5%)	
Operating Margin	\$ 85,205	\$ 16.31	\$ 205,973	\$ 40.70	\$ (120,769)	\$ (24.39)
Total Operating Expenses	\$ 109,642	\$ 20.99	\$ 115,936	\$ 22.91	\$ 6,294	\$ 1.92
Admin Ratio (%)	5.8%		6.2%		0.4%	
Income (Loss) from Operations	\$ (24,437)	\$ (4.68)	\$ 90,037	\$ 17.79	\$ (114,474)	\$ (22.47)
Margin before Non-Operating Inc/(Exp) Ratio (%)	(1.3%)		4.8%		(6.1%)	
Interest Income,Net	\$ 27,369	\$ 5.24	\$ 32,972	\$ 6.52	\$ (5,603)	\$ (1.28)
Other Income (Expense),Net	\$ (11,293)	\$ (2.16)	\$ (8,489)	\$ (1.68)	\$ (2,804)	\$ (0.48)
Realized Gain/Loss	\$ (47)	\$ (0.01)	\$ -	\$ -	\$ 47	\$ 0.01
Unrealized Gain/Loss	\$ (5,333)	\$ (1.02)	\$ -	\$ -	\$ (5,333)	\$ (1.02)
Total Non-Operating Income/(Expense)	\$ 10,789	\$ 2.07	\$ 24,483	\$ 4.84	\$ (13,694)	\$ (2.77)
Net Surplus/(Deficit)	\$ (13,648)	\$ (2.61)	\$ 114,520	\$ 22.63	\$ (128,168)	\$ (25.24)
Margin (%)	(0.7%)		6.1%		(6.9%)	



DSNP Income Statement (\$ in thousands)

November 2024

Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM
20,304		20,195		109	
\$ 28,821	\$ 1,419.49	\$ 29,978	\$ 1,484.40	\$ (1,157)	\$ (64.91)
\$ 28,821	\$ 1,419.49	\$ 29,978	\$ 1,484.40	\$ (1,157)	\$ (64.91)
\$ 10,673	\$ 525.66	\$ 10,531	\$ 521.44	\$ (142)	\$ (4.22)
\$ 6,609	\$ 325.49	\$ 7,870	\$ 389.69	\$ 1,261	\$ 64.20
\$ 3,363	\$ 165.65	\$ 3,731	\$ 184.73	\$ 367	\$ 19.08
\$ 833	\$ 41.04	\$ -	\$ -	\$ (833)	\$ (41.04)
\$ 633	\$ 31.17	\$ 1,825	\$ 90.35	\$ 1,192	\$ 59.17
\$ 2,012	\$ 99.08	\$ 2,002	\$ 99.11	\$ (10)	\$ 0.03
\$ 790	\$ 38.90	\$ 546	\$ 27.05	\$ (244)	\$ (11.85)
\$ 24,913	\$ 1,227.00	\$ 26,504	\$ 1,312.37	\$ 1,591	\$ 85.36
86.4%		88.4%		2.0%	
\$ 3,908	\$ 192.48	\$ 3,474	\$ 172.03	\$ 434	\$ 20.45
\$ 3,569	\$ 175.79	\$ 3,328	\$ 164.79	\$ (241)	\$ (11.01)
12.4%		11.1%		(1.3%)	
\$ 339	\$ 16.69	\$ 146	\$ 7.25	\$ 192	\$ 9.44
1.2%		0.5%		0.7%	
\$ 543	\$ 26.76	\$ 569	\$ 28.15	\$ (25)	\$ (1.39)
\$ 0	\$ 0.00	\$ -	\$ -	\$ 0	\$ 0.00
\$ (2)	\$ (0.09)	\$ -	\$ -	\$ 2	\$ 0.09
\$ 60	\$ 2.98	\$ -	\$ -	\$ 60	\$ 2.98
\$ 606	\$ 29.83	\$ 569	\$ 28.15	\$ 37	\$ 1.68
\$ 945	\$ 46.52	\$ 715	\$ 35.40	\$ 230	\$ 11.12
3.3%		2.4%		0.9%	

	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership						
Member Months	40,614		40,459		155	
Revenue						
Capitation Revenue	\$ 58,860	\$ 1,449.27	\$ 60,058	\$ 1,484.40	\$ (1,197)	\$ (35.13)
Total Revenues	\$ 58,860	\$ 1,449.27	\$ 60,058	\$ 1,484.40	\$ (1,197)	\$ (35.13)
Healthcare Expenses						
Capitation	\$ 21,970	\$ 540.94	\$ 21,097	\$ 521.44	\$ (873)	\$ (19.50)
Inpatient Claims	\$ 13,196	\$ 324.91	\$ 15,645	\$ 386.68	\$ 2,449	\$ 61.77
Outpatient Claims	\$ 8,089	\$ 199.17	\$ 7,521	\$ 185.89	\$ (568)	\$ (13.27)
Skilled Nurse Facility	\$ 1,639	\$ 40.35	\$ -	\$ -	\$ (1,639)	\$ (40.35)
Pharmacy	\$ 2,267	\$ 55.82	\$ 3,652	\$ 90.26	\$ 1,385	\$ 34.44
Provider Incentive and Shared Risk	\$ 4,114	\$ 101.31	\$ 4,003	\$ 98.94	\$ (111)	\$ (2.36)
Medical Administrative Expenses	\$ 1,342	\$ 33.03	\$ 1,127	\$ 27.86	\$ (214)	\$ (5.17)
Total Healthcare Expenses	\$ 52,616	\$ 1,295.51	\$ 53,045	\$ 1,311.08	\$ 429	\$ 15.56
MCR (%)	89.4%		88.3%		(1.1%)	
Operating Margin	\$ 6,244	\$ 153.75	\$ 7,013	\$ 173.32	\$ (768)	\$ (19.57)
Total Operating Expenses	\$ 6,477	\$ 159.48	\$ 6,894	\$ 170.39	\$ 417	\$ 10.91
Admin Ratio (%)	11.0%		11.5%		0.5%	
Income (Loss) from Operations	\$ (233)	\$ (5.73)	\$ 119	\$ 2.94	\$ (352)	\$ (8.67)
Margin before Non-Operating Inc/(Exp) Ratio (%)	(0.4%)		0.2%		(0.6%)	
Interest Income,Net	\$ 1,158	\$ 28.50	\$ 1,138	\$ 28.12	\$ 20	\$ 0.39
Other Income (Expense),Net	\$ 0	\$ 0.00	\$ -	\$ -	\$ 0	\$ 0.00
Realized Gain/Loss	\$ (2)	\$ (0.05)	\$ -	\$ -	\$ 2	\$ 0.05
Unrealized Gain/Loss	\$ (226)	\$ (5.55)	\$ -	\$ -	\$ (226)	\$ (5.55)
Total Non-Operating Income/(Expense)	\$ 934	\$ 23.00	\$ 1,138	\$ 28.12	\$ (203)	\$ (5.12)
Net Surplus/(Deficit)	\$ 701	\$ 17.27	\$ 1,256	\$ 31.05	\$ (555)	\$ (13.78)
Margin (%)	1.2%		2.1%		(0.9%)	



Commercial Income Statement (\$ in thousands)

November 2024

Current Actual			Current Budget			Current Fav/(Unfav)			YTD Actual		YTD Budget		YTD Fav/(Unfav)	
	PMPM		PMPM		PMPM		PMPM		PMPM		PMPM		PMPM	
247,992		234,574		13,418				491,107		468,967		22,140		
\$ 70,421	\$ 283.96	\$ 69,763	\$ 297.40	\$ 657	\$ (13.44)			\$ 145,030	\$ 295.31	\$ 139,473	\$ 297.41	\$ 5,556	\$ (2.09)	
\$ 70,421	\$ 283.96	\$ 69,763	\$ 297.40	\$ 657	\$ (13.44)			\$ 145,030	\$ 295.31	\$ 139,473	\$ 297.41	\$ 5,556	\$ (2.09)	
\$ 11,710	\$ 47.22	\$ 19,682	\$ 83.90	\$ 7,972	\$ 36.69			\$ 38,524	\$ 78.44	\$ 39,351	\$ 83.91	\$ 827	\$ 5.47	
\$ 19,466	\$ 78.49	\$ 13,321	\$ 56.79	\$ (6,145)	\$ (21.71)			\$ 36,709	\$ 74.75	\$ 26,426	\$ 56.35	\$ (10,283)	\$ (18.40)	
\$ 13,762	\$ 55.49	\$ 10,529	\$ 44.88	\$ (3,233)	\$ (10.61)			\$ 27,724	\$ 56.45	\$ 21,230	\$ 45.27	\$ (6,494)	\$ (11.18)	
\$ 79	\$ 0.32	\$ -	\$ -	\$ (79)	\$ (0.32)			\$ 215	\$ 0.44	\$ -	\$ -	\$ (215)	\$ (0.44)	
\$ 18,165	\$ 73.25	\$ 16,102	\$ 68.64	\$ (2,063)	\$ (4.60)			\$ 38,621	\$ 78.64	\$ 32,161	\$ 68.58	\$ (6,460)	\$ (10.06)	
\$ 1,220	\$ 4.92	\$ 1,332	\$ 5.68	\$ 112	\$ 0.76			\$ 2,440	\$ 4.97	\$ 2,663	\$ 5.68	\$ 224	\$ 0.71	
\$ 1,213	\$ 4.89	\$ 993	\$ 4.23	\$ (220)	\$ (0.66)			\$ 2,059	\$ 4.19	\$ 2,056	\$ 4.38	\$ (2)	\$ 0.19	
\$ 65,615	\$ 264.58	\$ 61,958	\$ 264.13	\$ (3,657)	\$ (0.45)			\$ 146,291	\$ 297.88	\$ 123,888	\$ 264.17	\$ (22,404)	\$ (33.71)	
93.2%		88.8%		(4.4%)				100.9%		88.8%		(12.0%)		
\$ 4,806	\$ 19.38	\$ 7,805	\$ 33.27	\$ (2,999)	\$ (13.89)			\$ (1,262)	\$ (2.57)	\$ 15,586	\$ 33.23	\$ (16,847)	\$ (35.80)	
\$ 12,494	\$ 50.38	\$ 11,067	\$ 47.18	\$ (1,426)	\$ (3.20)			\$ 23,973	\$ 48.81	\$ 22,583	\$ 48.15	\$ (1,390)	\$ (0.66)	
17.7%		15.9%		(1.9%)				16.5%		16.2%		(0.3%)		
\$ (7,688)	\$ (31.00)	\$ (3,263)	\$ (13.91)	\$ (4,426)	\$ (17.09)			\$ (25,234)	\$ (51.38)	\$ (6,997)	\$ (14.92)	\$ (18,237)	\$ (36.46)	
(10.9%)		(4.7%)		(6.2%)				(17.4%)		(5.0%)		(12.4%)		
\$ 1,186	\$ 4.78	\$ 1,323	\$ 5.64	\$ (137)	\$ (0.86)			\$ 2,527	\$ 5.15	\$ 2,642	\$ 5.63	\$ (115)	\$ (0.49)	
\$ (17)	\$ (0.07)	\$ -	\$ -	\$ (17)	\$ (0.07)			\$ (35)	\$ (0.07)	\$ -	\$ -	\$ (35)	\$ (0.07)	
\$ (4)	\$ (0.02)	\$ -	\$ -	\$ 4	\$ 0.02			\$ (4)	\$ (0.01)	\$ -	\$ -	\$ 4	\$ 0.01	
\$ 132	\$ 0.53	\$ -	\$ -	\$ 132	\$ 0.53			\$ (492)	\$ (1.00)	\$ -	\$ -	\$ (492)	\$ (1.00)	
\$ 1,305	\$ 5.26	\$ 1,323	\$ 5.64	\$ (18)	\$ (0.38)			\$ 2,004	\$ 4.08	\$ 2,642	\$ 5.63	\$ (637)	\$ (1.55)	
\$ (6,383)	\$ (25.74)	\$ (1,939)	\$ (8.27)	\$ (4,444)	\$ (17.47)			\$ (23,230)	\$ (47.30)	\$ (4,356)	\$ (9.29)	\$ (18,874)	\$ (38.01)	
(9.1%)		(2.8%)		(6.3%)				(16.0%)		(3.1%)		(12.9%)		

Membership
Member Months

Revenue
Capitation Revenue
Total Revenues

Healthcare Expenses
Capitation
Inpatient Claims
Outpatient Claims
Skilled Nurse Facility
Pharmacy
Provider Incentive and Shared Risk
Medical Administrative Expenses
Total Healthcare Expenses
MCR (%)

Operating Margin

Total Operating Expenses
Admin Ratio (%)

Income (Loss) from Operations
Margin before Non-Operating Inc/(Exp) Ratio (%)

Interest Income,Net
Other Income (Expense),Net
Realized Gain/Loss
Unrealized Gain/Loss
Total Non-Operating Income/(Expense)

Net Surplus/(Deficit)
Margin (%)



Incentive Programs Income Statement (\$ in thousands)

November 2024

Current Actual			Current Budget			Current Fav/(Unfav)			YTD Actual		YTD Budget		YTD Fav/(Unfav)	
	PMPM			PMPM		PMPM			PMPM		PMPM		PMPM	
-		-		-		-		-		-		-		
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 93,440	\$ -	\$ (93,440)	\$ -	
Membership														
Member Months														
-														
Revenue														
Capitation Revenue														
-														
Total Revenues														
-														
Healthcare Expenses														
Capitation														
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ 4,999	\$ -	\$ 1,050	\$ -	\$ (3,949)	\$ -	\$ -	\$ -	\$ 6,240	\$ -	\$ 9,375	\$ -	\$ 3,135	\$ -	
\$ 18	\$ -	\$ -	\$ -	\$ (18)	\$ -	\$ -	\$ -	\$ 29	\$ -	\$ -	\$ -	\$ (29)	\$ -	
\$ 5,017	\$ -	\$ 1,050	\$ -	\$ (3,967)	\$ -	\$ -	\$ -	\$ 6,269	\$ -	\$ 9,375	\$ -	\$ 3,106	\$ -	
0.0%		0.0%		0.0%		0.0%		0.0%		10.0%		10.0%		
\$ (5,017)	\$ -	\$ (1,050)	\$ -	\$ (3,967)	\$ -	\$ -	\$ -	\$ (6,269)	\$ -	\$ 84,065	\$ -	\$ (90,334)	\$ -	
\$ 65	\$ -	\$ 123	\$ -	\$ 59	\$ -	\$ -	\$ -	\$ 179	\$ -	\$ 336	\$ -	\$ 157	\$ -	
0.0%		0.0%		0.0%		0.0%		0.0%		0.4%		0.4%		
\$ (5,082)	\$ -	\$ (1,173)	\$ -	\$ (3,909)	\$ -	\$ -	\$ -	\$ (6,448)	\$ -	\$ 83,729	\$ -	\$ (90,177)	\$ -	
0.0%		0.0%		0.0%		0.0%		0.0%		89.6%		(89.6%)		
Operating Margin														
-														
Total Operating Expenses														
-														
Admin Ratio (%)														
-														
Income (Loss) from Operations														
-														
Margin before Non-Operating Inc/(Exp) Ratio (%)														
-														
Interest Income,Net														
-														
Other Income (Expense),Net														
-														
Realized Gain/Loss														
-														
Unrealized Gain/Loss														
-														
Total Non-Operating Income/(Expense)														
-														
Net Surplus/(Deficit)														
-														
Margin (%)														
-														



Balance Sheet (\$ in thousands)

November 2024

	Oct-24	Nov-24
Assets		
Cash and Cash Equivalents	\$ 1,291,319	\$ 1,147,217
Short Term Investments, at fair value	\$ 2,024,401	\$ 2,005,819
Capitation Receivable	\$ 3,054,918	\$ 3,347,376
Interest and Non-Operating Receivables	\$ 265,002	\$ 139,762
Prepays and Other Current Assets	\$ 62,382	\$ 71,894
Current Assets	\$ 6,698,022	\$ 6,712,068
Capitalized Assets - net	\$ 268,022	\$ 267,908
Non-Current Assets	\$ 26,140	\$ 26,804
Total Assets	\$ 6,992,184	\$ 7,006,780
Liabilities & Equity		
Liabilities		
Accounts Payable and Accrued Liabilities	\$ 412,259	\$ 539,455
Subcapitation Payable	\$ 3,059,188	\$ 2,859,020
Accts Receivable - PP	\$ 1	\$ 1
Reserve for Claims	\$ 711,683	\$ 729,756
Accrued Medical Expenses	\$ 167,349	\$ 167,317
Deferred Revenue	\$ 67,414	\$ 122,454
Reserve for Provider Incentives	\$ 144,946	\$ 153,104
Non-Operating Payables	\$ 46,530	\$ 29,303
Grants Payable	\$ 15,825	\$ 17,841
Deferred Rent	\$ 126,177	\$ 142,161
Total Current Liabilities	\$ 4,751,372	\$ 4,760,412
Equity		
Invested in Capital Assets, Net of related dep	\$ 118,174	\$ 115,516
Restricted Equity	\$ 23,327	\$ 23,327
Minimum Tangible Net Equity	\$ 251,076	\$ 257,310
Board Designated Funds	\$ 110,027	\$ 103,481
Unrestricted Net Assets	\$ 1,738,208	\$ 1,746,734
Total Equity	\$ 2,240,812	\$ 2,246,368
Total Liabilities & Equity	\$ 6,992,184	\$ 7,006,780
Solvency Ratios		
Working Capital Ratio	1.45	1.45
Cash to Claims Ratio	0.88	0.88
Tangible Net Equity Ratio	8.92	8.73



Cash Flows Statement (\$ in thousands)

November 2024

	Oct-24	Nov-24	YTD
Cash Flows from Operating Activities:			
Capitation Revenue	\$ 783,126	\$ 943,020	\$ 1,726,146
Other Income (Expense), net	\$ 11,095	\$ 8,548	\$ 19,643
Healthcare Expenses	\$ (724,243)	\$ (1,076,858)	\$ (1,801,101)
Operating Expenses	\$ (83,498)	\$ (56,475)	\$ (139,973)
Net Cash Provided By Operating Activities	\$ (13,520)	\$ (181,765)	\$ (195,285)
Cash Flows from Investing Activities			
Purchase of investments - Net	\$ 317,054	\$ 20,054	\$ 337,108
Purchase of Capital Assets	\$ (3,403)	\$ (5,752)	\$ (9,155)
Net Cash Provided By Investing Activities	\$ 313,651	\$ 14,302	\$ 327,953
Cash Flows from Financing Activities:			
Lease Payment - Capital & ROU	\$ (309)	\$ (309)	\$ (618)
SBITA Liability Increase / (Decrease)	\$ (249)	\$ (2,462)	\$ (2,711)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (82,027)	\$ 43,359	\$ (38,668)
Pass through transactions (AB 85, IGT, etc.)	\$ 77	\$ (17,227)	\$ (17,150)
Net Cash Provided By Financing Activities	\$ (82,508)	\$ 23,361	\$ (59,147)
Net Increase in Cash and Cash Equivalents	\$ 217,623	\$ (144,102)	\$ 73,521
Cash and Cash Equivalents, Beginning	\$ 1,073,696	\$ 1,291,319	\$ 1,073,696
Cash and Cash Equivalents, Ending	\$ 1,291,319	\$ 1,147,217	\$ 1,147,217
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:			
Excess of Revenues over Expenses	\$ (19,489)	\$ 5,841	\$ (13,648)
Adjustments to Excess of Revenues Over Expenses:			
Depreciation	\$ 5,522	\$ 5,580	\$ 11,102
Realized and Unrealized (Gain)/Loss on Investments	\$ 6,758	\$ (1,472)	\$ 5,286
Deferred Rent	\$ -	\$ -	\$ -
Gross Premium Tax provision	\$ 18	\$ 17	\$ 35
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -
Total Adjustments to Excess of Revenues over Expenses	\$ 12,298	\$ 4,125	\$ 16,423
Changes in Operating Assets and Liabilities:			
Capitation Receivable	\$ (145,768)	\$ (55,413)	\$ (201,181)
Interest and Non-Operating Receivables	\$ 7,183	\$ 136	\$ 7,319
Prepaid and Other Current Assets	\$ (94,270)	\$ (24,085)	\$ (118,355)
Accounts Payable and Accrued Liabilities	\$ (26,727)	\$ 4,910	\$ (21,817)
Subcapitation Payable	\$ 271,375	\$ (200,535)	\$ 70,840
Medi-Cal Adult Expansion Payable	\$ -	\$ -	\$ -
Deferred Capitation Revenue	\$ (2,345)	\$ 54,991	\$ 52,646
Accrued Medical Expenses	\$ (20,303)	\$ 18	\$ (20,285)
Reserve for Claims	\$ 3,652	\$ 18,073	\$ 21,725
Reserve for Provider Incentives	\$ 7,216	\$ 8,158	\$ 15,374
Grants Payable	\$ (6,342)	\$ 2,016	\$ (4,326)
Net Changes in Operating Assets and Liabilities	\$ (6,329)	\$ (191,731)	\$ (198,060)
Net Cash Provided By Operating Activities	\$ (13,520)	\$ (181,765)	\$ (195,285)



DATE: January 22, 2025
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for October 2024

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

L.A. Care's investment market value as of October 31, 2024, was \$3.3 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$113 million invested with the BlackRock Liquidity T-Fund.

The remainder as of October 31, 2024, of \$3.2 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/01/24	10/01/24	Buy	30,000,000.000	AUTOMATIC DATA CP 144A MAT 10/02/24 Cpn 0530A2K25	(29,995,958.33)		0.00	0.00	(29,995,958.33)
10/04/24	10/04/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/07/24 Cpn 313384J75	(49,980,041.67)		0.00	0.00	(49,980,041.67)
10/01/24	10/04/24	Buy	3,519,416.600	FHMS KF68 A ACMB5 FRN MAT 07/25/26 Cpn 5.77 3137FPHF5	(3,522,716.06)	(5,235.99)	0.00	0.00	(3,527,952.05)
10/01/24	10/07/24	Buy	3,700,000.000	BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 5.27 05613MAC3	(3,700,000.00)		0.00	0.00	(3,700,000.00)
10/07/24	10/07/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(9,998,669.44)		0.00	0.00	(9,998,669.44)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/08/24	Buy	45,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn 912797ME4	(44,672,750.00)		0.00	0.00	(44,672,750.00)
10/08/24	10/08/24	Buy	29,440,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(29,436,091.02)		0.00	0.00	(29,436,091.02)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	3,850,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(3,849,488.81)		0.00	0.00	(3,849,488.81)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	22,600,000.000	KIMBERLY-CLARK CP 144A MAT 10/18/24 Cpn 49436TKJ5	(22,569,866.67)		0.00	0.00	(22,569,866.67)
10/08/24	10/08/24	Buy	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 10/21/24 Cpn 6698M4KM3	(39,930,666.67)		0.00	0.00	(39,930,666.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn 912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/01/24	10/09/24	Buy	2,900,000.000	PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 5.29	73328NAC5	(2,900,000.00)		0.00	0.00	(2,900,000.00)
10/10/24	10/10/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(39,937,085.33)		0.00	0.00	(39,937,085.33)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(49,921,356.67)		0.00	0.00	(49,921,356.67)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(49,921,356.67)		0.00	0.00	(49,921,356.67)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	(49,428,507.36)		0.00	0.00	(49,428,507.36)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	(49,428,507.36)		0.00	0.00	(49,428,507.36)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,278,727.50)		0.00	0.00	(49,278,727.50)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,278,727.50)		0.00	0.00	(49,278,727.50)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,829,577.22)		0.00	0.00	(49,829,577.22)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,829,577.22)		0.00	0.00	(49,829,577.22)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn	912797ME4	(49,651,025.00)		0.00	0.00	(49,651,025.00)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn	912797ME4	(49,651,025.00)		0.00	0.00	(49,651,025.00)
10/10/24	10/10/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 10/11/24 Cpn	22533TKB1	(49,993,319.44)		0.00	0.00	(49,993,319.44)
10/10/24	10/10/24	Buy	30,000,000.000	CUMMINS INC CP 144A MAT 11/06/24 Cpn	23102UL67	(29,892,000.00)		0.00	0.00	(29,892,000.00)
10/10/24	10/10/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(19,997,388.89)		0.00	0.00	(19,997,388.89)
10/10/24	10/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(49,993,472.22)		0.00	0.00	(49,993,472.22)
10/10/24	10/10/24	Buy	140,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(139,981,916.67)		0.00	0.00	(139,981,916.67)
10/10/24	10/10/24	Buy	10,000,000.000	KIMBERLY-CLARK CP 144A MAT 10/17/24 Cpn	49436TKH9	(9,990,666.67)		0.00	0.00	(9,990,666.67)
10/10/24	10/10/24	Buy	40,000,000.000	MARS INC CP 144A MAT 11/14/24 Cpn	57167ELE6	(39,813,333.33)		0.00	0.00	(39,813,333.33)
10/10/24	10/10/24	Buy	25,000,000.000	NATL SEC CLEARING CP 144A MAT 11/15/24 Cpn	63763PLF4	(24,880,750.00)		0.00	0.00	(24,880,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/24	10/10/24	Buy	5,000,000.000	PACCAR FINANCIAL CP MAT 10/24/24 Cpn 69372AKQ4	(4,990,666.67)		0.00	0.00	(4,990,666.67)
10/11/24	10/11/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 10/15/24 Cpn 22533TKF2	(49,973,277.78)		0.00	0.00	(49,973,277.78)
10/11/24	10/11/24	Buy	40,000,000.000	CATERPILLAR FIN CP MAT 10/21/24 Cpn 14912DKM0	(39,946,666.67)		0.00	0.00	(39,946,666.67)
10/11/24	10/11/24	Buy	40,000,000.000	HOME DEPOT CP 144A MAT 10/18/24 Cpn 43707LKJ7	(39,962,666.67)		0.00	0.00	(39,962,666.67)
10/11/24	10/11/24	Buy	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/15/24 Cpn 4523ELKF1	(44,976,000.00)		0.00	0.00	(44,976,000.00)
10/11/24	10/11/24	Buy	20,000,000.000	KENVUE CP 144A MAT 10/17/24 Cpn 49177FKH2	(19,984,000.00)		0.00	0.00	(19,984,000.00)
10/11/24	10/11/24	Buy	20,000,000.000	PACCAR FINANCIAL CP MAT 11/13/24 Cpn 69372ALD2	(19,912,000.00)		0.00	0.00	(19,912,000.00)
10/10/24	10/11/24	Buy	50,000,000.000	U.S. TREASURY NOTE MAT 09/30/26 Cpn 3.50 91282CLP4	(49,531,250.00)	(52,884.62)	0.00	0.00	(49,584,134.62)
10/11/24	10/15/24	Buy	5,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0	(4,981,558.89)		0.00	0.00	(4,981,558.89)
10/11/24	10/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0	(49,815,588.89)		0.00	0.00	(49,815,588.89)
10/15/24	10/15/24	Buy	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6	(10,900,000.00)		0.00	0.00	(10,900,000.00)
10/15/24	10/15/24	Buy	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/16/24 Cpn 91336CKG1	(2,499,665.00)		0.00	0.00	(2,499,665.00)
10/09/24	10/16/24	Buy	3,900,000.000	TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9	(3,899,682.93)		0.00	0.00	(3,899,682.93)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/22/24	10/22/24	Buy	21,200,000.000	CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4	(21,200,000.00)		0.00	0.00	(21,200,000.00)
10/23/24	10/23/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 10/24/24 Cpn 22533TKQ8	(39,994,655.56)		0.00	0.00	(39,994,655.56)
10/23/24	10/23/24	Buy	30,000,000.000	FNMA DISCOUNT NOTE MAT 10/24/24 Cpn 313588L86	(29,996,058.33)		0.00	0.00	(29,996,058.33)
10/23/24	10/23/24	Buy	20,000,000.000	CA LOS ANGELES WASTEWATER MAT 01/08/25 Cpn 4.78 54466DBR5	(20,000,000.00)		0.00	0.00	(20,000,000.00)
10/24/24	10/24/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 10/25/24 Cpn 22533TKR6	(39,994,655.56)		0.00	0.00	(39,994,655.56)
10/24/24	10/24/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	(9,998,736.11)		0.00	0.00	(9,998,736.11)
10/24/24	10/24/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	(49,993,680.56)		0.00	0.00	(49,993,680.56)
10/16/24	10/24/24	Buy	1,500,000.000	HAROT 2024-4 A2 CAR MAT 03/15/27 Cpn 4.56 43816DAB1	(1,499,897.70)		0.00	0.00	(1,499,897.70)
10/23/24	10/25/24	Buy	15,517,200.000	U.S. TREASURY NOTE MAT 10/15/27 Cpn 3.88 91282CLQ2	(15,452,342.95)	(16,519.00)	0.00	0.00	(15,468,861.95)
10/23/24	10/25/24	Buy	14,482,800.000	U.S. TREASURY NOTE MAT 10/15/27 Cpn 3.88 91282CLQ2	(14,423,397.89)	(15,417.82)	0.00	0.00	(14,438,815.71)
10/25/24	10/28/24	Buy	1,000,000.000	EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2	(1,008,554.69)	(1,275.56)	0.00	0.00	(1,009,830.25)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
10/28/24	10/29/24	Buy	2,220,000.000	DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8	(2,234,655.47)	(2,438.92)	0.00	0.00	(2,237,094.39)
			2,834,229,416.600		(2,822,663,922.21)	(93,771.91)	0.00	0.00	(2,822,757,694.12)
10/01/24	10/01/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/01/24 Cpn 5.48 54466DBH7		126,344.44	0.00	0.00	126,344.44
10/07/24	10/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.47 17305EGX7		22,731.72	0.00	0.00	22,731.72
10/07/24	10/07/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 10/05/28 Cpn 5.21 45828RAA3		116,774.87	0.00	0.00	116,774.87
10/10/24	10/10/24	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,610.82	0.00	0.00	1,610.82
10/10/24	10/10/24	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		5,502.77	0.00	0.00	5,502.77
10/10/24	10/10/24	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		14,882.45	0.00	0.00	14,882.45
10/13/24	10/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		10,258.13	0.00	0.00	10,258.13
10/15/24	10/15/24	Coupon		ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4		8,251.00	0.00	0.00	8,251.00
10/15/24	10/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		8,496.33	0.00	0.00	8,496.33
10/15/24	10/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		829.56	0.00	0.00	829.56

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		10,030.72	0.00	0.00	10,030.72
10/15/24	10/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		23,710.11	0.00	0.00	23,710.11
10/15/24	10/15/24	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		26,125.00	0.00	0.00	26,125.00
10/15/24	10/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,429.52	0.00	0.00	4,429.52
10/15/24	10/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		3,691.27	0.00	0.00	3,691.27
10/15/24	10/15/24	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		19,775.00	0.00	0.00	19,775.00
10/15/24	10/15/24	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		14,427.02	0.00	0.00	14,427.02
10/15/24	10/15/24	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		16,952.16	0.00	0.00	16,952.16
10/15/24	10/15/24	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 5.76 34528QJB1		49,075.01	0.00	0.00	49,075.01
10/15/24	10/15/24	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
10/15/24	10/15/24	Coupon		FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0		984.15	0.00	0.00	984.15
10/15/24	10/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
10/15/24	10/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		8,800.00	0.00	0.00	8,800.00
10/15/24	10/15/24	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 5.76 361886DB7		7,107.86	0.00	0.00	7,107.86
10/15/24	10/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		7,355.10	0.00	0.00	7,355.10
10/15/24	10/15/24	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.46 44934FAC9		35,693.63	0.00	0.00	35,693.63
10/15/24	10/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		12,134.45	0.00	0.00	12,134.45
10/15/24	10/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		696.09	0.00	0.00	696.09
10/15/24	10/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		620.89	0.00	0.00	620.89
10/15/24	10/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		7,291.01	0.00	0.00	7,291.01
10/15/24	10/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		6,831.13	0.00	0.00	6,831.13
10/15/24	10/15/24	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		16,171.63	0.00	0.00	16,171.63
10/15/24	10/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		20.16	0.00	0.00	20.16
10/15/24	10/15/24	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		34,675.00	0.00	0.00	34,675.00
10/15/24	10/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		9,422.91	0.00	0.00	9,422.91

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/15/24 Cpn 4.92 54466DBK0		38,731.33	0.00	0.00	38,731.33
10/15/24	10/15/24	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.41 58770JAC8		13,924.18	0.00	0.00	13,924.18
10/15/24	10/15/24	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 5.86 69335PFL4		65,413.37	0.00	0.00	65,413.37
10/15/24	10/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		13,391.47	0.00	0.00	13,391.47
10/15/24	10/15/24	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		17,052.50	0.00	0.00	17,052.50
10/15/24	10/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		1,706.42	0.00	0.00	1,706.42
10/15/24	10/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		28,701.90	0.00	0.00	28,701.90
10/15/24	10/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		3,521.80	0.00	0.00	3,521.80
10/16/24	10/16/24	Coupon		FHLB C 7/16/2025 Q SOFRRATE MAT 07/16/26 Cpn 4.95 3130B1ZC4		188,918.33	0.00	0.00	188,918.33
10/16/24	10/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		923.81	0.00	0.00	923.81
10/16/24	10/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,049.40	0.00	0.00	1,049.40
10/16/24	10/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		330.56	0.00	0.00	330.56
10/16/24	10/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		5,892.54	0.00	0.00	5,892.54

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/24	10/16/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.39 36268GAC9		4,971.07	0.00	0.00	4,971.07
10/16/24	10/16/24	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		37,754.17	0.00	0.00	37,754.17
10/17/24	10/17/24	Coupon		FHLB C 10/17/2024 M MAT 04/17/26 Cpn 5.50 3130B0UY3		412,500.00	0.00	0.00	412,500.00
10/20/24	10/20/24	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		27,041.67	0.00	0.00	27,041.67
10/20/24	10/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,553.33	0.00	0.00	3,553.33
10/20/24	10/20/24	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		35,825.27	0.00	0.00	35,825.27
10/20/24	10/20/24	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		26,107.50	0.00	0.00	26,107.50
10/20/24	10/20/24	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		42,083.33	0.00	0.00	42,083.33
10/20/24	10/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		9,249.63	0.00	0.00	9,249.63
10/20/24	10/20/24	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		17,195.00	0.00	0.00	17,195.00
10/20/24	10/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		14,787.26	0.00	0.00	14,787.26
10/20/24	10/20/24	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		24,097.50	0.00	0.00	24,097.50
10/20/24	10/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		9,184.61	0.00	0.00	9,184.61

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/24	10/20/24	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		2,013.43	0.00	0.00	2,013.43
10/20/24	10/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		3,251.17	0.00	0.00	3,251.17
10/20/24	10/20/24	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		12,600.00	0.00	0.00	12,600.00
10/20/24	10/20/24	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
10/21/24	10/21/24	Coupon		DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4		8,751.53	0.00	0.00	8,751.53
10/21/24	10/21/24	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		13,612.76	0.00	0.00	13,612.76
10/21/24	10/21/24	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		12,417.99	0.00	0.00	12,417.99
10/21/24	10/21/24	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		9,448.80	0.00	0.00	9,448.80
10/21/24	10/21/24	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
10/21/24	10/21/24	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 5.07 86959TEL6		56,731.28	0.00	0.00	56,731.28
10/21/24	10/21/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.41 881943AC8		22,022.92	0.00	0.00	22,022.92
10/21/24	10/21/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.64 92348KCM3		9,803.14	0.00	0.00	9,803.14
10/22/24	10/22/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6		10,258.11	0.00	0.00	10,258.11

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/23/24	10/23/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4		2,850.22	0.00	0.00	2,850.22
10/23/24	10/23/24	Coupon		MA BAY TRANSPORTATION AUTH MAT 10/23/24 Cpn 5.44 57559LAC2		103,964.44	0.00	0.00	103,964.44
10/25/24	10/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		10,859.37	0.00	0.00	10,859.37
10/25/24	10/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		8,818.08	0.00	0.00	8,818.08
10/25/24	10/25/24	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		9,640.49	0.00	0.00	9,640.49
10/25/24	10/25/24	Coupon		FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.77 3137FPHF5		17,453.31	0.00	0.00	17,453.31
10/25/24	10/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.33 3137H3KA9		31,949.73	0.00	0.00	31,949.73
10/25/24	10/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.36 3137H4RC6		8,986.05	0.00	0.00	8,986.05
10/25/24	10/25/24	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 5.34 3137FCK52		59,071.49	0.00	0.00	59,071.49
10/25/24	10/25/24	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.27 3136ANLN5		9,809.12	0.00	0.00	9,809.12
10/29/24	10/29/24	Coupon		CA STATE GO/ULT CP TXB MAT 10/29/24 Cpn 4.80 13068BLE5		38,842.62	0.00	0.00	38,842.62
10/30/24	10/30/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 5.07 13606K7D2		63,866.67	0.00	0.00	63,866.67
10/30/24	10/30/24	Coupon		U.S. TREASURY FRN MAT 04/30/26 Cpn 4.71 91282CKM2		126,774.58	0.00	0.00	126,774.58

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/31/24	10/31/24	Coupon		U.S. TREASURY FRN MAT 10/31/25 Cpn 4.73 91282CJD4		642,972.92	0.00	0.00	642,972.92
						3,094,101.49	0.00	0.00	3,094,101.49
10/01/24	10/01/24	Income	2,959.590	ADJ NET INT MAT Cpn USD		2,959.59	0.00	0.00	2,959.59
10/01/24	10/01/24	Income	377,924.800	STIF INT MAT Cpn USD		377,924.80	0.00	0.00	377,924.80
			380,884.390			380,884.39	0.00	0.00	380,884.39
10/01/24	10/01/24	Contributn	30,000,000.000	NM MAT Cpn USD	30,000,000.00		0.00	0.00	30,000,000.00
10/10/24	10/10/24	Contributn	800,000,000.000	NM MAT Cpn USD	800,000,000.00		0.00	0.00	800,000,000.00
			830,000,000.000		830,000,000.00		0.00	0.00	830,000,000.00
10/07/24	10/08/24	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn 912797MN4	39,377,108.89	309,991.11	35,840.00	0.00	39,687,100.00
10/07/24	10/08/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn 912797MN4	4,922,138.61	38,748.89	4,480.00	0.00	4,960,887.50
10/16/24	10/16/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 10/17/24 Cpn 912797KU0	9,868,778.40	129,915.00	136.90	0.00	9,998,693.40
10/17/24	10/17/24	Call	15,000,000.000	FHLB C 10/17/2024 M MAT 04/17/26 Cpn 5.50 3130B0UY3	15,000,000.00		12,518.03	0.00	15,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	29,493,494.59	490,655.41	1,518.34	0.00	29,984,150.00
10/18/24	10/18/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	4,992,115.44	5,242.89	(20.23)	0.00	4,997,358.33
10/18/24	10/18/24	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	34,944,808.11	36,700.22	(141.56)	0.00	34,981,508.33
10/18/24	10/18/24	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	14,976,346.33	15,728.67	(60.67)	0.00	14,992,075.00
10/18/24	10/18/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	19,669,632.50	283,167.50	4,285.00	0.00	19,952,800.00
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	29,504,448.75	424,751.25	6,427.50	0.00	29,929,200.00
10/18/24	10/18/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	19,669,632.50	283,167.50	4,285.00	0.00	19,952,800.00
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	29,772,370.83	156,829.17	3,487.50	0.00	29,929,200.00
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	9,871,444.44	107,800.00	1,644.44	0.00	9,979,244.44
10/29/24	10/29/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	29,614,333.33	323,400.00	4,933.33	0.00	29,937,733.33
10/29/24	10/29/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	19,742,888.89	215,600.00	3,288.89	0.00	19,958,488.89
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn	912797MB0	9,834,708.41	147,104.03	1,807.16	0.00	9,981,812.44
10/29/24	10/29/24	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn	912797MB0	34,421,479.46	514,864.09	6,325.08	0.00	34,936,343.55

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/29/24	10/29/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		4,981,685.67	9,220.55	126.78	0.00	4,990,906.22
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		9,963,371.34	18,441.11	253.56	0.00	9,981,812.45
10/30/24	10/30/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn 912797LD7		29,613,606.25	327,600.00	4,206.25	0.00	29,941,206.25
10/30/24	10/30/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		29,889,808.33	59,275.00	455.00	0.00	29,949,083.33
			435,000,000.000			430,124,201.07	3,898,202.39	95,796.31	0.00	434,022,403.46
10/10/24	10/10/24	Pay Princpl	193,777.366	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		193,777.37		6,112.02	0.00	193,777.37
10/10/24	10/10/24	Pay Princpl	557,201.810	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		557,201.81		9,614.85	0.00	557,201.81
10/10/24	10/10/24	Pay Princpl	292,743.521	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		292,743.52		11.29	0.00	292,743.52
10/13/24	10/13/24	Pay Princpl	129,643.719	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		129,643.72		0.26	0.00	129,643.72
10/15/24	10/15/24	Pay Princpl	332,973.016	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		332,973.02		0.00	4.31	332,973.02
10/15/24	10/15/24	Pay Princpl	239,995.758	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		239,995.76		0.00	3,150.23	239,995.76
10/15/24	10/15/24	Pay Princpl	195,259.195	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		195,259.20		2,000.05	0.00	195,259.20
10/15/24	10/15/24	Pay Princpl	461,543.923	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		461,543.92		4,407.48	0.00	461,543.92

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Pay Princpl	132,437.607	CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3	132,437.61		1,003.60	0.00	132,437.61
10/15/24	10/15/24	Pay Princpl	82,549.785	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	82,549.79		2.24	0.00	82,549.79
10/15/24	10/15/24	Pay Princpl	68,791.488	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	68,791.49		175.72	0.00	68,791.49
10/15/24	10/15/24	Pay Princpl	570,767.040	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	570,767.04		(0.00)	0.00	570,767.04
10/15/24	10/15/24	Pay Princpl	305,823.663	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	305,823.66		4.95	0.00	305,823.66
10/15/24	10/15/24	Pay Princpl	221,162.058	FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0	221,162.06		0.00	0.00	221,162.06
10/15/24	10/15/24	Pay Princpl	99,802.040	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	99,802.04		0.17	0.00	99,802.04
10/15/24	10/15/24	Pay Princpl	8,975.981	HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.46 44934FAC9	8,975.98		(0.00)	0.00	8,975.98
10/15/24	10/15/24	Pay Princpl	381,023.488	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	381,023.49		0.00	7.43	381,023.49
10/15/24	10/15/24	Pay Princpl	209,540.114	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	209,540.11		0.00	2,358.50	209,540.11
10/15/24	10/15/24	Pay Princpl	65,749.325	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	65,749.33		0.00	36.85	65,749.33
10/15/24	10/15/24	Pay Princpl	219,413.151	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	219,413.15		0.00	1.51	219,413.15
10/15/24	10/15/24	Pay Princpl	125,752.095	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	125,752.10		3.18	0.00	125,752.10

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Pay Princpl	252,854.122	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	252,854.12		2.12	0.00	252,854.12
10/15/24	10/15/24	Pay Princpl	67,191.693	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	67,191.69		316.02	0.00	67,191.69
10/15/24	10/15/24	Pay Princpl	62,065.842	LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4	62,065.84		2.68	0.00	62,065.84
10/15/24	10/15/24	Pay Princpl	256,694.192	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	256,694.19		6.38	0.00	256,694.19
10/15/24	10/15/24	Pay Princpl	240,564.094	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	240,564.09		1.96	0.00	240,564.09
10/15/24	10/15/24	Pay Princpl	293,086.850	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	293,086.85		(318.08)	0.00	293,086.85
10/15/24	10/15/24	Pay Princpl	3,356,891.449	WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7	3,356,891.45		0.00	11,720.45	3,356,891.45
10/15/24	10/15/24	Pay Princpl	645,233.434	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	645,233.43		8,289.30	0.00	645,233.43
10/15/24	10/15/24	Pay Princpl	296,820.974	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	296,820.97		0.00	0.48	296,820.97
10/16/24	10/16/24	Pay Princpl	203,449.942	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	203,449.94		0.00	3,828.44	203,449.94
10/16/24	10/16/24	Pay Princpl	60,564.258	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	60,564.26		0.00	87.57	60,564.26
10/16/24	10/16/24	Pay Princpl	19,077.741	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	19,077.74		0.00	27.18	19,077.74
10/16/24	10/16/24	Pay Princpl	177,357.468	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	177,357.47		0.00	1.21	177,357.47

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/24	10/16/24	Pay Princpl	91,174.355	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.39 36268GAC9	91,174.36		0.00	0.00	91,174.36
10/16/24	10/16/24	Pay Princpl	626,958.399	GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4	626,958.40		30.33	0.00	626,958.40
10/20/24	10/20/24	Pay Princpl	64,774.336	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	64,774.34		0.13	0.00	64,774.34
10/20/24	10/20/24	Pay Princpl	442,586.183	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	442,586.18		698.58	0.00	442,586.18
10/20/24	10/20/24	Pay Princpl	161,123.458	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	161,123.46		10.69	0.00	161,123.46
10/20/24	10/20/24	Pay Princpl	16,035.786	GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5	16,035.79		0.59	0.00	16,035.79
10/20/24	10/20/24	Pay Princpl	333,172.348	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	333,172.35		10.61	0.00	333,172.35
10/20/24	10/20/24	Pay Princpl	319,399.737	SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4	319,399.74		1.18	0.00	319,399.74
10/20/24	10/20/24	Pay Princpl	207,914.029	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	207,914.03		7.92	0.00	207,914.03
10/20/24	10/20/24	Pay Princpl	53,867.475	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	53,867.47		3.29	0.00	53,867.47
10/20/24	10/20/24	Pay Princpl	90,474.330	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	90,474.33		0.00	1.66	90,474.33
10/21/24	10/21/24	Pay Princpl	585,455.544	DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4	585,455.54		(0.00)	0.00	585,455.54
10/21/24	10/21/24	Pay Princpl	384,920.979	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	384,920.98		0.00	0.00	384,920.98

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/21/24	10/21/24	Pay Princpl	487,826.275	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	487,826.28		0.00	0.00	487,826.28
10/21/24	10/21/24	Pay Princpl	305,800.583	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	305,800.58		(0.00)	0.00	305,800.58
10/21/24	10/21/24	Pay Princpl	512,875.543	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.41 881943AC8	512,875.54		(0.00)	0.00	512,875.54
10/25/24	10/25/24	Pay Princpl	203,732.179	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	203,732.18		2.66	0.00	203,732.18
10/25/24	10/25/24	Pay Princpl	350,526.851	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	350,526.85		0.00	(0.00)	350,526.85
10/25/24	10/25/24	Pay Princpl	189,097.696	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	189,097.70		11.08	0.00	189,097.70
10/25/24	10/25/24	Pay Princpl	3,115.760	FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.77 3137FPHF5	3,115.76		(2.83)	0.00	3,115.76
10/25/24	10/25/24	Pay Princpl	127,413.430	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.36 3137H4RC6	127,413.43		0.00	0.00	127,413.43
10/25/24	10/25/24	Pay Princpl	26,204.532	FHMS KS09 A MAT 10/25/27 Cpn 5.34 3137FCK52	26,204.53		7.08	0.00	26,204.53
10/25/24	10/25/24	Pay Princpl	113,669.428	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.27 3136ANLN5	113,669.43		27.80	0.00	113,669.43
			16,524,897.436		16,524,897.46		32,445.31	21,225.80	16,524,897.46
10/01/24	10/01/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/01/24 Cpn 912797LK1	19,923,132.50	76,867.50	0.00	0.00	20,000,000.00
10/01/24	10/01/24	Mature Long	10,000,000.000	CA LOS ANGELES WASTEWATER MAT 10/01/24 Cpn 5.48 54466DBH7	10,000,000.00		0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/02/24	10/02/24	Mature Long	30,000,000.000	AUTOMATIC DATA CP 144A MAT 10/02/24 Cpn 0530A2K25	29,995,958.33	4,041.67	0.00	0.00	30,000,000.00
10/02/24	10/02/24	Mature Long	21,450,000.000	KENVUE CP 144A MAT 10/02/24 Cpn 49177FK25	21,382,229.92	67,770.08	0.00	0.00	21,450,000.00
10/04/24	10/04/24	Mature Long	40,000,000.000	ALPHABET CP 144A MAT 10/04/24 Cpn 02079NK42	39,952,200.00	47,800.00	0.00	0.00	40,000,000.00
10/04/24	10/04/24	Mature Long	15,600,000.000	NOVARTIS FINANCE CP 144A MAT 10/04/24 Cpn 6698M4K43	15,546,440.00	53,560.00	0.00	0.00	15,600,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/07/24 Cpn 313384J75	49,980,041.67	19,958.33	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	39,678,217.78	321,782.22	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn	912797LS4	49,597,772.22	402,227.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	9,998,669.44	1,330.56	0.00	0.00	10,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	29,440,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	29,436,091.02	3,908.98	0.00	0.00	29,440,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	3,850,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	3,849,488.81	511.19	0.00	0.00	3,850,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	30,000,000.000	ROCHE HOLDINGS CP 144A MAT 10/09/24 Cpn 77119LK99	29,944,583.33	55,416.67	0.00	0.00	30,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 10/09/24 Cpn 880592J92	49,909,194.44	90,805.56	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	19,736,858.33	263,141.67	0.00	0.00	20,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	49,342,145.83	657,854.17	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 10/10/24 Cpn 86563GKA9	29,600,250.00	399,750.00	0.00	0.00	30,000,000.00
10/11/24	10/11/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 10/11/24 Cpn 22533TKB1	49,993,319.44	6,680.56	0.00	0.00	50,000,000.00
10/11/24	10/11/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	19,997,388.89	2,611.11	0.00	0.00	20,000,000.00
10/11/24	10/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/11/24	10/11/24	Mature Long	140,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	139,981,916.66	18,083.34	(0.01)	0.00	140,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 10/15/24 Cpn 22533TKF2	49,973,277.78	26,722.22	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	40,000,000.000	FLORIDA POWER & LIGHT CP MAT 10/15/24 Cpn 34108AKF3	39,818,311.11	181,688.89	0.00	0.00	40,000,000.00
10/15/24	10/15/24	Mature Long	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/15/24 Cpn 4523ELKF1	44,976,000.00	24,000.00	0.00	0.00	45,000,000.00
10/15/24	10/15/24	Mature Long	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/15/24 Cpn 4.92 54466DBK0	10,900,000.00		0.00	0.00	10,900,000.00
10/15/24	10/15/24	Mature Long	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/15/24 Cpn 91336CKF3	2,493,612.44	6,387.56	0.00	0.00	2,500,000.00
10/16/24	10/16/24	Mature Long	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/16/24 Cpn 91336CKG1	2,499,665.00	335.00	0.00	0.00	2,500,000.00
10/17/24	10/17/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 10/17/24 Cpn 912797KU0	34,540,245.25	459,754.75	0.00	0.00	35,000,000.00
10/17/24	10/17/24	Mature Long	10,000,000.000	CUMMINS INC CP 144A MAT 10/17/24 Cpn 23102UKH4	9,937,888.89	62,111.11	0.00	0.00	10,000,000.00
10/17/24	10/17/24	Mature Long	10,000,000.000	KIMBERLY-CLARK CP 144A MAT 10/17/24 Cpn 49436TKH9	9,990,666.67	9,333.33	0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/17/24	10/17/24	Mature Long	20,000,000.000	KENVUE CP 144A MAT 10/17/24 Cpn 49177FKH2	19,984,000.00	16,000.00	0.00	0.00	20,000,000.00
10/18/24	10/18/24	Mature Long	40,000,000.000	HOME DEPOT CP 144A MAT 10/18/24 Cpn 43707LKJ7	39,962,666.67	37,333.33	0.00	0.00	40,000,000.00
10/18/24	10/18/24	Mature Long	22,600,000.000	KIMBERLY-CLARK CP 144A MAT 10/18/24 Cpn 49436TKJ5	22,569,866.67	30,133.33	0.00	0.00	22,600,000.00
10/21/24	10/21/24	Mature Long	40,000,000.000	CATERPILLAR FIN CP MAT 10/21/24 Cpn 14912DKM0	39,946,666.67	53,333.33	0.00	0.00	40,000,000.00
10/21/24	10/21/24	Mature Long	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 10/21/24 Cpn 6698M4KM3	39,930,666.67	69,333.33	0.00	0.00	40,000,000.00
10/22/24	10/22/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn 912797LU9	34,944,949.67	55,050.33	0.00	0.00	35,000,000.00
10/22/24	10/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn 912797LU9	49,921,356.67	78,643.33	0.00	0.00	50,000,000.00
10/22/24	10/22/24	Mature Long	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6	10,900,000.00		0.00	0.00	10,900,000.00
10/23/24	10/23/24	Mature Long	21,200,000.000	CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4	21,200,000.00		0.00	0.00	21,200,000.00
10/23/24	10/23/24	Mature Long	8,000,000.000	MA BAY TRANSPORTATION AUTH MAT 10/23/24 Cpn 5.44 57559LAC2	8,000,000.00		0.00	0.00	8,000,000.00
10/24/24	10/24/24	Mature Long	17,500,000.000	U.S. TREASURY BILL MAT 10/24/24 Cpn 912797KV8	17,284,471.46	215,528.54	0.00	0.00	17,500,000.00
10/24/24	10/24/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 10/24/24 Cpn 22533TKQ8	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
10/24/24	10/24/24	Mature Long	30,000,000.000	FNMA DISCOUNT NOTE MAT 10/24/24 Cpn 313588L86	29,996,058.33	3,941.67	0.00	0.00	30,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/24/24	10/24/24	Mature Long	10,000,000.000	MASSACHUSETTS MUTUAL CP 144 MAT 10/24/24 Cpn 57576JKQ4	9,962,666.67	37,333.33	0.00	0.00	10,000,000.00
10/24/24	10/24/24	Mature Long	5,000,000.000	PACCAR FINANCIAL CP MAT 10/24/24 Cpn 69372AKQ4	4,990,666.67	9,333.33	0.00	0.00	5,000,000.00
10/25/24	10/25/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 10/25/24 Cpn 22533TKR6	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
10/25/24	10/25/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	9,998,736.11	1,263.89	0.00	0.00	10,000,000.00
10/25/24	10/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	49,993,680.56	6,319.44	0.00	0.00	50,000,000.00
10/29/24	10/29/24	Mature Long	8,975,000.000	CA STATE GO/ULT CP TXB MAT 10/29/24 Cpn 4.80 13068BLE5	8,975,000.00		0.00	0.00	8,975,000.00
			2,665,415,000.000		2,652,145,505.40	13,269,494.60	(0.01)	0.00	2,665,415,000.00
10/01/24	10/01/24	Withdrawal	(17,381.880)	CUSTODY FEE MAT Cpn USD	(17,381.88)		(17,381.88)	0.00	(17,381.88)
10/07/24	10/07/24	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
10/08/24	10/08/24	Withdrawal	(30,000,000.000)	WD MAT Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
10/09/24	10/09/24	Withdrawal	(80,000,000.000)	WD MAT Cpn USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
10/11/24	10/11/24	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
10/15/24	10/15/24	Withdrawal	(65,000,000.000)	WD MAT Cpn USD	(65,000,000.00)		(65,000,000.00)	0.00	(65,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
10/17/24	10/17/24	Withdrawal	(15,000,000.000)	WD MAT	Cpn USD	(15,000,000.00)		(15,000,000.00)	0.00	(15,000,000.00)
10/18/24	10/18/24	Withdrawal	(290,000,000.000)	WD MAT	Cpn USD	(290,000,000.00)		(290,000,000.00)	0.00	(290,000,000.00)
10/21/24	10/21/24	Withdrawal	(165,000,000.000)	WD MAT	Cpn USD	(165,000,000.00)		(165,000,000.00)	0.00	(165,000,000.00)
10/25/24	10/25/24	Withdrawal	(90,000,000.000)	WD MAT	Cpn USD	(90,000,000.00)		(90,000,000.00)	0.00	(90,000,000.00)
10/28/24	10/28/24	Withdrawal	(30,000,000.000)	WD MAT	Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
10/29/24	10/29/24	Withdrawal	(160,000,000.000)	WD MAT	Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
10/31/24	10/31/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
			(1,045,017,381.880)			(1,045,017,381.88)		(1,045,017,381.88)	0.00	(1,045,017,381.88)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/01/24	10/01/24	Buy	30,000,000.000	AUTOMATIC DATA CP 144A MAT 10/02/24 Cpn 0530A2K25	(29,995,958.33)		0.00	0.00	(29,995,958.33)
10/04/24	10/04/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/07/24 Cpn 313384J75	(49,980,041.67)		0.00	0.00	(49,980,041.67)
10/01/24	10/04/24	Buy	3,519,416.600	FHMS KF68 A ACMB5 FRN MAT 07/25/26 Cpn 5.77 3137FPHF5	(3,522,716.06)	(5,235.99)	0.00	0.00	(3,527,952.05)
10/01/24	10/07/24	Buy	3,700,000.000	BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 5.27 05613MAC3	(3,700,000.00)		0.00	0.00	(3,700,000.00)
10/07/24	10/07/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(9,998,669.44)		0.00	0.00	(9,998,669.44)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn 313384J83	(49,993,347.22)		0.00	0.00	(49,993,347.22)
10/07/24	10/08/24	Buy	45,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn 912797ME4	(44,672,750.00)		0.00	0.00	(44,672,750.00)
10/08/24	10/08/24	Buy	29,440,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(29,436,091.02)		0.00	0.00	(29,436,091.02)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	3,850,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(3,849,488.81)		0.00	0.00	(3,849,488.81)
10/08/24	10/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	(49,993,361.11)		0.00	0.00	(49,993,361.11)
10/08/24	10/08/24	Buy	22,600,000.000	KIMBERLY-CLARK CP 144A MAT 10/18/24 Cpn 49436TKJ5	(22,569,866.67)		0.00	0.00	(22,569,866.67)
10/08/24	10/08/24	Buy	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 10/21/24 Cpn 6698M4KM3	(39,930,666.67)		0.00	0.00	(39,930,666.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/02/25 Cpn 912797LR6	(49,465,680.56)		0.00	0.00	(49,465,680.56)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn 912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/08/24	10/09/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,268,891.67)		0.00	0.00	(49,268,891.67)
10/01/24	10/09/24	Buy	2,900,000.000	PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 5.29	73328NAC5	(2,900,000.00)		0.00	0.00	(2,900,000.00)
10/10/24	10/10/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(39,937,085.33)		0.00	0.00	(39,937,085.33)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(49,921,356.67)		0.00	0.00	(49,921,356.67)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	(49,921,356.67)		0.00	0.00	(49,921,356.67)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	(49,428,507.36)		0.00	0.00	(49,428,507.36)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn	912797LX3	(49,428,507.36)		0.00	0.00	(49,428,507.36)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,278,727.50)		0.00	0.00	(49,278,727.50)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/04/25 Cpn	912797NF0	(49,278,727.50)		0.00	0.00	(49,278,727.50)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn	912797LT2	(49,967,385.42)		0.00	0.00	(49,967,385.42)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,829,577.22)		0.00	0.00	(49,829,577.22)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,829,577.22)		0.00	0.00	(49,829,577.22)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn	912797ME4	(49,651,025.00)		0.00	0.00	(49,651,025.00)
10/10/24	10/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/03/24 Cpn	912797ME4	(49,651,025.00)		0.00	0.00	(49,651,025.00)
10/10/24	10/10/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 10/11/24 Cpn	22533TKB1	(49,993,319.44)		0.00	0.00	(49,993,319.44)
10/10/24	10/10/24	Buy	30,000,000.000	CUMMINS INC CP 144A MAT 11/06/24 Cpn	23102UL67	(29,892,000.00)		0.00	0.00	(29,892,000.00)
10/10/24	10/10/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(19,997,388.89)		0.00	0.00	(19,997,388.89)
10/10/24	10/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(49,993,472.22)		0.00	0.00	(49,993,472.22)
10/10/24	10/10/24	Buy	140,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn	313384K32	(139,981,916.67)		0.00	0.00	(139,981,916.67)
10/10/24	10/10/24	Buy	10,000,000.000	KIMBERLY-CLARK CP 144A MAT 10/17/24 Cpn	49436TKH9	(9,990,666.67)		0.00	0.00	(9,990,666.67)
10/10/24	10/10/24	Buy	40,000,000.000	MARS INC CP 144A MAT 11/14/24 Cpn	57167ELE6	(39,813,333.33)		0.00	0.00	(39,813,333.33)
10/10/24	10/10/24	Buy	25,000,000.000	NATL SEC CLEARING CP 144A MAT 11/15/24 Cpn	63763PLF4	(24,880,750.00)		0.00	0.00	(24,880,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/10/24	10/10/24	Buy	5,000,000.000	PACCAR FINANCIAL CP MAT 10/24/24 Cpn 69372AKQ4	(4,990,666.67)		0.00	0.00	(4,990,666.67)
10/11/24	10/11/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 10/15/24 Cpn 22533TKF2	(49,973,277.78)		0.00	0.00	(49,973,277.78)
10/11/24	10/11/24	Buy	40,000,000.000	CATERPILLAR FIN CP MAT 10/21/24 Cpn 14912DKM0	(39,946,666.67)		0.00	0.00	(39,946,666.67)
10/11/24	10/11/24	Buy	40,000,000.000	HOME DEPOT CP 144A MAT 10/18/24 Cpn 43707LKJ7	(39,962,666.67)		0.00	0.00	(39,962,666.67)
10/11/24	10/11/24	Buy	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/15/24 Cpn 4523ELKF1	(44,976,000.00)		0.00	0.00	(44,976,000.00)
10/11/24	10/11/24	Buy	20,000,000.000	KENVUE CP 144A MAT 10/17/24 Cpn 49177FKH2	(19,984,000.00)		0.00	0.00	(19,984,000.00)
10/11/24	10/11/24	Buy	20,000,000.000	PACCAR FINANCIAL CP MAT 11/13/24 Cpn 69372ALD2	(19,912,000.00)		0.00	0.00	(19,912,000.00)
10/10/24	10/11/24	Buy	50,000,000.000	U.S. TREASURY NOTE MAT 09/30/26 Cpn 3.50 91282CLP4	(49,531,250.00)	(52,884.62)	0.00	0.00	(49,584,134.62)
10/11/24	10/15/24	Buy	5,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0	(4,981,558.89)		0.00	0.00	(4,981,558.89)
10/11/24	10/15/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0	(49,815,588.89)		0.00	0.00	(49,815,588.89)
10/15/24	10/15/24	Buy	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6	(10,900,000.00)		0.00	0.00	(10,900,000.00)
10/15/24	10/15/24	Buy	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/16/24 Cpn 91336CKG1	(2,499,665.00)		0.00	0.00	(2,499,665.00)
10/09/24	10/16/24	Buy	3,900,000.000	TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9	(3,899,682.93)		0.00	0.00	(3,899,682.93)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/22/24	10/22/24	Buy	21,200,000.000	CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4	(21,200,000.00)		0.00	0.00	(21,200,000.00)
10/23/24	10/23/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 10/24/24 Cpn 22533TKQ8	(39,994,655.56)		0.00	0.00	(39,994,655.56)
10/23/24	10/23/24	Buy	30,000,000.000	FNMA DISCOUNT NOTE MAT 10/24/24 Cpn 313588L86	(29,996,058.33)		0.00	0.00	(29,996,058.33)
10/23/24	10/23/24	Buy	20,000,000.000	CA LOS ANGELES WASTEWATER MAT 01/08/25 Cpn 4.78 54466DBR5	(20,000,000.00)		0.00	0.00	(20,000,000.00)
10/24/24	10/24/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 10/25/24 Cpn 22533TKR6	(39,994,655.56)		0.00	0.00	(39,994,655.56)
10/24/24	10/24/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	(9,998,736.11)		0.00	0.00	(9,998,736.11)
10/24/24	10/24/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	(49,993,680.56)		0.00	0.00	(49,993,680.56)
10/16/24	10/24/24	Buy	1,500,000.000	HAROT 2024-4 A2 CAR MAT 03/15/27 Cpn 4.56 43816DAB1	(1,499,897.70)		0.00	0.00	(1,499,897.70)
10/23/24	10/25/24	Buy	15,517,200.000	U.S. TREASURY NOTE MAT 10/15/27 Cpn 3.88 91282CLQ2	(15,452,342.95)	(16,519.00)	0.00	0.00	(15,468,861.95)
10/23/24	10/25/24	Buy	14,482,800.000	U.S. TREASURY NOTE MAT 10/15/27 Cpn 3.88 91282CLQ2	(14,423,397.89)	(15,417.82)	0.00	0.00	(14,438,815.71)
10/25/24	10/28/24	Buy	1,000,000.000	EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2	(1,008,554.69)	(1,275.56)	0.00	0.00	(1,009,830.25)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
10/28/24	10/29/24	Buy	2,220,000.000	DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8	(2,234,655.47)	(2,438.92)	0.00	0.00	(2,237,094.39)
			2,834,229,416.600		(2,822,663,922.21)	(93,771.91)	0.00	0.00	(2,822,757,694.12)
10/01/24	10/01/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/01/24 Cpn 5.48 54466DBH7		126,344.44	0.00	0.00	126,344.44
10/07/24	10/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.47 17305EGX7		22,731.72	0.00	0.00	22,731.72
10/07/24	10/07/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 10/05/28 Cpn 5.21 45828RAA3		116,774.87	0.00	0.00	116,774.87
10/10/24	10/10/24	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,610.82	0.00	0.00	1,610.82
10/10/24	10/10/24	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		5,502.77	0.00	0.00	5,502.77
10/10/24	10/10/24	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		14,882.45	0.00	0.00	14,882.45
10/13/24	10/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		10,258.13	0.00	0.00	10,258.13
10/15/24	10/15/24	Coupon		ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4		8,251.00	0.00	0.00	8,251.00
10/15/24	10/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		8,496.33	0.00	0.00	8,496.33
10/15/24	10/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		829.56	0.00	0.00	829.56

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		10,030.72	0.00	0.00	10,030.72
10/15/24	10/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		23,710.11	0.00	0.00	23,710.11
10/15/24	10/15/24	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		26,125.00	0.00	0.00	26,125.00
10/15/24	10/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,429.52	0.00	0.00	4,429.52
10/15/24	10/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		3,691.27	0.00	0.00	3,691.27
10/15/24	10/15/24	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		19,775.00	0.00	0.00	19,775.00
10/15/24	10/15/24	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		14,427.02	0.00	0.00	14,427.02
10/15/24	10/15/24	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		16,952.16	0.00	0.00	16,952.16
10/15/24	10/15/24	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 5.76 34528QJB1		49,075.01	0.00	0.00	49,075.01
10/15/24	10/15/24	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
10/15/24	10/15/24	Coupon		FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0		984.15	0.00	0.00	984.15
10/15/24	10/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
10/15/24	10/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		8,800.00	0.00	0.00	8,800.00
10/15/24	10/15/24	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 5.76 361886DB7		7,107.86	0.00	0.00	7,107.86
10/15/24	10/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		7,355.10	0.00	0.00	7,355.10
10/15/24	10/15/24	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.46 44934FAC9		35,693.63	0.00	0.00	35,693.63
10/15/24	10/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		12,134.45	0.00	0.00	12,134.45
10/15/24	10/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		696.09	0.00	0.00	696.09
10/15/24	10/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		620.89	0.00	0.00	620.89
10/15/24	10/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		7,291.01	0.00	0.00	7,291.01
10/15/24	10/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		6,831.13	0.00	0.00	6,831.13
10/15/24	10/15/24	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		16,171.63	0.00	0.00	16,171.63
10/15/24	10/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		20.16	0.00	0.00	20.16
10/15/24	10/15/24	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		34,675.00	0.00	0.00	34,675.00
10/15/24	10/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		9,422.91	0.00	0.00	9,422.91

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/15/24 Cpn 4.92 54466DBK0		38,731.33	0.00	0.00	38,731.33
10/15/24	10/15/24	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.41 58770JAC8		13,924.18	0.00	0.00	13,924.18
10/15/24	10/15/24	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 5.86 69335PFL4		65,413.37	0.00	0.00	65,413.37
10/15/24	10/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		13,391.47	0.00	0.00	13,391.47
10/15/24	10/15/24	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		17,052.50	0.00	0.00	17,052.50
10/15/24	10/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		1,706.42	0.00	0.00	1,706.42
10/15/24	10/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		28,701.90	0.00	0.00	28,701.90
10/15/24	10/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		3,521.80	0.00	0.00	3,521.80
10/16/24	10/16/24	Coupon		FHLB C 7/16/2025 Q SOFRRATE MAT 07/16/26 Cpn 4.95 3130B1ZC4		188,918.33	0.00	0.00	188,918.33
10/16/24	10/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		923.81	0.00	0.00	923.81
10/16/24	10/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,049.40	0.00	0.00	1,049.40
10/16/24	10/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		330.56	0.00	0.00	330.56
10/16/24	10/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		5,892.54	0.00	0.00	5,892.54

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/24	10/16/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.39 36268GAC9		4,971.07	0.00	0.00	4,971.07
10/16/24	10/16/24	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		37,754.17	0.00	0.00	37,754.17
10/17/24	10/17/24	Coupon		FHLB C 10/17/2024 M MAT 04/17/26 Cpn 5.50 3130B0UY3		412,500.00	0.00	0.00	412,500.00
10/20/24	10/20/24	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		27,041.67	0.00	0.00	27,041.67
10/20/24	10/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,553.33	0.00	0.00	3,553.33
10/20/24	10/20/24	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		35,825.27	0.00	0.00	35,825.27
10/20/24	10/20/24	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		26,107.50	0.00	0.00	26,107.50
10/20/24	10/20/24	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		42,083.33	0.00	0.00	42,083.33
10/20/24	10/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		9,249.63	0.00	0.00	9,249.63
10/20/24	10/20/24	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		17,195.00	0.00	0.00	17,195.00
10/20/24	10/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		14,787.26	0.00	0.00	14,787.26
10/20/24	10/20/24	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		24,097.50	0.00	0.00	24,097.50
10/20/24	10/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		9,184.61	0.00	0.00	9,184.61

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/20/24	10/20/24	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		2,013.43	0.00	0.00	2,013.43
10/20/24	10/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		3,251.17	0.00	0.00	3,251.17
10/20/24	10/20/24	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		12,600.00	0.00	0.00	12,600.00
10/20/24	10/20/24	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
10/21/24	10/21/24	Coupon		DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4		8,751.53	0.00	0.00	8,751.53
10/21/24	10/21/24	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		13,612.76	0.00	0.00	13,612.76
10/21/24	10/21/24	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		12,417.99	0.00	0.00	12,417.99
10/21/24	10/21/24	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		9,448.80	0.00	0.00	9,448.80
10/21/24	10/21/24	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
10/21/24	10/21/24	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 5.07 86959TEL6		56,731.28	0.00	0.00	56,731.28
10/21/24	10/21/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.41 881943AC8		22,022.92	0.00	0.00	22,022.92
10/21/24	10/21/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.64 92348KCM3		9,803.14	0.00	0.00	9,803.14
10/22/24	10/22/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6		10,258.11	0.00	0.00	10,258.11

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/23/24	10/23/24	Coupon		CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4		2,850.22	0.00	0.00	2,850.22
10/23/24	10/23/24	Coupon		MA BAY TRANSPORTATION AUTH MAT 10/23/24 Cpn 5.44 57559LAC2		103,964.44	0.00	0.00	103,964.44
10/25/24	10/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		10,859.37	0.00	0.00	10,859.37
10/25/24	10/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		8,818.08	0.00	0.00	8,818.08
10/25/24	10/25/24	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		9,640.49	0.00	0.00	9,640.49
10/25/24	10/25/24	Coupon		FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.77 3137FPHF5		17,453.31	0.00	0.00	17,453.31
10/25/24	10/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.33 3137H3KA9		31,949.73	0.00	0.00	31,949.73
10/25/24	10/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.36 3137H4RC6		8,986.05	0.00	0.00	8,986.05
10/25/24	10/25/24	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 5.34 3137FCK52		59,071.49	0.00	0.00	59,071.49
10/25/24	10/25/24	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.27 3136ANLN5		9,809.12	0.00	0.00	9,809.12
10/29/24	10/29/24	Coupon		CA STATE GO/ULT CP TXB MAT 10/29/24 Cpn 4.80 13068BLE5		38,842.62	0.00	0.00	38,842.62
10/30/24	10/30/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 5.07 13606K7D2		63,866.67	0.00	0.00	63,866.67
10/30/24	10/30/24	Coupon		U.S. TREASURY FRN MAT 04/30/26 Cpn 4.71 91282CKM2		126,774.58	0.00	0.00	126,774.58

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/31/24	10/31/24	Coupon		U.S. TREASURY FRN MAT 10/31/25 Cpn 4.73 91282CJD4		642,972.92	0.00	0.00	642,972.92
						3,094,101.49	0.00	0.00	3,094,101.49
10/01/24	10/01/24	Income	2,959.590	ADJ NET INT MAT Cpn USD		2,959.59	0.00	0.00	2,959.59
10/01/24	10/01/24	Income	377,924.800	STIF INT MAT Cpn USD		377,924.80	0.00	0.00	377,924.80
			380,884.390			380,884.39	0.00	0.00	380,884.39
10/01/24	10/01/24	Contributn	30,000,000.000	NM MAT Cpn USD	30,000,000.00		0.00	0.00	30,000,000.00
10/10/24	10/10/24	Contributn	800,000,000.000	NM MAT Cpn USD	800,000,000.00		0.00	0.00	800,000,000.00
			830,000,000.000		830,000,000.00		0.00	0.00	830,000,000.00
10/07/24	10/08/24	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn 912797MN4	39,377,108.89	309,991.11	35,840.00	0.00	39,687,100.00
10/07/24	10/08/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn 912797MN4	4,922,138.61	38,748.89	4,480.00	0.00	4,960,887.50
10/16/24	10/16/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 10/17/24 Cpn 912797KU0	9,868,778.40	129,915.00	136.90	0.00	9,998,693.40
10/17/24	10/17/24	Call	15,000,000.000	FHLB C 10/17/2024 M MAT 04/17/26 Cpn 5.50 3130B0UY3	15,000,000.00		12,518.03	0.00	15,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	29,493,494.59	490,655.41	1,518.34	0.00	29,984,150.00
10/18/24	10/18/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	4,992,115.44	5,242.89	(20.23)	0.00	4,997,358.33
10/18/24	10/18/24	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	34,944,808.11	36,700.22	(141.56)	0.00	34,981,508.33
10/18/24	10/18/24	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn	912797LU9	14,976,346.33	15,728.67	(60.67)	0.00	14,992,075.00
10/18/24	10/18/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	19,669,632.50	283,167.50	4,285.00	0.00	19,952,800.00
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	29,504,448.75	424,751.25	6,427.50	0.00	29,929,200.00
10/18/24	10/18/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	19,669,632.50	283,167.50	4,285.00	0.00	19,952,800.00
10/18/24	10/18/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	29,772,370.83	156,829.17	3,487.50	0.00	29,929,200.00
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	9,871,444.44	107,800.00	1,644.44	0.00	9,979,244.44
10/29/24	10/29/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	29,614,333.33	323,400.00	4,933.33	0.00	29,937,733.33
10/29/24	10/29/24	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	19,742,888.89	215,600.00	3,288.89	0.00	19,958,488.89
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn	912797MB0	9,834,708.41	147,104.03	1,807.16	0.00	9,981,812.44
10/29/24	10/29/24	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn	912797MB0	34,421,479.46	514,864.09	6,325.08	0.00	34,936,343.55

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/29/24	10/29/24	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		4,981,685.67	9,220.55	126.78	0.00	4,990,906.22
10/29/24	10/29/24	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		9,963,371.34	18,441.11	253.56	0.00	9,981,812.45
10/30/24	10/30/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn 912797LD7		29,613,606.25	327,600.00	4,206.25	0.00	29,941,206.25
10/30/24	10/30/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0		29,889,808.33	59,275.00	455.00	0.00	29,949,083.33
			435,000,000.000			430,124,201.07	3,898,202.39	95,796.31	0.00	434,022,403.46
10/10/24	10/10/24	Pay Princpl	193,777.366	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		193,777.37		6,112.02	0.00	193,777.37
10/10/24	10/10/24	Pay Princpl	557,201.810	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		557,201.81		9,614.85	0.00	557,201.81
10/10/24	10/10/24	Pay Princpl	292,743.521	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		292,743.52		11.29	0.00	292,743.52
10/13/24	10/13/24	Pay Princpl	129,643.719	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		129,643.72		0.26	0.00	129,643.72
10/15/24	10/15/24	Pay Princpl	332,973.016	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		332,973.02		0.00	4.31	332,973.02
10/15/24	10/15/24	Pay Princpl	239,995.758	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		239,995.76		0.00	3,150.23	239,995.76
10/15/24	10/15/24	Pay Princpl	195,259.195	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		195,259.20		2,000.05	0.00	195,259.20
10/15/24	10/15/24	Pay Princpl	461,543.923	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		461,543.92		4,407.48	0.00	461,543.92

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Pay Princpl	132,437.607	CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3	132,437.61		1,003.60	0.00	132,437.61
10/15/24	10/15/24	Pay Princpl	82,549.785	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	82,549.79		2.24	0.00	82,549.79
10/15/24	10/15/24	Pay Princpl	68,791.488	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	68,791.49		175.72	0.00	68,791.49
10/15/24	10/15/24	Pay Princpl	570,767.040	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	570,767.04		(0.00)	0.00	570,767.04
10/15/24	10/15/24	Pay Princpl	305,823.663	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	305,823.66		4.95	0.00	305,823.66
10/15/24	10/15/24	Pay Princpl	221,162.058	FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0	221,162.06		0.00	0.00	221,162.06
10/15/24	10/15/24	Pay Princpl	99,802.040	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	99,802.04		0.17	0.00	99,802.04
10/15/24	10/15/24	Pay Princpl	8,975.981	HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.46 44934FAC9	8,975.98		(0.00)	0.00	8,975.98
10/15/24	10/15/24	Pay Princpl	381,023.488	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	381,023.49		0.00	7.43	381,023.49
10/15/24	10/15/24	Pay Princpl	209,540.114	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	209,540.11		0.00	2,358.50	209,540.11
10/15/24	10/15/24	Pay Princpl	65,749.325	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	65,749.33		0.00	36.85	65,749.33
10/15/24	10/15/24	Pay Princpl	219,413.151	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	219,413.15		0.00	1.51	219,413.15
10/15/24	10/15/24	Pay Princpl	125,752.095	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	125,752.10		3.18	0.00	125,752.10

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/15/24	10/15/24	Pay Princpl	252,854.122	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	252,854.12		2.12	0.00	252,854.12
10/15/24	10/15/24	Pay Princpl	67,191.693	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	67,191.69		316.02	0.00	67,191.69
10/15/24	10/15/24	Pay Princpl	62,065.842	LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4	62,065.84		2.68	0.00	62,065.84
10/15/24	10/15/24	Pay Princpl	256,694.192	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	256,694.19		6.38	0.00	256,694.19
10/15/24	10/15/24	Pay Princpl	240,564.094	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	240,564.09		1.96	0.00	240,564.09
10/15/24	10/15/24	Pay Princpl	293,086.850	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	293,086.85		(318.08)	0.00	293,086.85
10/15/24	10/15/24	Pay Princpl	3,356,891.449	WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7	3,356,891.45		0.00	11,720.45	3,356,891.45
10/15/24	10/15/24	Pay Princpl	645,233.434	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	645,233.43		8,289.30	0.00	645,233.43
10/15/24	10/15/24	Pay Princpl	296,820.974	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	296,820.97		0.00	0.48	296,820.97
10/16/24	10/16/24	Pay Princpl	203,449.942	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	203,449.94		0.00	3,828.44	203,449.94
10/16/24	10/16/24	Pay Princpl	60,564.258	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	60,564.26		0.00	87.57	60,564.26
10/16/24	10/16/24	Pay Princpl	19,077.741	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	19,077.74		0.00	27.18	19,077.74
10/16/24	10/16/24	Pay Princpl	177,357.468	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	177,357.47		0.00	1.21	177,357.47

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/16/24	10/16/24	Pay Princpl	91,174.355	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.39 36268GAC9	91,174.36		0.00	0.00	91,174.36
10/16/24	10/16/24	Pay Princpl	626,958.399	GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4	626,958.40		30.33	0.00	626,958.40
10/20/24	10/20/24	Pay Princpl	64,774.336	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	64,774.34		0.13	0.00	64,774.34
10/20/24	10/20/24	Pay Princpl	442,586.183	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	442,586.18		698.58	0.00	442,586.18
10/20/24	10/20/24	Pay Princpl	161,123.458	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	161,123.46		10.69	0.00	161,123.46
10/20/24	10/20/24	Pay Princpl	16,035.786	GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5	16,035.79		0.59	0.00	16,035.79
10/20/24	10/20/24	Pay Princpl	333,172.348	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	333,172.35		10.61	0.00	333,172.35
10/20/24	10/20/24	Pay Princpl	319,399.737	SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4	319,399.74		1.18	0.00	319,399.74
10/20/24	10/20/24	Pay Princpl	207,914.029	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	207,914.03		7.92	0.00	207,914.03
10/20/24	10/20/24	Pay Princpl	53,867.475	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	53,867.47		3.29	0.00	53,867.47
10/20/24	10/20/24	Pay Princpl	90,474.330	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	90,474.33		0.00	1.66	90,474.33
10/21/24	10/21/24	Pay Princpl	585,455.544	DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4	585,455.54		(0.00)	0.00	585,455.54
10/21/24	10/21/24	Pay Princpl	384,920.979	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	384,920.98		0.00	0.00	384,920.98

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/21/24	10/21/24	Pay Princpl	487,826.275	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	487,826.28		0.00	0.00	487,826.28
10/21/24	10/21/24	Pay Princpl	305,800.583	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	305,800.58		(0.00)	0.00	305,800.58
10/21/24	10/21/24	Pay Princpl	512,875.543	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.41 881943AC8	512,875.54		(0.00)	0.00	512,875.54
10/25/24	10/25/24	Pay Princpl	203,732.179	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	203,732.18		2.66	0.00	203,732.18
10/25/24	10/25/24	Pay Princpl	350,526.851	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	350,526.85		0.00	(0.00)	350,526.85
10/25/24	10/25/24	Pay Princpl	189,097.696	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	189,097.70		11.08	0.00	189,097.70
10/25/24	10/25/24	Pay Princpl	3,115.760	FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.77 3137FPHF5	3,115.76		(2.83)	0.00	3,115.76
10/25/24	10/25/24	Pay Princpl	127,413.430	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.36 3137H4RC6	127,413.43		0.00	0.00	127,413.43
10/25/24	10/25/24	Pay Princpl	26,204.532	FHMS KS09 A MAT 10/25/27 Cpn 5.34 3137FCK52	26,204.53		7.08	0.00	26,204.53
10/25/24	10/25/24	Pay Princpl	113,669.428	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.27 3136ANLN5	113,669.43		27.80	0.00	113,669.43
			16,524,897.436		16,524,897.46		32,445.31	21,225.80	16,524,897.46
10/01/24	10/01/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/01/24 Cpn 912797LK1	19,923,132.50	76,867.50	0.00	0.00	20,000,000.00
10/01/24	10/01/24	Mature Long	10,000,000.000	CA LOS ANGELES WASTEWATER MAT 10/01/24 Cpn 5.48 54466DBH7	10,000,000.00		0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/02/24	10/02/24	Mature Long	30,000,000.000	AUTOMATIC DATA CP 144A MAT 10/02/24 Cpn 0530A2K25	29,995,958.33	4,041.67	0.00	0.00	30,000,000.00
10/02/24	10/02/24	Mature Long	21,450,000.000	KENVUE CP 144A MAT 10/02/24 Cpn 49177FK25	21,382,229.92	67,770.08	0.00	0.00	21,450,000.00
10/04/24	10/04/24	Mature Long	40,000,000.000	ALPHABET CP 144A MAT 10/04/24 Cpn 02079NK42	39,952,200.00	47,800.00	0.00	0.00	40,000,000.00
10/04/24	10/04/24	Mature Long	15,600,000.000	NOVARTIS FINANCE CP 144A MAT 10/04/24 Cpn 6698M4K43	15,546,440.00	53,560.00	0.00	0.00	15,600,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/07/24 Cpn 313384J75	49,980,041.67	19,958.33	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/07/24	10/07/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	49,811,300.00	188,700.00	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	49,143,352.78	856,647.22	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4	39,678,217.78	321,782.22	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/08/24	10/08/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/08/24 Cpn	912797LS4	49,597,772.22	402,227.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	9,998,669.44	1,330.56	0.00	0.00	10,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/08/24	10/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/08/24 Cpn	313384J83	49,993,347.22	6,652.78	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	29,440,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	29,436,091.02	3,908.98	0.00	0.00	29,440,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	3,850,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn	313384J91	3,849,488.81	511.19	0.00	0.00	3,850,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/09/24	10/09/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/09/24 Cpn 313384J91	49,993,361.11	6,638.89	0.00	0.00	50,000,000.00
10/09/24	10/09/24	Mature Long	30,000,000.000	ROCHE HOLDINGS CP 144A MAT 10/09/24 Cpn 77119LK99	29,944,583.33	55,416.67	0.00	0.00	30,000,000.00
10/09/24	10/09/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 10/09/24 Cpn 880592J92	49,909,194.44	90,805.56	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	48,695,666.67	1,304,333.33	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	19,736,858.33	263,141.67	0.00	0.00	20,000,000.00
10/10/24	10/10/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24 Cpn 912797KT3	49,342,145.83	657,854.17	0.00	0.00	50,000,000.00
10/10/24	10/10/24	Mature Long	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 10/10/24 Cpn 86563GKA9	29,600,250.00	399,750.00	0.00	0.00	30,000,000.00
10/11/24	10/11/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 10/11/24 Cpn 22533TKB1	49,993,319.44	6,680.56	0.00	0.00	50,000,000.00
10/11/24	10/11/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	19,997,388.89	2,611.11	0.00	0.00	20,000,000.00
10/11/24	10/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/11/24	10/11/24	Mature Long	140,000,000.000	FHLB DISCOUNT NOTE MAT 10/11/24 Cpn 313384K32	139,981,916.66	18,083.34	(0.01)	0.00	140,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/15/24 Cpn 912797LT2	49,967,385.42	32,614.58	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 10/15/24 Cpn 22533TKF2	49,973,277.78	26,722.22	0.00	0.00	50,000,000.00
10/15/24	10/15/24	Mature Long	40,000,000.000	FLORIDA POWER & LIGHT CP MAT 10/15/24 Cpn 34108AKF3	39,818,311.11	181,688.89	0.00	0.00	40,000,000.00
10/15/24	10/15/24	Mature Long	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 10/15/24 Cpn 4523ELKF1	44,976,000.00	24,000.00	0.00	0.00	45,000,000.00
10/15/24	10/15/24	Mature Long	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/15/24 Cpn 4.92 54466DBK0	10,900,000.00		0.00	0.00	10,900,000.00
10/15/24	10/15/24	Mature Long	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/15/24 Cpn 91336CKF3	2,493,612.44	6,387.56	0.00	0.00	2,500,000.00
10/16/24	10/16/24	Mature Long	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/16/24 Cpn 91336CKG1	2,499,665.00	335.00	0.00	0.00	2,500,000.00
10/17/24	10/17/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 10/17/24 Cpn 912797KU0	34,540,245.25	459,754.75	0.00	0.00	35,000,000.00
10/17/24	10/17/24	Mature Long	10,000,000.000	CUMMINS INC CP 144A MAT 10/17/24 Cpn 23102UKH4	9,937,888.89	62,111.11	0.00	0.00	10,000,000.00
10/17/24	10/17/24	Mature Long	10,000,000.000	KIMBERLY-CLARK CP 144A MAT 10/17/24 Cpn 49436TKH9	9,990,666.67	9,333.33	0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/17/24	10/17/24	Mature Long	20,000,000.000	KENVUE CP 144A MAT 10/17/24 Cpn 49177FKH2	19,984,000.00	16,000.00	0.00	0.00	20,000,000.00
10/18/24	10/18/24	Mature Long	40,000,000.000	HOME DEPOT CP 144A MAT 10/18/24 Cpn 43707LKJ7	39,962,666.67	37,333.33	0.00	0.00	40,000,000.00
10/18/24	10/18/24	Mature Long	22,600,000.000	KIMBERLY-CLARK CP 144A MAT 10/18/24 Cpn 49436TKJ5	22,569,866.67	30,133.33	0.00	0.00	22,600,000.00
10/21/24	10/21/24	Mature Long	40,000,000.000	CATERPILLAR FIN CP MAT 10/21/24 Cpn 14912DKM0	39,946,666.67	53,333.33	0.00	0.00	40,000,000.00
10/21/24	10/21/24	Mature Long	40,000,000.000	NOVARTIS FINANCE CP 144A MAT 10/21/24 Cpn 6698M4KM3	39,930,666.67	69,333.33	0.00	0.00	40,000,000.00
10/22/24	10/22/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn 912797LU9	34,944,949.67	55,050.33	0.00	0.00	35,000,000.00
10/22/24	10/22/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 10/22/24 Cpn 912797LU9	49,921,356.67	78,643.33	0.00	0.00	50,000,000.00
10/22/24	10/22/24	Mature Long	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/22/24 Cpn 4.84 54466DBM6	10,900,000.00		0.00	0.00	10,900,000.00
10/23/24	10/23/24	Mature Long	21,200,000.000	CA LOS ANGELES WASTEWATER MAT 10/23/24 Cpn 4.84 54466DBN4	21,200,000.00		0.00	0.00	21,200,000.00
10/23/24	10/23/24	Mature Long	8,000,000.000	MA BAY TRANSPORTATION AUTH MAT 10/23/24 Cpn 5.44 57559LAC2	8,000,000.00		0.00	0.00	8,000,000.00
10/24/24	10/24/24	Mature Long	17,500,000.000	U.S. TREASURY BILL MAT 10/24/24 Cpn 912797KV8	17,284,471.46	215,528.54	0.00	0.00	17,500,000.00
10/24/24	10/24/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 10/24/24 Cpn 22533TKQ8	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
10/24/24	10/24/24	Mature Long	30,000,000.000	FNMA DISCOUNT NOTE MAT 10/24/24 Cpn 313588L86	29,996,058.33	3,941.67	0.00	0.00	30,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
10/24/24	10/24/24	Mature Long	10,000,000.000	MASSACHUSETTS MUTUAL CP 144 MAT 10/24/24 Cpn 57576JKQ4	9,962,666.67	37,333.33	0.00	0.00	10,000,000.00
10/24/24	10/24/24	Mature Long	5,000,000.000	PACCAR FINANCIAL CP MAT 10/24/24 Cpn 69372AKQ4	4,990,666.67	9,333.33	0.00	0.00	5,000,000.00
10/25/24	10/25/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 10/25/24 Cpn 22533TKR6	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
10/25/24	10/25/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	9,998,736.11	1,263.89	0.00	0.00	10,000,000.00
10/25/24	10/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 10/25/24 Cpn 313384L98	49,993,680.56	6,319.44	0.00	0.00	50,000,000.00
10/29/24	10/29/24	Mature Long	8,975,000.000	CA STATE GO/ULT CP TXB MAT 10/29/24 Cpn 4.80 13068BLE5	8,975,000.00		0.00	0.00	8,975,000.00
			2,665,415,000.000		2,652,145,505.40	13,269,494.60	(0.01)	0.00	2,665,415,000.00
10/01/24	10/01/24	Withdrawal	(17,381.880)	CUSTODY FEE MAT Cpn USD	(17,381.88)		(17,381.88)	0.00	(17,381.88)
10/07/24	10/07/24	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
10/08/24	10/08/24	Withdrawal	(30,000,000.000)	WD MAT Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
10/09/24	10/09/24	Withdrawal	(80,000,000.000)	WD MAT Cpn USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
10/11/24	10/11/24	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
10/15/24	10/15/24	Withdrawal	(65,000,000.000)	WD MAT Cpn USD	(65,000,000.00)		(65,000,000.00)	0.00	(65,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

10/01/2024
through 10/31/2024

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
10/17/24	10/17/24	Withdrawal	(15,000,000.000)	WD MAT	Cpn USD	(15,000,000.00)		(15,000,000.00)	0.00	(15,000,000.00)
10/18/24	10/18/24	Withdrawal	(290,000,000.000)	WD MAT	Cpn USD	(290,000,000.00)		(290,000,000.00)	0.00	(290,000,000.00)
10/21/24	10/21/24	Withdrawal	(165,000,000.000)	WD MAT	Cpn USD	(165,000,000.00)		(165,000,000.00)	0.00	(165,000,000.00)
10/25/24	10/25/24	Withdrawal	(90,000,000.000)	WD MAT	Cpn USD	(90,000,000.00)		(90,000,000.00)	0.00	(90,000,000.00)
10/28/24	10/28/24	Withdrawal	(30,000,000.000)	WD MAT	Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
10/29/24	10/29/24	Withdrawal	(160,000,000.000)	WD MAT	Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
10/31/24	10/31/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
			(1,045,017,381.880)			(1,045,017,381.88)		(1,045,017,381.88)	0.00	(1,045,017,381.88)

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 10/01/2024 To 10/31/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
10/04/24	10/03/24	10/04/24	TNT77	771196CP5	ROCHE HOLDINGS INC	1,250,000.00	(3,648.44)	(1,255,325.00)	0.00	(1,258,973.44)
10/07/24	10/07/24	10/07/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,380,174.87	0.00	(8,380,174.87)	0.00	(8,380,174.87)
TOTAL BUY						9,630,174.87	(3,648.44)	(9,635,499.87)	0.00	(9,639,148.31)
CONTRIB										
10/22/24	10/22/24	10/22/24	TNT77	CASHCASH6	C-01 RECEIVED FUNDS BY WIRE TRANSFER	0.00	0.00	0.00	0.25	0.25
TOTAL CONTRIB						0.00	0.00	0.00	0.25	0.25
DIVIDEND										
10/01/24	10/01/24	10/01/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,857,759.67	13,105.89	0.00	0.00	13,105.89
TOTAL DIVIDEND						8,857,759.67	13,105.89	0.00	0.00	13,105.89
INTEREST										
10/01/24	10/01/24	10/01/24	TNT77	13063D3A4	CALIFORNIA ST	1,000,000.00	28,500.00	0.00	0.00	28,500.00
10/01/24	10/01/24	10/01/24	TNT77	20030NDK4	COMCAST CORP	2,500,000.00	41,250.00	0.00	0.00	41,250.00
10/01/24	10/01/24	10/01/24	TNT77	46625HRV4	JPMORGAN CHASE & CO	3,500,000.00	51,625.00	0.00	0.00	51,625.00
10/01/24	10/01/24	10/01/24	TNT77	68233JBZ6	ONCOR ELECTRIC DELIVERY	3,000,000.00	8,250.00	0.00	0.00	8,250.00
10/01/24	10/01/24	10/01/24	TNT77	743756AB4	PROV ST JOSEPH HLTH OBL	1,500,000.00	20,595.00	0.00	0.00	20,595.00
10/10/24	10/10/24	10/10/24	TNT77	10373QBX7	BP CAP MARKETS AMERICA	4,500,000.00	158,591.25	0.00	0.00	158,591.25
10/14/24	10/14/24	10/14/24	TNT77	10373QAZ3	BP CAP MARKETS AMERICA	5,000,000.00	89,700.00	0.00	0.00	89,700.00
10/15/24	10/15/24	10/15/24	TNT77	437076CN0	HOME DEPOT INC	4,750,000.00	68,281.25	0.00	0.00	68,281.25
10/15/24	10/15/24	10/15/24	TNT77	883556CK6	THERMO FISHER SCIENTIFIC	5,000,000.00	43,750.00	0.00	0.00	43,750.00
10/15/24	10/15/24	10/15/24	TNT77	90320WAF0	UPMC	1,000,000.00	9,015.00	0.00	0.00	9,015.00
10/15/24	10/15/24	10/15/24	TNT77	907818EP9	UNION PACIFIC CORP	1,000,000.00	15,000.00	0.00	0.00	15,000.00
10/16/24	10/16/24	10/16/24	TNT77	29379VBT9	ENTERPRISE PRODUCTS OPER	5,000,000.00	103,750.00	0.00	0.00	103,750.00
10/22/24	10/22/24	10/22/24	TNT77	46647PCB0	JPMORGAN CHASE & CO	2,500,000.00	19,725.00	0.00	0.00	19,725.00
10/27/24	10/27/24	10/27/24	TNT77	91159HHR4	US BANCORP	7,000,000.00	110,250.00	0.00	0.00	110,250.00
TOTAL INTEREST						47,250,000.00	768,282.50	0.00	0.00	768,282.50
SELL										
10/07/24	10/07/24	10/07/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,857,759.67	0.00	8,857,759.67	0.00	8,857,759.67

11/5/2024
3:06:09AM
INCPRI2



LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 10/01/2024 To 10/31/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
TOTAL SELL						8,857,759.67	0.00	8,857,759.67	0.00	8,857,759.67
GRAND TOTAL						74,595,694.21	777,739.95	(777,740.20)	0.25	0.00
Avg Date 7										



DATE: January 22, 2025
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for November 2024

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from November 1 to November 30, 2024.

L.A. Care's investment market value as of November 30, 2024, was \$3.2 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$125 million invested with the BlackRock Liquidity T-Fund.

The remainder as of November 30, 2024, 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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/01/24	11/04/24	Buy	3,100,048.080	CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5	(3,080,188.40)	(6,364.57)	0.00	0.00	(3,086,552.97)
11/01/24	11/04/24	Buy	250,786.770	CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5	(249,101.80)	(514.88)	0.00	0.00	(249,616.68)
11/01/24	11/04/24	Buy	10,386,000.000	SBALT 2023-A A3 LEASE 144A MAT 04/20/27 Cpn 6.51 78436TAC0	(10,531,647.42)	(26,293.89)	0.00	0.00	(10,557,941.31)
11/01/24	11/04/24	Buy	20,000,000.000	U.S. TREASURY NOTE MAT 10/15/27 Cpn 3.88 91282CLQ2	(19,910,156.25)	(42,582.42)	0.00	0.00	(19,952,738.67)
11/01/24	11/04/24	Buy	2,954,000.000	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	(2,956,769.38)	(7,530.24)	0.00	0.00	(2,964,299.62)
11/01/24	11/04/24	Buy	509,000.000	WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6	(509,477.19)	(1,297.53)	0.00	0.00	(510,774.72)
11/05/24	11/05/24	Buy	35,000,000.000	AUTOMATIC DATA CP 144A MAT 11/06/24 Cpn 0530A2L65	(34,995,313.89)		0.00	0.00	(34,995,313.89)
11/05/24	11/05/24	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 11/12/24 Cpn 22533TLC8	(29,972,700.00)		0.00	0.00	(29,972,700.00)
11/05/24	11/05/24	Buy	30,000,000.000	CATERPILLAR FIN CP MAT 11/13/24 Cpn 14912DLD9	(29,968,866.67)		0.00	0.00	(29,968,866.67)
11/05/24	11/05/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(19,994,777.78)		0.00	0.00	(19,994,777.78)
11/05/24	11/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(49,986,944.44)		0.00	0.00	(49,986,944.44)
11/05/24	11/05/24	Buy	10,000,000.000	NORTHW MUT SHR TERM FUN CP MAT 11/12/24 Cpn 66815ALC5	(9,990,861.11)		0.00	0.00	(9,990,861.11)
11/05/24	11/06/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(9,998,694.44)		0.00	0.00	(9,998,694.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/05/24	11/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(49,993,472.22)		0.00	0.00	(49,993,472.22)
11/05/24	11/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(49,993,472.22)		0.00	0.00	(49,993,472.22)
11/05/24	11/06/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn 313384N62	(49,993,472.22)		0.00	0.00	(49,993,472.22)
11/05/24	11/06/24	Buy	8,500,000.000	HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4	(8,513,281.25)	(25,535.42)	0.00	0.00	(8,538,816.67)
11/06/24	11/07/24	Buy	5,100,000.000	DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8	(5,134,066.41)	(12,006.25)	0.00	0.00	(5,146,072.66)
11/07/24	11/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn 313384N70	(49,993,541.67)		0.00	0.00	(49,993,541.67)
11/07/24	11/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn 313384N70	(49,993,541.67)		0.00	0.00	(49,993,541.67)
11/07/24	11/07/24	Buy	20,100,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn 313384N70	(20,097,403.75)		0.00	0.00	(20,097,403.75)
11/07/24	11/07/24	Buy	14,290,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	(14,279,187.23)		0.00	0.00	(14,279,187.23)
11/06/24	11/07/24	Buy	7,363,000.000	FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8	(7,365,013.32)	(20,923.19)	0.00	0.00	(7,385,936.51)
11/06/24	11/07/24	Buy	3,892,000.000	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	(3,901,121.88)	(11,678.16)	0.00	0.00	(3,912,800.04)
11/06/24	11/07/24	Buy	3,314,000.000	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	(3,321,767.19)	(9,943.84)	0.00	0.00	(3,331,711.03)
11/06/24	11/07/24	Buy	1,302,000.000	NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3	(1,305,051.56)	(3,906.72)	0.00	0.00	(1,308,958.28)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/08/24	11/08/24	Buy	39,000,000.000	FHLB DISCOUNT NOTE MAT 12/04/24 Cpn 313384R92	(38,872,827.50)		0.00	0.00	(38,872,827.50)
11/08/24	11/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/04/24 Cpn 313384R92	(49,836,958.33)		0.00	0.00	(49,836,958.33)
11/08/24	11/08/24	Buy	25,000,000.000	HOME DEPOT CP 144A MAT 11/12/24 Cpn 43707LLC1	(24,987,333.33)		0.00	0.00	(24,987,333.33)
11/08/24	11/08/24	Buy	15,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/12/24 Cpn 4523ELLR4	(14,992,450.00)		0.00	0.00	(14,992,450.00)
11/08/24	11/08/24	Buy	13,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/25/24 Cpn 4523ELLR4	(13,470,993.75)		0.00	0.00	(13,470,993.75)
11/08/24	11/08/24	Buy	25,000,000.000	MASS MUTUAL LIFE CP 144A MAT 12/06/24 Cpn 57576JM66	(24,911,333.33)		0.00	0.00	(24,911,333.33)
11/08/24	11/08/24	Buy	10,000,000.000	METLIFE SHORT TERM FUND CP 1 MAT 12/09/24 Cpn 59157TM91	(9,960,561.11)		0.00	0.00	(9,960,561.11)
11/08/24	11/08/24	Buy	25,000,000.000	mitsubishi UFJ TRUST & BANK 14 MAT 12/09/24 Cpn 60682WM96	(24,901,618.06)		0.00	0.00	(24,901,618.06)
11/08/24	11/08/24	Buy	25,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/15/24 Cpn 6698M4LF7	(24,977,979.17)		0.00	0.00	(24,977,979.17)
11/08/24	11/08/24	Buy	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 11/15/24 Cpn 86563GLF7	(29,973,458.33)		0.00	0.00	(29,973,458.33)
11/12/24	11/12/24	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	(44,994,375.00)		0.00	0.00	(44,994,375.00)
11/12/24	11/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/13/24	11/13/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn 912797LD7	(39,995,155.56)		0.00	0.00	(39,995,155.56)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/13/24	11/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn 912797LD7		(49,993,944.44)		0.00	0.00	(49,993,944.44)
11/13/24	11/13/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8		(39,970,320.00)		0.00	0.00	(39,970,320.00)
11/13/24	11/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8		(49,962,900.00)		0.00	0.00	(49,962,900.00)
11/13/24	11/13/24	Buy	45,000,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5		(44,956,095.50)		0.00	0.00	(44,956,095.50)
11/13/24	11/13/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5		(49,951,217.22)		0.00	0.00	(49,951,217.22)
11/13/24	11/13/24	Buy	45,000,000.000	CREDIT AGRICOLE CP MAT 11/14/24 Cpn 22533TLE4		(44,994,300.00)		0.00	0.00	(44,994,300.00)
11/13/24	11/13/24	Buy	8,500,000.000	CA STATE GO/ULT CP TXB MAT 01/14/25 Cpn 4.65 13068CJK2		(8,500,000.00)		0.00	0.00	(8,500,000.00)
11/13/24	11/13/24	Buy	30,000,000.000	FAMC DISCOUNT NOTE MAT 11/14/24 Cpn 31315KP53		(29,996,266.67)		0.00	0.00	(29,996,266.67)
11/13/24	11/13/24	Buy	1,837,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52		(1,836,771.40)		0.00	0.00	(1,836,771.40)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52		(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52		(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52		(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52		(49,993,777.78)		0.00	0.00	(49,993,777.78)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/13/24	11/13/24	Buy	46,890,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52	(46,884,164.80)		0.00	0.00	(46,884,164.80)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52	(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/13/24	11/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52	(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/13/24	11/13/24	Buy	20,634,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52	(20,631,432.21)		0.00	0.00	(20,631,432.21)
11/13/24	11/13/24	Buy	21,565,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn 313384P52	(21,562,316.36)		0.00	0.00	(21,562,316.36)
11/13/24	11/13/24	Buy	37,500,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	(37,462,500.00)		0.00	0.00	(37,462,500.00)
11/13/24	11/13/24	Buy	9,356,000.000	SC SOUTH CAROLINA PUB SVC CP MAT 01/14/25 Cpn 4.68 83708BDQ6	(9,356,000.00)		0.00	0.00	(9,356,000.00)
11/14/24	11/14/24	Buy	10,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	(9,993,797.92)		0.00	0.00	(9,993,797.92)
11/14/24	11/14/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	(49,968,989.58)		0.00	0.00	(49,968,989.58)
11/14/24	11/14/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	(49,968,989.58)		0.00	0.00	(49,968,989.58)
11/14/24	11/14/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn 912797MD6	(49,925,458.33)		0.00	0.00	(49,925,458.33)
11/14/24	11/14/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn 912797MD6	(49,925,458.33)		0.00	0.00	(49,925,458.33)
11/14/24	11/14/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn 912797MD6	(49,925,458.33)		0.00	0.00	(49,925,458.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/14/24	11/14/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 11/21/24 Cpn	22533TLM6	(39,964,455.56)		0.00	0.00	(39,964,455.56)
11/14/24	11/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(49,975,555.56)		0.00	0.00	(49,975,555.56)
11/14/24	11/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(49,975,555.56)		0.00	0.00	(49,975,555.56)
11/14/24	11/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(49,975,555.56)		0.00	0.00	(49,975,555.56)
11/14/24	11/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(49,975,555.56)		0.00	0.00	(49,975,555.56)
11/14/24	11/14/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(39,980,444.44)		0.00	0.00	(39,980,444.44)
11/14/24	11/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn	313384P94	(49,975,555.56)		0.00	0.00	(49,975,555.56)
11/13/24	11/14/24	Buy	10,000,000.000	KAISER FOUNDATION CP TXB MAT 01/07/25 Cpn	48306AN78	(9,930,925.00)		0.00	0.00	(9,930,925.00)
11/18/24	11/18/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	(19,980,122.22)		0.00	0.00	(19,980,122.22)
11/18/24	11/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	(49,950,305.56)		0.00	0.00	(49,950,305.56)
11/18/24	11/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	(49,950,305.56)		0.00	0.00	(49,950,305.56)
11/18/24	11/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn	313384Q28	(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/18/24	11/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn	313384Q28	(49,993,777.78)		0.00	0.00	(49,993,777.78)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/18/24	11/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn 313384Q28	(49,993,777.78)		0.00	0.00	(49,993,777.78)
11/19/24	11/19/24	Buy	40,000,000.000	CATERPILLAR FIN CP MAT 11/20/24 Cpn 14912DLL1	(39,994,944.44)		0.00	0.00	(39,994,944.44)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn 313384Q36	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/19/24	11/19/24	Buy	19,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/20/24 Cpn 4523ELLL7	(18,997,598.61)		0.00	0.00	(18,997,598.61)
11/19/24	11/19/24	Buy	9,448,000.000	SC SANTEE COOPER CP TXB MAT 12/19/24 Cpn 4.66 83708BDS2	(9,448,000.00)		0.00	0.00	(9,448,000.00)
11/20/24	11/20/24	Buy	36,500,000.000	AUTOMATIC DATA CP 144A MAT 11/21/24 Cpn 0530A2LM0	(36,495,366.53)		0.00	0.00	(36,495,366.53)
11/20/24	11/20/24	Buy	50,000,000.000	CATERPILLAR FIN CP MAT 11/21/24 Cpn 14912DLM9	(49,993,652.78)		0.00	0.00	(49,993,652.78)
11/20/24	11/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	(49,993,750.00)		0.00	0.00	(49,993,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/20/24	11/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/20/24	11/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/07/24	11/20/24	Buy	20,000,000.000	INTL BK RECON & DEVELOP FRN S MAT 11/18/27 Cpn 1.45 459058LP6	(20,000,000.00)		0.00	0.00	(20,000,000.00)
11/19/24	11/20/24	Buy	10,400,000.000	NATIXIS NY YCD FRN SOFRRATE MAT 08/15/25 Cpn 4.84 63873Q6U3	(10,400,000.00)		0.00	0.00	(10,400,000.00)
11/20/24	11/20/24	Buy	20,000,000.000	PACCAR FINANCIAL CP MAT 11/25/24 Cpn 69372ALR1	(19,987,305.56)		0.00	0.00	(19,987,305.56)
11/20/24	11/20/24	Buy	25,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 11/21/24 Cpn 84243LLM4	(24,996,826.39)		0.00	0.00	(24,996,826.39)
11/20/24	11/21/24	Buy	3,250,000.000	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	(3,261,679.69)	(12,322.92)	0.00	0.00	(3,274,002.61)
11/20/24	11/21/24	Buy	8,000,000.000	CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4	(8,028,750.00)	(30,333.33)	0.00	0.00	(8,059,083.33)
11/21/24	11/21/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(34,995,625.00)		0.00	0.00	(34,995,625.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/21/24	11/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/20/24	11/21/24	Buy	1,705,971.230	HUNT 2024-1A A2 CAR 144A MAT 03/15/27 Cpn 5.50 446144AC1	(1,711,169.11)	(1,563.81)	0.00	0.00	(1,712,732.92)
11/20/24	11/21/24	Buy	1,563,299.480	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	(1,566,169.60)	(233.19)	0.00	0.00	(1,566,402.79)
11/20/24	11/21/24	Buy	915,445.640	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	(917,126.34)	(136.55)	0.00	0.00	(917,262.89)
11/22/24	11/22/24	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	(29,988,750.00)		0.00	0.00	(29,988,750.00)
11/22/24	11/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	(49,981,250.00)		0.00	0.00	(49,981,250.00)
11/22/24	11/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	(49,981,250.00)		0.00	0.00	(49,981,250.00)
11/19/24	11/22/24	Buy	5,200,000.000	FORDO 2024-D A2A C MAT 10/15/27 Cpn 4.59 34535VAB0	(5,199,746.24)		0.00	0.00	(5,199,746.24)
11/22/24	11/25/24	Buy	3,300,000.000	CUMMINS INC CP 144A MAT 01/07/25 Cpn 23102UN73	(3,281,868.33)		0.00	0.00	(3,281,868.33)
11/25/24	11/25/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn 313384Q93	(9,998,750.00)		0.00	0.00	(9,998,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/25/24	11/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn 313384Q93		(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/25/24	11/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn 313384Q93		(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/25/24	11/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn 313384Q93		(49,993,750.00)		0.00	0.00	(49,993,750.00)
11/26/24	11/26/24	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 11/27/24 Cpn 22533TLT1		(29,996,200.00)		0.00	0.00	(29,996,200.00)
11/19/24	11/26/24	Buy	548,000.000	COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		(547,976.93)		0.00	0.00	(547,976.93)
11/19/24	11/26/24	Buy	6,652,000.000	COPAR 2024-1 A2A CAR MAT 10/15/27 Cpn 4.61 14043NAB5		(6,651,719.95)		0.00	0.00	(6,651,719.95)
11/26/24	11/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn 313384R27		(49,993,791.67)		0.00	0.00	(49,993,791.67)
11/26/24	11/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn 313384R27		(49,993,791.67)		0.00	0.00	(49,993,791.67)
11/26/24	11/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn 313384R27		(49,993,791.67)		0.00	0.00	(49,993,791.67)
11/26/24	11/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn 313384R27		(49,993,791.67)		0.00	0.00	(49,993,791.67)
11/19/24	11/26/24	Buy	8,700,000.000	GFORT 2024-3A A2 FLOOR 144A MAT 11/15/28 Cpn 5.20 361886DL5		(8,700,000.00)		0.00	0.00	(8,700,000.00)
11/19/24	11/26/24	Buy	6,900,000.000	VALET 2024-1 A2A CAR MAT 11/22/27 Cpn 4.65 92868RAB4		(6,899,889.60)		0.00	0.00	(6,899,889.60)
11/26/24	11/27/24	Buy	984,331.420	CHAOT 2022-AA A3 CAR 144A MAT 06/25/27 Cpn 3.98 16144JAC5		(980,178.77)	(217.65)	0.00	0.00	(980,396.42)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/27/24	11/27/24	Buy	34,577,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn 313384R43	(34,568,394.17)		0.00	0.00	(34,568,394.17)
11/27/24	11/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn 313384R43	(49,987,555.56)		0.00	0.00	(49,987,555.56)
11/27/24	11/27/24	Buy	8,800,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn 313384R43	(8,797,809.78)		0.00	0.00	(8,797,809.78)
11/27/24	11/27/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn 313384R43	(49,987,555.56)		0.00	0.00	(49,987,555.56)
11/29/24	11/29/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/09/25 Cpn 912797LX3	(49,744,661.11)		0.00	0.00	(49,744,661.11)
11/29/24	11/29/24	Buy	45,000,000.000	U.S. TREASURY BILL MAT 01/21/25 Cpn 912797MY0	(44,704,965.56)		0.00	0.00	(44,704,965.56)
11/29/24	11/29/24	Buy	48,515,000.000	FHLB DISCOUNT NOTE MAT 01/02/25 Cpn 313385AB2	(48,308,811.25)		0.00	0.00	(48,308,811.25)
			<u>4,524,801,882.620</u>		<u>(4,522,195,115.20)</u>	<u>(213,384.56)</u>	<u>0.00</u>	<u>0.00</u>	<u>(4,522,408,499.76)</u>
11/07/24	11/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.29 17305EGX7		23,562.33	0.00	0.00	23,562.33
11/10/24	11/10/24	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,481.63	0.00	0.00	1,481.63
11/10/24	11/10/24	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		4,894.49	0.00	0.00	4,894.49
11/10/24	11/10/24	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		13,540.71	0.00	0.00	13,540.71
11/12/24	11/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.32 4581X0DT2		139,127.00	0.00	0.00	139,127.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/12/24	11/12/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.32 4581X0DT2		69,563.50	0.00	0.00	69,563.50
11/13/24	11/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		9,696.34	0.00	0.00	9,696.34
11/14/24	11/14/24	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		12,350.82	0.00	0.00	12,350.82
11/15/24	11/15/24	Coupon		ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4		13,751.67	0.00	0.00	13,751.67
11/15/24	11/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		6,878.64	0.00	0.00	6,878.64
11/15/24	11/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		719.56	0.00	0.00	719.56
11/15/24	11/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		9,384.74	0.00	0.00	9,384.74
11/15/24	11/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		22,183.17	0.00	0.00	22,183.17
11/15/24	11/15/24	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		25,600.77	0.00	0.00	25,600.77
11/15/24	11/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,064.93	0.00	0.00	4,064.93
11/15/24	11/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		3,387.44	0.00	0.00	3,387.44
11/15/24	11/15/24	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		19,775.00	0.00	0.00	19,775.00
11/15/24	11/15/24	Coupon		CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5		10,049.32	0.00	0.00	10,049.32

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Coupon		CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5		812.97	0.00	0.00	812.97
11/15/24	11/15/24	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		15,524.98	0.00	0.00	15,524.98
11/15/24	11/15/24	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 5.56 34528QJB1		49,598.36	0.00	0.00	49,598.36
11/15/24	11/15/24	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
11/15/24	11/15/24	Coupon		FORDO 2023-A A3 CAR MAT 02/15/28 Cpn 4.65 344928AD8		28,531.63	0.00	0.00	28,531.63
11/15/24	11/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
11/15/24	11/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33
11/15/24	11/15/24	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		8,800.00	0.00	0.00	8,800.00
11/15/24	11/15/24	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 5.56 361886DB7		6,943.77	0.00	0.00	6,943.77
11/15/24	11/15/24	Coupon		HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4		36,479.17	0.00	0.00	36,479.17
11/15/24	11/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		6,926.79	0.00	0.00	6,926.79
11/15/24	11/15/24	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.26 44934FAC9		35,924.30	0.00	0.00	35,924.30
11/15/24	11/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		10,416.67	0.00	0.00	10,416.67

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Coupon		HAROT 2024-4 A2 CAR MAT 03/15/27 Cpn 4.56 43816DAB1		3,990.00	0.00	0.00	3,990.00
11/15/24	11/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		566.87	0.00	0.00	566.87
11/15/24	11/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		336.53	0.00	0.00	336.53
11/15/24	11/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		6,236.00	0.00	0.00	6,236.00
11/15/24	11/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		6,223.33	0.00	0.00	6,223.33
11/15/24	11/15/24	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		15,056.96	0.00	0.00	15,056.96
11/15/24	11/15/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/15/29 Cpn 4.91 4581X0EC8		281,245.18	0.00	0.00	281,245.18
11/15/24	11/15/24	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		34,380.19	0.00	0.00	34,380.19
11/15/24	11/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		8,259.23	0.00	0.00	8,259.23
11/15/24	11/15/24	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.22 58770JAC8		13,982.91	0.00	0.00	13,982.91
11/15/24	11/15/24	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		15,924.77	0.00	0.00	15,924.77
11/15/24	11/15/24	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		13,559.78	0.00	0.00	13,559.78
11/15/24	11/15/24	Coupon		NAROT 2023-A A3 CAR MAT 11/15/27 Cpn 4.91 65480WAD3		5,327.35	0.00	0.00	5,327.35

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 5.66 69335PFL4		66,172.56	0.00	0.00	66,172.56
11/15/24	11/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		12,228.75	0.00	0.00	12,228.75
11/15/24	11/15/24	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		15,613.93	0.00	0.00	15,613.93
11/15/24	11/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		26,733.93	0.00	0.00	26,733.93
11/15/24	11/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		2,240.52	0.00	0.00	2,240.52
11/15/24	11/15/24	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		11,889.85	0.00	0.00	11,889.85
11/15/24	11/15/24	Coupon		WOART 2023-A A3 CAR MAT 05/15/28 Cpn 4.83 98164JAD6		2,048.73	0.00	0.00	2,048.73
11/16/24	11/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		808.52	0.00	0.00	808.52
11/16/24	11/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		792.00	0.00	0.00	792.00
11/16/24	11/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		249.48	0.00	0.00	249.48
11/16/24	11/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		5,044.18	0.00	0.00	5,044.18
11/16/24	11/16/24	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		34,969.43	0.00	0.00	34,969.43
11/18/24	11/18/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.20 36268GAC9		4,684.81	0.00	0.00	4,684.81

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Coupon		DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4		5,764.42	0.00	0.00	5,764.42
11/20/24	11/20/24	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		27,041.67	0.00	0.00	27,041.67
11/20/24	11/20/24	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		11,456.57	0.00	0.00	11,456.57
11/20/24	11/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,265.63	0.00	0.00	3,265.63
11/20/24	11/20/24	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		33,793.06	0.00	0.00	33,793.06
11/20/24	11/20/24	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		9,735.61	0.00	0.00	9,735.61
11/20/24	11/20/24	Coupon		EFF 2024-2 A2 FLEET 144A MAT 12/20/26 Cpn 5.74 29375RAB2		4,783.33	0.00	0.00	4,783.33
11/20/24	11/20/24	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		7,744.20	0.00	0.00	7,744.20
11/20/24	11/20/24	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		26,107.50	0.00	0.00	26,107.50
11/20/24	11/20/24	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		42,083.33	0.00	0.00	42,083.33
11/20/24	11/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		8,554.11	0.00	0.00	8,554.11
11/20/24	11/20/24	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		17,122.44	0.00	0.00	17,122.44
11/20/24	11/20/24	Coupon		PILOT 2024-2A A2B LEASE 144A MAT 12/21/26 Cpn 5.19 73328NAC5		17,894.45	0.00	0.00	17,894.45

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Coupon		SBALT 2023-A A3 LEASE 144A MAT 04/20/27 Cpn 6.51 78436TAC0		56,344.05	0.00	0.00	56,344.05
11/20/24	11/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		13,274.10	0.00	0.00	13,274.10
11/20/24	11/20/24	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		22,588.34	0.00	0.00	22,588.34
11/20/24	11/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		8,257.66	0.00	0.00	8,257.66
11/20/24	11/20/24	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		1,772.37	0.00	0.00	1,772.37
11/20/24	11/20/24	Coupon		TESLA 2024-B A2A LEASE 144A MAT 01/20/27 Cpn 4.79 881934AB9		17,643.17	0.00	0.00	17,643.17
11/20/24	11/20/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.28 881943AC8		17,346.41	0.00	0.00	17,346.41
11/20/24	11/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		2,836.50	0.00	0.00	2,836.50
11/20/24	11/20/24	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		12,600.00	0.00	0.00	12,600.00
11/20/24	11/20/24	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
11/20/24	11/20/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.46 92348KCM3		8,934.34	0.00	0.00	8,934.34
11/21/24	11/21/24	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
11/21/24	11/21/24	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 4.83 86959TEL6		61,760.11	0.00	0.00	61,760.11

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/22/24	11/22/24	Coupon		DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8		10,452.50	0.00	0.00	10,452.50
11/22/24	11/22/24	Coupon		DEFT 2023-2 A3 EQP 144A MAT 01/22/29 Cpn 5.65 24703GAC8		24,012.50	0.00	0.00	24,012.50
11/25/24	11/25/24	Coupon		BANK OF MONTREAL CHICAGO YC MAT 05/23/25 Cpn 4.83 06367DLQ6		187,895.83	0.00	0.00	187,895.83
11/25/24	11/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		9,993.51	0.00	0.00	9,993.51
11/25/24	11/25/24	Coupon		BMWLT 2024-2 A2B LEASE MAT 01/25/27 Cpn 5.15 05613MAC3		26,535.27	0.00	0.00	26,535.27
11/25/24	11/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		7,147.23	0.00	0.00	7,147.23
11/25/24	11/25/24	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		8,776.94	0.00	0.00	8,776.94
11/25/24	11/25/24	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		14,218.75	0.00	0.00	14,218.75
11/25/24	11/25/24	Coupon		CHAOT 2024-4A A2 CAR 144A MAT 09/27/27 Cpn 5.25 16144YAB4		35,000.00	0.00	0.00	35,000.00
11/25/24	11/25/24	Coupon		FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.45 3137FPHF5		17,464.53	0.00	0.00	17,464.53
11/25/24	11/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.02 3137H3KA9		31,918.56	0.00	0.00	31,918.56
11/25/24	11/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.05 3137H4RC6		8,390.50	0.00	0.00	8,390.50
11/25/24	11/25/24	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 5.21 3137FCK52		56,602.17	0.00	0.00	56,602.17

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/25/24	11/25/24	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.18 3136ANLN5		8,751.07	0.00	0.00	8,751.07
11/25/24	11/25/24	Coupon		INTL BANK RECON & DEVELOP SO MAT 02/23/27 Cpn 4.89 459058LD3		71,721.22	0.00	0.00	71,721.22
11/29/24	11/29/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 4.83 13606K7D2		61,891.67	0.00	0.00	61,891.67
						<u>2,319,733.52</u>	<u>0.00</u>	<u>0.00</u>	<u>2,319,733.52</u>
11/01/24	11/01/24	Income	(2,602.650)	ADJ NET INT MAT Cpn USD		(2,602.65)	0.00	0.00	(2,602.65)
11/01/24	11/01/24	Income	742,741.910	STIF INT MAT Cpn USD		742,741.91	0.00	0.00	742,741.91
			<u>740,139.260</u>			<u>740,139.26</u>	<u>0.00</u>	<u>0.00</u>	<u>740,139.26</u>
11/13/24	11/13/24	Contributn	830,000,000.000	NM MAT Cpn USD	830,000,000.00		0.00	0.00	830,000,000.00
11/04/24	11/04/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	49,243,613.89	361,319.44	25,377.78	0.00	49,604,933.33
11/04/24	11/04/24	Sell Long	2,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	1,969,744.55	14,452.78	1,015.11	0.00	1,984,197.33
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	24,807,552.09	189,157.98	149.31	0.00	24,996,710.07
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	24,807,552.09	189,157.98	149.31	0.00	24,996,710.07

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2		24,807,552.09	189,157.98	149.31	0.00	24,996,710.07
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9		24,679,349.45	310,780.55	724.79	0.00	24,990,130.00
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9		24,679,349.45	310,780.55	724.79	0.00	24,990,130.00
11/04/24	11/04/24	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9		24,679,349.45	310,780.55	724.79	0.00	24,990,130.00
11/04/24	11/04/24	Sell Long	45,000,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5		43,890,067.50	1,012,650.00	12,367.50	0.00	44,902,717.50
11/04/24	11/04/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5		48,766,741.67	1,125,166.67	13,741.66	0.00	49,891,908.33
11/04/24	11/04/24	Sell Long	45,000,000.000	U.S. TREASURY BILL MAT 12/10/24 Cpn 912797MN4		44,278,030.00	516,882.50	19,102.50	0.00	44,794,912.50
11/06/24	11/06/24	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9		7,897,260.56	101,710.00	100.67	0.00	7,998,970.56
11/06/24	11/07/24	Sell Long	20,690,000.000	INTL BANK RECON & DEVELOP FR MAT 09/18/25 Cpn 5.22 459058JJ3		20,720,207.40	150,795.62	(2,043.40)	0.00	20,871,003.02
11/19/24	11/19/24	Sell Long	6,500,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5		6,493,668.15	4,756.32	9.91	0.00	6,498,424.47
			<u>377,190,000.000</u>			<u>371,720,038.33</u>	<u>4,787,548.92</u>	<u>72,294.04</u>	<u>0.00</u>	<u>376,507,587.25</u>
11/10/24	11/10/24	Pay Princpl	189,668.081	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		189,668.08		5,547.06	0.00	189,668.08
11/10/24	11/10/24	Pay Princpl	581,672.590	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KACO		581,672.59		9,108.30	0.00	581,672.59

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/10/24	11/10/24	Pay Princpl	305,539.166	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	305,539.17		11.08	0.00	305,539.17
11/13/24	11/13/24	Pay Princpl	170,071.669	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0	170,071.67		0.32	0.00	170,071.67
11/14/24	11/14/24	Pay Princpl	437,294.670	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	437,294.67		(0.00)	0.00	437,294.67
11/15/24	11/15/24	Pay Princpl	344,574.756	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	344,574.76		0.00	3.81	344,574.76
11/15/24	11/15/24	Pay Princpl	257,184.543	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	257,184.54		0.00	2,945.19	257,184.54
11/15/24	11/15/24	Pay Princpl	206,244.784	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	206,244.78		1,992.84	0.00	206,244.78
11/15/24	11/15/24	Pay Princpl	487,511.107	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	487,511.11		4,391.62	0.00	487,511.11
11/15/24	11/15/24	Pay Princpl	389,116.745	CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3	389,116.74		2,812.04	0.00	389,116.74
11/15/24	11/15/24	Pay Princpl	87,358.755	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	87,358.75		2.21	0.00	87,358.75
11/15/24	11/15/24	Pay Princpl	72,798.962	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	72,798.96		182.57	0.00	72,798.96
11/15/24	11/15/24	Pay Princpl	236,182.939	CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0	236,182.94		7.04	0.00	236,182.94
11/15/24	11/15/24	Pay Princpl	88,811.329	CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5	88,811.33		559.31	0.00	88,811.33
11/15/24	11/15/24	Pay Princpl	7,184.633	CNH 2022-B A3 EQP MAT 08/16/27 Cpn 3.89 12663JAC5	7,184.63		47.45	0.00	7,184.63

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Pay Princpl	343,936.562	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	343,936.56		5.16	0.00	343,936.56
11/15/24	11/15/24	Pay Princpl	333,272.804	GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7	333,272.80		951.29	0.00	333,272.80
11/15/24	11/15/24	Pay Princpl	5,107.462	GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9	5,107.46		0.29	0.00	5,107.46
11/15/24	11/15/24	Pay Princpl	39,439.953	HALST 2023-B A3 LEASE 144A MAT 06/15/26 Cpn 5.15 448980AD4	39,439.95		(60.15)	0.00	39,439.95
11/15/24	11/15/24	Pay Princpl	103,608.677	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	103,608.68		0.17	0.00	103,608.68
11/15/24	11/15/24	Pay Princpl	454,845.666	HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.26 44934FAC9	454,845.67		0.00	0.00	454,845.67
11/15/24	11/15/24	Pay Princpl	387,588.610	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	387,588.61		0.00	6.59	387,588.61
11/15/24	11/15/24	Pay Princpl	214,021.170	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	214,021.17		0.00	1,998.63	214,021.17
11/15/24	11/15/24	Pay Princpl	66,369.635	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	66,369.63		0.00	18.29	66,369.63
11/15/24	11/15/24	Pay Princpl	226,663.681	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	226,663.68		0.00	1.36	226,663.68
11/15/24	11/15/24	Pay Princpl	133,146.557	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	133,146.56		0.00	3.11	133,146.56
11/15/24	11/15/24	Pay Princpl	269,357.875	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	269,357.88		2.12	0.00	269,357.88
11/15/24	11/15/24	Pay Princpl	890,625.192	LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4	890,625.19		35.89	0.00	890,625.19

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Pay Princpl	332,213.267	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	332,213.27		7.56	0.00	332,213.27
11/15/24	11/15/24	Pay Princpl	259,376.031	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	259,376.03		0.00	1.95	259,376.03
11/15/24	11/15/24	Pay Princpl	289,428.082	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	289,428.08		(291.25)	0.00	289,428.08
11/15/24	11/15/24	Pay Princpl	635,752.683	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	635,752.68		7,728.69	0.00	635,752.68
11/15/24	11/15/24	Pay Princpl	297,397.048	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	297,397.05		0.00	0.39	297,397.05
11/16/24	11/16/24	Pay Princpl	195,703.813	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	195,703.81		0.00	3,340.87	195,703.81
11/16/24	11/16/24	Pay Princpl	61,876.125	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	61,876.13		0.00	71.10	61,876.13
11/16/24	11/16/24	Pay Princpl	19,490.979	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	19,490.98		0.00	22.07	19,490.98
11/16/24	11/16/24	Pay Princpl	177,106.649	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	177,106.65		0.00	1.07	177,106.65
11/16/24	11/16/24	Pay Princpl	705,919.489	GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4	705,919.49		32.10	0.00	705,919.49
11/18/24	11/18/24	Pay Princpl	95,878.888	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.20 36268GAC9	95,878.89		0.00	0.00	95,878.89
11/20/24	11/20/24	Pay Princpl	790,716.446	DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4	790,716.45		0.00	0.00	790,716.45
11/20/24	11/20/24	Pay Princpl	409,085.256	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	409,085.26		0.00	0.00	409,085.26

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Pay Princpl	84,412.264	DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3	84,412.26		0.14	0.00	84,412.26
11/20/24	11/20/24	Pay Princpl	510,243.662	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	510,243.66		763.97	0.00	510,243.66
11/20/24	11/20/24	Pay Princpl	585,879.335	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	585,879.34		0.00	0.00	585,879.34
11/20/24	11/20/24	Pay Princpl	347,381.396	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	347,381.40		0.00	0.00	347,381.40
11/20/24	11/20/24	Pay Princpl	107,086.463	GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1	107,086.46		236.64	0.00	107,086.46
11/20/24	11/20/24	Pay Princpl	166,826.146	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	166,826.15		10.25	0.00	166,826.15
11/20/24	11/20/24	Pay Princpl	234,596.771	GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5	234,596.77		8.13	0.00	234,596.77
11/20/24	11/20/24	Pay Princpl	377,332.279	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	377,332.28		10.79	0.00	377,332.28
11/20/24	11/20/24	Pay Princpl	394,790.502	SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4	394,790.50		1.35	0.00	394,790.50
11/20/24	11/20/24	Pay Princpl	238,075.617	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	238,075.62		8.44	0.00	238,075.62
11/20/24	11/20/24	Pay Princpl	43,966.611	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	43,966.61		2.49	0.00	43,966.61
11/20/24	11/20/24	Pay Princpl	311,392.142	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.28 881943AC8	311,392.14		(0.00)	0.00	311,392.14
11/20/24	11/20/24	Pay Princpl	93,379.235	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	93,379.23		0.00	1.53	93,379.23

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Pay Princpl	121,609.424	VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5	121,609.42		2.63	0.00	121,609.42
11/25/24	11/25/24	Pay Princpl	237,382.099	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	237,382.10		2.89	0.00	237,382.10
11/25/24	11/25/24	Pay Princpl	384,793.929	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	384,793.93		0.00	0.00	384,793.93
11/25/24	11/25/24	Pay Princpl	197,649.401	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	197,649.40		10.84	0.00	197,649.40
11/25/24	11/25/24	Pay Princpl	2,656.512	FHMS KF68 A ACMBS FRN MAT 07/25/26 Cpn 5.45 3137FPHF5	2,656.51		(2.30)	0.00	2,656.51
11/25/24	11/25/24	Pay Princpl	24,567.476	FHMS KS09 A MAT 10/25/27 Cpn 5.21 3137FCK52	24,567.48		6.45	0.00	24,567.48
11/25/24	11/25/24	Pay Princpl	153,827.337	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.18 3136ANLN5	153,827.34		35.07	0.00	153,827.34
			<u>16,216,991.928</u>		<u>16,216,991.93</u>		<u>34,171.55</u>	<u>8,415.94</u>	<u>16,216,991.93</u>
11/05/24	11/05/24	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	24,807,402.78	192,597.22	0.00	0.00	25,000,000.00
11/05/24	11/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	49,614,805.56	385,194.44	0.00	0.00	50,000,000.00
11/05/24	11/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	49,829,577.22	170,422.78	0.00	0.00	50,000,000.00
11/05/24	11/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn 912797MA2	49,829,577.22	170,422.78	0.00	0.00	50,000,000.00
11/06/24	11/06/24	Mature Long	35,000,000.000	AUTOMATIC DATA CP 144A MAT 11/06/24 Cpn 0530A2L65	34,995,313.89	4,686.11	0.00	0.00	35,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/06/24	11/06/24	Mature Long	30,000,000.000	CUMMINS INC CP 144A MAT 11/06/24 Cpn	23102UL67	29,892,000.00	108,000.00	0.00	0.00	30,000,000.00
11/06/24	11/06/24	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 11/06/24 Cpn	313384N54	44,665,875.00	334,125.00	0.00	0.00	45,000,000.00
11/06/24	11/06/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/06/24 Cpn	313384N54	49,628,750.00	371,250.00	0.00	0.00	50,000,000.00
11/07/24	11/07/24	Mature Long	17,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn	912797LC9	16,781,464.77	218,535.23	0.00	0.00	17,000,000.00
11/07/24	11/07/24	Mature Long	9,500,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn	912797LC9	9,383,452.02	116,547.98	0.00	0.00	9,500,000.00
11/07/24	11/07/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/07/24 Cpn	912797LC9	49,386,589.58	613,410.42	0.00	0.00	50,000,000.00
11/07/24	11/07/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	19,994,777.78	5,222.22	0.00	0.00	20,000,000.00
11/07/24	11/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	49,986,944.44	13,055.56	0.00	0.00	50,000,000.00
11/07/24	11/07/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	9,998,694.44	1,305.56	0.00	0.00	10,000,000.00
11/07/24	11/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00
11/07/24	11/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00
11/07/24	11/07/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/07/24 Cpn	313384N62	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00
11/08/24	11/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn	313384N70	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/08/24	11/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn 313384N70	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
11/08/24	11/08/24	Mature Long	20,100,000.000	FHLB DISCOUNT NOTE MAT 11/08/24 Cpn 313384N70	20,097,403.75	2,596.25	0.00	0.00	20,100,000.00
11/12/24	11/12/24	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 11/12/24 Cpn 912797MB0	9,963,117.78	36,882.22	0.00	0.00	10,000,000.00
11/12/24	11/12/24	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 11/12/24 Cpn 22533TLC8	29,972,700.00	27,300.00	0.00	0.00	30,000,000.00
11/12/24	11/12/24	Mature Long	25,000,000.000	HOME DEPOT CP 144A MAT 11/12/24 Cpn 43707LLC1	24,987,333.33	12,666.67	0.00	0.00	25,000,000.00
11/12/24	11/12/24	Mature Long	15,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/12/24 Cpn 4523ELLC7	14,992,450.00	7,550.00	0.00	0.00	15,000,000.00
11/12/24	11/12/24	Mature Long	10,000,000.000	NORTHW MUT SHR TERM FUN CP MAT 11/12/24 Cpn 66815ALC5	9,990,861.11	9,138.89	0.00	0.00	10,000,000.00
11/13/24	11/13/24	Mature Long	30,000,000.000	CATERPILLAR FIN CP MAT 11/13/24 Cpn 14912DLD9	29,968,866.67	31,133.33	0.00	0.00	30,000,000.00
11/13/24	11/13/24	Mature Long	14,290,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	14,279,187.23	10,812.77	0.00	0.00	14,290,000.00
11/13/24	11/13/24	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	44,994,375.00	5,625.00	0.00	0.00	45,000,000.00
11/13/24	11/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/13/24 Cpn 313384P45	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/13/24	11/13/24	Mature Long	20,000,000.000	PACCAR FINANCIAL CP MAT 11/13/24 Cpn 69372ALD2	19,912,000.00	88,000.00	0.00	0.00	20,000,000.00
11/14/24	11/14/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn 912797LD7	39,995,155.56	4,844.44	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/14/24	11/14/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/14/24 Cpn	912797LD7	49,993,944.44	6,055.56	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	45,000,000.000	CREDIT AGRICOLE CP MAT 11/14/24 Cpn	22533TLE4	44,994,300.00	5,700.00	0.00	0.00	45,000,000.00
11/14/24	11/14/24	Mature Long	30,000,000.000	FAMC DISCOUNT NOTE MAT 11/14/24 Cpn	31315KP53	29,996,266.67	3,733.33	0.00	0.00	30,000,000.00
11/14/24	11/14/24	Mature Long	1,837,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	1,836,771.40	228.60	0.00	0.00	1,837,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	46,890,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	46,884,164.80	5,835.20	0.00	0.00	46,890,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/14/24	11/14/24	Mature Long	20,634,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	20,631,432.21	2,567.79	0.00	0.00	20,634,000.00
11/14/24	11/14/24	Mature Long	21,565,000.000	FHLB DISCOUNT NOTE MAT 11/14/24 Cpn	313384P52	21,562,316.36	2,683.64	0.00	0.00	21,565,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/14/24	11/14/24	Mature Long	40,000,000.000	MARS INC CP 144A MAT 11/14/24 Cpn 57167ELE6	39,813,333.33	186,666.67	0.00	0.00	40,000,000.00
11/15/24	11/15/24	Mature Long	25,000,000.000	NOVARTIS FINANCE CP 144A MAT 11/15/24 Cpn 6698M4LF7	24,977,979.17	22,020.83	0.00	0.00	25,000,000.00
11/15/24	11/15/24	Mature Long	25,000,000.000	NATL SEC CLEARING CP 144A MAT 11/15/24 Cpn 63763PLF4	24,880,750.00	119,250.00	0.00	0.00	25,000,000.00
11/15/24	11/15/24	Mature Long	30,000,000.000	SUMITOMO MITSUI CP 144A MAT 11/15/24 Cpn 86563GLF7	29,973,458.33	26,541.67	0.00	0.00	30,000,000.00
11/18/24	11/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	49,975,555.56	24,444.44	0.00	0.00	50,000,000.00
11/18/24	11/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	49,975,555.56	24,444.44	0.00	0.00	50,000,000.00
11/18/24	11/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	49,975,555.56	24,444.44	0.00	0.00	50,000,000.00
11/18/24	11/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	49,975,555.56	24,444.44	0.00	0.00	50,000,000.00
11/18/24	11/18/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	39,980,444.44	19,555.56	0.00	0.00	40,000,000.00
11/18/24	11/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/18/24 Cpn 313384P94	49,975,555.56	24,444.44	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	39,970,320.00	29,680.00	0.00	0.00	40,000,000.00
11/19/24	11/19/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	49,962,900.00	37,100.00	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn 912797MC8	9,993,797.92	6,202.08	0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/19/24	11/19/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn	912797MC8	49,968,989.58	31,010.42	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/19/24 Cpn	912797MC8	49,968,989.58	31,010.42	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn	313384Q28	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn	313384Q28	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/19/24	11/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/19/24 Cpn	313384Q28	49,993,777.78	6,222.22	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	40,000,000.000	CATERPILLAR FIN CP MAT 11/20/24 Cpn	14912DLL1	39,994,944.44	5,055.56	0.00	0.00	40,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/20/24 Cpn	313384Q36	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/20/24	11/20/24	Mature Long	19,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/20/24 Cpn	4523ELLL7	18,997,598.61	2,401.39	0.00	0.00	19,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/21/24	11/21/24	Mature Long	36,500,000.000	AUTOMATIC DATA CP 144A MAT 11/21/24 Cpn 0530A2LM0	36,495,366.53	4,633.47	0.00	0.00	36,500,000.00
11/21/24	11/21/24	Mature Long	38,500,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5	38,462,437.26	37,562.74	(0.00)	0.00	38,500,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/21/24 Cpn 912797LE5	49,951,217.22	48,782.78	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 11/21/24 Cpn 22533TLM6	39,964,455.56	35,544.44	0.00	0.00	40,000,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	CATERPILLAR FIN CP MAT 11/21/24 Cpn 14912DLM9	49,993,652.78	6,347.22	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	37,500,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	37,462,500.00	37,500.00	0.00	0.00	37,500,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/21/24 Cpn 313384Q44	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/21/24	11/21/24	Mature Long	25,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 11/21/24 Cpn 84243LLM4	24,996,826.39	3,173.61	0.00	0.00	25,000,000.00
11/22/24	11/22/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	34,995,625.00	4,375.00	0.00	0.00	35,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/22/24	11/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/22/24 Cpn 313384Q51	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/25/24	11/25/24	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	29,988,750.00	11,250.00	0.00	0.00	30,000,000.00
11/25/24	11/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	49,981,250.00	18,750.00	0.00	0.00	50,000,000.00
11/25/24	11/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/25/24 Cpn 313384Q85	49,981,250.00	18,750.00	0.00	0.00	50,000,000.00
11/25/24	11/25/24	Mature Long	13,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 11/25/24 Cpn 4523ELLR4	13,470,993.75	29,006.25	0.00	0.00	13,500,000.00
11/25/24	11/25/24	Mature Long	20,000,000.000	PACCAR FINANCIAL CP MAT 11/25/24 Cpn 69372ALR1	19,987,305.56	12,694.44	0.00	0.00	20,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn 912797MD6	49,925,458.33	74,541.67	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn 912797MD6	49,925,458.33	74,541.67	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/26/24	11/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	49,925,458.33	74,541.67	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	19,980,122.22	19,877.78	0.00	0.00	20,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	49,950,305.56	49,694.44	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 11/26/24 Cpn	912797MD6	49,950,305.56	49,694.44	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn	313384Q93	9,998,750.00	1,250.00	0.00	0.00	10,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn	313384Q93	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn	313384Q93	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/26/24	11/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/26/24 Cpn	313384Q93	49,993,750.00	6,250.00	0.00	0.00	50,000,000.00
11/27/24	11/27/24	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 11/27/24 Cpn	22533TLT1	29,996,200.00	3,800.00	0.00	0.00	30,000,000.00
11/27/24	11/27/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn	313384R27	49,993,791.67	6,208.33	0.00	0.00	50,000,000.00
11/27/24	11/27/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn	313384R27	49,993,791.67	6,208.33	0.00	0.00	50,000,000.00
11/27/24	11/27/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn	313384R27	49,993,791.67	6,208.33	0.00	0.00	50,000,000.00
11/27/24	11/27/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/27/24 Cpn	313384R27	49,993,791.67	6,208.33	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/29/24	11/29/24	Mature Long	34,577,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn	313384R43	34,568,394.13	8,605.87	(0.04)	0.00	34,577,000.00
11/29/24	11/29/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn	313384R43	49,987,555.50	12,444.50	(0.06)	0.00	50,000,000.00
11/29/24	11/29/24	Mature Long	8,800,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn	313384R43	8,797,809.77	2,190.23	(0.01)	0.00	8,800,000.00
11/29/24	11/29/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/29/24 Cpn	313384R43	49,987,555.50	12,444.50	(0.06)	0.00	50,000,000.00
			<u>4,515,193,000.000</u>			<u>4,510,689,574.19</u>	<u>4,503,425.83</u>	<u>(0.16)</u>	<u>0.00</u>	<u>4,515,193,000.00</u>
11/04/24	11/04/24	Withdrawal	(305,000,000.000)	WD MAT	Cpn USD	(305,000,000.00)		(305,000,000.00)	0.00	(305,000,000.00)
11/07/24	11/07/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
11/12/24	11/12/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
11/14/24	11/14/24	Withdrawal	(60,000,000.000)	WD MAT	Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
11/15/24	11/15/24	Withdrawal	(160,000,000.000)	WD MAT	Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
11/19/24	11/19/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
11/21/24	11/21/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
11/22/24	11/22/24	Withdrawal	(300,000,000.000)	WD MAT	Cpn USD	(300,000,000.00)		(300,000,000.00)	0.00	(300,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

11/01/2024
through 11/30/2024

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
11/26/24	11/26/24	Withdrawal	(170,000,000.000)	WD MAT	Cpn	USD	(170,000,000.00)	(170,000,000.00)	0.00	(170,000,000.00)
11/26/24	11/26/24	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)	(30,000,000.00)	0.00	(30,000,000.00)
11/27/24	11/27/24	Withdrawal	(70,000,000.000)	WD MAT	Cpn	USD	(70,000,000.00)	(70,000,000.00)	0.00	(70,000,000.00)
			<u>(1,275,000,000.000)</u>				<u>(1,275,000,000.00)</u>	<u>(1,275,000,000.00)</u>	<u>0.00</u>	<u>(1,275,000,000.00)</u>

TRANSACTIONS BY TYPE

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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/06/24	11/07/24	Buy	965,000.000	U.S. TREASURY NOTE MAT 10/31/26 Cpn 4.13 91282CLS8	(962,059.77)	(769.73)	0.00	0.00	(962,829.50)
11/26/24	11/27/24	Buy	1,930,000.000	U.S. TREASURY NOTE MAT 10/31/29 Cpn 4.13 91282CLR0	(1,922,988.67)	(5,937.95)	0.00	0.00	(1,928,926.62)
11/29/24	11/29/24	Buy	965,000.000	U.S. TREASURY NOTE MAT 10/31/29 Cpn 4.13 91282CLR0	(966,507.81)	(3,188.90)	0.00	0.00	(969,696.71)
			<u>3,860,000.000</u>		<u>(3,851,556.25)</u>	<u>(9,896.58)</u>	<u>0.00</u>	<u>0.00</u>	<u>(3,861,452.83)</u>
11/01/24	11/01/24	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
11/01/24	11/01/24	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
11/07/24	11/07/24	Coupon		FNMA MAT 11/07/25 Cpn 0.50 3135G06G3		1,025.00	0.00	0.00	1,025.00
11/15/24	11/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33
11/15/24	11/15/24	Coupon		BAAT 2024-1A A3 CAR 144A MAT 11/15/28 Cpn 5.35 09709AAC6		4,458.33	0.00	0.00	4,458.33
11/15/24	11/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
11/15/24	11/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		13.27	0.00	0.00	13.27
11/15/24	11/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		91.14	0.00	0.00	91.14
11/15/24	11/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00

TRANSACTIONS BY TYPE

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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
11/15/24	11/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00
11/15/24	11/15/24	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
11/15/24	11/15/24	Coupon		CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3		2,852.50	0.00	0.00	2,852.50
11/15/24	11/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
11/15/24	11/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
11/15/24	11/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
11/15/24	11/15/24	Coupon		FORDF 2024-3 A1 FLOOR 144A MAT 09/15/29 Cpn 4.30 34528QJK1		4,419.44	0.00	0.00	4,419.44
11/15/24	11/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
11/15/24	11/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
11/15/24	11/15/24	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
11/15/24	11/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
11/15/24	11/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50

TRANSACTIONS BY TYPE

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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/15/24	11/15/24	Coupon		JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5		2,893.33	0.00	0.00	2,893.33
11/15/24	11/15/24	Coupon		JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2		3,033.33	0.00	0.00	3,033.33
11/15/24	11/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		58.79	0.00	0.00	58.79
11/15/24	11/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
11/15/24	11/15/24	Coupon		MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6		3,103.33	0.00	0.00	3,103.33
11/15/24	11/15/24	Coupon		NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2		2,525.00	0.00	0.00	2,525.00
11/15/24	11/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
11/15/24	11/15/24	Coupon		CA UNIVERSITY OF CALIFORNIA T MAT 05/15/25 Cpn 0.93 91412HFM0		3,498.75	0.00	0.00	3,498.75
11/15/24	11/15/24	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
11/16/24	11/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		5.14	0.00	0.00	5.14
11/17/24	11/17/24	Coupon		FORDF 2024-1 A1 FLOORPLAN 144 MAT 04/15/29 Cpn 5.29 34528QJA3		3,967.50	0.00	0.00	3,967.50
11/18/24	11/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
11/20/24	11/20/24	Coupon		EFF 2024-3 A3 FLEET 144A MAT 08/21/28 Cpn 4.98 29375QAC2		2,075.00	0.00	0.00	2,075.00

TRANSACTIONS BY TYPE

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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/20/24	11/20/24	Coupon		TMUST 2024-2 A PHONE 144A MAT 05/21/29 Cpn 4.25 87268CAA5		1,936.11	0.00	0.00	1,936.11
11/25/24	11/25/24	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		2,905.00	0.00	0.00	2,905.00
11/25/24	11/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
11/25/24	11/25/24	Coupon		NAVMT 2024-1 A FLOOR 144A MAT 04/25/29 Cpn 5.59 63938PBW8		1,863.33	0.00	0.00	1,863.33
11/30/24	11/30/24	Coupon		U.S. TREASURY NOTE MAT 05/31/28 Cpn 3.63 91282CHE4		12,325.00	0.00	0.00	12,325.00
11/30/24	11/30/24	Coupon		U.S. TREASURY NOTE MAT 11/30/27 Cpn 3.88 91282CFZ9		29,643.75	0.00	0.00	29,643.75
11/30/24	11/30/24	Coupon		U.S. TREASURY NOTE MAT 11/30/28 Cpn 4.38 91282CJN2		55,234.38	0.00	0.00	55,234.38
11/30/24	11/30/24	Coupon		U.S. TREASURY NOTE MAT 11/30/28 Cpn 4.38 91282CJN2		30,625.00	0.00	0.00	30,625.00
11/30/24	11/30/24	Coupon		U.S. TREASURY NOTE MAT 05/31/29 Cpn 4.50 91282CKT7		26,550.00	0.00	0.00	26,550.00
						<u>242,704.10</u>	<u>0.00</u>	<u>0.00</u>	<u>242,704.10</u>
11/01/24	11/01/24	Income	3,849.770	STIF INT MAT Cpn USD		3,849.77	0.00	0.00	3,849.77

TRANSACTIONS BY TYPE

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

11/01/2024
through 11/30/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
11/12/24	11/13/24	Sell Long	400,000.000	GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7	401,218.75	1,455.00	1,281.48	0.00	402,673.75
11/26/24	11/27/24	Sell Long	725,000.000	U.S. TREASURY NOTE MAT 08/31/26 Cpn 0.75 91282CCW9	681,868.16	1,321.82	0.00	(40,952.46)	683,189.98
11/26/24	11/27/24	Sell Long	1,160,000.000	U.S. TREASURY NOTE MAT 09/30/26 Cpn 3.50 91282CLP4	1,143,959.38	6,469.23	(6,213.96)	0.00	1,150,428.61
11/29/24	11/29/24	Sell Long	485,000.000	U.S. TREASURY NOTE MAT 09/30/26 Cpn 0.88 91282CCZ2	456,657.81	699.52	0.00	(27,160.44)	457,357.33
			<u>2,770,000.000</u>		<u>2,683,704.10</u>	<u>9,945.57</u>	<u>(4,932.48)</u>	<u>(68,112.91)</u>	<u>2,693,649.67</u>
11/15/24	11/15/24	Pay Princpl	30,614.450	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	30,614.45		0.00	0.30	30,614.45
11/15/24	11/15/24	Pay Princpl	32,576.709	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	32,576.71		0.00	0.80	32,576.71
11/15/24	11/15/24	Pay Princpl	44,979.033	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	44,979.03		0.00	0.25	44,979.03
11/16/24	11/16/24	Pay Princpl	6,755.326	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	6,755.33		0.00	0.03	6,755.33
			<u>114,925.518</u>		<u>114,925.52</u>		<u>0.00</u>	<u>1.38</u>	<u>114,925.52</u>
11/01/24	11/01/24	Mature Long	500,000.000	CA LOS ANGELES MUNI IMPT COR MAT 11/01/24 Cpn 0.89 544587Y44	500,000.00		0.00	0.00	500,000.00

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 11/01/2024 To 11/30/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
11/06/24	11/05/24	11/06/24	TNT77	58769JAW7	MERCEDES-BENZ FIN NA	5,000,000.00	(63,333.33)	(4,970,800.00)	0.00	(5,034,133.33)
11/07/24	11/06/24	11/07/24	TNT77	91282CJN2	UNITED STATES TREASURY NOTE	30,000,000.00	(573,770.49)	(30,098,147.38)	0.00	(30,671,917.87)
11/07/24	11/06/24	11/07/24	TNT77	91282CLR0	UNITED STATES TREASURY NOTE	30,000,000.00	(23,929.56)	(29,787,991.13)	0.00	(29,811,920.69)
11/07/24	11/07/24	11/07/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	147,189,056.92	0.00	(147,189,056.92)	0.00	(147,189,056.92)
11/08/24	11/07/24	11/08/24	TNT77	172967LW9	CITIGROUP INC	10,000,000.00	(16,979.17)	(9,773,400.00)	0.00	(9,790,379.17)
11/12/24	11/08/24	11/12/24	TNT77	210518DV5	CONSUMERS ENERGY CO	5,000,000.00	(59,208.33)	(5,062,700.00)	0.00	(5,121,908.33)
11/13/24	11/08/24	11/13/24	TNT77	68233JCV4	ONCOR ELECTRIC DELIVERY	10,000,000.00	0.00	(9,980,900.00)	0.00	(9,980,900.00)
11/15/24	11/06/24	11/15/24	TNT77	91282CLX7	UNITED STATES TREASURY NOTE	30,000,000.00	0.00	(29,901,663.00)	0.00	(29,901,663.00)
11/15/24	11/12/24	11/15/24	TNT77	14913UUAU4	CATERPILLAR FINL SERVICE	9,500,000.00	0.00	(9,484,515.00)	0.00	(9,484,515.00)
11/15/24	11/12/24	11/15/24	TNT77	58769JBA4	MERCEDES-BENZ FIN NA	5,000,000.00	0.00	(4,996,300.00)	0.00	(4,996,300.00)
11/15/24	11/14/24	11/15/24	TNT77	61747YFF7	MORGAN STANLEY	10,000,000.00	(174,065.28)	(10,189,500.00)	0.00	(10,363,565.28)
11/20/24	11/13/24	11/20/24	TNT77	375558CB7	GILEAD SCIENCES INC	8,000,000.00	0.00	(7,999,040.00)	0.00	(7,999,040.00)
11/25/24	11/20/24	11/25/24	TNT77	10373QCB4	BP CAP MARKETS AMERICA	9,000,000.00	0.00	(9,000,000.00)	0.00	(9,000,000.00)
TOTAL BUY						308,689,056.92	(911,286.16)	(308,434,013.43)	0.00	(309,345,299.59)
CONTRIB										
11/04/24	11/04/24	11/04/24	TNT77	CASHCASH6	C-01 RECD BY WIRE	0.00	0.00	0.00	300,000,000.00	300,000,000.00
TOTAL CONTRIB						0.00	0.00	0.00	300,000,000.00	300,000,000.00
DIVIDEND										
11/01/24	11/01/24	11/01/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,380,174.87	32,716.22	0.00	0.00	32,716.22
TOTAL DIVIDEND						8,380,174.87	32,716.22	0.00	0.00	32,716.22
INTEREST										
11/01/24	11/01/24	11/01/24	TNT77	26884ABF9	ERP OPERATING LP	1,252,000.00	17,841.00	0.00	0.00	17,841.00
11/04/24	11/04/24	11/04/24	TNT77	025816CM9	AMERICAN EXPRESS CO	5,000,000.00	41,250.00	0.00	0.00	41,250.00
11/05/24	11/05/24	11/05/24	TNT77	904764AY3	UNILEVER CAPITAL CORP	7,500,000.00	108,750.00	0.00	0.00	108,750.00
11/13/24	11/13/24	11/13/24	TNT77	771196CF7	ROCHE HOLDINGS INC	2,000,000.00	53,380.00	0.00	0.00	53,380.00
11/14/24	11/14/24	11/14/24	TNT77	00287YBF5	ABBVIE INC	7,000,000.00	148,750.00	0.00	0.00	148,750.00
11/15/24	11/15/24	11/15/24	TNT77	02361DAS9	AMEREN ILLINOIS CO	2,500,000.00	47,500.00	0.00	0.00	47,500.00
11/15/24	11/15/24	11/15/24	TNT77	29736RAS9	ESTEE LAUDER CO INC	5,500,000.00	120,312.50	0.00	0.00	120,312.50

12/4/2024
3:28:25AM
INCPRI2

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 11/01/2024 To 11/30/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
11/15/24	11/15/24	11/15/24	TNT77	459200JZ5	IBM CORP	1,250,000.00	20,625.00	0.00	0.00	20,625.00
11/15/24	11/15/24	11/15/24	TNT77	539830BV0	LOCKHEED MARTIN CORP	5,000,000.00	127,500.00	0.00	0.00	127,500.00
11/15/24	11/15/24	11/15/24	TNT77	67021CAM9	NSTAR ELECTRIC CO	3,500,000.00	56,000.00	0.00	0.00	56,000.00
11/15/24	11/15/24	11/15/24	TNT77	68233JCQ5	ONCOR ELECTRIC DELIVERY	1,000,000.00	21,500.00	0.00	0.00	21,500.00
11/15/24	11/15/24	11/15/24	TNT77	74456QBS4	PUBLIC SERVICE ELECTRIC	1,500,000.00	22,500.00	0.00	0.00	22,500.00
11/15/24	11/15/24	11/15/24	TNT77	927804GH1	VIRGINIA ELEC & POWER CO	3,100,000.00	58,125.00	0.00	0.00	58,125.00
11/16/24	11/16/24	11/16/24	TNT77	89236TMF9	TOYOTA MOTOR CREDIT CORP	3,500,000.00	88,375.00	0.00	0.00	88,375.00
TOTAL INTEREST						49,602,000.00	932,408.50	0.00	0.00	932,408.50
SELL										
11/07/24	11/07/24	11/07/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,380,174.87	0.00	8,380,174.87	0.00	8,380,174.87
TOTAL SELL						8,380,174.87	0.00	8,380,174.87	0.00	8,380,174.87
GRAND TOTAL						375,051,406.66	53,838.56	(300,053,838.56)	300,000,000.00	0.00
Avg Date 7										

CHIEF HEALTH EQUITY OFFICER REPORT

SDOH Strategy, Approach and Results

Kathy Kwan, Program Manager



L.A. Care
HEALTH PLAN®

For All of L.A.



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



Health **Equity**

Why are we making referrals to social service resources?



Why are we making referrals to social service resources?

- We can improve patient health and wellness

TOGETHER WE ARE HELPING PEOPLE & CHANGING LIVES: Ma'Lissa & Her Twins Find Permanent Housing

A mother of twins who has struggled with homelessness has secured permanent housing thanks to the commitment L.A. Care made to [Brilliant Corners](#) last year. Ma'Lissa was referred to our Social Services department by a local hospital after a high-risk pregnancy. Watch your email tomorrow for a video link to Ma'Lissa's full story.



- Coming soon on our [Inside L.A. Care](#) intranet; today's ABC 7 Eyewitness News interview with Social Services staff member Sheena Savdharia, CEO John Baackes, and Ma'Lissa.
- Our \$20 million commitment to Brilliant Corners is aimed at helping people experiencing homelessness to find permanent and supportive housing.

- Aligns with LA Care's Mission, Health Equity Plan, and Enterprise Goals
- Aligns with Regulatory and Accreditation Requirements:
 - CMS, Covered California, DHCS APL 21-009 (providers screening and submitting SDOH diagnostic codes),
 - 2023 NCQA introduced HEDIS Social Needs Screening and Intervention (SNS-E) - Food, Housing, Transportation



Member SDOH Reference Sheet and Website



L.A. Care Social Needs Member Reference Sheet

The following sections contain information and a QR code to community resources in L.A. County.



General Social Needs Resources

- **Community Link:** Yelp-like platform for community resources. (financial assistance, food pantries, and other free or reduced-cost services)
- **L.A. Care & Blue Shield Promise Community Resource Centers:** Free health and wellness classes, enrollment support for Medi-Cal and other health coverage programs and more services.

Food Resources

- **L.A. Care Meals as Medicine:** Healthy home-delivered meals tailored to a person's health needs (for eligible members)
- ***CalFresh:** Monthly food benefits for individuals and families with low-income.
- ***LA Regional Food Bank:** They distribute food and other essentials to children, seniors, families, and other individuals in need.
- ***Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** Food benefits and nutrition information for growing families.



Scan QR Code

To access community resources in L.A. County
www.lacare.org/social-needs-resources-member

Transportation Resources

- **L.A. Care Transportation Services:** Both emergency and non-emergency transportation benefits. (for L.A. Care members)
- ***Low Income Fare is Easy (LIFE) Program:** Offers free rides and discounted Metro and transit agency fares for qualifying L.A. County residents.
- ***Metro GoPass:** All students at participating K-12 and Community Colleges can ride Metro buses and trains for free with GoPass after contacting their school.



Housing Support Services

- **L.A. Care Enhanced Care Management (ECM):** Services for Medi-Cal members with complex health and/or social needs. (provider referral needed)
- **L.A. Care Homeless and Housing Support Services Program (HHSS):** Housing navigation and tenancy services. (provider referral needed)

Maternal Health

- **L.A. Care Doula Benefit for Expectant Mothers:** Health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons. (for eligible members, provider recommendation form may be needed)
- **L.A. Care Healthy Mom Program (HMP):** Provides support for new moms to get the postpartum care that they need.
- ***CinnaMoms:** Hosts virtual and in-person support circles to support individuals who breastfeed.



Member SDOH Public Website

L.A. Care Enhanced Care Management (ECM): Services for Medi-Cal members with complex health and/or social needs

- ECM Eligibility
<https://www.lacare.org/members/enhanced-care-management>

L.A. Care Homeless and Housing Support Services Program (HHSS): Housing navigation and tenancy services (provider referral needed) <https://www.lacare.org/providers/community-supports/hhss>



Maternal Health

L.A. Care Doula Benefit for Expectant Mothers: Health education, advocacy, and physical, emotional and non-medical support for pregnant and postpartum persons (for eligible members, provider recommendation form may be needed) <https://www.lacare.org/providers/news/thepulse/doula-support-expectant-mothers>

L.A. Care Healthy Mom Program (HMP): Provides support for new moms to get the postpartum care that they need <https://www.lacare.org/healthy-living/library/healthy-mom>

CinnaMoms: Hosts virtual support circles to support women who breastfeed <https://www.cinnamoms.org/resources>



Highly Recommended Community Link Resources

Highly Recommended Community Link Resources in the Following Cities: East LA, Long Beach, Norwalk, Pomona, El Monte, Lynwood, Palmdale, Wilmington, Inglewood, Metro LA, Panorama City, West LA, Lincoln Heights, South L.A.

- [Food](#)
- [Housing](#)
- [Transportation](#)
- [Maternal Health](#)



Community Link Curated Food Resources

L.A. Care Community Link

All Programs Selected programs list

Here is a list of a few helpful services to get you started! ?

Show only programs serving my ZIP code:

FILTER THIS LIST

Show all programs

Food Resources

Food Pantry

by Lutheran Social Services of Southern California (LSSSC)

Reviewed on: 10/01/2024

LSSSC's food pantries provide fresh and non-perishable food, in cans/cartons, refrigerated meats, vegetables & dairy products to community members in need. This program provides:

Eligibility: This program serves those who are in the coverage area.

Main Services: Food PANTRY

Serving: All ages, individuals, families, group visits, individuals

Next Steps:

Call 888-937-6207 (your nearest location) or go to the program's website.

SERVES YOUR LOCATION

30 East Wilton Drive, Thousand Oaks, CA 91320

Open Now 7:00 AM - 4:30 PM PST

MORE INFO



SAVE



SHARE



LIST



SUGGEST

CONTACT HERE

334

Community Link Curated Food Resources- Program Card

[Print](#)

[Contact](#)

Food Pantry

by Lutheran Social Services of Southern California (LSSSC)

[Share](#) [Save](#)

LSSSC's food pantries provide fresh and non-perishable food in cans/cartons, refrigerated meats, vegetables & dairy products to community members in need.

This program provides:

- Food to meet basic nutritional needs.

Each location's food pantry has individual operating hours. Please call ahead of time to verify available services.

Services this program provides:

- food pantry

Populations this program serves:

- all ages, individuals, families, limited english, emergency

Next Steps

- Call 619-425-4061 (your nearest location)
- Get on the program's website to get more info.

Available: [Contact](#)

Website: [Program's Website](#)

Facebook: [Program's Facebook](#)

Twitter: [Program's Twitter](#)

Eligibility: This program serves those who are in the coverage area.

Languages: English, Spanish

Cost: Free

Coverage Area: This program covers residents of the following counties: Los Angeles County, CA, Orange County, CA, Riverside County, CA, San Bernardino County, CA, San Diego County, CA and Ventura County, CA.

Hours and Locations



LSS San Diego County

0.0 miles away - [Get Directions](#)

9655 Granite Ridge Drive
#200
San Diego, CA 92123

Phone: 619-425-4061
Notes: Please call for updated hours.

LSS Riverside County

0.0 miles away - [Get Directions](#)

6857 Indiana Avenue
Riverside, CA 92506

Phone: 951-689-8447
Email: rlinfo@lsscc.org

LSS South Bay

0.0 miles away - [Get Directions](#)

1611 Pine Avenue
Long Beach, CA 90813

Phone: 562-595-1321
Notes: Closed 12pm - 3:00pm, Friday by appointment only.

Community Link Curated Resources

Identified and Added New Community Based Organizations

- Leverage CRC's staff expertise in curating dependable local resources
 - Added **84** new CBOs into 4 curated folders: Food, Transportation, Housing, Maternal & Child Health
- Research and vetted new community-based organizations
- Added 4 curated folders to our 2 SDOH Websites:
 - <https://www.lacare.org/social-needs-resources-member>
 - <https://www.lacare.org/social-needs-resources-provider>



Provider SDOH Reference Sheet and Website

L.A. Care Social Determinants of Health (SDOH) Provider Reference Sheet

The following sections contain information on screening tools, referral forms, and community resources in L.A. County. Just click on the QR code to access the links.

Key Terms and Points

- SDOH:** The conditions in the environments where people are born, learn, work, and age that affect a wide range of health and quality of life outcomes.
- Z codes:** A set of ICD-10-CM* diagnosis codes used to document SDOH data.
- Anyone on the care team, including community health workers and patient navigators, can input Z codes on an EHR like Epic. (CMS, Using Z Codes)
- *ICD-10-EM & International Classification of Diseases, Tenth Revision, Clinical Modification

L.A. Care's Preferred SDOH Screening Assessments

- Accountable Health Communities Health-Related Social Needs Screening Tool. (AHC)
 - Core questions: 1-10
- Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences. (PRAPARE)
 - Core questions: 1-17

SDOH Screening Tool Questions and Priority SDOH Z Codes List**

AHC Questions	PRAPARE Questions	Z Codes	Descriptions
1	7	Z59.00	Homelessness (unspecified)
1	7	Z59.01	Sheltered homelessness
1	7	Z59.02	Unsheltered homelessness
2, 6	2, 11	Z59.1	Inadequate housing (lack of heating/cooling, unsatisfactory surroundings)
1	8	Z59.811	Housing instability (eviction, with risk of homelessness)
1	8	Z59.812	Housing instability (eviction, homelessness in past 12 months)
1	8, 10	Z59.899	Housing instability, assessed (unspecified)
3, 4	14	Z59.83	Food insecurity
3, 4	14	Z59.84	Other (specified) lack of adequate food
3	15	Z59.82	Transportation necessity
7, 11	11, 11	Z59.89	Other problems related to housing and economic circumstances
13, 13	16	Z60.2	Problems related to living alone
None	None	Z61.819	Personal history of unassisted suicide (intentional)
7, 8, 9, 10	21	Z62.0	Problems in relationship with spouse or partner
None	None	Z63.1	Disappearance & death of family member (suicidal death, bereavement)
None	None	Z63.4	Disruption of family by separation and divorce (marital estrangement)
None	None	Z63.6	Dependent relative (needing care at home)
15	None	Z75.8	Other problems related to mental facilities and healthcare (ex. language barrier)

**Note: questions in the AHC are from the official AHC and PRAPARE (unmodified); however, the L.A. Care's own SDOH Screening Tool uses all of these.

Key Differences:

- Target audience: Primary Care Physicians and clinical staff who interact with L.A. Care members.
- Screening tools (AHC and PRAPARE)
- Priority SDOH Z Codes
- Links to L.A. Care provider referral forms
- <https://www.lacare.org/social-needs-resources-provider>



Interventions to Engage Members on Community Link

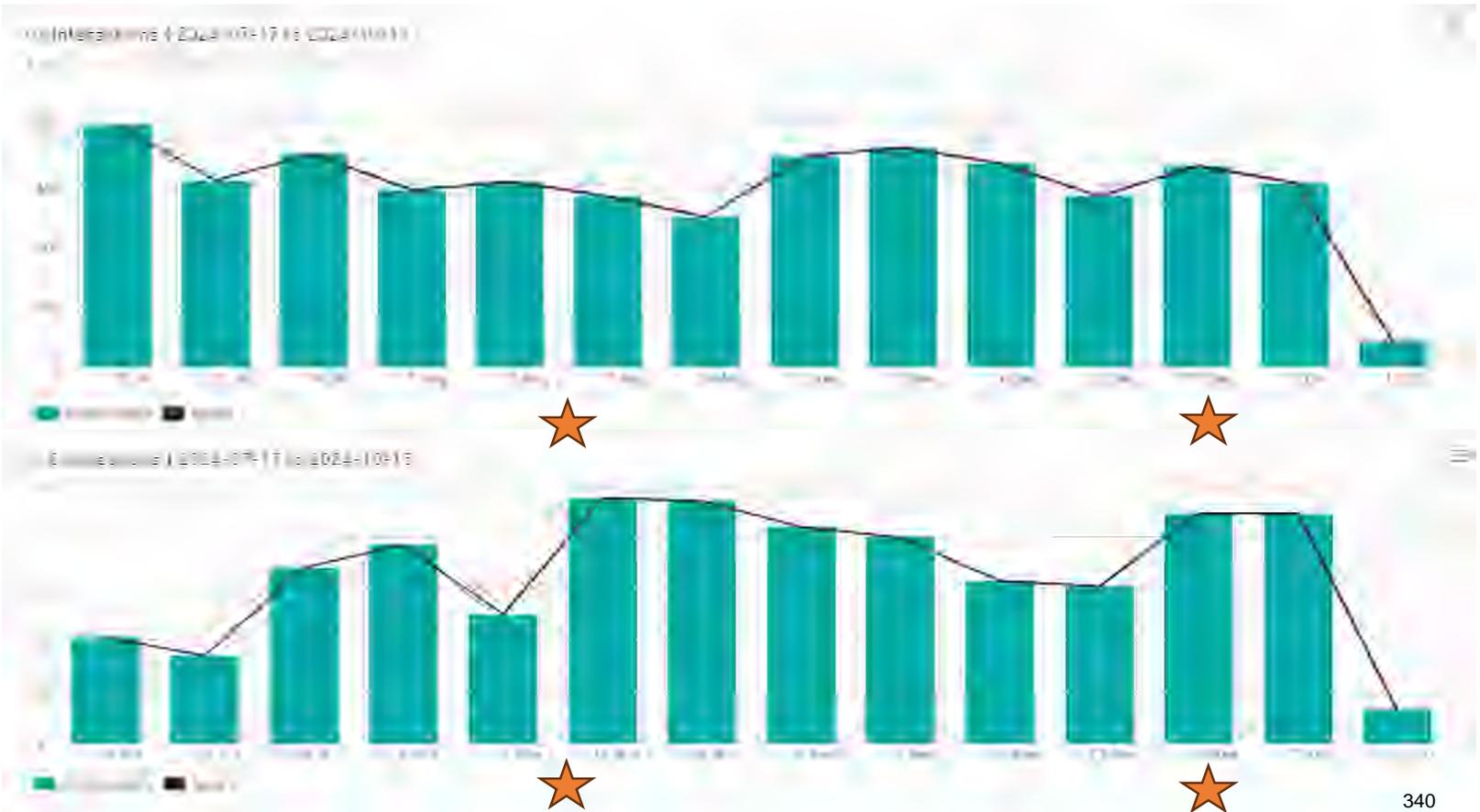
- Community Link magnet distribution at CRC's (June 2022 & May 2023) – 28,000
- Member flier distribution to all CRC's in English, Spanish, Khmer – 12,400
- Health Equity Specialist Provider flier distribution to provider offices, CBO's, CRC's – 3,500
- Fax & email blast of the fliers and SDOH resource links to providers, PPG's, and Direct Network (August 16, 2024)
- 2 SDOH Resource Websites went live on Sept 30, 2024.



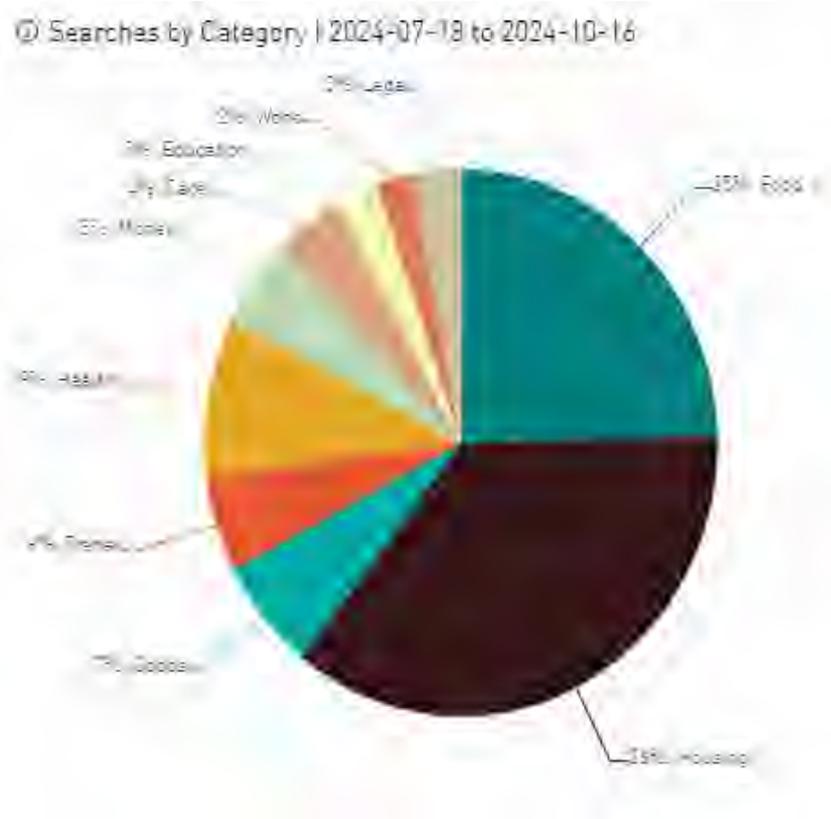
Community Link Site Activity: Users Actively Exploring



Community Link Site Activity: Users Actively Connecting



Community Link Most Common Search Categories



Search Category	Number of Searches
Housing Insecurity	490
Food Insecurity	446
Financial Insecurity	205



Appendix



Community Link Analytic Reports

My Analytics

Report Name	Description	
My Activity Dashboard	Basic report showing your recent activity and area information for the past 30 days (based on the last postal code you scanned)	View Report
Social Care Index	Understand program data in the context of the Social Vulnerability Index to better understand a region and focus improvements to data availability to the highest impact areas.	View Report
Program Summary	Learn about your network and the most engaged organizations in your area.	View Report
Site Activity	Learn about how your seekers and navigators are using the site.	View Report
Search Activity	Understand top needs in your community by reviewing search trends, common search terms, and searches over time.	View Report
Referral Activity	Understand referral outcomes and address needs in your community by reviewing your referral trends and follow ups.	View Report
Assessment Activity	Address needs in your community by reviewing assessment trends. Assessments are available for Professional and Enterprise subscribers. Please speak with your CSM to learn more about this feature.	View Report
Flyout Activity	See how often your flyouts appear and how often users interact with your flyouts. Flyouts are available for Professional and Enterprise subscribers. Please speak with your CSM to learn more about this feature.	View Report
Network Overview	This dashboard allows you to compare your users to your network to understand your contribution to our key metrics (users, searches) and connections!	View Report
Search Activity (My Groups)	Understand top needs in your community by reviewing search trends, common search terms, and searches over time. This dashboard looks at usage from you and your groups.	View Report
Referral Activity (My Groups)	Understand referral outcomes and address needs in your community by reviewing your referral trends and follow ups. This dashboard looks at usage from you and your groups.	View Report
Assessment Activity (My Groups)	Address needs in your community by reviewing assessment trends. This dashboard looks at usage from you and your groups. Assessments are available for Professional and Enterprise subscribers. Please speak with your CSM to learn more about this feature.	View Report
Site Referral Details (My Groups) - PII	Review individual referral details. This dashboard will include all referrals created by you or a member of your group(s).	View Report
Site Assessment Details (My Groups) - PII	Review individual assessment responses. This dashboard includes all assessments submitted by you or a member of your group(s), and assessments that were shared with your group(s). Assessments are available for Professional and Enterprise subscribers. Please speak with your CSM to learn more about this feature.	View Report

[Click here to get help for...](#)

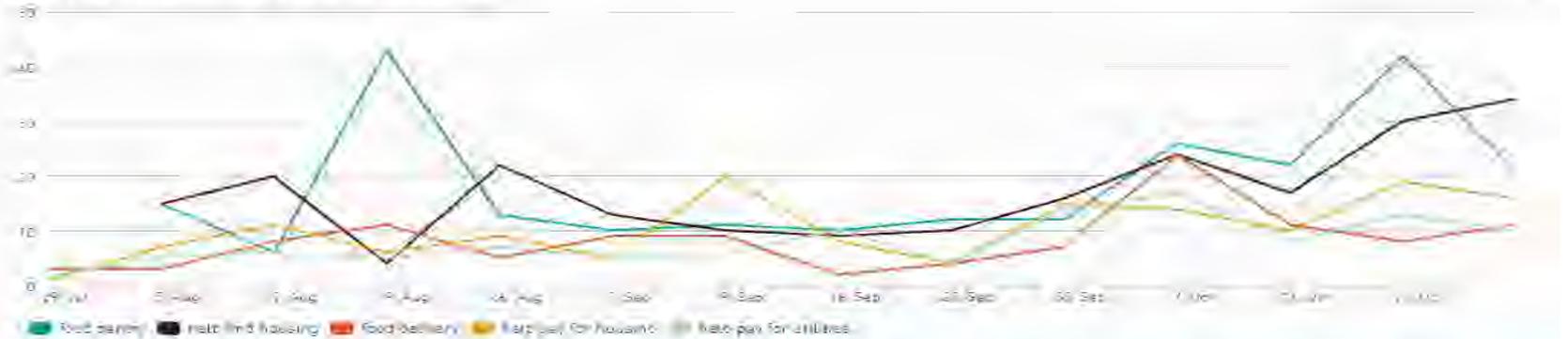


Community Link Site Activity: Users Actively Exploring 2023 vs 2024



Community Link Top Search Terms, Cities, Zip Codes

Top 5 Search Terms | 2024-08-03 to 2024-11-01



Top 10 Counties | 2024-08-03 to 2024-11-01

COUNTY	SEARCHES
Los Angeles, CA	5,805
Orange, CA	83
San Bernardino, CA	50
Went, CA	31
Merced, CA	20
Fulani, CA	15
Sacramento, CA	16
Santa Barbara, CA	11
Merced, CA	11
Maricopa, AZ	7

Top 10 Cities | 2024-08-03 to 2024-11-01

CITY	SEARCHES
Los Angeles, CA	1,703
Long Beach, CA	318
Fairdale, CA	245
El Monte, CA	220
Comona, CA	184
Van Nuys, CA	128
North Hollywood, CA	126
Lancaster, CA	123
Bennington, CA	116
Warren, CA	9

Top 10 Zip Codes | 2024-08-03 to 2024-11-01

ZIP CODE	CITY	SEARCHES
90500	Baldwin, CA	208
91731	El Monte, CA	150
90810	Long Beach, CA	117
90721	Paramount, CA	113
90650	Upland, CA	110
90044	Los Angeles, CA	102
91402	Panorama City, CA	100
91780	Rancho, CA	85
90805	Long Beach, CA	80
90015	Los Angeles, CA	7

Provider Memo

Documenting Social Determinants of Health for Health Care Providers

L.A. Care Health Plan is committed to achieving health equity by addressing social determinants of health (SDOH), which are non-medical conditions impacting a person's health. L.A. Care supports its providers in collecting SDOH data. L.A. Care is prioritizing the collection of 25 SDOH Z codes.

Here are some key takeaways:

1. Recommended Social Needs Screeners:

L.A. Care recommends using the following screening tools to document SDOH data:

- Accountable Health Communities Health-Related Social Need Screening Tool ([AHC](#))
- Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences ([PRAPARE](#))

2. Social Needs Resources

L.A. Care offers a number of resources to help you meet your patients' needs:

- Providers and staff can use [L.A. Care Community Link](#) to search for and provide referrals for free or reduced-cost services related to housing, food assistance, bill help, and more.
- Attached is [L.A. Care's Social Determinants of Health Provider Reference Sheet](#). It discusses key terms, screening tools, SDOH Z Codes and L.A. Care's and other community resources available for members. If you want a pdf version of the SDOH Provider flier, [email us](#).
- [L.A. Care and Blue Shield Promise Community Resource Centers](#) are a safe place offering many free resources and programs to the community such as exercise, cooking and health classes, Medi-Cal enrollment support, CalFresh enrollment services, and other classes such as money management, painting and much more. There are 14 Community Resource Centers around L.A. County.

3. SDOH Metric:

L.A. Care has added an SDOH metric to performance initiatives such as **Value Initiative for Independent Physician Associations Performance (VIIP)**, **Los Angeles Covered California (LACC) VIIP**, and **Physician Pay-for-Performance (P4P) Program**.

- The SDOH metric informs providers about their performance, benchmarks, and opportunities for improvement.
- It is incentivized for Measurement Year 2024.

For any questions, contact L.A. Care at Healthequity@lacare.org.



Board of Governors Monthly Meeting

Performance Monitoring January 2025



Table of Contents

MCLA Medical Management

2. Authorization Processing Timeliness
3. In-Patient Hospital Admissions PTMPM Trends
4. Non-Obstetrics In-Patient Admissions PTMPM by Segment and PPG
5. Total In-Patient Hospital 30-Day Re-admission Rates Trend
6. In-Patient 30-Day Re-admission Rates by Segment and PPG
7. Total Emergency Department Visits PTMPM
8. Total Emergency Department Visits PTMPM by Segment and PPG
9. Potentially Avoidable Emergency Department Out-Patient Visits PTMPM
10. Potentially Avoidable Emergency Departments Out-Patient Visits PTMPM by Segment and PPG
11. CalAIM Community Support Services Highlights
12. Enhanced Care Management

Call the Car Performance

14. Call the Car Trip Performance
15. Call the Car Abandonment Call Rate Performance

MCLA Claims Operations

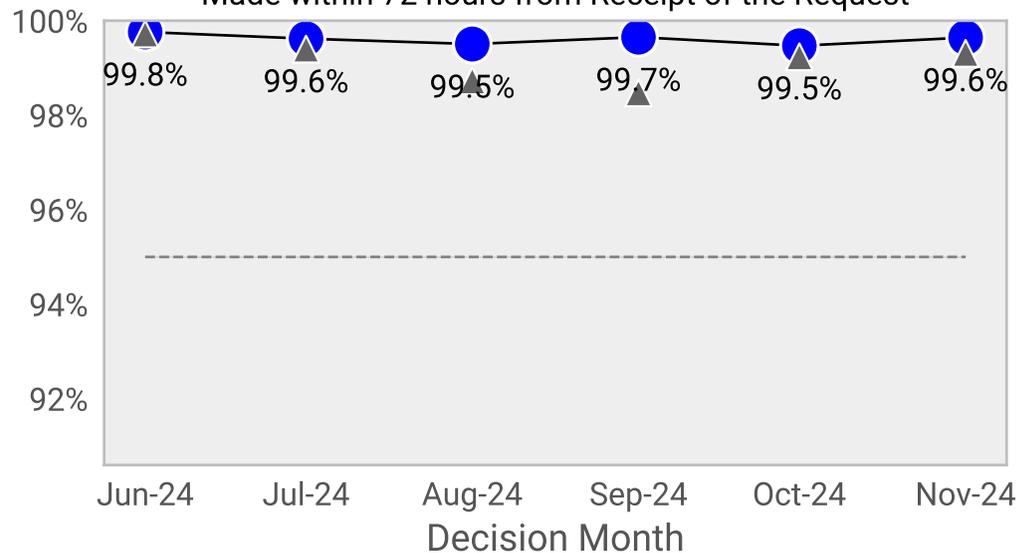
17. Claims Received
18. Claims Volume Received by Service Type
19. Claims Payment Processing
20. Claims Processing Timeliness
21. Claim Denials and Adjustments
22. Provider Dispute Resolution Processing

Medical Management

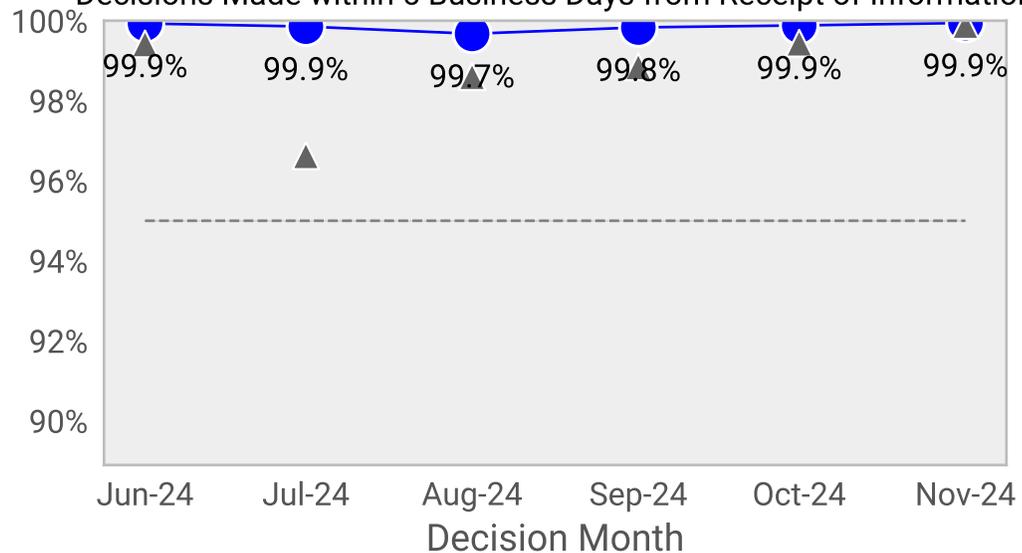


MCLA Authorization Processing Timeliness

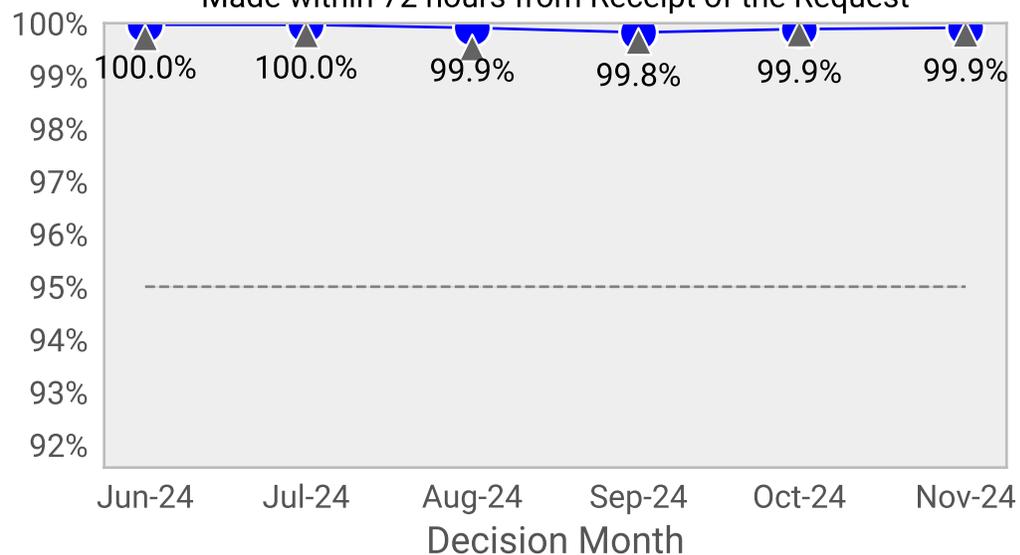
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



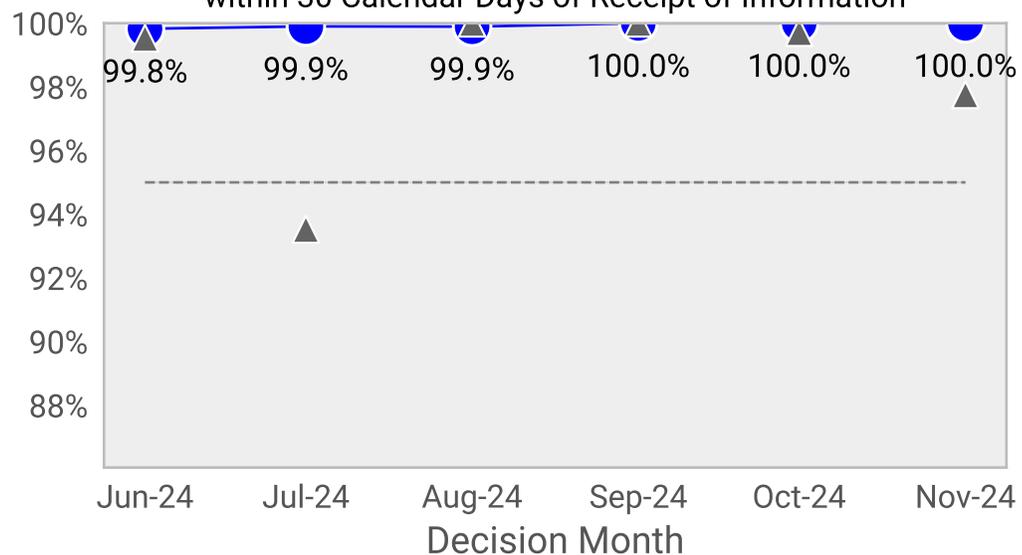
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



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



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

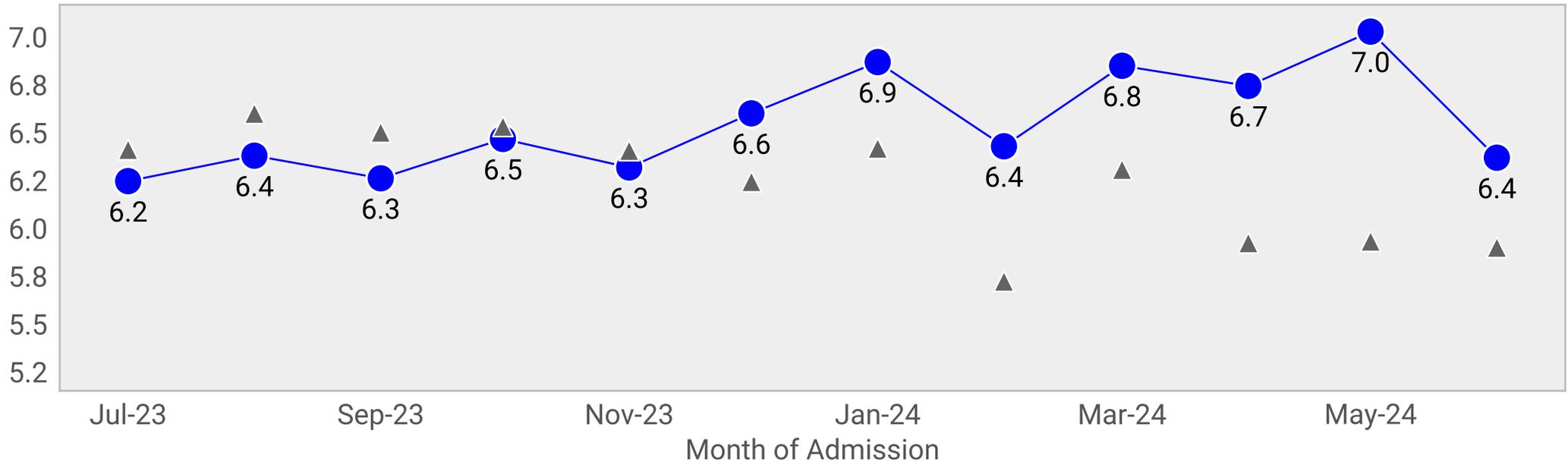


Triangles display the previous year's performance for the same month.

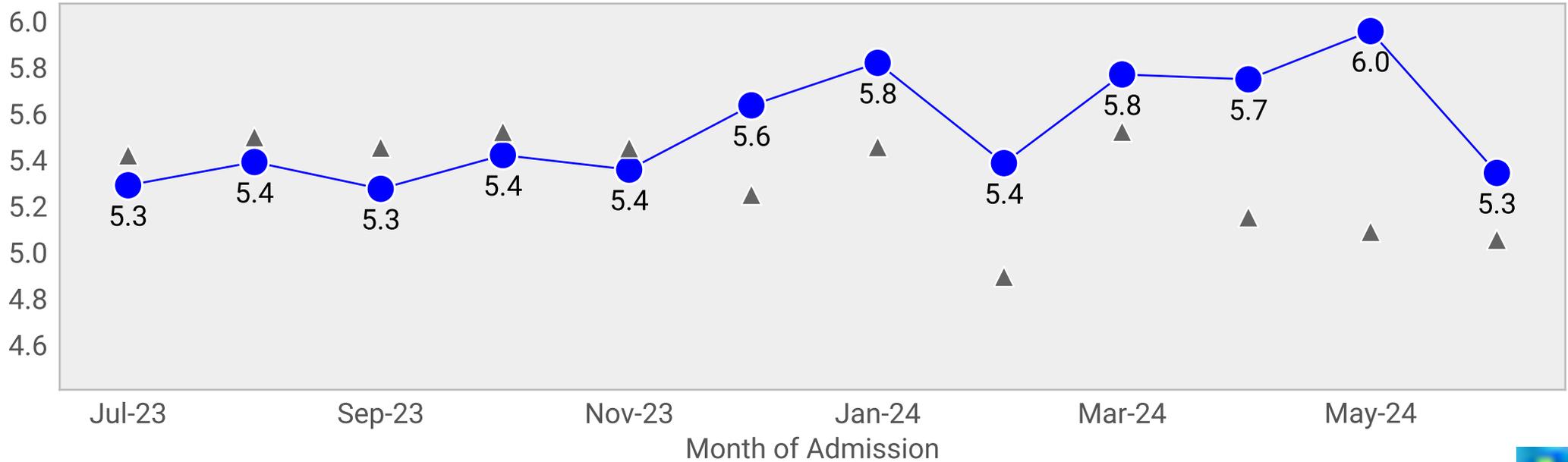
Only includes authorizations processed directly by L.A. Care.



Total MCLA In-Patient Hospital Admissions PTMPM



Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



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

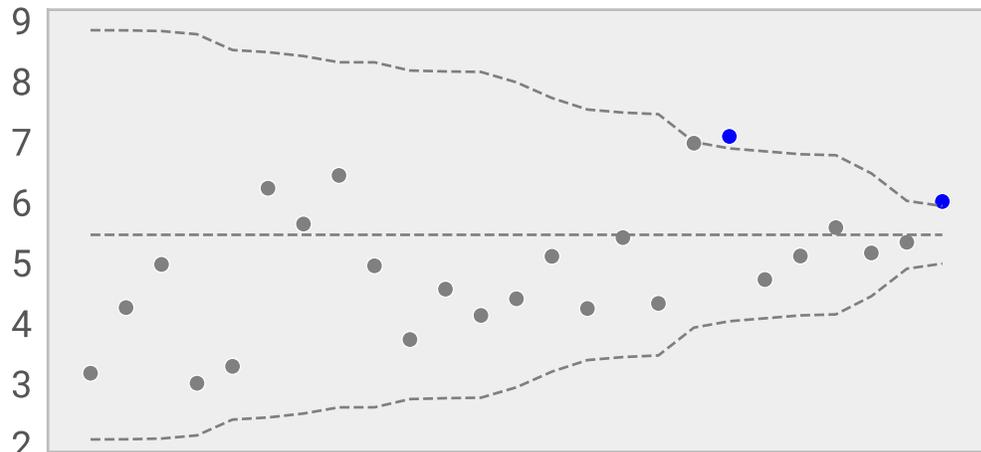


MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG

U' Charts

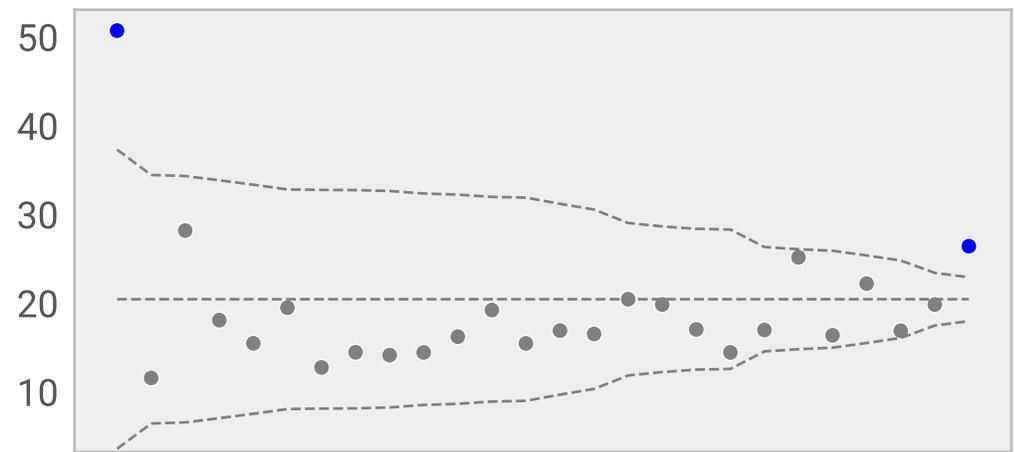
Assessment Period: Jul 2023 through Jun 2024

MCE



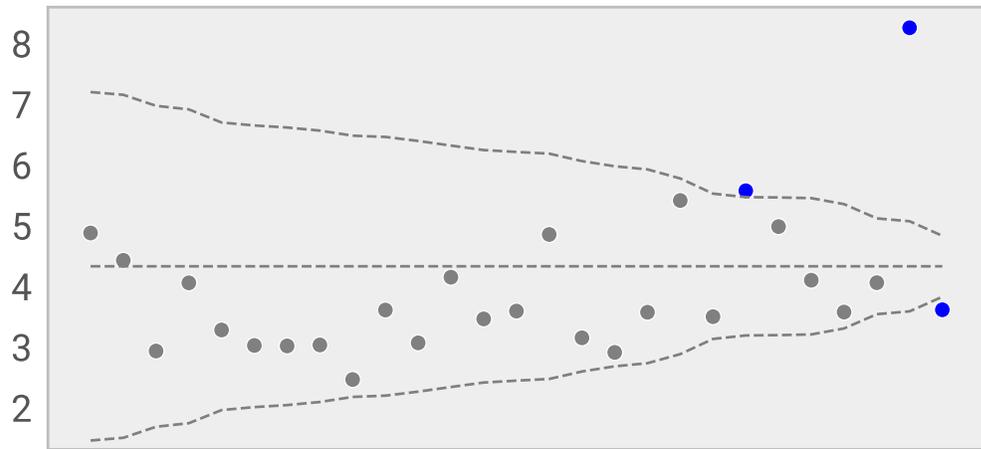
PPGs Sorted from Smallest to Largest Member Months

SPD



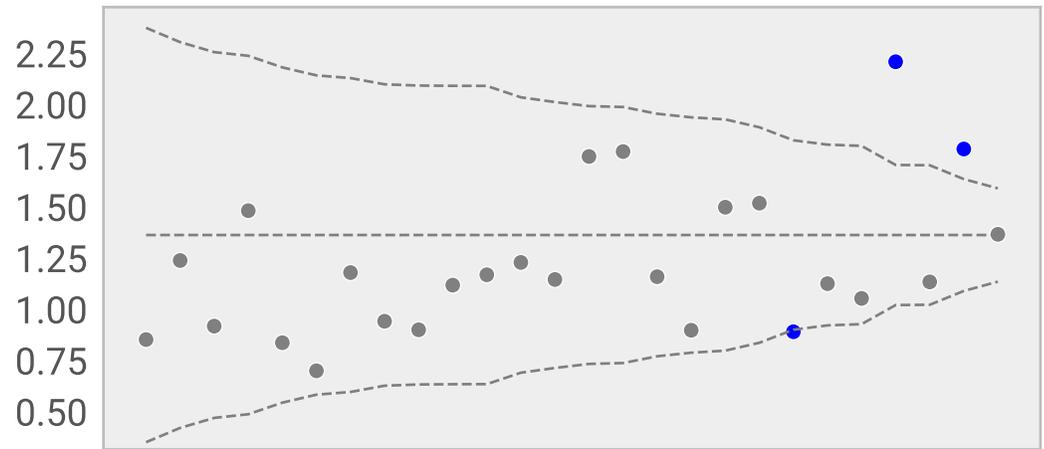
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

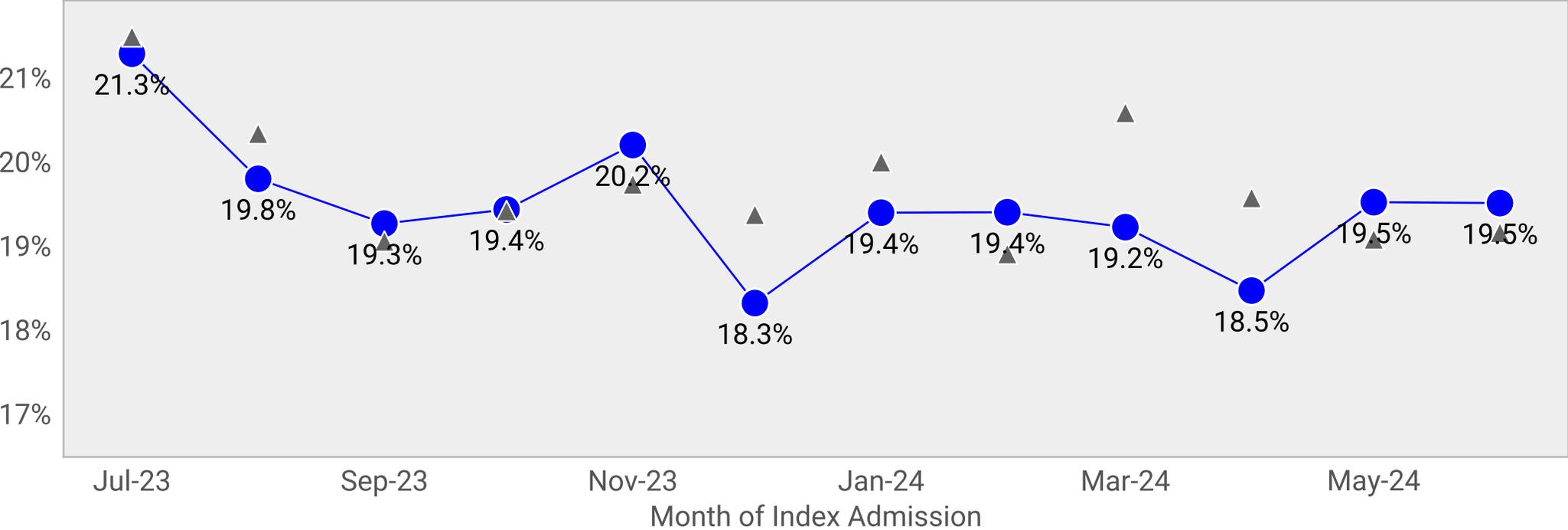
TANF - Child



PPGs Sorted from Smallest to Largest Member Months



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



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

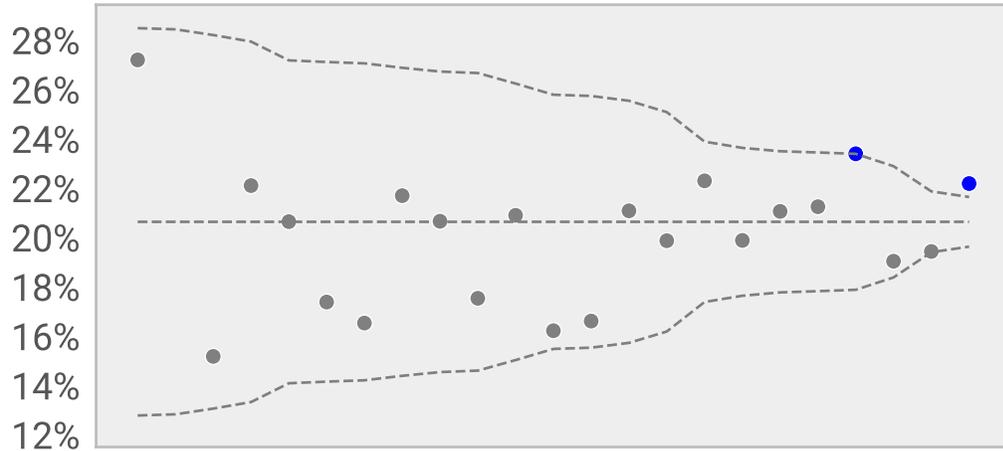


MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

P Charts

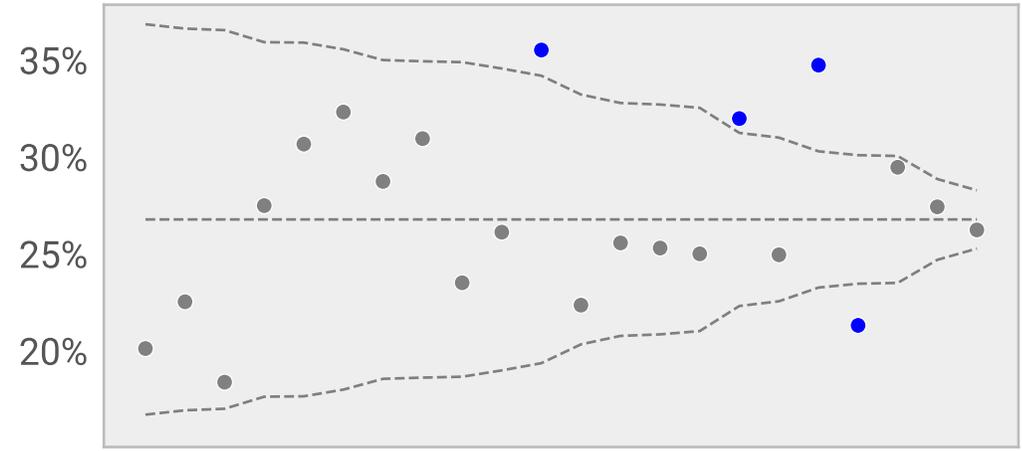
Assessment Period: Jul 2023 through Jun 2024

MCE



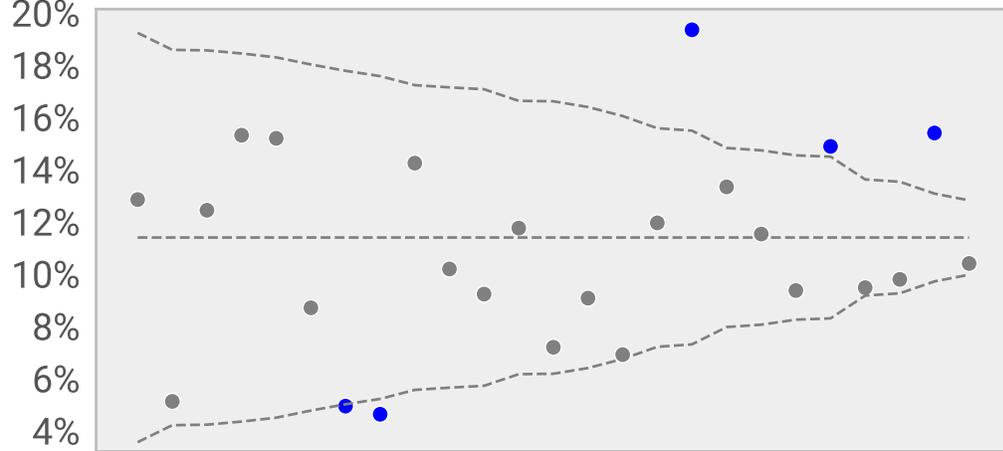
PPGs Sorted from Least to Most Index Admits

SPD



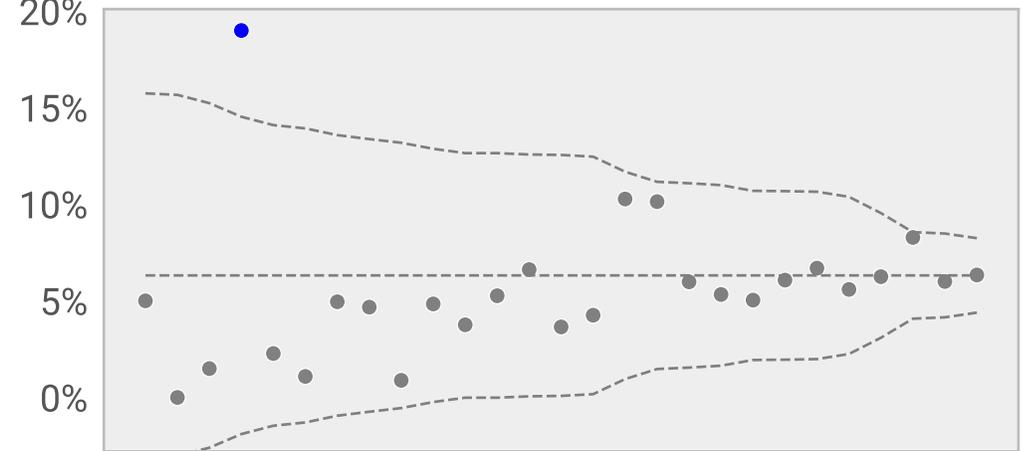
PPGs Sorted from Least to Most Index Admits

TANF - Adult



PPGs Sorted from Least to Most Index Admits

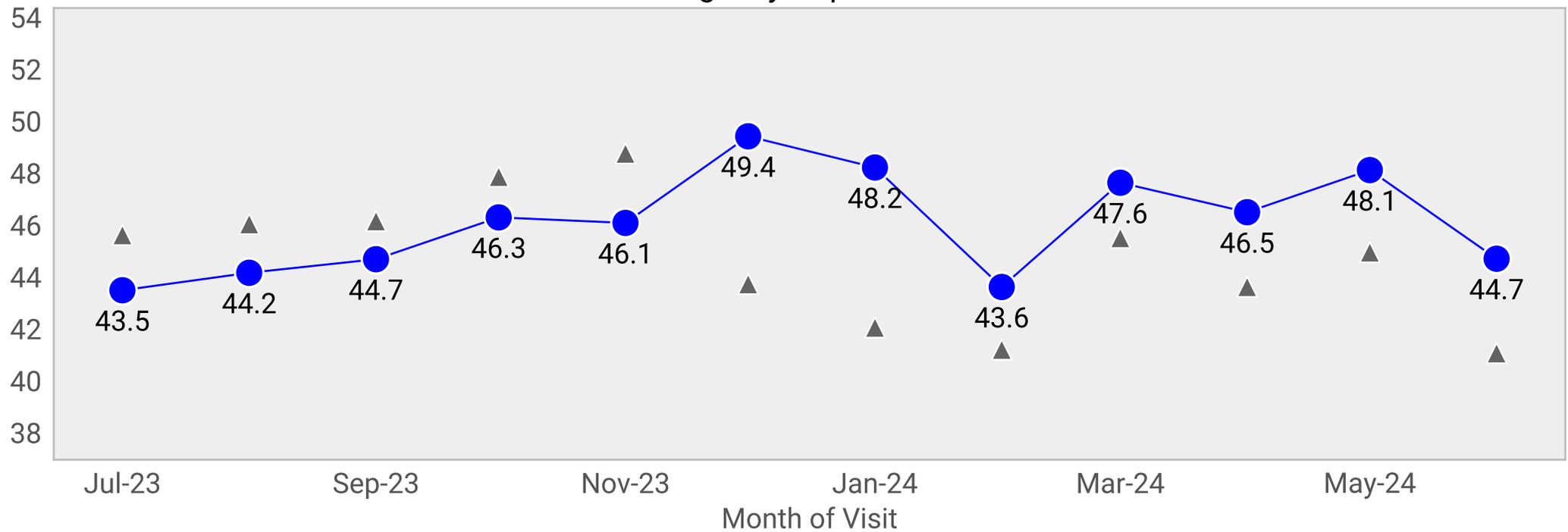
TANF - Child



PPGs Sorted from Least to Most Index Admits

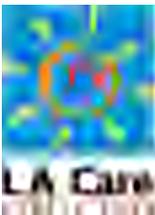


Total MCLA Emergency Department Visits PTMPM



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

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

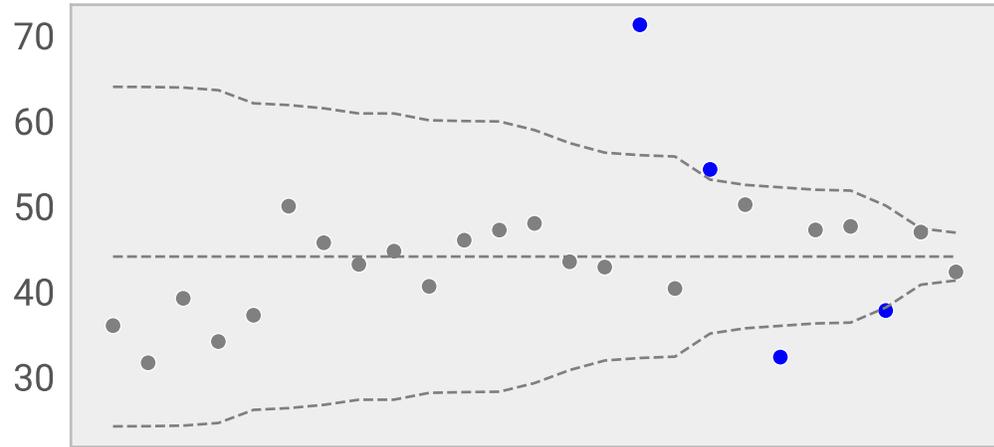


Total MCLA Emergency Department Visits PTMPM by Segment and PPG

U' Charts

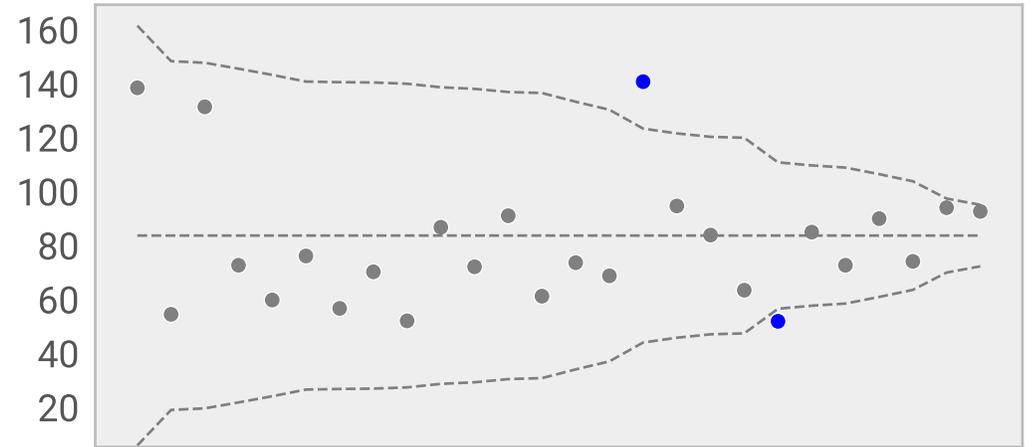
Assessment Period: Jul 2023 through Jun 2024

MCE



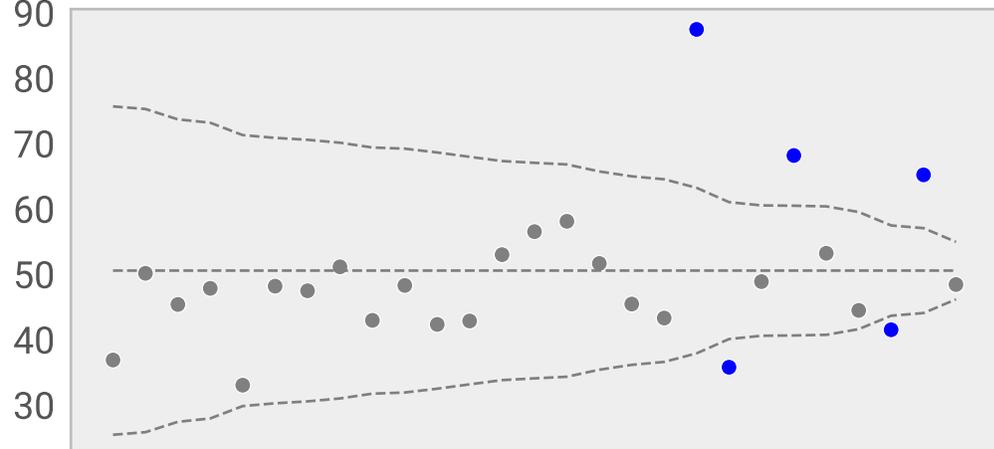
PPGs Sorted from Smallest to Largest Member Months

SPD



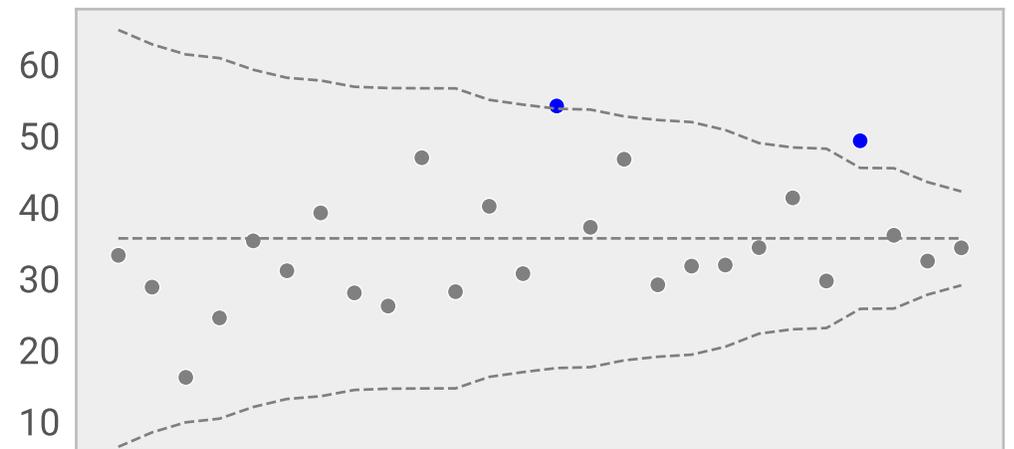
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

TANF - Child

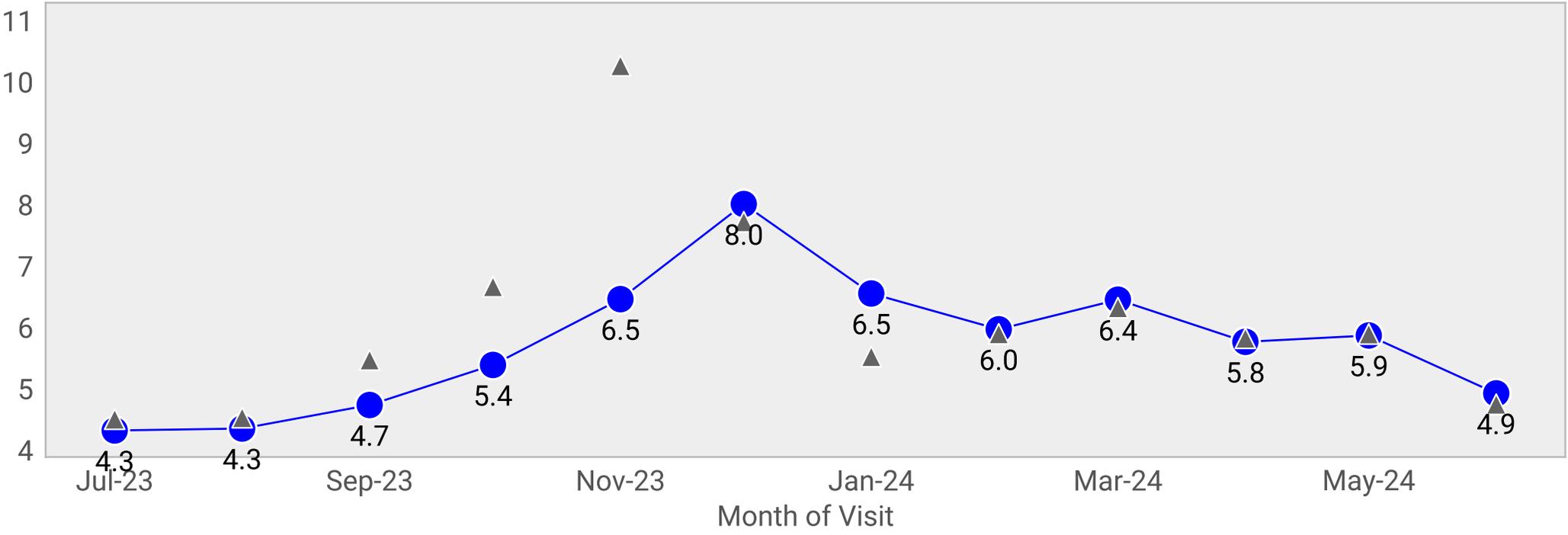


PPGs Sorted from Smallest to Largest Member Months

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



MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



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

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

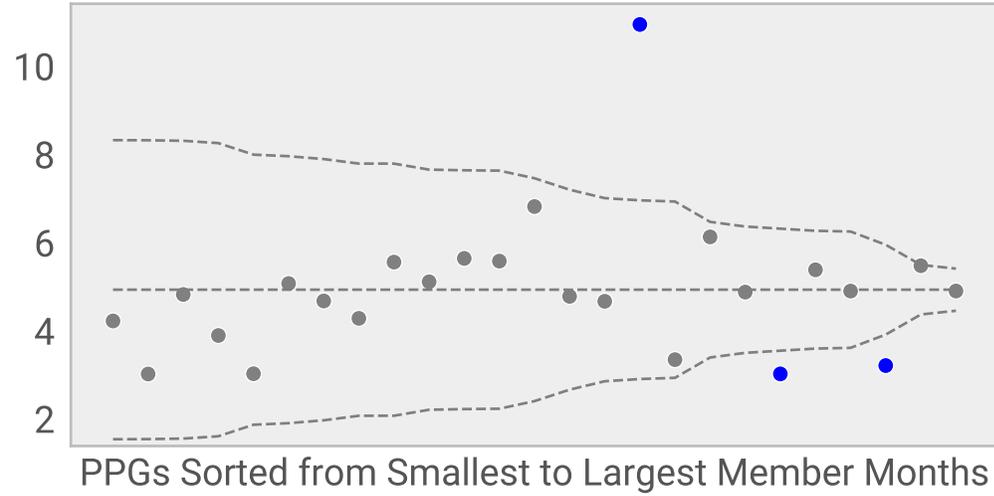


MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

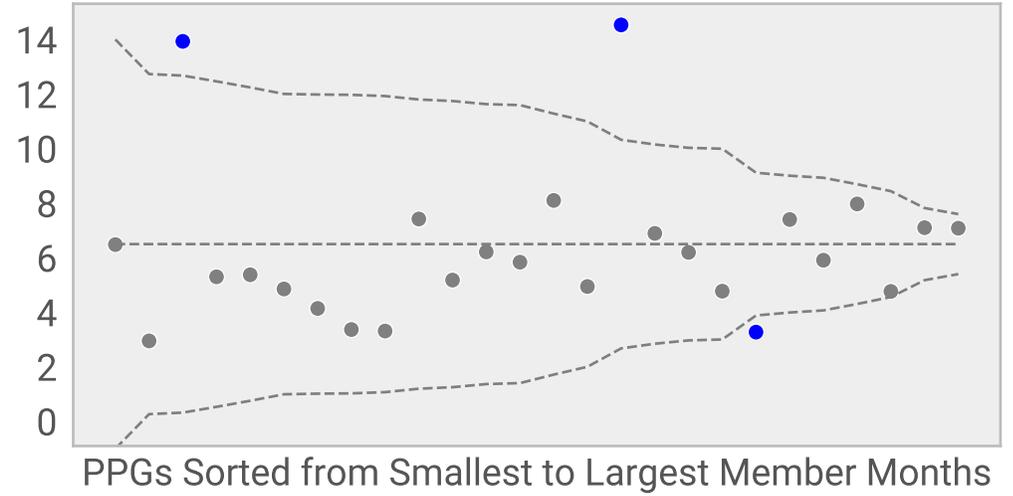
U' Charts

Assessment Period: Jul 2023 through Jun 2024

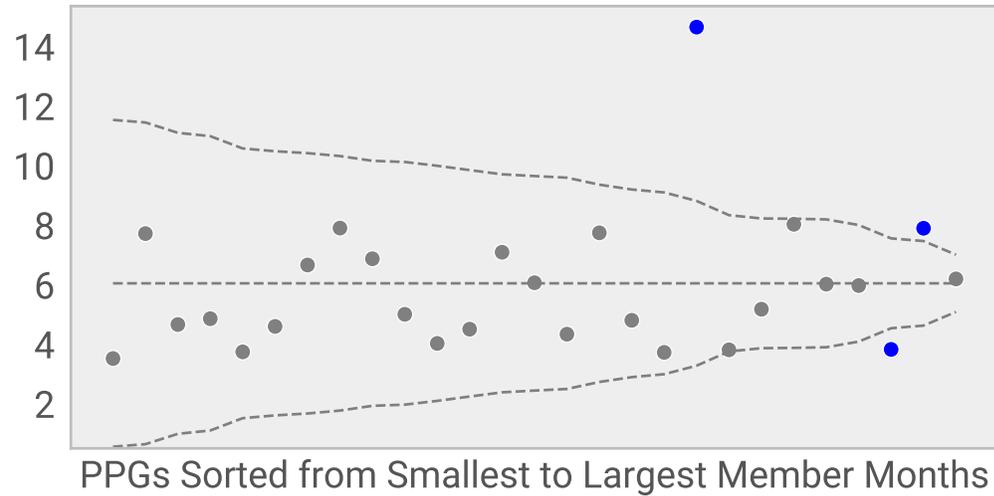
MCE



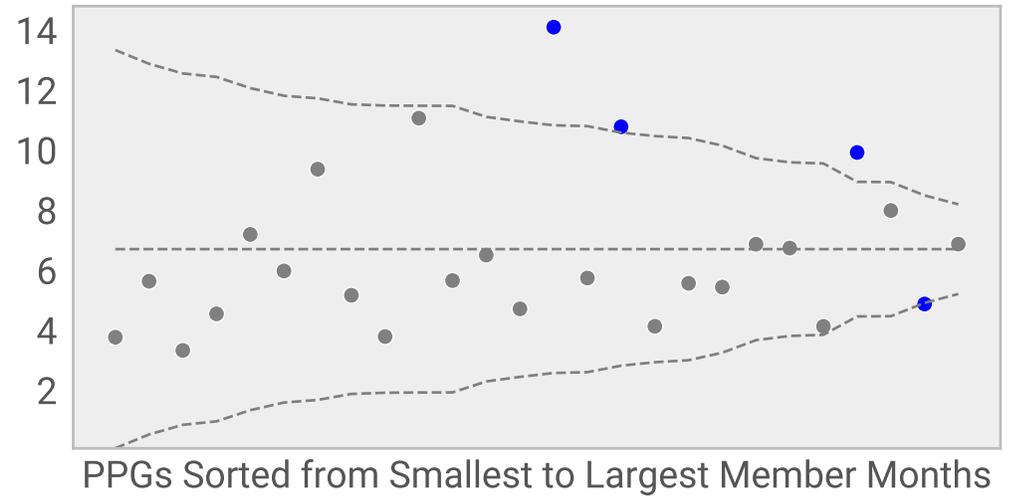
SPD



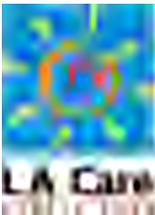
TANF - Adult



TANF - Child



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



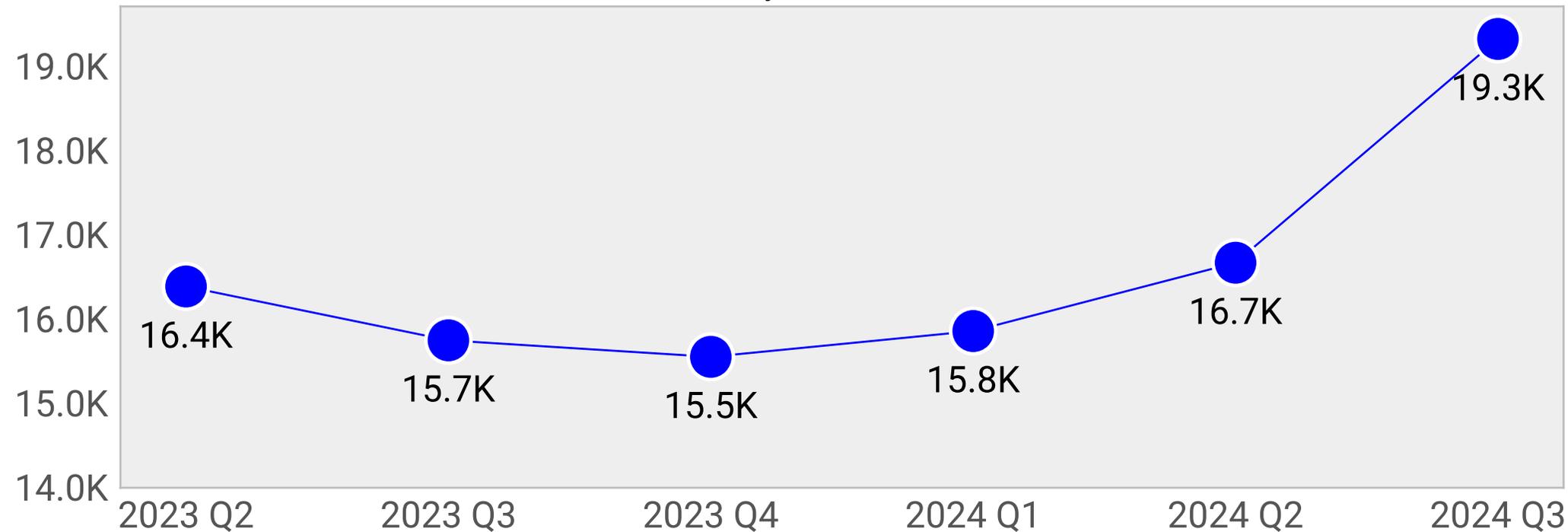
Total Members Receiving CalAIM Community Support Services from July 2024 to September 2024: 18,357



Total Members Enrolled in Enhanced Care Management in 2024: 52K

Total Contracted Providers: 84

Quarterly Enrollment Trend

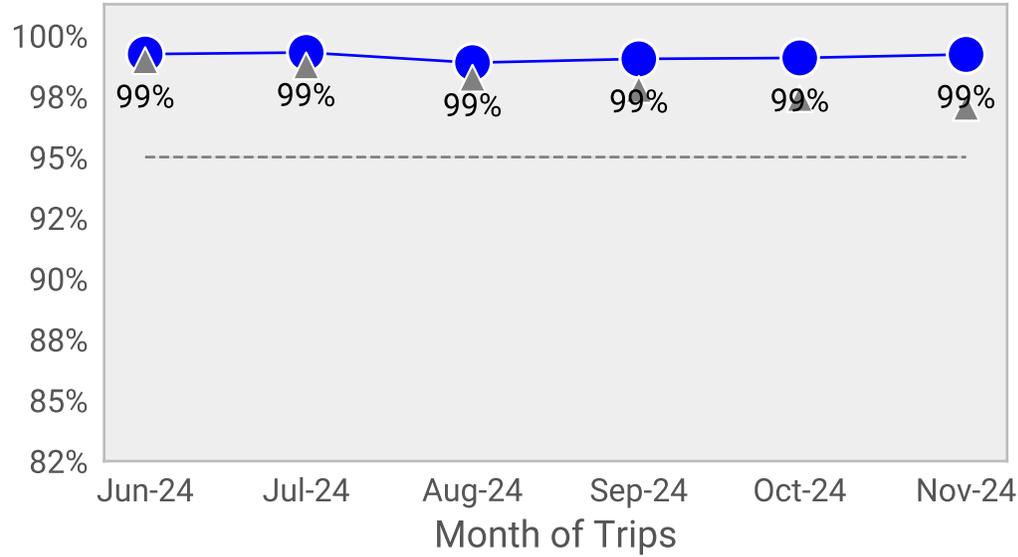


Call the Car

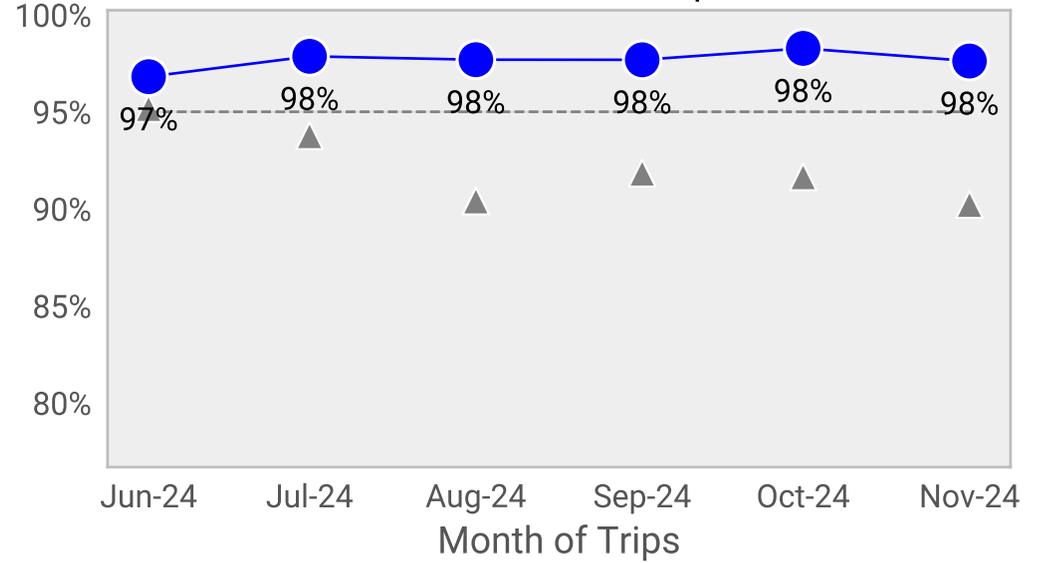


Call the Car On-Time Pick-Up Performance

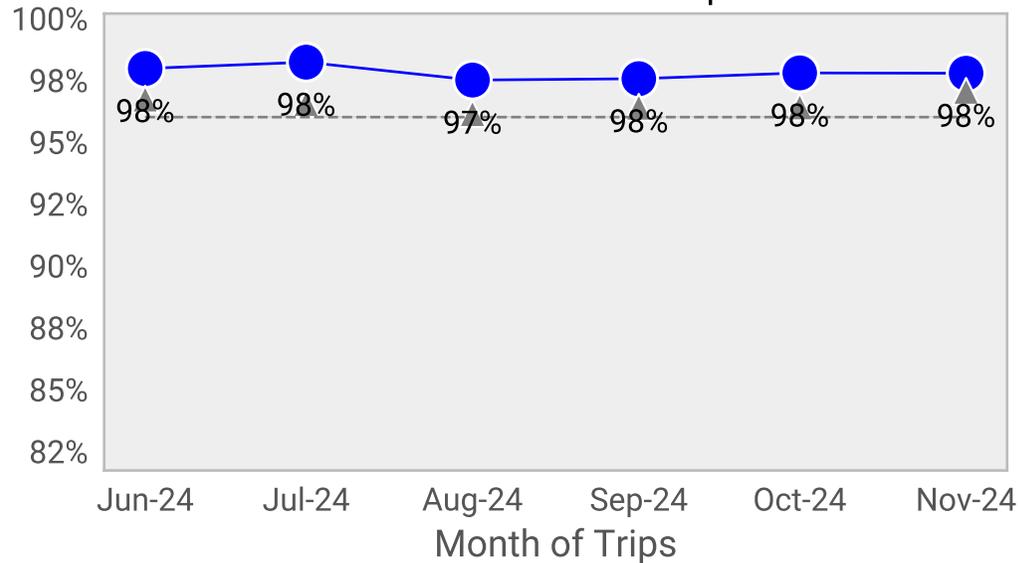
Call the Car Discharge Trips Rate



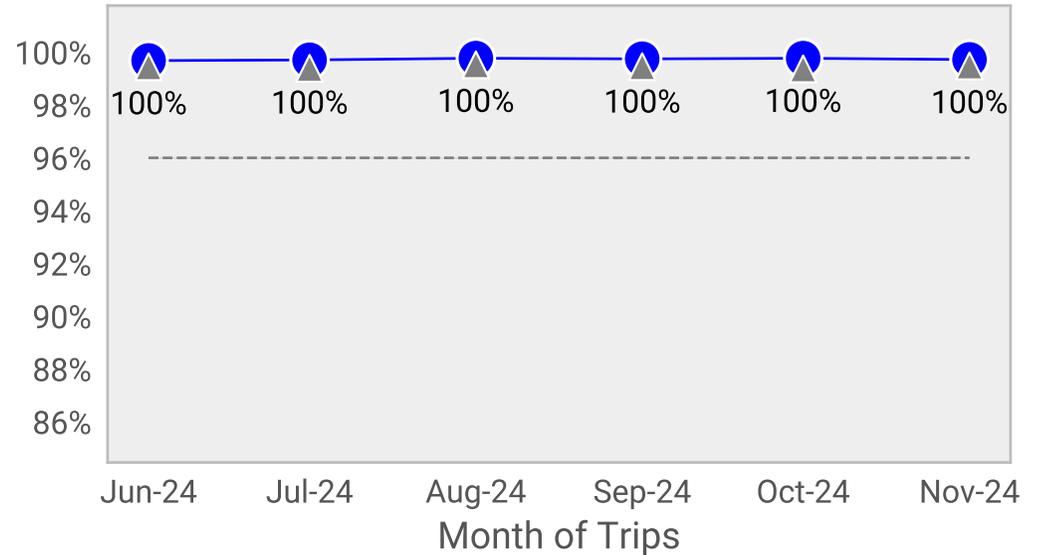
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate



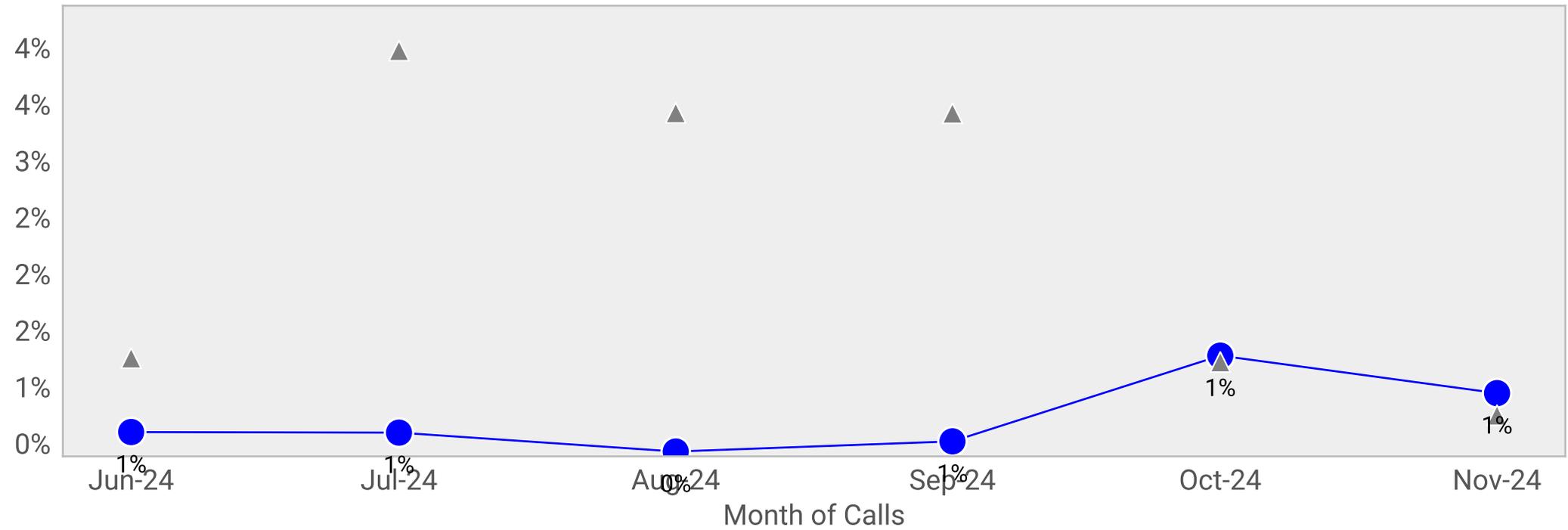
Call the Car Will Call Trips Rate



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



Call the Car Abandonment Rate



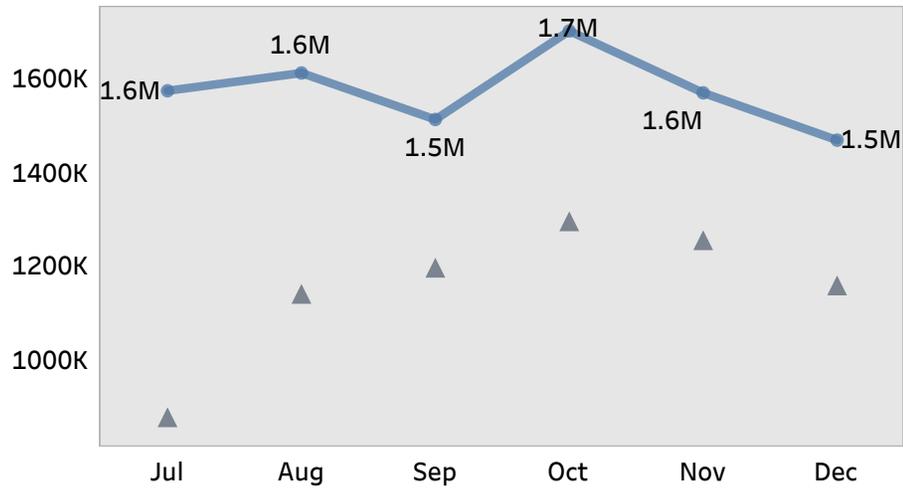
Triangles display the previous year's performance for the same month.



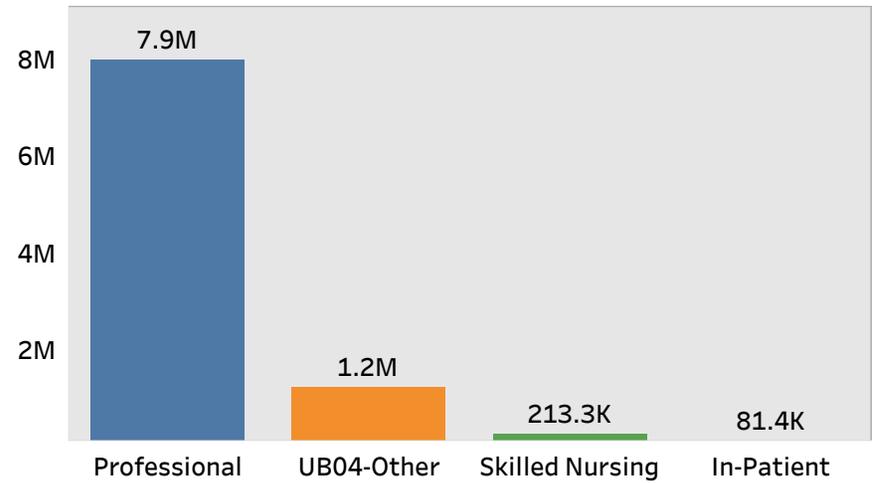
Claims Operations

MCLA Claims Received

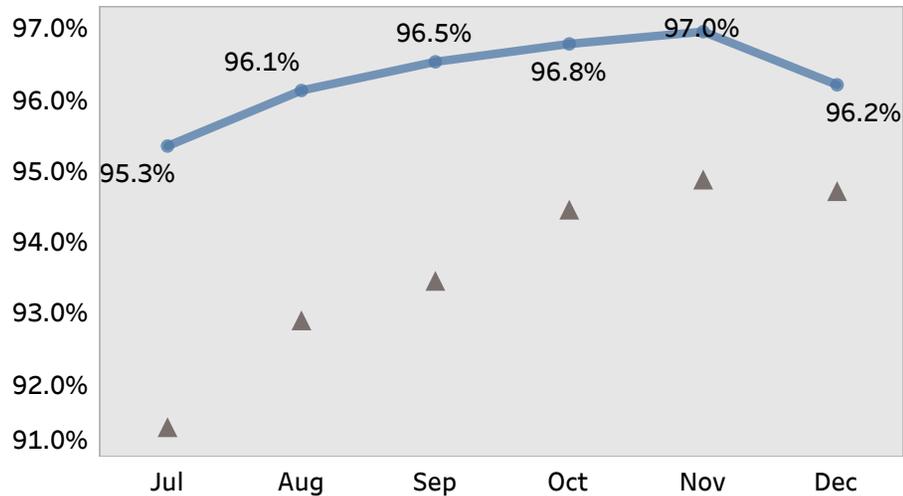
Total Claims Volume Received Jul-2024 to Dec-2024



Most Recent 6 months' Volume by Service Type Jul-2024 to Dec-2024

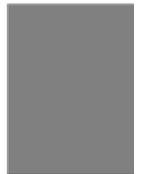


% of Claims Submitted Electronically Jul-2024 to Dec-2024



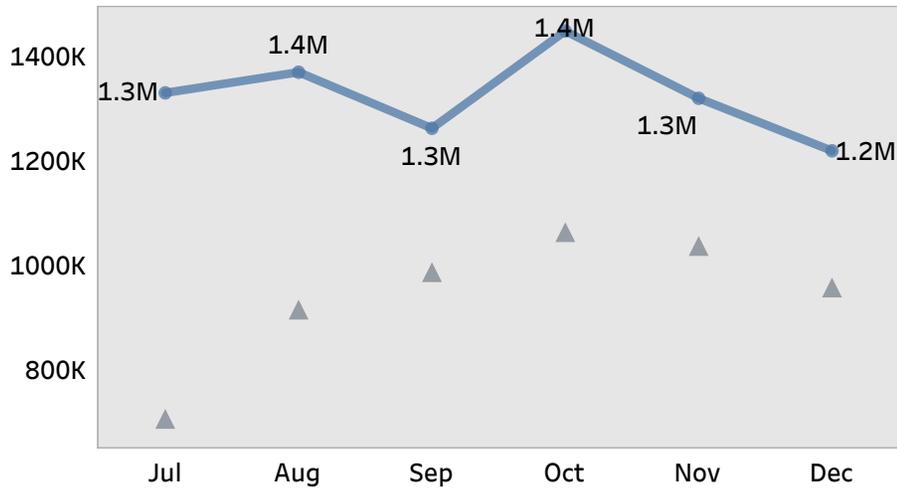
Triangles display the previous year's performance for the same month.

Charts are based on Month of Receipt.

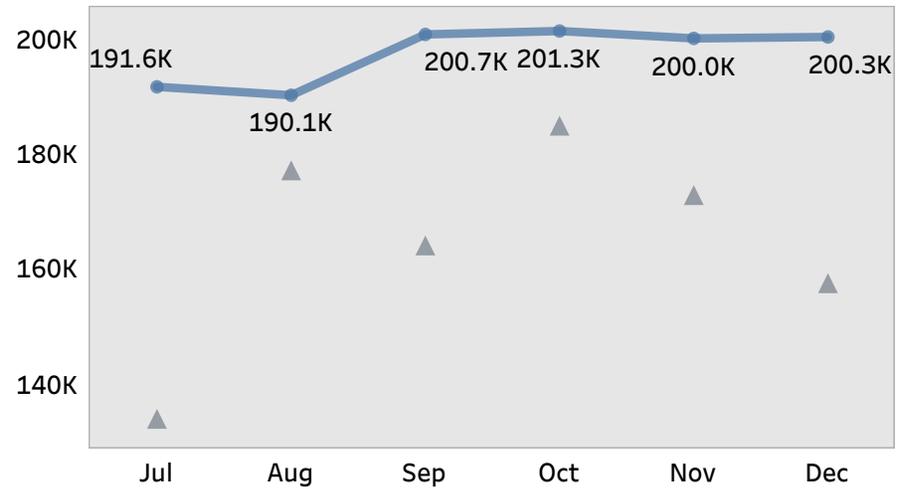


MCLA Claims Volume Received by Service Type

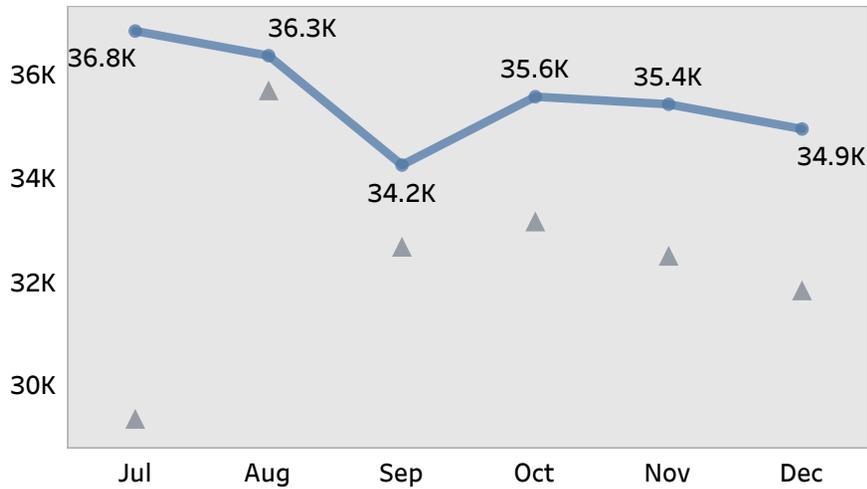
Professional Jul-2024 to Dec-2024



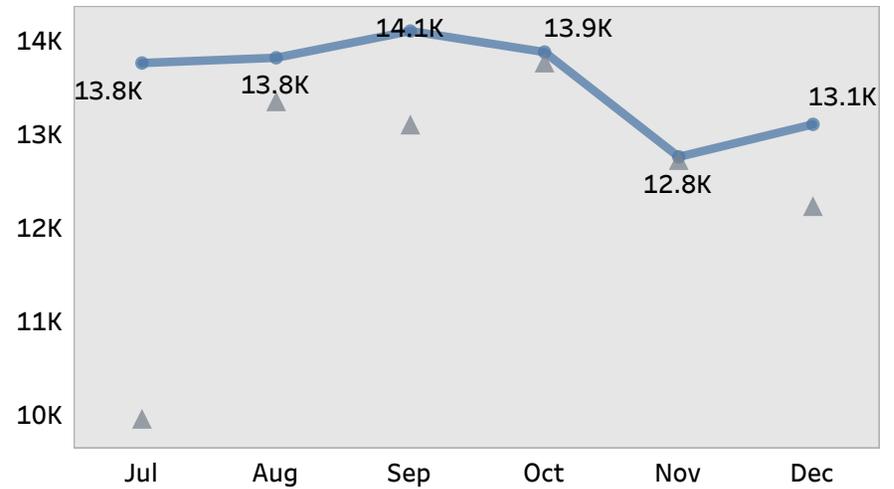
UB04 Other Jul-2024 to Dec-2024



Skilled Nursing Jul-2024 to Dec-2024

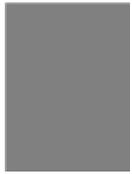


In-Patient Jul-2024 to Dec-2024



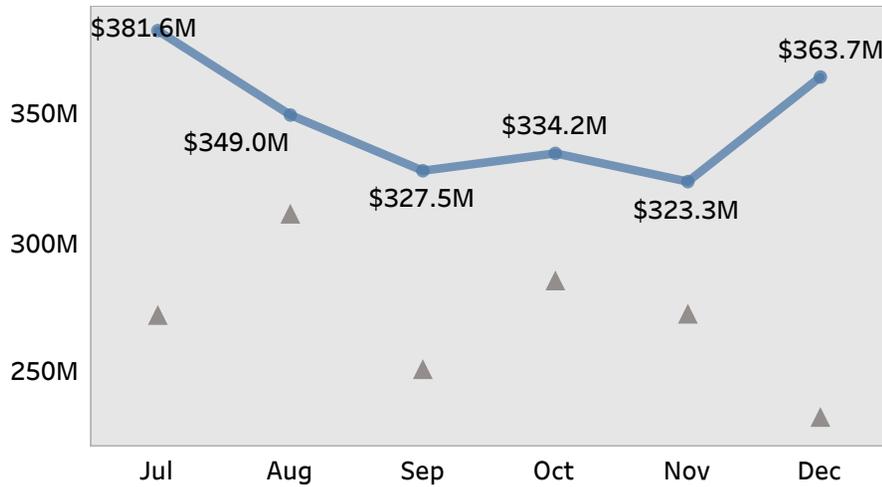
Triangles display the previous year's performance for the same month.

Charts are based on Month of Receipt.

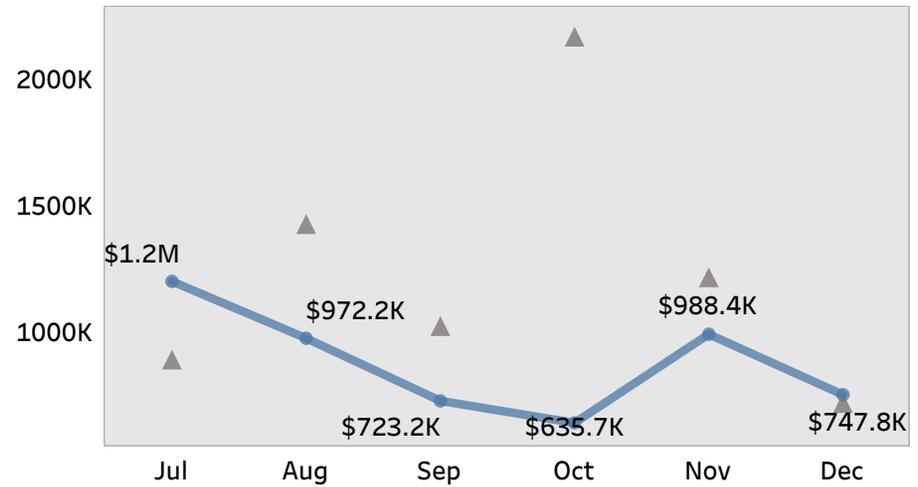


MCLA Payment Processing

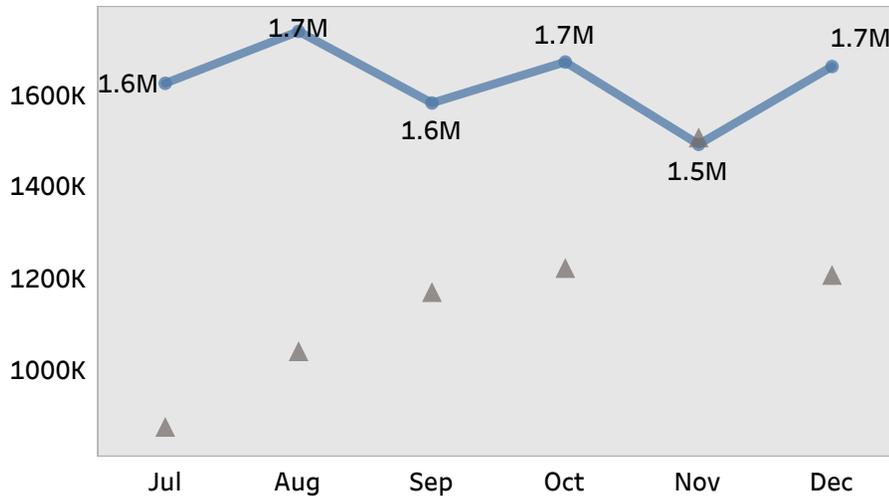
Total Paid (including Interest) Jul-2024 to Dec-2024



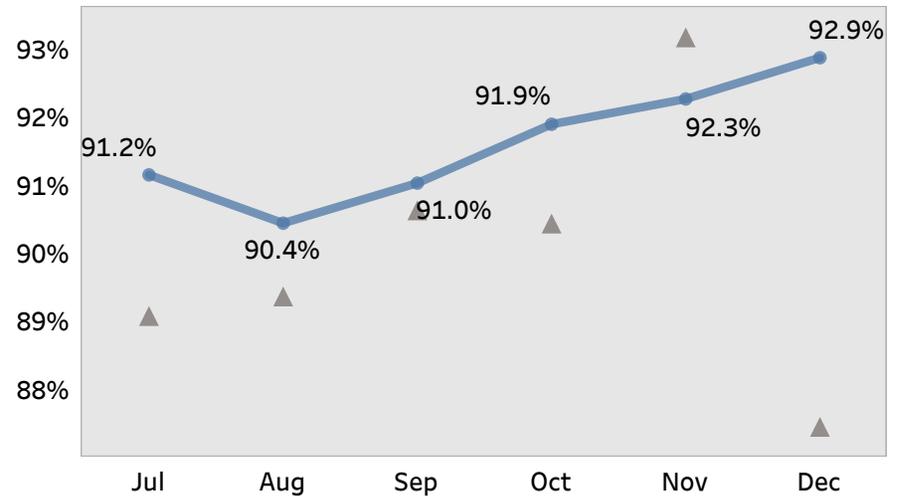
Total Interest Paid Jul-2024 to Dec-2024



Total First-Pass Adjudicated Claims Volume Jul-2024 to Dec-2024

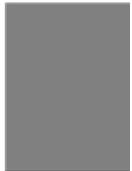


% of First-Pass Claims Auto-Adjudicated Jul-2024 to Dec-2024



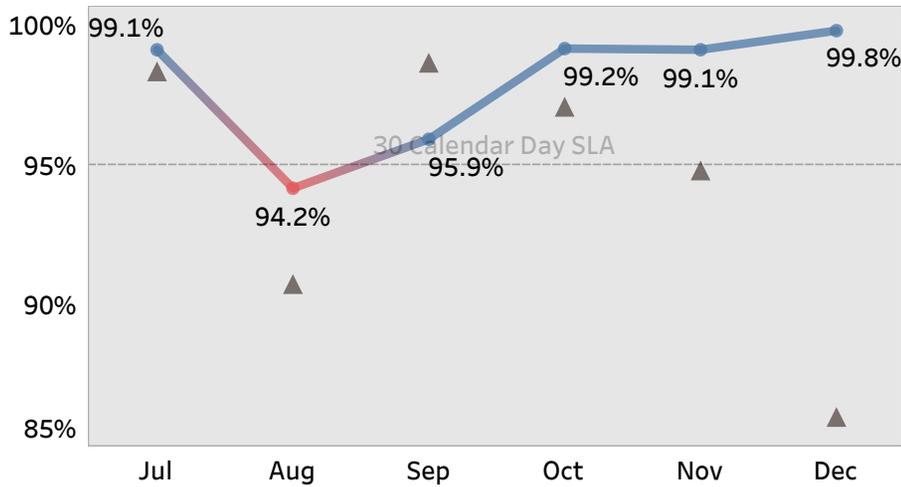
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

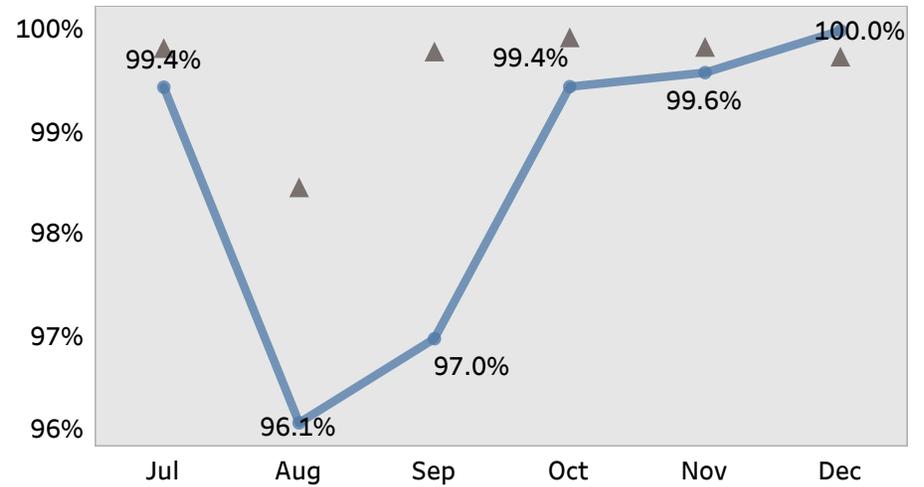


MCLA Claims Processing Timeliness - by Process Date

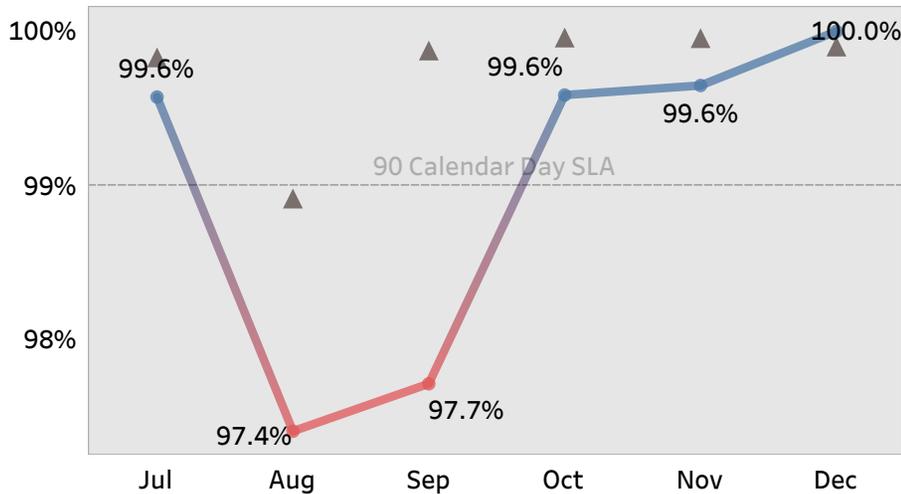
% Processed within 30 Calendar Days Jul-2024 to Dec-2024



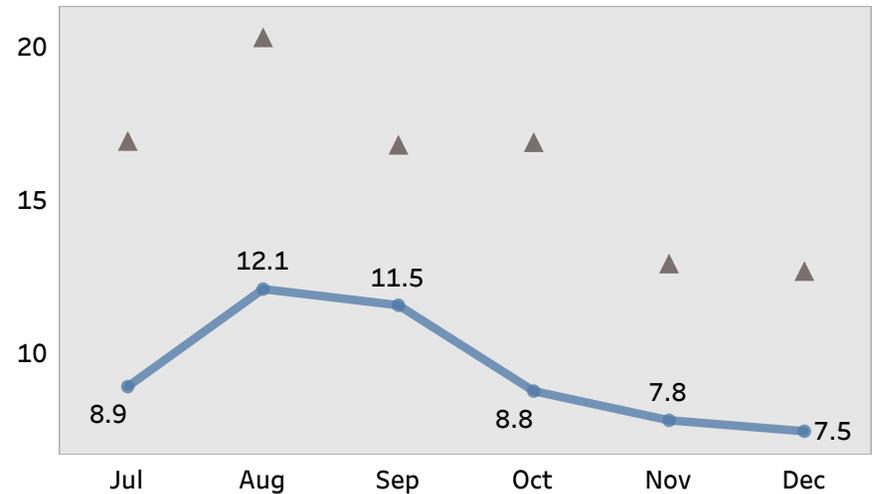
% Processed within 45 Business Days Jul-2024 to Dec-2024



% Processed within 90 Calendar Days Jul-2024 to Dec-2024

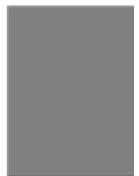


Average Calendar Days to Process Jul-2024 to Dec-2024



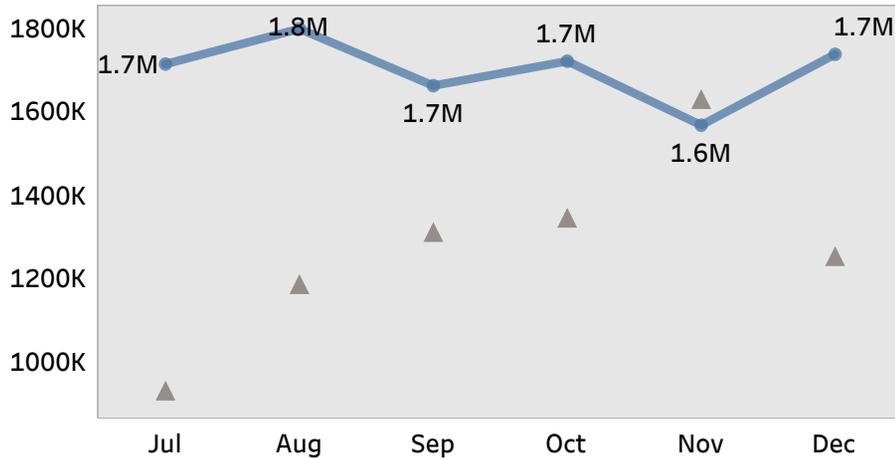
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

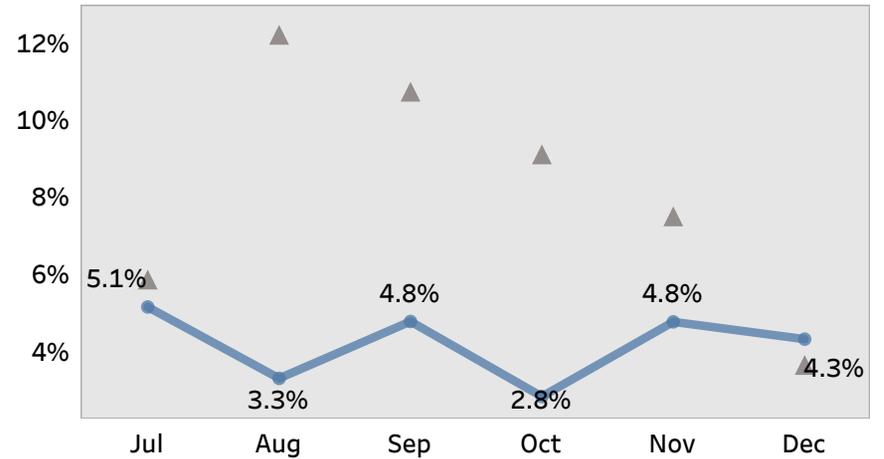


MCLA Claims Denials and Adjustments

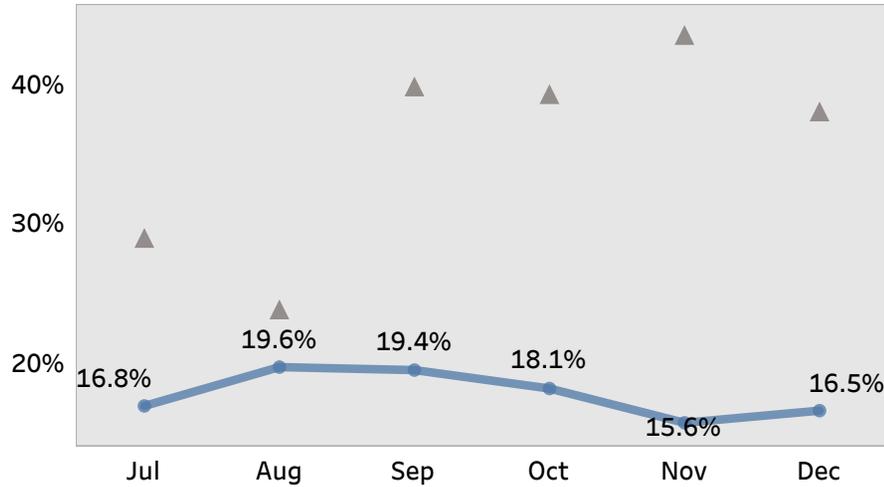
Total Claims Processed (Originals + Adjustments) Jul-2024 to Dec-2024



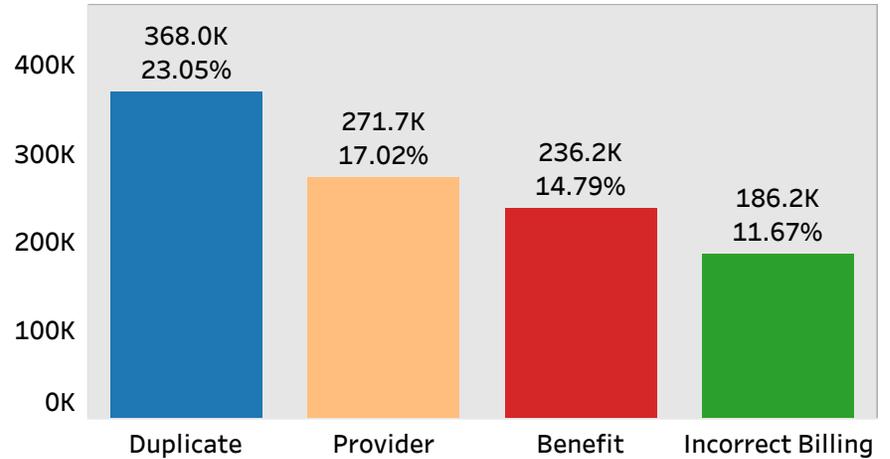
% of Total Claims Processed that are Adjustments Jul-2024 to Dec-2024



First-Pass Claims Denial Rate Jul-2024 to Dec-2024

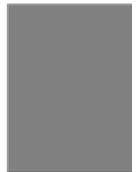


Most Recent 6 months' Denial Volume by Reason Jul-2024 to Dec-2024



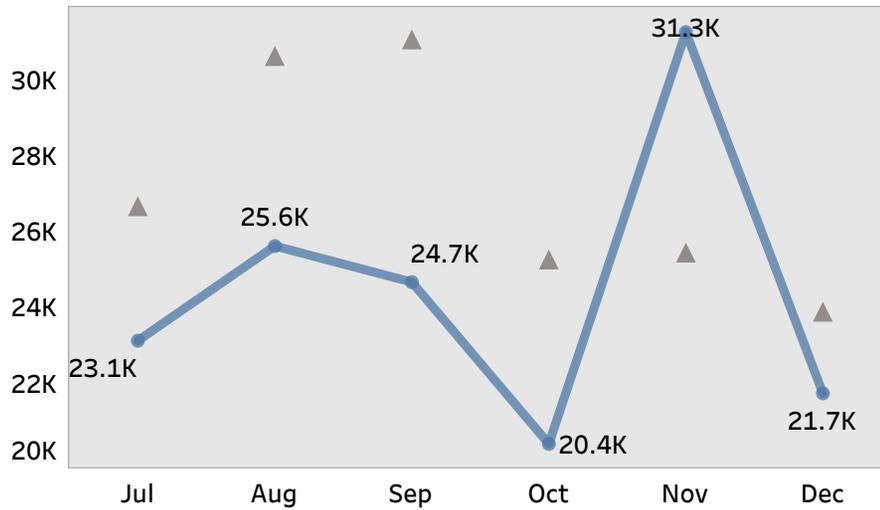
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

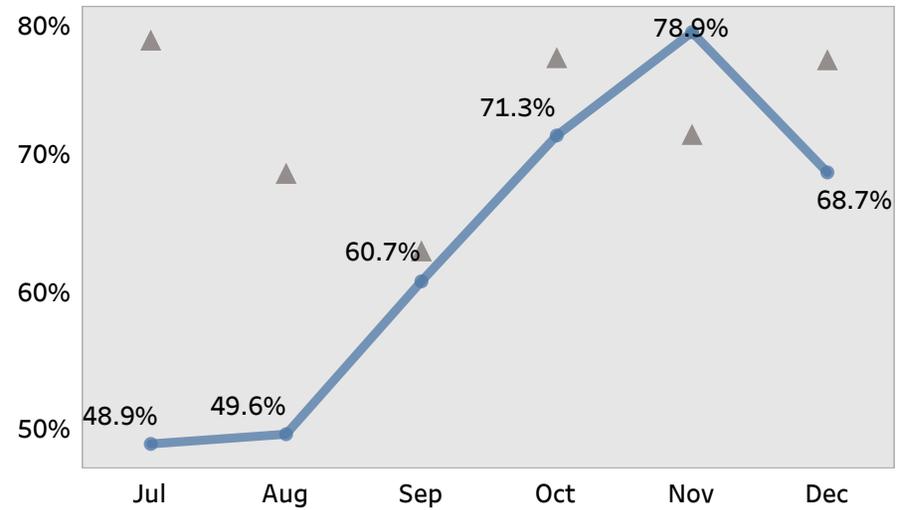


MCLA Provider Dispute Resolution Processing

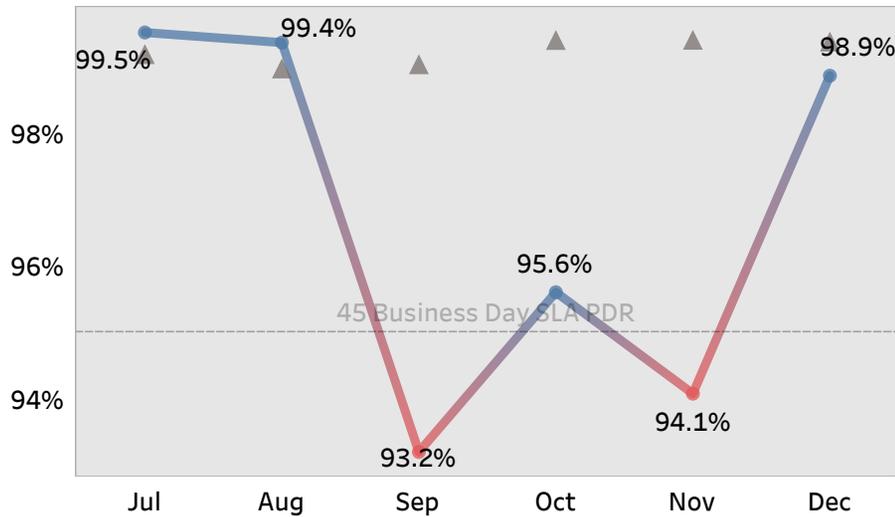
PDR Volume Received Jul-2024 to Dec-2024



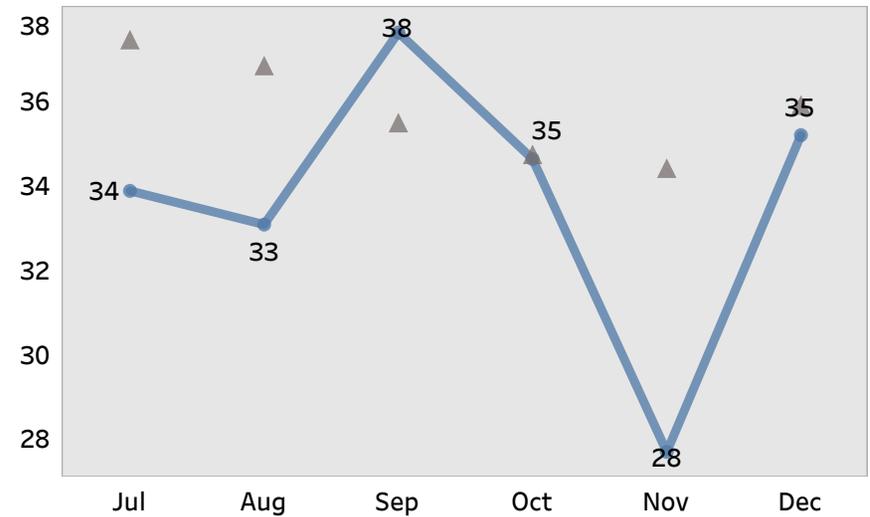
% of Closed PDR Cases that are Upheld Jul-2024 to Dec-2024



% Closed within 45 Business Days Jul-2024 to Dec-2024



Average Business Days to Process PDRs Jul-2024 to Dec-2024



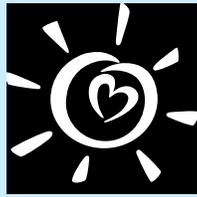
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.



ADVISORY COMMITTEES

- **Provider Relations Advisory
Committee**
- **Temporary Transitional
Consumer Advisory
Committee**
- **Children's Health Consultant
Advisory Committee**
- **Technical Advisory
Committee**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: February 6, 2025

Motion No. TTECA 101.0225

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

Issue: The Temporary Transitional Executive Community Advisory Committee (TTECAC) members expressed significant concerns about the referral process for specialty care, durable medical equipment (DME) approvals, and accessing prescribed medications. Challenges include long appointment wait times, poor communication between primary care providers (PCPs) and specialists, difficulties securing DME, and prescriptions for medications outside of the approved formulary. These issues are consistent across all eight regions, reflecting the widespread nature of the problem. The goal is to **improve care delivery and eliminate delays** through clear guidelines and directives from L.A. Care.

Background: Concerns were initially raised during the November 19, 2024, RCAC 4 meeting. Upon escalation to the December 11, 2024 TTECAC meeting, members from all eight regions affirmed experiencing the same challenges, emphasizing the need for comprehensive solutions.

Specific Challenges:

- Long Wait Times: Members report waiting months for PCP, specialist appointments, or DME approvals.
- Poor Communication: Referring PCPs and specialists fail to coordinate, leaving members confused or misdirected.
- Specialists Not Covered: Members are referred to specialists who do not accept their insurance, resulting in wasted time and care delays.
- DME Approval Delays: Prolonged authorization processes for equipment often require multiple referrals and approvals, even for regularly used items.
- Prescription Medication Issues: Members receive prescriptions for medications not included in the approved formulary, causing:
 - Out-of-pocket costs for non-formulary medications.
 - Pharmacists having to contact PCPs to revise prescriptions, further delaying treatment.

Member Impact: If L.A. Care Health Plan can find ways to speed up the referral and approval process, improve communication between doctors and specialist, and ensure members have the information they need to get the care they deserve it will assist with ensuring equitable healthcare services for all L.A. Care Health Plan members.

Budget Impact: Staff will return with an estimate of budget impact once a response to the attached motion is developed.

Board of Governors

MOTION SUMMARY

Motion:

The Temporary Transitional Executive Community Advisory Committee (TTECAC) committee request and recommends L.A. Care to conduct a comprehensive review of the following business process which impacts member experience.

1. Review the Referral, Approval, and Prescription Processes

TTECAC is asking L.A. Care to conduct a comprehensive review of:

- Timelines for referrals, DME approvals, and prescription processes.
- Points of delay and communication gaps between primary care providers (PCPs), specialists, and pharmacists.

2. Provide a Report with Solutions

TTECAC requests L.A. Care to submit a report to TTECAC and Regional Community Advisory Committees (RCACs) by May 2025 that includes:

- Findings from the review.
- Recommendations to expedite processes, ensuring:
 - PCP appointments within 10 business days.
 - Referral processing within 10 business days.
 - Specialist appointments within 15 business days of referral.
 - Durable medical equipment (DME) approvals within 14 business days.
 - Prescription medications align with approved formularies to prevent treatment delays.
- Clear steps to improve coordination between PCPs, specialists, and pharmacists.

3. Set Goals and Track Progress

TTECAC requests L.A. Care:

- Establish measurable goals and timelines for improvements.
- Provide consistent updates to ECAC and RCACs on progress and effectiveness.

4. Educate Members on the Process

TTECAC requests L.A. Care to develop consumer-friendly step-by-step guides to help members navigate:

- Referrals and DME approvals.
- Prescription medication access.
- Expected timelines for approvals and appointments.

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – November 13, 2024

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair * Joyce Sales, RCAC 6 Chair * Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair * Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member * Excused Absent ** Absent *** Via teleconference	Rebekah Coster, Closed Captioner Shelly Hash, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Erin Lafarque, Interpreter Andrew Yates, Interpreter Aida Aguilar, Public Maricruz Alvares, Public Eugene Beatty, Public Elizabeth Cooper, Public Maria Del Carmen Gutiérrez, Public Celia M. Hernandez, Public Estela Lara, Public Russel Mahler, Public Andrea McFerson, Public Fresia Paz, Public Marlene Paz, Public Esther Rivas, Public Demetria Saffore, Public Darling Sanchez, Public Sofia Sulca, Public	Layla Gonzalez, Advocate, Board of Governors Fatima Vazquez, Member, Board of Governors John Baackes, Chief Executive Officer, L.A. Care Health Plan Todd Gower, Chief Compliance Officer, L.A. Care Health Plan David Kagan M.D, Senior Medical Director, Direct Network Utilization Management Auleria Eakins, Manager, CO&E Ramon Garcia, Community Outreach Field Specialist, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Tanisia Johnson, Supervisor, Health Promoter Program Christopher Maghar, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services Frank Meza, Community Outreach Field Specialist, CO&E Alfredo Mora, Staff Augmentation, Facilities Services Cindy Pozos, Community Outreach Field Specialist, CO&E Karen Rios, Manager, Territory Sales Victor Rodriguez, Board Specialist, Board Services Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, TTECAC Chairperson, read the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:12 A.M.</p>	
<p>APPROVE MEETING AGENDA</p>	<p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper reminded the committee about the importance of adhering to the Americans with Disabilities Act and expressed concerns about the rules and communication within the committee. She emphasized that this is a public committee, and members should be informed of the applicable laws. Ms. Cooper also voiced her objection to the lack of transparency regarding the selection process for the new CEO, highlighting that neither ECAC nor community advisory committee chairs had been notified. She stressed the significance of addressing this matter, especially with the current CEO's upcoming departure.</i></p> <p><i>Andria McFerson raised concerns about the agenda's preparation and approval process, questioning the limited time allocated for public comments and member issues. She criticized the lack of transparency and inclusion in decision-making, particularly regarding the new CEO, the Board of Governors (BOG) seats, and stakeholder advisory committee agendas. Ms. McFerson called for equitable representation, a general consensus on agenda items, and adherence to the Brown Act. She urged that all ECAC chairs be consulted about agendas and emphasized the need for diverse input, particularly given disparities in health outcomes among different racial groups.</i></p> <p>The Agenda for today's meeting was approved.</p>	<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Refugio, Rodriguez, Salazar, and Lebron)</p>
<p>APPROVE MEETING MINUTES</p>		<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Refugio,</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The October 9, 2024 Meeting minutes were approved.	Rodriguez, Salazar, and Lebron)
STANDING ITEM		
UPDATE FROM CHIEF EXECUTIVE OFFICER	<p>John Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>Mr. Baackes announced that this meeting would be his last due to a scheduling conflict in December. He highlighted the significance of Proposition 35, which recently passed with strong voter support. This measure increases funding for the base reimbursement rates for Medi-Cal providers for the first time in decades, aiming to improve the participation of primary care doctors, specialists, and hospitals in the program. Mr. Baackes acknowledged L.A. Care's effort to support bringing the proposition to voters and emphasized its importance for the 15 million Californians who rely on Medi-Cal.</p> <p>Mr. Baackes expressed concerns about potential federal policy changes, such as proposed work requirements for Medi-Cal eligibility and block grants that could reduce federal funding. He noted these proposals could adversely affect Medi-Cal participants, many of whom work full-time but earn below the eligibility threshold. He highlighted L.A. Care's role in safeguarding health care access amid these uncertainties.</p> <p>Reflecting on his retirement, Mr. Baackes commended the grassroots success of Proposition 35 as a lesson in collective action. He expressed regret about retiring during a pivotal time and reassured members that he would attend upcoming RCAC meetings before his departure. He concluded by thanking members for their service and dedication to L.A. Care's mission, emphasizing their critical role in representing community interests.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper stated that as a consumer and registered voter, she emphasizes the importance of civic participation and the consequences of elections. She shared her diligence in staying informed, specifically regarding initiatives like Proposition 35, which she supported after reviewing its pros and cons. Ms. Cooper expressed disappointment with the ECAC, RCACs, and L.A. Care staff for the lack of communication about the Chief Executive Officer's retirement and the process for selecting his successor. She acknowledged not always agreeing with the CEO's policies but stressed the importance of transparency and accountability, particularly for advocates like herself. She urged the ECAC to ensure that the new CEO introduces themselves to the members, recognizing the vital role members play in sustaining the organization.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Additionally, she called for greater accountability from leadership, including adherence to the ADA and democratic principles, to foster better engagement and trust.</i></p> <p><i>Andria McFerson noted the importance of L.A. Care's service contracts aligning with state healthcare regulations to implement effective policies that improve healthcare and public health systems. She advocated for stakeholder involvement in decision-making processes, particularly concerning Proposition 35 and future policy changes. Ms. McFerson also expressed gratitude and well wishes for the departing CEO, acknowledging her reputation as a passionate healthcare advocate. She asked for more information regarding Prop 35.</i></p> <p><i>Aida Aguilar inquired about the CEO's potential availability to address significant issues that may arise during the leadership transition after his retirement. She also asked if he would be part of the committee involved in the interview process for selecting a new CEO and sought clarification on the timeline for his full departure from L.A. Care.</i></p> <p>Mr. Baackes assured Ms. Aguilar that he would remain available in a consulting role during the leadership transition, emphasizing his commitment not to leave the organization without ensuring a smooth transition. While he provided the board with a recommendation for his successor, he noted that he was not included in the Board's search process. He also stated that if no successor is in place by early January, he would stay to ensure continuity and facilitate an overlapping transition period, highlighting the challenges he faced when he assumed the role.</p> <p>Member Byrd stated that the RCAC members will miss him and wished they would have known it would be his last meeting and gotten him a cake. She inquired about the primary care doctor program he spoke about. Mr. Baackes responded that Proposition 35 outlined categories for funding, such as primary care, specialty care, and emergency rooms, but did not specify how the funds would be distributed. He noted that the Department of Health Care Services is required to form a stakeholder group to help decide the allocation of funds. He also noted that L.A. Care would advocate for equitable distribution during this process.</p> <p>Member Refugio said that she is sad to see Mr. Baackes' departure and wished him well in his retirement. She voiced concerns about potential changes to Medi-Cal under the new presidential administration and acknowledged Mr. Baackes' consistent support for member suggestions and contributions. She thanked him for always being supportive and having their backs.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Salazar expressed gratitude to Mr. Baackes for his years of exceptional leadership and positive sense of humor, noting the significant impact he had on the company and the lives of those around him. His presence will be missed and she wished him the best in his future endeavors.</p> <p>Member Lebron thanked Mr. Baackes, noting his humility and accessibility to members. She wished him an enjoyable life, expressed hope for his blessings, and that he would be greatly missed. Mr. Baackes expressed his intention to continue enjoying life, mentioning his excitement about visiting his new granddaughter in Philadelphia, born just over a week ago.</p> <p>Member McClain expressed her deep gratitude for Mr. Baackes, describing him as a genuine people-person who truly cares. She appreciates his openness and support, especially in advocacy, and noted that his door was always open to address concerns. McClain shared a personal story of their first meeting, where she sat next to Mr. Baackes at an event and had a wonderful conversation before he revealed his role as CEO. McClain concluded by thanking him for being true to himself and his title, saying he will be missed.</p>	
BOARD MEMBERS REPORT	<p>Ms. Gonzalez and Ms. Vazquez presented the October 2024 Board Member Report (<i>a copy of the report can be obtained from CO&E</i>).</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper stated she is disappointment regarding the lack of a report from the two ECAC board representatives at the Board of Governors meeting due to time limitations. She raised concern about the lack of communication regarding the selection of a new CEO and the absence of input from members. Cooper emphasized that the member voices have not been considered, particularly in relation to issues like COVID and flu vaccinations for those with disabilities. She urged the Chairperson and Board representatives to engage more with members and ensure better communication, especially regarding the CEO selection process.</i></p> <p><i>Andria McFerson raised concern about the BOG meeting, specifically a lack of discussion regarding funding for organizations, which was skipped. She questioned if this topic would be addressed in the next meeting. She expressed frustration over a BOG Chair's rude behavior and emphasized the importance of honoring committee members. Additionally, she highlighted the need for increased transparency and communication regarding healthcare decisions, citing a \$55 million fine L.A. Care received in 2022 for systemic failures that</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>endangered member health and safety. Ms. McFerson urged the board to consider funding for advisory organizations that have been impacted by these decisions.</i></p>	
<p>ECAC CHAIRPERSON'S REPORT</p>	<p>Chairperson Rodriguez presented Motion ECA 100.1224 (<i>A copy of the list of RCAC members can be obtained from CO&E.</i>):</p> <p><u>ECA 100.1224</u> <i>Motion to recommend approval of the following candidate (s) for RCAC membership.</i></p> <p><u>PUBLIC COMMENT</u> <i>Aida Aguilar asked if the new members were on a waiting list, were they interviewed by a selection committee, and can she have a list of vacant RCAC positions.</i> Mr. Meza responded that all RCAC members go through the same approval process.</p> <p><i>Elizabeth Cooper expressed concern about the lack of diversity within her RCAC, noting that she is the only African American member, which she feels is not representative of America's diversity. She suggested that the recruitment process should focus more on diversity to bring in a broader range of ideas. Ms. Cooper shared that she sometimes feels alone in her efforts and hopes that actions can be taken to create more diversity and inclusivity within the RCACs.</i> Dr. Eakins responded to Ms. Cooper's concern about diversity, assuring her that the staff is actively working on addressing the issue. She mentioned a new program launching in January, using a software company called Impulse to send text messages to individuals based on key demographic indicators like age, race, and zip code. This initiative aims to recruit diverse members for the community advisory committees. The program has launched, and while the data is still being collected, Dr. Eakins said she hopes for positive results and she will provide more information in January.</p> <p><i>Andria McFerson spoke about the importance of establishing a fair and transparent process for selecting stakeholders for L.A. Care Health Plan. She argued that stakeholders should be chosen by the community, not by staff or any committee, and that RCACs should be involved in shaping recommendations for county-wide health care system goals. She suggested that RCACs should be consulted on changes, provide input directly to the Board of Governors, and have their recommendations reviewed by the ECAC before being presented to the Board. Ms. McFerson advocated for a democratic process that includes input</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>from all members and aims to improve communication, objectives, and healthcare outcomes. She suggested using third-party surveys, including text messages, to gather input.</i></p> <p><i>Demetra Saffore stated she supports Ms. Cooper's comments about the need for greater diversity in the RCAC, pointing out that currently, only Latino individuals are being selected. She also mentioned that there is only one African American on RCAC 1 and shared an example where a person she referred months ago for membership did not receive a call back.</i></p> <p>Member Byrd stated that when she joined the RCACs she asked where the African American members were and she was told that the response from potential members was that they were ashamed to be on Medi-Cal. She doesn't agree with that statement. It has now been five years and the membership diversity remains the same.</p> <p>Member Lebron shared her concern about the process for applying to the RCAC, noting that when he referred someone, the person was told to apply online without clear guidance. He emphasized the importance of diversity, including people from Asian communities and other backgrounds, and highlighted the need for interpretation services to ensure broader participation in the process.</p> <p><u>ECA 100.1224</u> <i>Motion to recommend approval of the following candidate (s) for RCAC membership.</i></p>	<p>Approved. 8 AYES (Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo)</p> <p>1 ABSTENTION Byrd</p>
<p>HEALTH PROMOTERS PROGRAM UPDATE</p>	<p>Tanisia Johnson, MPH, CLE, Supervisor, Health Promoters Program, Health Promoters Program Update <i>(a copy of the report can be obtained from CO&E).</i></p> <p>The update covered the following key points:</p> <ul style="list-style-type: none"> • Self-Measured Blood Pressure Program: Aimed at African-American and Latino L.A. Care members, this 6-week program educates participants on blood pressure monitoring and provides free monitors. • Digital Health Promoters: The program involved a pilot where six Digital Health Promoters shared COVID-19-related content on social media to increase engagement and vaccination rates. The results showed significant growth in engagement metrics. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • L.A. Care Collaborations: These include partnerships with the American Cancer Society for breast cancer awareness, as well as workshops for colorectal cancer screening in collaboration with the American Cancer Society and Alta Med. • Asthma Education Workshops: Spanish-language asthma education is provided at various CRCs, with participants receiving free Peak Flow Meters for home use. • Community Events: These include food distribution programs and collaborations aimed at improving food security and providing support at various community events. <p><u>PUBLIC COMMENT</u></p> <p><i>Fresia Paz stated that she is interested in applying. She has been inquiring about joining since 2014.</i></p> <p>Ms. Johnson asked staff to forward her information to her.</p> <p><i>Elizabeth Cooper spoke about the importance of making the Health Promoters Program more accessible and effective. She suggests that presentations should be held at each RCAC to better inform members about the services available. She noted that while the programs are beneficial, some people cannot attend due to distance or other barriers. She stressed that for these programs to be successful, RCAC members should also be educated and involved, as they play a key role in community outreach.</i></p> <p>Member Byrd asked if the current members age out of the program, she noted that there doesn't seem to be room for other members to join. Ms. Johnson responded to Member Byrd by explaining that the Health Promoters Program underwent restructuring. Initially, there were 27 health promoters, but after an interview process, the number was reduced to 18 due to personal commitments from some individuals. She clarified that there are no term limits for health promoters, and those interested in joining the program go through an application process. Ms. Johnson noted that the current health promoters have developed significantly with more structured programming and enhanced skills compared to seven years ago.</p> <p>Member Poz suggested that health promoters receive additional training in a broader range of topics, not just health issues but programs for dual-eligible individuals (Medicaid and Medicare). She highlighted the importance of addressing communication issues, especially around Indian Health Services (IHS) and training health promoters to guide people on where to go for assistance. She noted that many people struggle with managing internet</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	resources, so having promoters trained in these areas would be beneficial. Ms. Johnson asked that any suggestions be sent to CO&E staff so that she can read and track them.	
MEMBER ISSUES	<p>Mr. Vicente read a comment on behalf of Member Sales, which spoke about concerns raised by members during the October 16 meeting about long wait times for appointments and the challenges of being referred to specialists or clinics far from their homes. Some members reported waiting up to three months for appointments and being sent to distant clinics. This points to significant gaps in accessibility and the timeliness of care. While members were aware of how to advocate for themselves by contacting member services for alternative providers, it was recognized as a broader systemic issue. The members emphasized the importance of timely and conveniently-located healthcare appointments. They are interested in exploring the issue further and may propose a motion to address it in the future, seeking feedback from other regions to inform next steps.</p> <p><u>PUBLIC COMMENT</u> <i>Andria McFerson discussed the importance of the L.A. County Emergency Response Program to address homelessness, and emphasized the need for proper evaluation and appropriate placement for those in need, such as victims of domestic violence or people who lost their job. She shared a personal experience of feeling discriminated against within the L.A. Care low-income health plan. She described being mistreated at Cedar Sinai, where she was belittled and thrown out despite seeking care for muscle spasms. Additionally, she mentioned the challenges faced by Ms. Saffore, a member who struggled for weeks to receive a referral for a potential skin cancer diagnosis, and expressed concern about the delays in care and difficulty in obtaining external assistance. Ms. McFerson noted the need for better treatment and quicker resolution of issues within the healthcare system.</i></p> <p>Member McClain asked if she had spoken to a Field Specialist. She apologized for the way was she was treated.</p>	
OLD BUSINESS		
MOTION FROM RCAC 8	<p>Tonya Byrd, <i>RCAC 8 Chair</i>, presented a motion from RCAC 8.</p> <p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper stated that she has a concern, her son is disabled and Hoyer Lifts are dangerous for him. He is an L.A. Care member and has trouble getting in and out of bed. She said she does not seem to get any input on this issue.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Andria McFerson said that she approves of the motion, because there are many people that need the lift. She said she looks forward to approving other motions as well.</i></p> <p>Member McClain stated that only members of the committee can vote to approve the motion.</p> <p>Member Byrd stated that it would be nice to have someone do an in-service visit. She said it was very helpful to her.</p> <p>Ms. Gonzalez stated that the Board recently approved a motion to fund lift tables. She asked if this is related to that. She is not clear what this is asking.</p> <p>Member McClain stated that they approved lift tables with scales but not a Hoyer Lift. That is why it is being brought to the table. The committee would like this grant added to the previous request for lift tables. She said that it is a need and has used it in the past. Members stated that they have had issues because they may not have family members present to assist them.</p> <p><u>Motion ECA 101.1224</u> <i>Hoyer lifts or electronic lifts should be added to the Community Health Investment Fund program to aid with patients in getting on and off examination tables. The motion includes that providers who receive funding for these Hoyer Lifts or electronic lifts will receive training on how to use them effectively.</i></p>	<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Refugio, Rodriguez, Salazar, and Lebron)</p>
NEW BUSINESS		
<p>COVERED CALIFORNIA PRESENTATION</p>	<p>Karen Rios, <i>Manager, Territory Sales</i>, gave a presentation about Covered California (<i>a copy of the report can be obtained from CO&E</i>).</p> <p>The 2025 L.A. Care Benefit Rollout presentation highlighted key aspects of the health plan for the upcoming year:</p> <ul style="list-style-type: none"> • Mission and Vision: L.A. Care Health Plan, serving over 2.5 million members, continues its mission to provide affordable, quality healthcare to vulnerable and low-income communities in Los Angeles County. • Affordable Plans: L.A. Care is offering the most affordable health plan across all metal levels, with a modest 6.2% increase in rates for 2025. Plans provide comprehensive benefits, including \$0 preventive services, and are available through Covered California. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Medi-Cal and Eligibility: Medi-Cal eligibility remains based on Federal Poverty Levels (FPL), covering a wide range of individuals, including low-income families, seniors, and those needing long-term care. Additionally, DACA recipients will be newly eligible for health plans through Covered California. • Expanded Silver 73 Plan: Covered California has expanded eligibility for the enhanced Silver 73 Cost Share Reduction plan, making it available to more people above 200% FPL. • Plan Features: The plans offer a wide range of benefits, including telehealth, nurse advice lines, chronic disease management programs, and wellness rewards. Members can earn up to \$215 in rewards through health initiatives. • Provider Network: L.A. Care has a vast provider network, including over 3,000 primary care providers, 12,000 specialists, and 200+ clinics. The plan offers an online provider directory for easy access to healthcare providers. • Community Resource Centers: The health plan provides access to community resource centers offering free health and wellness programs to the public in various locations across Los Angeles County. <p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper expressed appreciation for the presentation but raised concern about the lack of diversity in the staff, particularly regarding African Americans. She noted that she has not seen any African American staff members at the resource center and emphasized the importance of diversity in staffing. While she supports the program, she pointed out the disparity and requested a report from the director on the number of African Americans employed at the resource center. Additionally, she inquired whether there are staff members with disabilities working there.</i></p> <p>Ms. Rios thanked Ms. Cooper for raising important points and clarified that while the focus of the presentation was on the territory field representatives, the community resource centers are also highlighted. She mentioned managing a diverse team of six people, including herself, as she speaks Farsi, Armenian, and Spanish. She also pointed out that the emerging market manager, who is African American, is actively helping to build a more diverse team, including African American, Latino, and other communities.</p>	
FUTURE AGENDA ITEM SUGGESTIONS		
	Member Refugio asked for a presentation on different health conditions and the Hoyer Lift tables.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Poz asked if they can receive a presentation on changes on benefits and resources for dual members.</p> <p>Member Salazar asked for a presentation on the asthma program.</p>	
PUBLIC COMMENTS		
	<p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper said that she would like to wish everyone a happy Thanksgiving. She is happy to participate and give her voice. She thanks the staff for listening to her. Sometimes they think she does not agree but she is there for public comment. She hopes one day they will hold an emergency training and have emergency kits. She thanked the Chair and Vice Chair. She thanked staff for their help and the presenters.</i></p> <p><i>Ms. Pozos read the following public comment on behalf of Andria McFerson: For the record my name is Andria McFerson from RCAC 5 please honor my ADA rights by giving an extra minute</i></p> <p><i>The Epilepsy Foundation has celebrated November as NEAM since 1969, and in 2003, Congress officially declared it as such. The goal of NEAM is to raise awareness of epilepsy and seizures, reduce stigma, and help people feel supported.</i></p> <p><i>Happy NATIONAL EPILEPSY MONTH and hopefully in the future we can work together to have monthly events supporting positive causes like supporting epileptic people next year November 2025.</i></p> <p><i>February Is Black History Month, Lupus and Osteoporosis month</i></p> <p><i>May has National Women’s Health Week starts each year on Mother’s Day to encourage women and girls to make their health a priority. Many women experience conditions fibroids, diseases of the bones, joints, muscles, and skin to take care of their health.</i></p> <p><i>Sept 15th to Oct 15th</i></p> <p><i>National Latino heritage month. and many others but, no one could make that decision but the RCAC’s with their own \$5,000 funding that each one receives. So please during the next meeting ask staff to have a motion on the agenda to approve a rule in your RCAC to obtain a yearly schedule for this fiscal year and if it is approved ask the members for suggestions, then approve them according to this fiscal which ends in the middle of next year and have a planning meeting with staff as soon as possible.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:05 P.M.	

RESPECTFULLY SUBMITTED BY:

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

APPROVED BY

Ana Rodriguez, TTECAC Chair _____



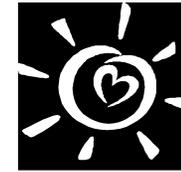
Date 12/11/24

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – October 15, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair
Sameer Amin, MD
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Rosina Franco, MD
Toni Frederick, PhD
Gwendolyn Ross Jordan*

Lynda Knox, PhD
Hilda Perez
Maryjane Puffer, BSN, MPH
Diana Ramos, MD*
Lina Shah, MD

*Absent **Present, but not quorum

Management

Alex Li, MD, Chief Health Equity Officer
Laura Gunn, Quality Improvement Project Manager II, Quality Improvement
Tamara Ataiwi, Quality Management Nurse Specialist RN II, Quality Improvement
Brandi Swann
David Kagan
Francisco Perez-Chavez
Felix Aguilar-Hernandez
Marina Acosta

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Maria Chandler, MD, MB, attended under the Emergency Circumstances Clause. She advised that she is caring for an ill family member and noted that there is no one 18 years of age or older in the room with her. Tara Ficek, MPH, Chairperson, called the meeting to order at 8:34 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 9 AYES (Amin, Chandler, Dudovitz, Ficek, Franco, Frederick, Knox, Puffer, and Shah)

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENT	<i>No public comment was submitted.</i>	
APPROVAL OF THE MEETING MINUTES	The August 20, 2024, meeting minutes were approved as submitted.	Approved Unanimously. 9 AYES
CHAIRPERSON'S REPORT	Chairperson Ficek began her report by expressing gratitude and reflection, acknowledging that this was the final meeting of 2024. She thanked the committee members for their dedication, time, expertise, enthusiasm, and commitment, highlighting their efforts to enhance the understanding of children's healthcare in L.A. County. Over the past year, the committee focused on the latest initiatives from L.A. Care and its partners to improve the health of the county's youngest residents, aiming to transition from a traditional healthcare model to a more preventative and holistic system. She noted the need for foundational supports within the committee, mentioning the attention given to evolving the group's discussions. Looking ahead, She reminded the members about the 2025 meeting dates and announced plans for an in-person retreat to strengthen relationships. She noted the ongoing review of the committee's membership to ensure diverse perspectives and voices. Lastly, she expressed eagerness for the upcoming year, aiming to accelerate discussions and efforts towards transforming children's healthcare.	
MEMBERSHIP (CHC 100)	<p>Dr. Li presented the following motion for approval.</p> <p><u>Motion CHC 100.1124</u> To appoint the following candidates on the Children's Health Consultant Advisory Committee (CHCAC):</p> <ul style="list-style-type: none"> • Alex Li, MD, Chief Health Equity Officer, as member for the Ex-Officio L.A. Care Chief Health Equity Officer Seat • Mona Patel, MD, as member for the Adolescent Health Seat • Smita Malhotra, MD, as member for the Los Angeles Unified School District (LAUSD) Seat • Ankit Shah, MD, as member for the L.A. County Department of Health Services (DHS)/ California Children's Services (CCS) Seat 	Approved Unanimously. 9 AYES
CHIEF HEALTH EQUITY OFFICER	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, gave the following report:</p> <p>He welcomed everyone to the meeting and provided a brief report. He announced that John</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Baackes, Chief Executive Officer (CEO) for nearly ten years, had resigned, and the Board is in the process of selecting a new CEO, with an announcement expected by the end of the year. Dr. Li also mentioned a recent settlement agreement between L.A. Care, the Department of Healthcare Services, and the Department of Managed Healthcare, involving a \$27 million financial penalty and a \$28 million investment in community benefits, focusing on health equity and quality improvement. He introduced Mona Patel, MD, as a new member of the committee and highlighted their collaboration on the L.A. County Children's Health Disparities Roundtable, which resulted in four policy briefs. These briefs will be released soon, coordinated with the election cycle to maximize impact. The team plans to reconvene roundtable participants to work more cohesively in advocating for children's health.</p> <p>Dr. Patel said she is grateful for the opportunity to collaborate on the roundtable discussions. She noted the focus on four key areas: school resilience and mental health, child welfare groupings, transitions from pediatric to adult care for complex populations, and the evolution of vaccine hesitancy, particularly in the post-pandemic context. Dr. Patel noted the foundational nature of this work and the importance of continuing to address child health disparities in L.A. County through collective efforts. Dr. Li responded and said that he appreciated the additional context and mentioned the possibility of bringing different policies to the committee for discussion, including inviting roundtable participants for further dialogue. He highlighted the collaborative effort among payers, providers, public and private sectors, and family voices as a significant community synchronization opportunity. Dr. Li expressed eagerness to present findings and provide LA Care with guidance on future steps, concluding her report on that note.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer update.</p> <p>Dr. Amin provided an update on the strategic planning efforts for the Health Services division in 2025. He began by discussing the two-day strategy summit held from October 7-8, where senior leadership across all health services areas collaborated to create a "living strategy guide." This guide is designed to align health services with enterprise goals and foster cross-departmental integration. Dr. Amin highlighted several core priorities, including streamlining authorizations and care coordination, enhancing seamless referrals for new policy-driven programs, and optimizing Population Health Management (PHM) by embedding key drivers such as data analytics, technology, and incentive contracting into initiatives. He noted the importance of cross-divisional collaboration, Dr. Amin underscored</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the need to work closely with Finance, Operations, Compliance, and IT to ensure operational stability and alignment with the overall strategic vision. He noted that the division is at an inflection point, moving beyond regulatory and compliance needs to focus on innovation and improving the member experience. The goal is to create a coordinated healthcare ecosystem where members can seamlessly access comprehensive services without navigating multiple stops. Dr. Amin also stressed the importance of aligning health services initiatives with providers to ensure seamless care delivery, improving practice transformation for value-based care, and maintaining strong provider engagement. He acknowledged progress in areas like CCS and the connection between Enhanced Care Management and CS services, indicating a solid foundation for future efforts. Dr. Amin expressed optimism about the strategic document's completion and readiness to present it in January, signaling a strong foundation for the division's future direction.</p>	
<p>SCHOOL-BASED CLINICS AND ABSTENTIONS</p>	<p>Rebeca Dudovitz, MD, <i>Committee Member, Professor, Department of Pediatrics, David Geffen School of Medicine at UCLA</i>, gave a report about School-Based Clinics and abstentions (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>The presentation titled "Examining School-Based Health Centers (SBHCs) as Vehicles for Health Equity Among Chronically Absent Students" focuses on the role of SBHCs in improving health outcomes and academic performance for students with chronic absenteeism in the Los Angeles Unified School District (LAUSD). The study aims to:</p> <ol style="list-style-type: none"> 1. Merge health and academic data to understand patterns of absenteeism and associated health conditions. 2. Assess healthcare usage among different absenteeism classes to identify disparities. 3. Evaluate if SBHC utilization leads to better healthcare and academic outcomes. 4. Design interventions to support health equity for chronically absent students through stakeholder engagement. <p>The research leverages data from LAUSD, L.A. Care, and Kaiser Permanente, linked securely via the Data Exchange system. The findings aim to enhance health system models, improve health equity, and better the academic outcomes for economically disadvantaged students, especially those insured under Medi-Cal.</p>	
<p>CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM</p>	<p>Rosina Franco, MD, <i>Committee Member, Senior Physician, Student Medical Services, Office of the Chief Medical Director, Los Angeles Unified School District</i>, Felix Aguilar-Henriquez, MD, <i>Medical Director, Quality, Quality Improvement</i>, gave the following (<i>a copy of the presentation can be obtained from Board Services</i>).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The presentation focuses on the transition of the Child Health and Disability Prevention (CHDP) program to Managed Care Plans, which began on July 1, 2024. This transition aims to enhance the delivery of services for children and youth under 21, aligning with the California Advancing and Innovating Medi-Cal (CalAIM) initiative. The key points include:</p> <ol style="list-style-type: none"> 1. Providers must follow the Bright Futures/American Academy of Pediatrics Periodicity Schedule, and L.A. Care requires all network providers to adhere to this schedule. 2. Dental screenings and oral health assessments are mandatory for members under 21, including as part of the Initial Health Assessment (IHA). 3. L.A. Care offers comprehensive training for both internal teams and external providers, with on-demand modules and instructor-led sessions available through L.A. Care University. 4. The CHCAC Committee members posed questions about the challenges and future of the CHDP training curriculum and materials, as well as coordination for case management of members with lead poisoning. <p>The presentation highlights efforts to streamline and improve healthcare for young beneficiaries while ensuring that providers are adequately trained to meet these new requirements.</p>	
ADJOURNMENT	The meeting was adjourned at 9:55 a.m.	

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

APPROVED BY:
Alex Li, MD, *Chief Health Equity Officer*

DocuSigned by:

FF33F5D33BF84D4...

Date Signed: _____ 1/29/2025 | 12:54 PM PST

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Summary – October 10, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Alex Li, MD, *Chief Health Equity Officer, Chairperson* Santiago Munoz*
 Sameer Amin, MD, *Chief Medical Officer* Elan Shultz
 John Baackes, *Chief Executive Officer** Stephanie Taylor, PhD
 Elaine Batchlor, MD, MPH
 Paul Chung, MD, MS
 Muntu Davis, MD, MPH
 Rishi Manchanda, MD, MPH

Management

Stephanie Booth, MD, *Board of Governors*
 Tom MacDougall, *Chief Information and Technology Officer*
 Andrea L. Flores, *Executive Advisor Information Technology Strategy*
 Charles Robinson, *Senior Director, Community Health, Safety Net Initiatives*

* Absent ***Present (Does not count towards Quorum)

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Shultz requested that the Committee accept his virtual participation under the Just Cause rationale. He has family care responsibilities that are preventing him from being downtown for the meeting. He must stay closer to home this afternoon. Alex Li, MD, <i>Chief Health Equity Officer</i> , called the meeting to order at 2:06 P.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved Unanimously by roll call. 6 AYES (Amin, Chung, Davis, Li, Shultz, and Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The August 8, 2024 meeting minutes were approved as submitted.	Approved Unanimously by roll call. 6 AYES

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> Chief Health Equity Update 	<p><i>(Member Batchlor and Member Manchanda joined at 2:16 P.M.)</i></p> <p>Member Alex Li, MD, <i>Chief Health Equity Officer</i>, gave a Chief Health Equity Officer Update as part of the Chairperson's Report.</p> <p>He began by noting John Baackes, <i>Chief Executive Officer</i>, retirement announcement after nearly ten years of leadership. The Board will announce his successor soon.</p> <ul style="list-style-type: none"> Strategic Plan Update: The 2025 Strategic Plan, previously presented to the group, incorporated feedback on metrics and was approved during the September Board meeting. Regulatory Settlement: During the pandemic, L.A. Care experienced backlogs in authorizations, appeals, grievances, and claims payments, resulting in a \$55 million fine despite self-reporting the issues. A settlement was reached with regulators (Department of Healthcare Services (DHCS) and Department of Managed Healthcare (DMHC)) to pay \$27 million in fines while allocating \$20 million for community investments. These funds will focus on health equity, behavioral health services, and quality improvement initiatives. Dr. Li said that it benefit L.A. Care members and providers. <p>Member Shultz asked if there is public document of that explains how the funds will be allocated. Dr. Li said that L.A. Care has been given a window of time to develop a plan for allocating the settlement funds. This plan will be reviewed by the regulators (DHCS and DMHC) to ensure alignment with guidelines. Once the plan is finalized and approved, it is unclear whether it will become a public document, but there is a clear process in place for project proposals and regulatory oversight.</p>	
<p>CHIEF MEDICAL OFFICER UPDATE</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave the following update:</p> <p>Dr. Sameer Amin provided updates on several initiatives led by LA Care's medical management team:</p> <ul style="list-style-type: none"> Enhanced Care Management (ECM): LA Care aims to enroll 30,000 members in ECM by year-end. As of Q2, 16,725 members have been enrolled, showing a 7% increase from the previous quarter. Enrollment growth is driven by improved referral processes and incentive payments. The network now includes 84 ECM providers, with recent additions such as Adventist and Didi Hirsch Mental Health Services. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Transitional Care Services (TCS): LA Care supports members transitioning between care settings. In August, 2,717 high-risk members were contacted for TCS, with a central intake line established for post-discharge support. Additionally, 542 case management cases were initiated, targeting high-risk and specialized populations like California Children Services. • Community Supports Programs: All programs are operational, with efforts underway to increase member participation. LA Care has developed a platform to organize these initiatives effectively. • Behavioral Health Services (BH): Through the school-based behavioral health program (SBHIP) and telehealth services with Hazel Health, 3,000 students have received care across 703 schools, totaling 20,000 visits. The program serves a diverse student population, with 55% Latinx and coverage split between Medi-Cal (55%) and commercial insurance (45%). 	
STRUCTURING L.A. CARE'S ARTIFICIAL INTELLEGENGE GOVERNANCE AND USE CASES	<p>Tom MacDougall, <i>Chief Information and Technology Officer</i> and Andrea L. Flores, <i>Executive Advisor Information Technology Strategy</i> Structuring L.A. Care's Artificial Intelligence Governance and Use Cases (<i>a copy of the materials can be obtained from Board Services</i>).</p> <p>The presentation outlined L.A. Care's strategy and governance approach for adopting Artificial Intelligence (AI).</p> <ul style="list-style-type: none"> • Overview of AI: AI was defined as technology that simulates human intelligence, with potential for transformative impacts across industries. L.A. Care is in the early stages of defining challenges that AI can address while balancing benefits, risks, and regulatory considerations. • AI Lifecycle: Adoption involves several stages, from defining problems and gathering requirements to selecting tools, testing, and operationalizing AI solutions. • Governance and Ethics: L.A. Care prioritizes ethical considerations, employing a "human-first" model to ensure AI supports members and employees. The organization has established an AI Board, applying "5 Pillars of AI Ethics" for decision-making. • Data Infrastructure: Efforts focus on modernizing L.A. Care's technology ecosystem by moving data to the cloud, creating single sources of truth, enhancing data security and governance, and refining the Clinical Data Repository (CDR) to support structured and unstructured data analysis. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Future AI Applications: Plans include implementing Natural Language Processing (NLP) for member and provider communication, predictive modeling, modernized architecture, and advanced BOT technology for user support and compliance. • Current AI Uses: <ul style="list-style-type: none"> ○ Machine Learning (ML) for predictive analytics, risk stratification, and language translation. ○ BOTs for helpdesk support and regulatory compliance. ○ Security enhancements leveraging AI to detect anomalies. ○ NLP for call center efficiency and voice authentication, enabling members to make plan changes without direct customer service interaction. <p><u>PUBLIC COMMENT</u> Public Comment submitted via chat by Stephanie Booth, MD, Board of Governors: If Chat-GPT is pretty good, why are all the on-line "helpers" (all the ones I have had any interaction with) so BAD at providing answers? My questions are all related to concrete stuff and they often don't even understanding my questions.</p> <p>Mr. MacDougall acknowledged the issue, explaining that most bots' performance depends heavily on how well they are trained and targeted for specific tasks. He provided a detailed overview of L.A. Care's efforts to improve bot performance and implement advanced technologies. He noted that the effectiveness of bots relies on their design and intended purpose. L.A. Care is working to ensure bots are well-placed and well-trained to handle specific tasks. He highlighted an example of L.A. Care's bot initiative called "Ask JB," named after outgoing CEO, John Baackes. This tool is currently used in the user support desk to assist with routine tasks like password resets by guiding users through a library of policies and procedures (P&Ps). While the tool is still evolving, future updates will enable it to automatically execute user requests. L.A. Care is actively modernizing its data architecture and expanding its data models to support more advanced AI capabilities. These efforts aim to improve the richness of bot responses and the overall user experience. The Advanced Analytics Lab team is utilizing large language models (LLMs), which are among the most advanced AI tools at L.A. Care. These models support predictive analytics and advanced data processing.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care is also developing NLP tools for several applications such as Voice Printing. Members will be able to use their voice as a password for authentication, with authorization enabling bots to address user needs directly. Call Center Integration: NLP will allow members to interact conversationally with bots, which will resolve issues or complete tasks such as changing their Primary Care Physician (PCP) without human assistance. Tasks will be enhanced with geolocation and automated communication, like sending relevant information via email. Predictive modeling is being used for various applications, with plans to enhance these capabilities further. Bots are already implemented in helpdesk support and will soon be integrated into other systems like customer support and compliance. Mr. MacDougall clarified that some AI models are built in-house, while others are adapted from off-the-shelf solutions provided by vendors. This combination allows for tailored applications that meet L.A. Care’s specific needs. Mr. MacDougall acknowledged the limitations of current bots while outlining L.A. Care’s efforts to address these shortcomings through training, advanced technologies, and infrastructure upgrades. He stressed that these initiatives are laying the foundation for more capable and responsive AI systems in the near future.</p> <p><i>(Member Amin left the meeting at 2:59 P.M.)</i></p>	
<p>L.A. COUNTY FIELD MEDICINE PROGRAM</p>	<p>Charles Robinson, <i>Senior Director, Community Health, Safety Net Initiatives</i>, gave a presentation about the L.A. County Field Medicine Program <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Purpose of the Program</p> <ul style="list-style-type: none"> • Challenges: Difficulty accessing specialty care and durable medical equipment for members experiencing homelessness. Limited coordination between County, City, and Medi-Cal resources. Lack of access to coordinated longitudinal care. Uneven distribution of providers, leaving gaps in geographic coverage. • Goal: Develop a comprehensive, community-based solution to provide healthcare and housing support to unhoused individuals. <p>Program Development Timeline</p> <ul style="list-style-type: none"> • Concept Testing (April 2023 – June 2024): Pilots demonstrated the viability of field-based, coordinated care approaches. • Collaborative Design (October 2023 – June 2024): Iterative design with input from providers, stakeholders, and Managed Care Plans (MCPs). 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Program Launch (July 2024): Applications released in Spring 2024; program launched with selected providers in July 2024. <p>Core Components of the Field Medicine Program</p> <ul style="list-style-type: none"> • County-Wide Provider Network: Field Medicine Primary Care Providers deliver longitudinal care in the streets, shelters, and interim housing. Nineteen providers will serve members in 15 Field Medicine regions across the county. • Operational Framework: Regional coordination ensures targeted approaches in high-density areas. Infrastructure supports interoperability among providers, government agencies, and community-based organizations (CBOs). • Referral and Access Systems: New systems for referrals to specialty care and durable medical equipment. Direct access expected to launch in Q1 2025. • Housing Integration: Aligns field medicine providers with housing navigators and Enhanced Care Management (ECM) teams. Streamlines ECM enrollment for members in interim housing. <p>Geographic and Programmatic Approach</p> <ul style="list-style-type: none"> • Geographic Alignment: Provider pods coordinate multidisciplinary care in the field. Collaboration with County and City programs, such as Housing for Health, to maximize service reach. • Coverage Expansion: The program is on track to achieve county-wide coverage, supporting 10 new teams over five years. • Partnerships: Aligning field medicine with housing and healthcare initiatives to provide seamless support for members. <p>Future Outlook</p> <p>The Field Medicine Program is designed to address critical healthcare and social service needs for unhoused populations while creating a sustainable, geographically aligned care model. It integrates housing navigation and specialty care to promote long-term stability and improved health outcomes for members.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 3:50 P.M.	

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

APPROVED BY: _____
 Alex Li, MD, *Chairperson*
 Date Signed

DocuSigned by:
 Alex Li
 FF33F5D33BFB4D4...
 1/29/2025 | 12:54 PM PST

BOARD COMMITTEE REPORTS

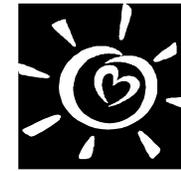
- **Executive**
- **Finance & Budget**
- **Compliance & Quality**
- **Audit**

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – November 20, 2024

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



L.A. Care
HEALTH PLAN

Members

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

Management/Staff

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

**Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, MBA, <i>Chairperson</i> , called to order at 2:06 pm the `meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously. 4 AYES (Ballesteros, Booth, Roybal, and Shapiro)
PUBLIC COMMENT	There was no public comment.	
APPROVE MEETING MINUTES	The minutes of the October 23, 2024 meeting were approved as amended. Board Member Booth has submitted proposed revisions to her statements reflected in the minutes, and a correction on page six.	Approved unanimously with amendments. 4 AYES
CHAIRPERSON’S REPORT	<u>Public Comment</u> <i>Andria McFerson commented that RCAC members are asking for better access to their coverage in receiving everything according to the doctor’s orders when they have a chronic illness. There is a particular RCAC member that has a breathing issue and it was ruled that she has this chronic illness and that she can pass away</i>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>day by day if she does not have that particular equipment, but it's a fight every single month to receive the proper access to everything that she needs in order to breathe, and it's important that we talk about that, discuss it, and L.A. Care members have better access to care.</i></p> <p>Board Member Shapiro thanked her for highlighting that. L.A. Care strives to address that type of issue. There are HIPAA privacy protections. If that member can bring their concern to L.A. Care, staff will address it. L.A. Care would like to address these important issues.</p> <p>There was no report from the Chairperson.</p>	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported L.A. Care is prepared for the new federal administration, although there is still no clear action other than nominees for critical posts. There has been no policy direction or potential legislation proposed by the President-elect. The main concerns stem from Project 2025. As mentioned in the Finance & Budget Committee meeting, L.A. Care finances are positive and the reserve fund is robust, compared to other health plans. That will be helpful in weathering potential issues in the next two years in particular with regard to a potential change in control of Congress. There is concern and anxiety in the air that no one is talking about. It will be incumbent on L.A. Care to respond quickly when changes come. L.A. Care belongs to four trade associations in Washington, D.C., which send daily updates. L.A. Care's lobbyist in Washington D.C., John Russell, a Partner at Dentons Global Advisors Group Government Relations, also sends extensive intelligence from Washington D.C. This committee will need to be alert and respond to management suggestions on coping with events. It may be a tough road ahead. Mr. Baackes is glad that L.A. Care is in good shape financially and operationally, because leadership will be more able to focus on whatever comes along.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> On the state level, the Legislative Analyst's Office released the 2025-26 California budget projection for a \$2 billion budget deficit. Among the key issues that will impact Medi-Cal in the upcoming budget is the passage of Proposition 35. There were budget measures passed last year that relied on funds that would have been available if Prop 35 did not pass. Legislators will likely look for creative ways to fund those proposals, or those proposals will have to be dropped. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • There's an increase projected in the caseload in Medi-Cal due to the elimination of the asset limit tests for seniors. As a result, more seniors will be enrolling in Medi-Cal. The LAO report was released this morning so there may be more information at the December Board Meeting. <p>Board Member Shapiro thanked her for the report and asked if there have been any decisions or discussion on how the Prop 35 funds will be distributed. Ms. Compartore deferred to Afzal Shah, <i>Chief Financial Officer</i>, for information on the distribution of funds.</p> <p>Mr. Baackes responded and offered to provide a term sheet to Board Members, which was developed to indicate how funds are to be distributed. He noted that the bulk of the funds will go to primary care and specialty care providers. Hospitals were supportive because without more providers participating in Medi-Cal, patients will use hospital emergency room. He invited Mr. Shah to comment on how the funds are to be distributed. Mr. Baackes noted that the original discussion was that the managed care organization (MCO) tax proceeds would increase base rates, and to date, the state has implemented a targeted rate increase (TRI) that is complicated and cumbersome, and once the money is sent for TRI, it will be hardly noticed because the method is so fragmented.</p> <p>Mr. Shah agreed that the TRI includes risk for L.A. Care and other health plans. An all plan letter (APL) requires by December 31, 2024, that health plans attest to all clean claims received as of November 30 will be paid, not just by L.A. Care, but its plan partners and delegated entities. Health plans are still negotiating 2025 contracted rates. Final TRI 2024 rates were received from California Department of Health Care Services (DHCS) in late September 2024. L.A. Care plans to send advances to a majority of the provider groups now so they can start changing their systems and paying claims. He noted the risk of compliance with funding. Mr. Shah reported that DHCS draft rates for 2025 include the TRI rate for an existing set of benefits. The existing enhancement is for primary care, non-specialty behavioral health, and obstetrics (OB) up to 87.5 percent. The equivalent amount for 2025 will be included in rates by December. He expects that all the new enhancements for specialty care, emergency room, et cetera, in the term sheet that Mr. Baackes will forward, will be delayed as DHCS takes time to look at the utilization of the services and calculates the Medi-Cal fee schedule equivalence code. It is likely that the TRI will be paid retroactively. The TRI for the enhancements could be delayed until summer of 2025 or later.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes reported that there will be a committee of stakeholders formed to advise DHCS. It would be incumbent on L.A. Care to have a representative participate from L.A. Care or from Los Angeles County. He emphasized that the idea of getting the funding in the base rate should not be given up, so that providers will be paid coincident with the provision of the services.</p>	
COMMITTEE ISSUES		
<p>Impact of L.A. Care’s advertising investments for the past several years</p>	<p>John Cota, <i>Senior Director, Creative & Marketing</i>, reported on L.A. Care’s marketing efforts, specifically around advertising efforts. He thanked Board Member Booth for her questions which led to this presentation.</p> <p>He reported that in 2014, L.A. Care began an intentional comprehensive marketing campaign. Prior to that, marketing fundamentally addressed member communication and member engagement. L.A. Care has been working to mature its advertising efforts and to create a framework for marketing efforts.</p> <p>He reported that marketing work is outsourced to advertising agencies and marketing agencies. The costs reflect a range of 15 to 25% paid to agencies for administrative services on investments in the marketing channels. He noted that 72 % of L.A. Care’s advertising efforts are focused on digital marketing, which enables more tracking and measurement. He noted that around 80% of the advertising budget is for “pass through” funds paid to media partners such as TV stations, out of home placements and other channels of communication.</p> <p>There are three primary marketing types. The first is brand, a significant effort with the objective of saturating the market with L.A. Care information and raising awareness so L.A. Care is prominent in the market. The next type is product marketing, which is intended to expand and retain members. The third is community engagement, where value is provided along with engagement, to understand the market and what consumers are looking for, what questions they have, and what intrigues them.</p> <p>Mr. Cota explained that every year a strategy is developed for each product. Every campaign kicks off in the first quarter of the fiscal year and is executed throughout the rest of the year. The vendor helps significantly with strategy and through media buys. A competitive analysis is critical, in that it provides an understanding of how competitors are conducting advertising and what L.A. Care needs to do to stay competitive in the market.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Creative support from vendors is supplementary. Data analysis and reporting are vital. Within a campaign there are different channels, referred to as specific campaigns or sub campaigns, and the vendor helps manage all those efforts. Campaign ad cost refers to the cost on an engagement level and on a conversion level. Conversion is the action by consumers. He reviewed the prior year’s campaign for L.A. Care Covered (LACC) showing the touch points and the different channels used to leverage tactics through radio, television, hotspot, mailing and out of home digital. L.A. Care’s Customer Support Center (CSC) supports the campaign with robo calls, outbound calls and monthly call volume support. The Sales team also supports the campaign. Communication staff supports a campaign with publications and media interviews. He reviewed the progress of a campaign, beginning as the open enrollment period (OEP) or annual enrollment period (AEP) launches. In the ensuing period of time the campaign begins dominating communication channels, leading to market saturation, until trickling down and then shifting to sustaining visibility in the market. There may be multiple campaigns operating at the same time.</p> <p>Looking back to 2015, LACC had 15,400 members. Since then, membership has increased to more than 190,000, with marketing yielding over a 1,000% increase. Membership in L.A. Care’s Dual eligible Special Needs Plan (DSNP) has also increased. He noted that Medi-Cal has gone through many changes recently, and marketing and advertising supported L.A. Care’s brand awareness. L.A. Care reminds members to take action to renew coverage. L.A. Care’s presence in the market has contributed to the enrollment increase.</p> <p>Mr. Cota reviewed the metrics used to measure campaign efforts and campaign strategy through engagement, with the objective to drive consumers to take action using the different conversion channels, such as telephone, web forms or L.A. Care’s website, measured by “click the rate (CTR). CTR is the digital rate people are clicking and engaging online. The cost per conversion is calculated based on CTR for digital engagement, impressions, and is a way to measure the success and performance of a digital advertising campaign.</p> <p>In response to a question, Mr. Cota noted that over the top (OTT) refers to live streaming, such as for radio or TV.</p> <p>Board Member Shapiro asked about optimizing CTR for different channels. He noted better uptake and better results with less cost for search engine marketing, and asked if there are plans to optimize certain channels more than others. Mr. Cota responded that</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>there are gaps primarily because a significant vehicle that is leveraged for this information was Google analytics. Last year, health plans throughout California had to discontinue use of Google analytics because of trackers. L.A. Care continues to leverage other sources to obtain the data securely. A new secure system is being implemented. Digital marketing must be maintained to keep the engagement level up, it's fundamentally important to keep the presence and stay current with search engine tactics, although some may not show a measurable yield. Work is continuing in tightening the analytics and sources of data.</p> <p>Mr. Cota reviewed a future dashboard that will be implemented next year to demonstrate the investment and members enrolled as a result. It will demonstrate trends and retention. The dashboards will be made available for review.</p> <p>In response to a question about an increase in the advertising budget, he noted that time and circumstance has affected the cost of advertising. In 2014, there was one cyclical advertising campaign for LACC. L.A. Care began an annual brand campaign. In 2024, there are about 18 campaigns, including the brand campaign and product campaigns. Most recently, political advertising took up available media spots and increased the cost of media. During the COVID pandemic, L.A. Care switched quickly from a traditional campaign to 100% digital. Campaign reach is not just about geography, it includes the difference in the targeted markets. L.A. Care's campaigns have matured and are becoming more targeted. Recently L.A. Care added digital billboards as a channel of communication and an expansion of tactics, which increased cost. L.A. Care began using email campaigns in the last year or so which including building a security structure.</p> <p>Chairperson Ballesteros asked about targeting various segments of the population viewing through impressions measured online by engagement and click through ratios. He noted that the younger population may be more online. Mr. Cota noted that different consumers are targeted based on their behavior and campaigns are tailored around that behavior. Mr. Cota will develop a presentation when more analytics are available and he will share that information. Chairperson Ballesteros suggested it would be helpful to have examples of which of the display ads had a better click through ratio and completion rates to get a visual sense of what works.</p> <p>Board Member Shapiro asked about how the Board can support marketing. Mr. Cota noted that as Mr. Baackes mentioned, it is not known what the policies are of the new administration, or the potential impact of any changes on L.A. Care's marketing. Mr. Cota responded that information would benefit this work.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes acknowledged Mr. Cota’s work as a long long-term employee. He is the creative genius behind L.A. Care’s “wings” campaign and has saved a fortune in agency fees. He is one of the most valuable employees.</p> <p>Board Member Booth asked, if the potential member is not asked why they did or did not enroll, how do you know enrollment is due to the marketing? Mr. Cota responded that engagement and activity can be measured and correlated with available data. This helps in understanding the impact of the marketing. The department will become more data driven to be able to provide the metrics and will be better able to answer that question.</p> <p>Board Member Booth asked about data available since 2014. Mr. Cota noted they are working on holding focus groups to engage with consumers, to understand what is needed to effectively engage consumers.</p>	
<p>Approve Revisions to the Conflict of Interest Code of the L.A. Care Health Plan</p>	<p><u><i>Public Comment</i></u> <i>Andria McFerson asked about the approve revision of conflict of interest code and who is affected, specifically. She was not quite sure and did not have this ahead of time so she could research every single agenda item. She was not aware of each agenda item.</i></p> <p>Augustavia Haydel, <i>General Counsel</i>, responded that the conflict of interest code is brought routinely to the Board for approval. It identifies the individuals that need to file a Form 700 and the level of financial disclosure or financial interests. It includes L.A. Care staff, the Board and certain consultants if they meet those requirements. The conflict of interest code includes changes since the last Board approval, removing job titles that are no longer in place and adding new job titles. The conflict of interest code is filed with the Los Angeles County Board of Supervisors for approval.</p> <p><u><i>Public Comment</i></u> <i>Ms. McFerson commented that the code of conduct should be carried out, signed by all staff and honored.</i></p> <p>Ms. Haydel clarified that it is a list of individuals that not the actual financial disclosure, and is not an instruction about how to comply with ethics requirements, which is in other documents.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE 100.1224</u> To approve revisions to the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to the CEO and General Counsel (including their respective designees) to make any non-substantive changes or changes that may be required by the County upon their review.</p>	<p>Approved unanimously. 4 AYES</p> <p>The Committee approved adding EXE 100 to the Consent Agenda for the December 5, 2024 Board of Governors meeting.</p>
<p>Approve Revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation)</p>	<p><u>Public Comment</u> <i>Andria McFerson's comment consists of the disparities that many genuine people go through as members of L.A. Care while trying to withhold human rights, address systematic injustices in the health care services, like when emergency rooms commit malpractice. But yet there is no follow up to the complaints of the L.A. Care members who express their life threatening concerns, not only to the human resource departments of the hospitals and service providers, but here at L.A. Care committee meetings. She attended the majority of RCAC meetings for the last past few months and was approached by many people who felt reluctant to say something because they felt they went through all the channels and it was uneventful. And their health has just worsened, not only due to their chronic illness, disability or mental condition, but the mental distress of not having general feedback. They do have a RCAC motion that is being contrived to have L.A. Care investigate different service providers who are not giving proper care. With that have some sort of investigation process particularly approved by the Board and just better the overall finishing product to when you have a complaint and just different things like that. Follow up to that particular member and react to it in a certain way to where they know that L.A. Care is responding and it would better their own situation If it is relative to their coverage with L.A. Care.</i></p> <p>Board Member Booth suggested amending the limit to match the thresholds for vendor contracts in L.A. Care's Policy AFS-006. Ms. Haydel clarified that the proposed change to Section 4.2 .1 in Policy LS-010 would be the same as the purchase thresholds.</p> <p>Settlements</p> <ul style="list-style-type: none"> Up to \$3 million require CEO and CFO approval. From \$3 million to \$5 million require Executive Committee approval. Over \$5 million require Board approval. <p>The Board receives an annual report on litigation matters.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE 101.1224</u> To approve revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) as submitted.</p> <p>Ms. Haydel thanked staff members Bill Seldeen and Jessica Gillette for their work on this policy revision.</p>	<p>Approved unanimously. 4 AYES</p> <p>The Committee approved adding EXE 101 to the Consent Agenda for the December 5, 2024 Board of Governors meeting.</p>
<p>Employee Annual Incentive Program FY 2023-24</p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, presented a motion approving payment of the annual incentive to employees, as budgeted. The request is for the approval of \$12.63 million to be dispersed to 2362 employees, in recognition of reaching organizational targets for fiscal year 2023-24.</p> <p>Currently, employees are eligible to participate based upon job classification, and under one of the following components of the Annual Incentive Program:</p> <ul style="list-style-type: none"> • Monthly Production Incentives Program based on predetermined criteria; • Individual Annual Incentives Program based on predetermined goals; and, <p>The Production Incentive Program was budgeted and paid monthly according to policy.</p> <p><u>Motion EXE 102.1224</u> To authorize the disbursement of funds not to exceed \$12.63 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 2023-24 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</p>	<p>Approved unanimously. 4 AYES</p>
<p>Human Resources Policies HR-210 (Meal Breaks and Rest Periods), HR-230 (Learning Management System), HR-233 (HR-233 Introductory Period), and HR-313 (Reemployment and Reinstatement)</p>	<p><u>Public Comment</u> <i>Andria McFerson commented that it was read to her but the human resource policies, she had absolutely no idea specifically what it entailed. She did want to comment during the last Board meeting. She did speak about improving outreach and engagement department in itself with the staff honoring the committee members rights of course, Brown Act Roberts Rules of Order expanding components of health care services by listening, time constraints and broadening coverage and member rights to talk about how it affects them during these meetings as well. So that just means that people who have health disparities, they have an open conversation and with that, people feel reluctant to speak because it's not an open forum of</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN																
	<p><i>conversation and it's timed. So they need better outreach in doing so. So, as far as that goes, having human resources policies come up with some sort of actions to have the staff come up with some sort of way that they can have a meeting with the staff and better intercommunication.</i></p> <p>Board Member Booth asked about committees that supposed to address those kinds of issues, there are two kinds of committees now.</p> <p><u><i>Public Comment</i></u> <i>Ms. McFerson commented that she's not saying that, but she hates to be forward, but it's uneventful.</i></p> <p>Terry Brown, <i>Chief Human Resources Officer</i>, introduced four policies for revision. The revisions are minor, and take into account current technology and minor procedural changes that have occurred within the organization. For HR 02:10, meal breaks and rest period, the reference to premium pay is removed since it does not apply to L.A. Care through a state or federal law.</p> <p>The revised policy is 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="491 841 1583 1419"> <thead> <tr> <th data-bbox="491 841 604 948">Policy Number</th> <th data-bbox="604 841 949 948">Policy</th> <th data-bbox="949 841 1201 948">Section</th> <th data-bbox="1201 841 1583 948">Description of Modification</th> </tr> </thead> <tbody> <tr> <td data-bbox="491 948 604 1055">HR-210</td> <td data-bbox="604 948 949 1055">MEAL BREAKS AND REST PERIODS</td> <td data-bbox="949 948 1201 1055">Employee Relations</td> <td data-bbox="1201 948 1583 1055">Annual Review</td> </tr> <tr> <td data-bbox="491 1055 604 1201">HR-230</td> <td data-bbox="604 1055 949 1201">LEARNING MANAGEMENT SYSTEM</td> <td data-bbox="949 1055 1201 1201">Learning & Development</td> <td data-bbox="1201 1055 1583 1201">Transfer policy into new template and updates to section 5.2 and 5.3</td> </tr> <tr> <td data-bbox="491 1201 604 1419">HR-233</td> <td data-bbox="604 1201 949 1419">HR-233 INTRODUCTORY PERIOD</td> <td data-bbox="949 1201 1201 1419">Employee Relations</td> <td data-bbox="1201 1201 1583 1419">Annual Review and added 3.2 Employment beyond the introductory period does not change the at-will nature of a person's employment with L.A. Care</td> </tr> </tbody> </table>				Policy Number	Policy	Section	Description of Modification	HR-210	MEAL BREAKS AND REST PERIODS	Employee Relations	Annual Review	HR-230	LEARNING MANAGEMENT SYSTEM	Learning & Development	Transfer policy into new template and updates to section 5.2 and 5.3	HR-233	HR-233 INTRODUCTORY PERIOD	Employee Relations	Annual Review and added 3.2 Employment beyond the introductory period does not change the at-will nature of a person's employment with L.A. Care	
Policy Number	Policy	Section	Description of Modification																		
HR-210	MEAL BREAKS AND REST PERIODS	Employee Relations	Annual Review																		
HR-230	LEARNING MANAGEMENT SYSTEM	Learning & Development	Transfer policy into new template and updates to section 5.2 and 5.3																		
HR-233	HR-233 INTRODUCTORY PERIOD	Employee Relations	Annual Review and added 3.2 Employment beyond the introductory period does not change the at-will nature of a person's employment with L.A. Care																		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS			ACTION TAKEN	
	HR-313	REEMPLOYMENT AND REINSTATEMENT	Employment	Annual Review and Rearranged sections	<p>Approved unanimously. 4 AYES</p> <p>Motion EXE A does not require full Board approval.</p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for December 5, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • November 7, 2024 meeting minutes • Revisions to the Conflict of Interest Code of the L.A. Care Health <ul style="list-style-type: none"> ○ <i>Revisions to the Conflict of Interest Code of the L.A. Care Health Plan Joint Powers Authority</i> • Revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) • Availity, LLC Contract to support L.A. Care with Electronic Claims Clearinghouse Services • Claris Health (formerly Santé Analytics) Contract Amendments: <ul style="list-style-type: none"> ○ Scope of Work 2 (A3) to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits ○ Scope of Work 5 (A3) to continue supporting L.A. Care with Pareo Analytics to ensure continued progress in optimizing L.A. Care’s payment integrity efforts and maximizing savings ○ Scope of Work 6 (A2) to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software ○ Scope of Work 7 (New Contract) Pareo Pre-Pay analytics services 			<p>Approved unanimously. 4 AYES</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • WiPro Contract to perform claims processing, Provider Dispute Resolution processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services • Quarterly Investment Report for the quarter ending September 30, 2024 	
PUBLIC COMMENTS ON CLOSED SESSION ITEMS	<p><i>Andria McFerson, RCAC 5, commented that she wants to honor Mr. Baackes. She respect and honor all services that he gave to the community as a member of L.A. Care. And she appreciates him taking the time out to actually listen. She had motions on the floor for a resource guide and he passed that through even though the ECAC was unresponsive. She had a motion on the floor to better healthcare for the homeless, and it was not approved by ECAC, but yet it was followed through. And those type of things they really appreciate, when that happens, people like her first hand, she was homeless when she made that motion and with the chronic illness, she had brain surgery, did all of that while she was advocating here and she was actually listened to so that bettered her transparency and just approaching everyone with the different things that she was going through to communicate to them and let them know that they can be here and talk about different issues and they will get addressed by firsthand experience. So she appreciates him for taking the time out to listen and his services, and will miss him.</i></p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 3:11 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:11 pm.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>November 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County</i>, L.A.S.C. Case No. 24STCV15962</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant Exposure (3 cases) Pursuant to paragraph (2) of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:58 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:58 pm	

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

APPROVED BY:
DocuSigned by:

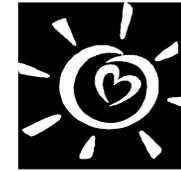
AA470E43B1BB4A1
Alvaro Ballesteros, MBA, *Board Chairperson*
Date: 1/30/2025 | 3:54 PM PST

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – November 20, 2024

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



L.A. Care
HEALTH PLAN

Members

Stephanie Booth, MD, *Chairperson*
Alvaro Ballesteros, MBA
G. Michael Roybal, MD
Nina Vaccaro **

*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
CALL TO ORDER	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:00 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.	
APPROVE MEETING AGENDA	The agenda for today's meeting was approved.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<p>Chairperson Booth requested a discussion of the Claris Health (formerly Santé Analytics) motions FIN 102 and FIN 104, and FIN 105 WiPro Contract, for clarification.</p> <p>Chairperson Booth asked about the Scopes of Work (SOWs) 5 and 7 for Claris Health. The SOWs seem to be about recovering payments that are not made correctly, except one SOW that goes to 2027. The other is a new contract for the same time period.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, responded that SOW 5 is for data mining, contract modeling and overpayment algorithms developed from the Claris library with a resource to help customize the algorithms. SOW 7 is for prepayment claims editing. SWO 5 is analytics and SOW 7 is prepayments claims editing. Ms. Reed added that there is a SOW 7 and there are six active SOWS under that agreement. The payment integrity program began around</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2017-2018, as the functionality within that program continues to grow, additional SOWs were added for housing, collecting and analyzing information, to ensure monitoring and acting upon waste and abuse. There is a SOW for the actual platform and separate SOWs for the services that operate within that platform.</p> <p>For the WiPro Contract, Chairperson Booth asked about separate services and if WiPro has better features or what it does that is different. She remembers hearing that an RFP was to have been conducted in August to assess the member 360 function. Ms. Reed noted that the SOW for WiPro compares to ImageNet, a vendor that does similar services. Staff contracted with an additional vendor for claims transactions in the Change Healthcare experience in February 2024. L.A. Care cannot depend on one vendor to process claims. This WiPro contract specifically helps process claims adjustments for provider disputes to meet timeliness and the accuracy quality requirements. It is a separate functional operation. L.A. Care has reviewed and completed an RFP for the member 360 functions.</p> <ul style="list-style-type: none"> • October 23, 2024 Meeting Minutes • Availity, LLC Contract to support L.A. Care with Electronic Claims Clearinghouse Services <u>Motion FIN 100.1124*</u> To authorize the staff to enter into a new contract and SOW #1 with Availity, LLC, for an overall contract amount of \$7,000,000, with a contract term from February 1, 2025 through January 31, 2030, for a total term of 5 years. This contract and SOW will allow Availity, LLC, to support L.A. Care with Electronic Claims Clearinghouse services through January 31, 2030. • Claris Health (formerly Santé Analytics) Contract Amendments: <ul style="list-style-type: none"> ○ Scope of Work 2 (A3) to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits. <u>Motion FIN 101.1224*</u> To authorize L.A. Care staff to enter into SOW #2 Amendment #3 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$3,446,916 to \$5,591,916, an incremental increase of \$2,145,000, and increasing the contract terms from January 1, 2021 through December 31, 2024, to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health to continue to support L.A. Care with a 	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved including FIN 100, FIN 101, FIN 103, and FIN 106 to the Consent Agenda for the December 5, 2024 Board of Governors meeting.</p> <p>FIN A does not require full Board approval.</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits, through December 31, 2027.</p> <ul style="list-style-type: none"> ○ Scope of Work 4 (A3) continue providing the Pareo Audit License and a full time Claris Health analytics resource. <u>Motion FIN A.1124*</u> To authorize the staff to enter into Amendment 3 for SOW 4 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$2,951,108 to \$3,671,108, an incremental increase of \$720,000, and increasing the contract terms from July 1, 2021 through December 31, 2024, to January 1, 2025 – December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health to continue to supply L.A. Care with a Pareo Audit License and a full time Claris analytics resource, through December 31, 2027. ○ Scope of Work 6 (A2) to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software. <u>Motion FIN 103.1224*</u> To authorize the staff to enter into Amendment 2 for SOW 6 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$4,076,950 to \$6,056,950, an incremental increase of \$1,980,000, and increasing the contract terms from January 1, 2022, through December 31, 2024, to January 1, 2025, through December 31, 2027, an incremental term of three years. This amendment will allow Claris Health (formerly Santé Analytics), to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software through December 31, 2027. ● Quarterly Investment Report for the quarter ending September 30, 2024 <u>Motion FIN 106.1224*</u> To accept the Quarterly Investment Report for the quarter ending September 30, 2024, as submitted. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Claris Health (formerly Santé Analytics) Contract Amendment Scope of Work 5 (A3) to continue supporting L.A. Care with Pareo Analytics to ensure continued progress in optimizing L.A. Care’s payment integrity efforts and maximizing savings. <u>Motion FIN 102.1224</u> To authorize the staff to enter into Amendment 3 to SOW 5 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$600,000 to \$9,585,825, an incremental increase of \$8,985,825, and increasing the contract terms from January 1, 2022 through December 31, 2024 to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health (formerly Santé Analytics) to continue supporting L.A. Care with Pareo Analytics through December 31, 2027, as we implement additional concepts and enhance recoveries. This extension ensures continued progress in optimizing our payment integrity efforts and maximizing savings.</p> <p>Claris Health (formerly Santé Analytics) Contract Amendment Scope of Work 7 (New Contract) Pareo Pre-Pay analytics services. <u>Motion FIN 104.1224</u> To authorize staff to execute a new contract in the amount of \$7,680,000 with Claris Health for Pareo Pre-Pay analytics services for the period of January 1, 2025 through December 31, 2027.</p> <p>WiPro Contract to perform claims processing, Provider Dispute Resolution processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services. <u>Motion FIN 105.1224</u> To authorize the staff to enter into a contract with WiPro LLC. for \$9,813,834 and for the term of January 01, 2025 to December 31, 2027. This contract will allow WiPro LLC. to perform claims processing, Provider Dispute Resolution processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services.</p>	<p>FIN 102, FIN 104, and FIN 105, were approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal, and Vaccaro)</p> <p>The Committee approved including FIN 102, FIN 104, and FIN 105, on the Consent Agenda for the December 5, 2024 Board of Governors meeting.</p>
CHAIRPERSON’S REPORT	<p>Chairperson Booth expressed that things are progressing in the finance and budget process, as well as the papers for the Committee to review. There are changes that will occur after the end of the year to update reporting. The statements of work are separated, which helps in following the cost for each statement of work.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth thanked the Finance Department for their help in making this so much more user friendly. The changes make it easier to follow what is happening at L.A. Care.</p> <p><u>Public Comment from Andria McFerson</u> <i>Sorry. Oh it was not on. Thank you. Sorry about that. Do I need to repeat myself? I think you guys heard me, right? Okay, so with that being said, having the RCACs be funded with our organization so that we can give back to the community and do things like peer on peer counseling or peer on peer informational type of technique to where we can give to the public like the homeless and people that are going through what we are going through with our health disparities first hand, where we can give that eye to eye peer on peer connection. And with that, if the finance department has anything to do with that, I would ask that they consider the RCACs so that we can give back to the community and do whatever is necessary in order to fight against homelessness, in order to fight against high mortality rates, in order to fight against a lot of different things that people are going through and it could be anything from domestic violence victims, it could be anything from seniors and we need that overall interconnection with the community in itself. So, we need to broaden the RCACs and make it so that they understand how important they are. And, as far as our budget goes and different things like that, we have had, different issues having to do with the distribution of finances for the RCACs so that we can have our own specific events and then also cohesively with other organizations and things like that. So, I would hope that the Committee consider giving us access to mental health. Or, let's put it this way. I have a friend that has an addiction and he's been fighting against it for a long time. He's part of the RCACs and he is a survivor. And he would like to give information. He knows a lot of different organizations in different areas of therapy, and he would love to give that back to the community, but he has not had an opportunity because he doesn't have that open form of communication and the RCACs would be perfect for that.</i></p> <p>Chairperson Booth thanked Ms. McFerson for her comment and noted that the Board recently approved L.A. Care's budget for the coming year, including a budget for the RCACs. Chairperson Booth added that she was just trying to answer the question in general. She noted that generally, the department, it would be the TTECAC and RCACs, develop a plan for what you want to do with estimate of how much will be needed for the project and then ask for the budget for it. There always has to be a reason to be able to do a project. If it is a well-developed project that you want to do and L.A. Care finds it reasonable, L.A. Care would be willing to fund it.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF EXECUTIVE OFFICER'S REPORT</p>	<p>John Baackes, <i>Chief Executive Officer</i>, commended Afzal Shah, <i>Chief Financial Officer</i>, for the two best years financially that L.A. Care has had. The report for this year is particularly important because it incorporates a retroactive negative adjustment for about \$280 million by California Department of Health Care Services (DHCS) of 2023 premiums as DHCS determined that the acuity level of the members was lower than estimated in the rate development. Health plans have objected because now the members with lower acuity were kept enrolled during the pandemic and then disenrolled in the eligibility redeterminations in the last year. The remaining members have a higher acuity, and DHCS' approach is to return to the routine actuarial exercise of looking back three years and trending forward. The health plans are pushing back as DHCS was quick to consider an overpayment, but not as quick to recognize an underpayment and adjust the rates accordingly.</p> <p>In a meeting held last week with the Director of DHCS, it was acknowledged that the rates distributed for 2025 may not be the final rates. It was not affirmed exactly how the shortfall would be recognized. The points health plans were making were not acknowledged. L.A. Care is in a very good position relative to its reserves. The next year may be difficult financially for health plans. With the results of the federal election and the announcement of the nominees to lead the Department of Health and Human Services (DHHS) and Centers for Medicare and Medicaid Services (CMS), the future is uncertain. Based on comments made by nominees and the track record of the incoming administration, Medicaid funding and the Affordable Care Act are targets for adjustments. Medicare probably will be targeted too, but likely not as much. Mr. Baackes thanked the good stewardship of Mr. Shah in getting L.A. Care to where it is, and his ability to negotiate along with the team consisting of Noah Paley, <i>Chief of Staff</i>, to get to better risk adjusted reimbursement for the largest providers. This has contributed to the good financial results.</p> <p>Chairperson Booth thanked Mr. Baackes. She added that this is actually not just one person, it is L.A. Care leadership, the Board, and L.A. Care employees that are responsible for the two good years. She agreed 2025 would be a tough year. She shared that several local health plans are experiencing losses for 2024 and projecting losses going forward. It will be a tough environment even without the election, but with the election there are other outside forces that may make things worse.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ITEMS		
Chief Financial Officer's Report <ul style="list-style-type: none"> Financial Report 	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the Financial Performance through September 2024 (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u></p> <ul style="list-style-type: none"> Total membership for the month of September was 2.6 million members, which is around 215,000 favorable to the 4+8 forecast. Year-to-Date (YTD) member months are just under 32 million or 937,000 favorable to the 4+8 forecast. <ul style="list-style-type: none"> Most of the favorability continues from Medi-Cal as enrollment has been higher than expected post-redeterminations. L.A. Care Covered (LACC) has also been a consistent driver in favorability primarily due to SB260 and their competitive price position. The favorability will likely continue into the next fiscal year as our budget assumes a slight monthly decrease and our recent trend has shown a slight increase. <p><u>Consolidated Financial Performance</u></p> <p>Net surplus of \$134.3 million for the month of September excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP) which is \$203 million favorable to forecast. This is a swing from \$83 million loss reported last month.</p> <p><u>Revenue is \$195 million favorable</u></p> <ul style="list-style-type: none"> Driven by Rate Updates including: <ul style="list-style-type: none"> \$39 million Acuity adjustment swing from August \$65 million Calendar Year (CY) 2024 Final Rates \$33 million supplemental (Community Based Adult Services [CBAS], Ground Emergency Medical Transportation [GEMT], Maternal Kick [M-Kick]) \$68 million in additional membership <p><u>Medical Expenses are \$13 million favorable</u> - driven by updated CY 2024 rates offsetting with higher incurred claims and capitation tied to membership.</p> <p><u>Operating Expenses are (\$4.6 million) unfavorable</u> (\$2.8 million) is tied to Incentive Payment Program (IPP) (\$5.6 million) in professional fees due ongoing litigation support and enforcement matters (\$13.1 million) Amortization true-up, which Sep 2024 booking consists of prior FY 2022-23 \$1.1 million + FY 2023-24 true-up \$14.9 million</p>	

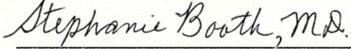
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>\$16.8 million favorable in medical administration</p> <p>Non-Operating Expenses are (\$11.4 million) unfavorable due to MCO Tax true-up</p> <p>YTD's net surplus was \$419 million, \$272 million favorable to the forecast when HHIP and IPP are excluded.</p> <p>Net income % of 3.9% 1.9% when you subtract investment income.</p> <p><u>Revenue is \$295 million favorable</u></p> <p>\$309 million Membership</p> <p>\$110 million CY 2024 Rate including long-term care (LTC)</p> <p>\$43 million Maternity Kick</p> <p>\$22 million CBAS</p> <p>Partially offset by CY 2023 acuity rate adjustment (\$113 million), Risk Corridors/Adjustments (\$69 million), HHIP/IPP (\$33 million) and Cal MediConnect (CMC) CY2021 Disenrollment Penalty (\$4 million)</p> <p><u>Medical Expenses are (\$3M) unfavorable</u></p> <p>(\$305 million) Membership</p> <p>(\$156 million) Incurred Claims</p> <p>(\$20 million) CY 2023 Shared Risk True-Up</p> <p>(\$15 million) Risk Corridors/Adjustments</p> <p>(\$3 million) Maternity Kick</p> <p>Partially offset by Capitation favorability +\$203 million, CY 2024 Rates (PP) +\$94 million, HHSS Recovery +\$78 million, HHIP/IPP +\$44 million, CY2023 Acuity Rate Adjustment +\$36 million, Provider Incentives +\$24 million, Shared Risk +\$7 million, Student Behavioral Health Incentive Program (SBHIP) +\$7 million, and CMC CY 2021 Disenrollment penalty +\$3 million</p> <p><u>Operating Expense (\$19.4 million)</u></p> <p>(\$3.2 million) tied to IPP</p> <p><u>Operating Expense (\$16.3 million) when excluding IPP</u></p> <p>(\$14 million) Sanctions/Penalties - \$7 million covered CA quality, \$5 million sanction improper payments</p> <p>(\$9 million) SBITA</p> <p>(\$8 million) Legal related expenses</p> <p>\$4 million) S&B</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>\$3.8 million Advertising & Promotions \$5.4 million Medical Administration</p> <p><u>Non-Operating Income is \$7.2 million favorable</u> Favorability driven by higher Interest Income, unrealized gains</p> <p><u>Consolidated Financial Performance – Six Year Trend</u> <u>Mr. Ingram explained that</u> anytime there is a higher surplus than anticipated, it is important to review prior years as a weighted average.</p> <p>The last two years have benefited from the Federal Reserve rating action. In the outcome of the election, the Federal has walked back on further cuts this year, which actually helps the portfolio.</p> <p>\$216 million of the surplus this year is coming from investment activity. It is not expected for L.A Care to continue to see a 4% surplus. – The FY 2024-25 budget assumes a surplus of 1.5%. The original FY 2023-24 budget assumed a \$302 million surplus or 2.7%; \$225 million favorable.</p> <p><u>Consolidated Financial Performance vs Budget</u> <u>Mr. Ingram displayed a</u> waterfall view of the variances from the original budgeted surplus of \$302 million to final surplus of \$419 million.</p> <ul style="list-style-type: none"> • 2 larger positive variances <ul style="list-style-type: none"> ○ \$398 million Rate favorability ○ \$131 million investment income • 3 items to call out on the expense side <ul style="list-style-type: none"> ○ \$91 million increase in administrative expenses ○ \$125 million in risk corridor/risk adjustment impacts ○ \$153 million in incurred claims <p>That gets to the \$527 million net surplus with HHIP/IPP and \$419 million without it.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> • Favorability in the rates for Medi-Cal is driving the better than anticipated Medical Care Ratio (MCR), though we are on target with rate development. • DSNP tracking ahead of forecast • LACC is unfavorable to forecast due to the Risk Adjustment Factor (RAF) score adjustment from 0.70 to 0.64 and higher than anticipated healthcare expenses. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • PASC is virtually flat to the forecast. • Overall MCR is favorable to forecast both with and without IPP/HHIP <ul style="list-style-type: none"> ○ 90.8% vs 93.3% ○ 91.7% vs 94.1% excl HHIP/IPP • Administrative ratio is back in-line with the increase in revenue for CY 2024, balance between administrative dollar target and administrative ratio. Revenue will flex, need to adjust spend accordingly. • Balance sheet metrics all satisfying benchmarks with no caveats for pass-through funds. <p>The Tangible Net Equity (TNE) is healthy at 881%, with 91 days of cash on hand.</p> <p><u>Motion FIN 107.1224</u> To accept the Financial Reports as of September 2024, as submitted.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<ul style="list-style-type: none"> • Monthly Investment Transactions Reports 	<p>Mr. Ingram referred to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of as of L.A. Care's total investment market value as of September 30, 2024, was \$3.6 billion.</p> <ul style="list-style-type: none"> • \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$125 million in BlackRock Liquidity T-Fund • \$11 million in Los Angeles County Pooled Investment Fund • \$6 million in Local Agency Investment Fund 	
<ul style="list-style-type: none"> • Quarterly / Annual Internal Policy Reports 	<p>Mr. Ingram referred to the 4th Quarter and Annual Expenditure Reports required by L.A. Care Internal Policies for FY 2023-24 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"> • Policy AFS-004 (Non-Travel Expense Report) • Policy AFS-027 (Travel Expense Report) 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Policy AFS-006 (Authorization and Approval Limits) • Policy AFS-007 (Procurement) 	
Public Comments on the Closed Session agenda items.	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:41 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:41 p.m.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure <i>November 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates 	
RECONVENE IN OPEN SESSION	<p>The meeting reconvened in open session at 2:00 pm.</p> <p>Ms. Haydel advised the public that no reportable action from the closed session.</p>	
ADJOURNMENT	The meeting adjourned at 2:00 pm.	

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

APPROVED BY:
Signed by: 
084B48A20E5F499
Stephanie Booth, MD, *Chairperson*
Date Signed 1/24/2025 | 10:53 AM PST

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – November 21, 2024



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

Members

Stephanie Booth, MD, *Chairperson*
 Al Ballesteros, MBA*
 G. Michael Roybal, MD
 Fatima Vazquez

Senior Management

Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Todd Gower, *Chief Compliance Officer*
 Augustavia J. Haydel, *General Counsel*
 Alex Li, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operations Officer*
 Edward Sheen, MD, *Chief Quality and Population Health Executive*
 Maggie Marchese, *Senior Director, Audit Services*
 Miguel Varela Miranda, *Senior Director II, Regulatory Operations, Compliance*
 Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:05 P.M. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved as submitted.	Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)
PUBLIC COMMENT	<i>There was no public comment.</i>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The October 17, 2024 meeting minutes were approved as submitted.	Approved unanimously. 3 AYES
CHAIRPERSON REPORT	Chairperson Booth noted improvements in the organization's reporting and departmental operations related to the Compliance & Quality (C&Q) Committee oversight. She noted better organization and communication, leading to resolution of previously concerning issues. Chairperson Booth expressed gratitude to all departments, commending them for their support and excellent work.	
COMPLIANCE & INTERNAL AUDIT		
CHIEF COMPLIANCE OFFICER REPORT	<p>Todd Gower, <i>Chief Compliance Officer</i>, presented the Chief Compliance Officer Report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Gower reported on four areas of focus for the Compliance Department. He noted the importance of preparing and presenting topics comprehensively at the Compliance and Quality Committee (C&Q) meetings. The draft calendar plan under review with Dr. Amin aims to ensure inclusion of required components for reporting compliance and quality across various areas. Mr. Gower reviewed the compliance department maturity over the past year, noting significant progress particularly in delegation oversight and technology enhancements in Governance, Risk, and Compliance (GRC). He commended the strengthening of audit and compliance practices, which have led to improved risk management and transparency. Mr. Gower expressed satisfaction with the success in communication, with regular updates to the Board and leadership. The department will continue to work to reach higher maturity levels, especially in technology. At the National Healthcare Anti-Fraud Association conference, he saw new technologies adopted by other organizations to enhance provider monitoring and auditing, which could be beneficial for anti-fraud initiatives. He mentioned tools like Healthcare Fraud Shield and continuous auditing technologies to support internal audits. He stressed the importance of the GRC system in centralizing policies, audit plans, and compliance work, ensuring that past audit findings and enforcement actions are properly addressed and monitored. He underscored the critical role of technology in maintaining control over information, reducing risks, and supporting hybrid working environments. He spoke about the collaborative efforts across various departments, including finance, operations, healthcare services, and network management, to enhance monitoring, controls, and communication, ensuring compliance and reducing the risk of regulatory enforcement actions.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth asked what has changed. Mr. Gower responded by outlining several key initiatives and ongoing efforts to enhance the organization's governance structure and compliance practices. He discussed restructuring to support governance and the bifurcation of compliance and audit functions. He emphasized the importance of the risk committee's role in ensuring continuous communication and support for audits, addressing prior issues to avoid repetition and acknowledging significant improvements in IT security under the Chief Information and Technology Officer's leadership. Mr. Gower highlighted the critical focus on protecting member, provider, and employee data from fraud, particularly through enhanced IT security measures. He praised the support from various teams, including the Chief Information and Technology Officer and Advanced Analytics, in improving data protection and compliance. He mentioned the ongoing stakeholder mapping exercise aimed at identifying key areas of concern and strengthening communication between different lines of defense. He expressed openness to feedback and the importance of continuous improvement in compliance practices. He reviewed the 2024 work plan, noting progress in certain areas while emphasizing the need to enhance efforts in fraud prevention and detection. He recognized the complexity of L.A. County operations and the organization's achievements, particularly in comparison to other counties. Looking ahead to 2025, Mr. Gower outlined priorities such as stabilizing compliance, improving reporting and regulatory intake, and enhancing the GRC tools. He stressed the importance of maintaining good controls and effective communication in adapting to regulatory changes. Mr. Gower discussed efforts to continue maturing and scaling operations, acknowledging the challenges and progress made thus far.</p> <p>Chairperson Booth stated that there is lots of information there, it tells what L.A. Care had before and what it did to get to higher levels. Mr. Gower responded that reviewing ways to enhance Compliance validates current operation status and continued focus will help with the work plan overall, making sure L.A. Care achieves higher maturity levels.</p>	
<p>INTERNAL AUDIT SERVICES</p>	<p>Magdalena Marchese, <i>Senior Director, Audit Services</i>, and Gennadiy Daych, <i>Director, Internal Audit</i>, reported on Internal Audit Services (<i>a copy of the presentation can be obtained from Board Services</i>). Ms. Marchese presented the status of the 2024 audits and noted four specific audits for discussion:</p> <ul style="list-style-type: none"> • Provider Operations and Provider Network Audits: Internal Audit (IA) recommended moving these two audits to the 2025 work plan due to a new system implementation affecting the ability to provide relevant findings from the current manual processes. Testing these areas is suggested post-implementation. • New Audit Additions for 2024: Ms. Marchese introduced two new audits: <ul style="list-style-type: none"> ○ HR Audit focusing on the recruitment process and background checks. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Transportation Audit evaluating the monitoring of transportation services through LA Care’s “Call the Car” program. <p>Ms. Marchese then discussed the closed audits since the last meeting in August:</p> <ul style="list-style-type: none"> ● Call Center Audit: This audit assessed the effectiveness of monitoring processes and controls in the call center. Four findings were identified in call handling, complaints and grievance handling, training, and quality assurance. ● Risk Mitigation Plan Effectiveness Review: This review focused on the timeliness of the health risk assessment process for Medicare and MediCal lines of business. The Medicare line passed with no findings, but the MediCal line had three findings due to delays in deploying necessary reporting tools. <p>Board Member Roybal asked about the high risk ratings, is that a regulatory high risk or is it operationally high risk. Ms. Marchese responded that they were operational where some procedural areas were identified as high risk and required management action plans. Chairperson Booth asked how the risk is determined to be fully completed. Internal Audit considers it complete once the audit is done and the corrective action plan is in place, and then it gets rechecked. Ms. Marchese explained that after an audit is considered complete, it continues to be monitored until all findings are fully remediated. Internal Audit does not close the issue until the management action plan (MAP), which the business unit commits to for addressing the findings, is fully implemented. Internal Audit follows the MAP to completion. Ms. Marchese mentioned that in future C&Q meetings, the status and progress of each MAP will be presented. Mr. Gower mentioned the disciplined approach in the current audit process, and noted the importance of consistency and regular reminders to avoid overlooking ongoing issues. He noted the positive examples of collaboration with marketing and member services departments to address past problems. Unlike regulators who simply report findings, Mr. Gower stressed that the IA team works closely with operations units to ensure proper follow-up and continued compliance. This approach enhances ongoing monitoring efforts within the organization.</p> <p>Member Roybal wondered if using “closed validation” would be helpful for documentation purposes. Ms. Marchese explained that they will report the closure of findings and observations, such as call handling processes, indicating the status of management action plans. Although they didn't have time to include it in the current report, the completion of these plans will be noted in future meetings. Mr. Gower noted the importance of ongoing validation to support the audit process and ensure continuous compliance with requirements. He acknowledged the supportive efforts of the Operations Department, the challenges in tracking activities which involve both manual reviews and technological support. He thanked the operations and IT teams for their contributions in facilitating these processes.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>DELEGATION OVERSIGHT AUDIT SCHEDULE AND STATUS</p>	<p>Marita Nazarian, <i>Director, Delegation Oversight, Audit Services</i>, reported on the Delegation Oversight Audit Schedule and Status (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>In 2023, all 33 scheduled oversight audits were completed, with 29 having undergone corrective action plan validation. For 2024, 45 audits were planned, including 31 for Participating Physician Groups (PPG), 12 for Plan Partners, and eight for specialty health plans and vendors. In addition to these, four pre-delegation assessments were conducted. So far, 12 of the 45 audits have been completed, with the majority progressing through CAP implementation. Ms. Nazarian noted success in the areas of cultural and linguistic audits and compliance program effectiveness, where delegates performed well. Audits ensured delegates translated member materials into preferred languages, used qualified translators, and provided cultural and linguistic training. Compliance audits checked for the presence of compliance officers, committees, and programs, as well as effective communication channels and routine monitoring processes. The team successfully hired a clinical audit manager, updated audit tools for 2024 and 2025 and utilized delegate reports for annual audits, demonstrating strong collaboration among business units within L.A. Care.</p> <p>Chairperson Booth wondered if, when working with these outside entities, are there usually simple things to fix or do they need to complete a root cause analysis. Ms. Nazarian responded that they complete a root cause analysis for any finding and provide the results. Corrective action plans are created with status of remediation. Mr. Gower applauded Ms. Nazarian and her team’s efforts.</p> <p>Ms. Nazarian discussed challenges in completing case files for utilization management audits, particularly when delegates had difficulty gathering information from provider offices. To address this in 2025 audits, she proposed using internal reports for sample file selection rather than requesting universes from delegates. This approach would give delegates nearly two months more time to collect the necessary information. She mentioned that regulators typically request fewer samples than is done with L.A. Care, focusing on one line of business at a time. In contrast, L.A. Care audits delegates across all the lines of business, sometimes requesting 200 to 400 case files for a comprehensive audit covering various areas within each line of business.</p> <p>Chairperson Booth asked Ms. Nazarian if the volume of cases requested is too high. Ms. Nazarian responded that the number will not decrease, but will provide longer time to put them together. She noted that regulators are not gonna ask for that many when they're auditing delegates, and she has never seen any issues with delegates providing the case files to regulators during a regulatory audit, but it does happen ? during the annual audits due to regulators asking for large numbers of cases.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Nazarian discussed several challenges related to utilization management audits. Delegates struggle to meet the 90% threshold for passing scores in case file reviews, particularly for denials. To address this in 2025, L.A. Care plans to conduct audit entrance calls with delegates to clearly highlight the clinical information needed in case files, aiming to improve their scores. Another challenge involved delegates being inconsistent in notifying L.A. Care about their subcontracting arrangements. To resolve this, L.A. Care will conduct a survey of delegates to gather details about all subdelegation arrangements. Additionally, a memo will be sent to re-educate delegates on the requirement to notify L.A. Care of subcontracting, ensuring that even minor subcontracting arrangements are communicated timely.</p> <p>Chairperson Booth asked how the second issue was related to repeat findings. Ms. Nazarian responded that some delegates fail to meet the 90% threshold in case file reviews, which can happen year after year. To help delegates, L.A. Care provides guidance on information that should be included in case files to meet the threshold and avoid repeat findings. Chairperson Booth stated she may not have been clear with her question, as the issue described seemed more related to incomplete case files and not how meeting the 90% threshold would prevent repeat findings. Ms. Nazarian responded that a repeat finding occurs when a delegate fails in an area and the following year the case files still do not meet the required 90%. By helping delegates understand what is needed in the case files, L.A. Care aims to prevent repeat failures and ensure delegates meet the threshold.</p>	
<p>COMPLIANCE TRAINING UPDATE</p>	<p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, reported on the 2024 Annual Compliance Training Program Results (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>The annual compliance training began in October and is due to be completed by December 15, with some cleanup tasks following that date. The training consists of six required modules for all employees and contingent workers, and includes HIPAA, code of conduct, overall compliance, privacy rules, fraud, waste, abuse and security awareness. As of November 7, the completion rate stood at 24%. Efforts to increase awareness have ramped up through heightened communication to associates and leadership, and supervisors receive automatic updates about outstanding training. The completion rate is expected to rise as the deadline approaches. Regarding training for the Board of Governors, Mr. Sobetzko noted that 10 out of 13 board members had completed their training, achieving a 77% completion rate with a goal to finish by the end of December.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ISSUES INVENTORY	<p>Micheal Sobetzko, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, reported on the Issues Inventory (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Sobetzko provided updates on items reported in September. The first item, which has been closed, concerned L.A. Care's method of processing corrected claims. Historically, corrected claims were reprocessed as new claims, with the original payment recovered, a practice that regulators suggested might confuse providers. In response, L.A. Care changed its approach to reprocess the initial claim as a correction. These adjustments were made to both automated systems and manual processes by late October.</p>	
REGULATORY AUDIT (FOLLOW UP)	<p>Miguel Varela Miranda, <i>Senior Director II, Regulatory Operations, Compliance</i>, (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Miranda provided an update on two audits, beginning with a 2021 routine survey conducted by the Department of Managed Health Care (DMHC), with findings released in 2022. The audit reviewed L.A. Care performance from 2019 to 2021, covering appeals and grievances, quality management, utilization management, access and availability, and pharmacy. Mr. Miranda said that L.A. Care has significantly evolved since 2021, and the audit reflects a past snapshot. The audit process includes three phases: the preliminary report received in 2022, to which L.A. Care responded within 45 days; the final report, now publicly available on the DMHC website, requiring a supplemental response by November 30, 2023; and a follow-up report by DMHC addressing all findings. The organization is currently in the second phase of this process.</p> <p>Member Roybal asked Mr. Miranda about the timing of the preliminary report from the audit in 2022. Mr. Miranda responded that it was received in December 2023. Member Roybal expressed concern about the lengthy timeline of the audit process, noting that L.A. Care submitted a response within the required 45 days, but the DMHC took nearly two years to provide the findings. He questioned whether there are any statutory or regulatory requirements for the DMHC to respond in a timely manner, suggesting that this process might need to be re-evaluated. Mr. Gower acknowledged that timely responses from regulatory bodies, especially in enforcement matters, have always been a challenge, and the audit protocols, even at the federal level, are not very timely.</p> <p>Mr. Miranda explained that part of the delay in the audit process was due to the COVID emergency, which allowed regulatory bodies more flexibility. He mentioned that although the delay was an outlier, the organization is working to ensure timely responses through legal support. He provided a comparison of audit findings, showing a decrease in final findings from the preliminary reports for both the Local Initiative and Joint Powers Authority, attributing the improvement to</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>internal efforts and documentation pushback. The DMHC requested supplemental responses for several findings, including quality assurance, utilization management, emergency services, and prescription drug coverage. The team is preparing to submit responses that are due by November 30. A follow-up audit is expected near the end of 2025.</p> <p>Mr. Miranda briefly discussed the 2024 Center for Medicare and Medicaid Services (CMS) third financial audit currently underway. The audit is conducted by CMS through a CPA firm to review the organization’s risk-bearing liability losses and ability to effectively adjudicate claims. The audit is ongoing from September to December, with an extension to March 2025 for on-site work. The process will take time to complete and includes remediation, corrective action plans, and document submission. This audit helps CMS evaluate health plan’s financial performance, and L.A. Care is ensuring all necessary documentation is provided.</p>	
<p>PAYMENT INTEGRITY REPORT</p>	<p>Erik Chase, <i>Senior Director, Claims Integrity, Claims Integrity</i>, gave a Payment Integrity Report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Chase reported on key metrics and goals aimed at improving payment processes and reducing associated costs. He presented the amount paid including interest over the last six months, noting a decrease in June due to fewer working days caused by a weekend start and a holiday. He highlighted a downward trend in interest payments, reflecting more timely claims paid as interest is added to late claims. The goal is to reduce the payments to zero by mitigating controllable adjustments. Mr. Chase discussed the first pass adjudication claims volume, indicating that most claims are auto-adjudicated with a high eighty to low nineties percentage, while the remaining approximately 10% are manually processed. He noted the importance of timeliness in processing claims to maintain compliance. The compliance requirement involves processing a high percentage of claims within 30 calendar days. Although there was a slight dip due to a specific issue and efforts to identify and remediate it brought the process back into compliance. He detailed the average days taken to process claims from receipt to adjudication, aiming to keep this duration short through high auto-adjudication rates. Mr. Chase also provided insights into the first pass claims denial rate, stressing the need to keep it low, and discussed common reasons for denials, such as duplicate claims, incorrect billing, and timely filing issues, while identifying educational opportunities with providers to reduce denials. He explained the top denial reasons, including duplicate claims, incorrect billing practices, denials related to providers not set up in the system or claims submitted outside the timely filing limit. His report concluded with a focus on total claims processed including originals and adjustments, and noted the importance of reducing controllable</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>adjustments by improving the accuracy of the adjudication process, while acknowledging that some adjustments are uncontrollable due to retroactive rate changes by DHCS.</p> <p>Member Roybal asked if L.A. Care gets the payment back as mentioned earlier. Mr. Chase explained that a rate increase requires going back to the effective date and reprocessing claims, paying out the incremental difference based on the new rate. For example, if the rate increases from \$100 to \$105, they would pay the additional \$5 per claim from the effective date. Conversely, when rates decrease, such as from \$100 to \$95, they identify overpayments, move them to payment integrity, and issue recovery letters to providers, notifying them of the overpayment and the amount due based on the claims submitted during the period between the rate change and system reconfiguration.</p> <p>Mr. Chase reported on provider disputes, explaining that providers have the right to dispute claims often due to denials or perceived underpayments. He described tracking the volume of disputes, the percentage of upheld decisions, and using these instances as educational opportunities to work with providers on contract interpretation to reduce disputes. He emphasized maintaining compliance in processing disputes within 45 days, noting a temporary dip in May 2024 due to a surge in COVID-related cases. Mr. Chase noted efforts to reduce the average days to process disputes and improve efficiency in the dispute process. He mentioned the success in exceeding the payment integrity goal, achieving \$206 million against a target of \$170.8 million in 2024. The focus moving forward is on prepayment strategies to avoid costs rather than recovering funds after payment, aiming for more effective collaboration with providers to ensure accurate claim submissions. Mr. Gower pointed out that 2025 will focus on prevention in payment integrity, aligning with Mr. Chase's points. He noted the need to enhance premium reviews and prevention efforts rather than just increasing the number of investigators. Mr. Gower noted advancements in technology for faster detection and prevention, acknowledging the time required to implement these technologies. He and Mr. Chase are considering involving experienced individuals and companies for a proof of concept to improve detection and alert systems, ensuring quicker identification of provider activities.</p>	
HEALTH SERVICES		
MEDI-CAL ACCOUNTABILITY SET (MCAS) UPDATES	<p>Sameer Amin, MD, <i>Chief Medical Officer, Chief Quality and Population Health Executive</i>, stated that Edward Sheen, <i>Chief Quality and Population Health Executive</i>, will be presenting the Managed Care Accountability Set (MCAS) Update (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Dr. Amin gave the following updates before the MCAS update:</p>	

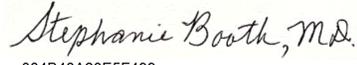
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Auto Assignment Methodology: He reported on fruitful discussions with DHCS regarding the auto assignment process for members who are not immediately assigned to a primary care provider. They have developed a new methodology based on national benchmarks, which includes a 5% cap on annual swings. The new system, derived from CMS’s value-based plan for hospitals, includes an 18-point scale that better reflects quality improvements. This change is expected to result in L.A. Care securing 57% of the auto assignment, with the remaining 43% going to Health Net. • QNXT Transition: Dr. Amin mentioned the transition from Syntranet to QNXT for utilization management. The team is conducting user acceptance training and mock go-lives to ensure smooth system implementation. The release date is set for December 9, 2024, with real-life deployment to follow. Additional nursing staff will be available during the transition to handle inefficiencies. • Provider Portal: Dr. Amin discussed the development of a provider portal, which is part of a regulatory commitment to allow electronic authorization submission and tracking. The portal is expected to go live in December, with internal testing ongoing. There was positive feedback from a recent presentation on the portal. <p>Dr. Sheen introduced Brigitte Bailey, <i>Supervisor, Quality Improvement</i>, to give the report.</p> <p>Ms. Bailey provided an update on the 2023 performance of the MCAS measures, where the organization is held accountable by DHCS. Of the 15 measures, six did not meet the minimum performance level (MPL), with three of those related to children's health, childhood immunization status, and well-child visits for children up to 30 months. Other measures that fell short included cervical cancer screening, and follow-ups after emergency department visits for mental illness and substance use. Asthma medication ratio was also cited as below MPL, but this was due to a data mapping issue being addressed with DHCS. As of October 25, 2023, the organization received a sanction notice of \$122,000, a reduction of nearly \$700,000 from the previous year, highlighting improvements across the organization. DHCS did not sanction any plans for emergency department visit performance due to state data gaps. Ms. Bailey emphasized ongoing efforts to improve measures like childhood immunizations and cervical cancer screenings, including outreach, educational campaigns, and provider partnerships. The organization also launched an incentive program for cervical cancer screenings and is exploring self-collection options. Additionally, they are working with high-performing PPGs to identify and replicate successful strategies to improve vaccination rates, especially for flu shots. For the upcoming 2025 measurement year, no new measures will be introduced, which was seen as a positive development.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Sheen thanked Ms. Bailey for the summary and added a few thoughts for context. He addressed the legal review, mentioning that an administrative review was requested concerning the MCAS penalties for measurement year 2022. This appeal is still in progress, with discovery activities ongoing and a hearing tentatively scheduled for spring 2025. Dr. Sheen highlighted that the concerns raised about the MCAS methodology are still valid today, and they look forward to the hearing's outcome. He then acknowledged the reduction in sanctions for 2023, from \$800,000 to \$207,000, which is a significant decrease, though they are still dissatisfied with any penalties. Dr. Sheen explained that they had a "meet and confer" meeting with DHCS, where they reiterated that the concerns from 2022 remain, and they are applying the same perspective to the 2023 data. He emphasized that the upcoming hearing in spring 2025 will address both 2022 and 2023 measurement years. Dr. Sheen also discussed the AMR issue, which Ms. Bailey had previously mentioned. Although they exceeded the Minimum Performance Level (MPL), there were issues with drug codes and data mapping, which prevented them from meeting technical requirements on paper. However, they did meet the MPL, and this issue was also part of the "meet and confer" discussion. Turning to the 2024 performance, Dr. Sheen noted that they are in the middle of their 4th Quarter campaign push, making it too early to determine the results, but they are doing everything they can to close the gaps. Despite the exit of Kaiser, which boosted L.A. Care's measures, they are still achieving improvements across the board.</p>	
MEMBER EXPERIENCE SURVEY RESULTS	<i>This presentation was postponed until the January 16, 2025 meeting.</i>	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	
CLOSED SESSION	<p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Department of Health Care Services (Case No. Unavailable)	
APPROVE INTERNAL AUDIT (IA) SERVICES WORKPLAN (COM 100)	Chairperson Booth advised that the committee will revisit agenda item 6 to approve the Internal Audit (IA) Services Work Plan (a copy of the work plan can be obtained from Board Services). She advised that the public can obtain a copy of the work plan by contacting Board Services. <u>COM 100.0225</u> Approve Internal Audit (IA) Services Work Plan.	Approved unanimously. 3 AYES
ADJOURNMENT	The meeting adjourned at 4:40 p.m.	

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

APPROVED BY:

Signed by:

084B48A20E5F499...

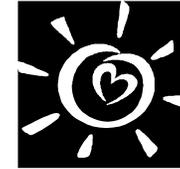
Stephanie Booth, MD, *Chairperson*
Date Signed: _____

1/29/2025 | 2:02 PM PS

BOARD OF GOVERNORS

Audit Committee Meeting Minutes–August 19, 2024, 1:00 PM

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



L.A. Care
HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
George Greene, Esq. *
Layla Gonzalez

*Absent **Teleconference

Management/Staff

John Baackes, *Chief Executive Officer*
Augustavia J. Haydel, Esq., *General Counsel*
Afzal Shah, *Chief Financial Officer*
Todd Gower, *Chief Compliance Officer*
Terry Brown, *Chief Human Resources Officer*
Noah Paley, *Chief of Staff*

Guests

Rosie Procopio, *Audit & Assurance Managing Director, Deloitte & Touche (D&T)*
Justine Lee, *Manager, D&T*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Committee Chairperson, Hector De La Torre, called to order the L.A. Care Audit Committee and the L.A. Care Joint Powers Authority Audit Committee meetings at 1:03 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	Today's Agenda was approved as submitted.	Approved unanimously 3 AYES (De La Torre, Gonzalez, and Greene)
PUBLIC COMMENT	There was no public comment. No public comment	
APPROVE MEETING MINUTES	The December 21, 2023 meeting minutes were approved as submitted.	Approved unanimously 2 AYES (Gonzalez, and Greene) ABSTENTION (De La Torre)
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER/CHIEF FINANCIAL OFFICER REPORT	There was no CEO / CFO Report.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>COMMITTEE ISSUES</p> <ul style="list-style-type: none"> Presentation of the Audit Plan for FY 2023-24 	<p>Afza Shah, <i>Chief Financial Officer</i>, introduced Rosie Procopio, Audit & Assurance Managing Director, Deloitte & Touche (D&T) who presented the Audit Plan for FY 2023-24.</p> <ul style="list-style-type: none"> The FY 2022-23 audit went smoothly. Deloitte & Touche 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. Deloitte & Touche presented the Audit Plan for FY 2023-24 (<i>A copy of the Plan can be obtained nby contacting Board Services</i>). Planned Procedures for this year’s audit will include: <ul style="list-style-type: none"> Focus efforts on certain areas of significance to the audits. Obtain an understanding of all business cycles, including general information technology controls. Perform tests of certain relevant controls for each business cycle to determine whether such controls have been appropriately designed and implemented. 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. 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. Use proprietary quantitative financial and benchmarking analysis capability to identify unusual trends in account balances and ratios. Engage in fraud discussions with certain members of senior management and others. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Consider the potential for bias in judgments and estimates, including performing retrospective analysis of significant accounting estimates. ○ 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. ○ 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. ● 2024 Proposed Audit Fee is \$476,000, excluding expenses. <p>The Audit timeline is targeted for end of the year and be done by the holidays, typically done by mid December.</p>	
<ul style="list-style-type: none"> ● Accept Audit Plan for FY 2023-24 	<p><u>Motion AUD A.0824</u> To accept the Audit Plans of Deloitte & Touche's of L.A. Care's financial statements for the fiscal year 2023-24, as presented, and authorize execution of the engagement letter.</p>	<p>Approved unanimously 3 AYES</p>
<p>ADJOURNMENT</p>	<p>The Chair adjourned the meeting at 1:27 pm.</p>	

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

APPROVED BY:

Signed by:

3EB11DE38C194EB
Hector De La Torre, *Committee Chairperson*
Date Signed: 1/16/2025 | 1:24 PM PST

APPROVED