



**JOSEPH KELLY**  
TREASURER AND TAX COLLECTOR

## COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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May 03, 2016

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

28 May 3, 2016

LORI GLASGOW  
EXECUTIVE OFFICER

### **REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS AFFECTED) (3 VOTES)**

#### **SUBJECT**

This is to request Board approval to accept compromise offers of settlement for patients who were injured in a third party compensatory accident and received medical care at a County facility. Treasurer and Tax Collector (TTC) staff entered into negotiations with the liable parties and reached the following settlement agreements, which are beyond the TTC's authority.

#### **IT IS RECOMMENDED THAT THE BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the following compromise offers of settlement:

1. Account Number 12471374 in the amount of \$ 2,861.81
2. Account Number 12610078 in the amount of \$ 5,226.01
3. Account Number 12842987 in the amount of \$ 5,000.00
4. Account Number 12937404 in the amount of \$ 5,970.81
5. Account Number 12842046 in the amount of \$33,336.48

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

These compromise offers of settlement are recommended because the subject patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the TTC was able to negotiate or was offered under the legal settlement requirements involved in these cases.

The best interest of the County would be served by authorizing acceptance of these compromise offers of settlement, as they will ensure maximum possible collection on these accounts.

**Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability, of the County's Strategic Plan by collecting funds owed to the County.

**Strategic Asset Management Principles Compliance**

Not Applicable.

**FISCAL IMPACT/FINANCING**

Authorizing acceptance of these compromise offers of settlement will enable the County to maximize collections on these accounts.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Title 2, Division 3, Chapter 2.52.040 (L), the TTC has the authority to reduce patient account liabilities by the greater of: (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding this authority requires Board approval. These account reductions exceed this authority.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

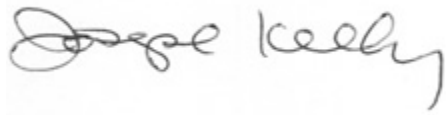
Authorizing acceptance of these compromise offers of settlement will result in net revenues for the County, which will in turn assist the County in meeting its fiscal responsibilities.

The Honorable Board of Supervisors

5/3/2016

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Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Joseph Kelly". The signature is fluid and cursive, with the first name "Joseph" written in a more compact, stylized manner and the last name "Kelly" written in a more open, flowing script.

Joseph Kelly

Treasurer and Tax Collector

JK:KK:KG:BR:ms

Enclosures

c: Chief Executive Officer  
Executive Officer, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

### COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR TRANSMITTAL 138A

Amount of Aid	\$184,199.00	Account Number	12471374
Amount Paid	0.00	Name	Adult Male
Balance Due	\$184,199.00	Service Date	07/20/08 – 11/19/08
Compromise Amount Offered	2,861.81	Facility	LAC USC Medical Center
Amount to be Written Off	\$181,337.19	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$184,199.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$14,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,785.00	\$ 4,785.00	33.00%
Attorney Costs	6,054.56	6,054.56	41.75%
County of Los Angeles	184,199.00	2,861.81	19.74%
Net to Client	N/A	798.63	5.51%
Total	\$195,038.56	\$14,500.00	100.00%

In preparation for trial, the attorney incurred expert and mediator fees, which assisted in reaching a settlement. The legal costs could have been much higher if the trial was pursued. After the attorney fees and costs, 25.25 percent of the settlement was available for our lien and the client. Our financial investigation reveals that the client is unemployed and receives public assistance. The Department of Public Social Services has been notified of the pending settlement. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

### COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR TRANSMITTAL 138B

Amount of Aid	\$32,211.00	Account Number	12610078
Amount Paid	0.00	Name	Adult Female
Balance Due	\$32,211.00	Service Date	11/13/11 - 12/07/11
Compromise Amount Offered	5,226.01	Facility	LAC USC Medical Center
Amount to be Written Off	\$26,984.99	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a pedal cycle versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$32,211.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$17,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,226.52	\$ 5,226.52	30.74%
Attorney Costs	1,320.46	1,320.46	7.77%
County of Los Angeles	32,211.00	5,226.01	30.74%
Net to Client	N/A	5,227.01	30.75%
Total	\$38,757.98	\$17,000.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. The client has no source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL 138C

Amount of Aid	\$36,395.00	Account Number	12842987
Amount Paid	0.00	Name	Adult Male
Balance Due	\$36,395.00	Service Date	08/10/13 – 09/26/13
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$31,395.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$36,395.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Costs	54.00	54.00	0.36%
County of Los Angeles	36,395.00	5,000.00	33.33%
Tri-County Medical Group	2,330.68	1,000.00	6.67%
Net to Client	N/A	2,946.00	19.64%
Total	\$44,779.68	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported financially by his family. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

### COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR TRANSMITTAL 138D

Amount of Aid	\$30,555.00	Account Number	12937404
Amount Paid	0.00	Name	Adult Female
Balance Due	\$30,555.00	Service Date	10/17/13 – 07/23/14
Compromise Amount Offered	5,970.81	Facility	Martin Luther King Jr. Medical Center
Amount to be Written Off	\$24,584.19	Service Type	Outpatient

### JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at Martin Luther King Jr. Medical Center at a cost of \$30,555.00. The client did not have Medi-Cal or private insurance.

The attorney is not claiming cost, has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Costs	0.00	0.00	0.00%
County of Los Angeles	30,555.00	5,970.81	23.89%
Good Samaritan Clinic	1,160.00	226.68	0.91%
*Harbor UCLA Medical Foundation	5,145.00	1,005.39	4.02%
Reuben Lee, D.C.	1,705.00	333.18	1.33%
So Hwa Theresa Acupuncture Clinic	4,080.00	797.28	3.19%
Net to Client	N/A	8,333.33	33.33%
Total	\$50,978.33	\$25,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. The client has no other source of income or tangible assets.

\*Harbor UCLA Medical Foundation is not affiliated with the County. It is a separate entity and handles physician billings.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL 138E

Amount of Aid	\$332,467.00	Account Number	12842046
Amount Paid	0.00	Name	Adult Male
Balance Due	\$332,467.00	Service Date	09/30/13 - 12/06/13
Compromise Amount Offered	33,336.48	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$299,130.52	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$332,467.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 40,000.00	\$ 40,000.00	40.00%
Attorney Costs	781.62	781.62	0.78%
Coast Plaza Hospital	30,164.26	2,763.17	2.76%
County of Los Angeles	332,467.00	33,336.48	33.34%
Net to Client	N/A	23,118.73	23.12%
Total	\$403,412.88	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported financially by his family. The client has no other source of income or tangible assets.