



**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

19 November 13, 2018

CELIA ZAVALA  
EXECUTIVE OFFICER

Los Angeles County  
Board of Supervisors

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First District

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Second District

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Third District

Janice Hahn  
Fourth District

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Fifth District

November 13, 2018

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

Christina R. Ghaly, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

Dear Supervisors:

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

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Los Angeles, CA 90012

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[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality,  
patient-centered, cost-effective  
health care to Los Angeles County  
residents through direct services at  
DHS facilities and through  
collaboration with community and  
university partners.*

**SUBJECT**

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

**IT IS RECOMMENDED THAT THE BOARD:**

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

Harbor-UCLA Medical Center - Account Number 2619659 in the amount of \$8,000.00

Harbor-UCLA Medical Center - Account Number 6797746 in the amount of \$5,145.75

Harbor-UCLA Medical Center – Account Number 1860627 in the amount of \$30,578.33



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LAC+USC Medical Center - Account Number 7783175 in the amount of \$668.03

LAC+USC Medical Center - Account Number 1007577136 in the amount of \$8,000.00

LAC+USC Medical Center - Account Number 100744339 in the amount of \$8,333.00

LAC+USC Medical Center - Account Number 7905597 in the amount of \$2,100.00

LAC+USC Medical Center - Account Number 7963788 in the amount of \$550.00

LAC+USC Medical Center - Account Number 100516673 in the amount of \$20,772.82

LAC+USC Medical Center – Account Number 101166290 in the amount of \$50,000.00

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Patients who received medical care at County facilities: The compromise offers of settlement for patient accounts (1) is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered.

The best interest of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

**Implementation of Strategic Plan Goals**

The recommended actions will support Strategy III.3, “Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

**FISCAL IMPACT/FINANCING**

This will expedite the County’s recovery of revenue totaling approximately \$134,147.93.

There is no net cost to the County.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Chapter Section 2.76.046, the Director 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 the Director’s authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director authority to compromise

or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

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

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Christina R. Ghaly".

Christina R. Ghaly, M.D.

Director

CRG:ANW:VP:rc

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143A

Amount of Aid	\$26,034.00	Account Number	1619659
Amount Paid	0.00	Name	Adult Female
Balance Due	\$26,034.00	Service Date	01/22/12 – 01/24/12
Compromise Amount Offered	\$8,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$18,034.00	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$26,034.00. The client did not have Medi-Cal or private insurance to cover these services.

The attorney has settled the case for the amount of \$26,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$8,666.67	\$8,666.67	33.33%
Attorney Cost	1,629.30	1,629.30	6.27%
County of Los Angeles	26,034.00	8,000.00	30.77%
Superior Care Medical Center	720.00	500.00	1.92%
Net to Client	N/A	7,204.03	27.71%
<b>Total</b>	<b>\$37,049.97</b>	<b>\$26,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is deceased. The client's son is the estate administrator per court documents filed at the Superior Court. The proceeds will go to the client's son.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143B

Amount of Aid	\$113,874.00	Account Number	6797746
Amount Paid	0.00	Name	Adult Male
Balance Due	\$113,874.00	Service Date	03/08/05 – 03/17/05
Compromise Amount Offered	\$5,145.75	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$108,728.25	Service Type	Inpatient

### JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at Harbor UCLA Medical Center at a cost of \$113,874.00. The client did not have Medi-Cal or private insurance to cover these services.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$8,333.33	\$8,333.33	33.33%
Attorney Cost	835.00	835.00	3.34%
City of Glendale Fire Department	1,174.90	214.50	0.86%
County of Los Angeles	113,874.00	5,145.75	20.58%
Dr. Harry F. Bowles, MD	675.00	135.00	0.54%
Foothill Urology Associates	1,026.28	184.78	0.74%
Hill Medical Corporation	1,706.00	320.72	1.28%
Huntington Memorial Hospital	84,311.06	989.47	3.96%
Lamont, Hanley & Associates, Inc.	155.00	31.00	0.12%
Los Angeles Department of Health Services	6,450.00	968.99	3.88%
Net to Client	N/A	7,841.46	31.37%
<b>Total</b>	<b>\$218,540.57</b>	<b>\$25,000.00</b>	<b>100.00%</b>

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

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143C

Amount of Aid	\$218,758.00	Account Number	7783175
Amount Paid	0.00	Name	Adult Female
Balance Due	\$218,758.00	Service Date	01/19/13 – 11/04/13
Compromise Amount Offered	\$668.03	Facility	LAC USC Medical Center
Amount to be Written Off	\$218,089.97	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$316,518.00. The client had restricted Medi-Cal benefits, which covered emergency services only. Medi-Cal covered \$97,760.00, which included Medi-Cal's payment of \$26,334.00 and \$71,426.00 in contractual adjustments, leaving a net balance of \$218,758.00. The client did not have private insurance to cover these services.

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

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$6,000.00	\$6,000.00	40.00%
Attorney Cost	1,008.16	1,008.16	6.72%
County of Los Angeles	218,758.00	668.03	4.45%
Medi-Cal – California Department of Health Care Services	26,334.00	3,995.92	26.64%
Net to Client	N/A	3,327.89	22.19%
<b>Total</b>	<b>\$252,100.16</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed. The client is not receiving public assistance and has no other source of income or tangible assets.

In this case, the attorney is not able to offer us our minimum settlement amount because in accordance with Section 14124.74 of the California Welfare and Institution Code, after payment of attorney fees and cost, the California Department of Health Care Services is to be reimbursed the full amount of the reasonable value of benefits provided to the client under the Medi-Cal program. After those payments, other lien holders are to be paid a sufficient amount of services rendered to the client.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143D

Amount of Aid	\$25,725.00	Account Number	100757136
Amount Paid	0.00	Name	Adult Female
Balance Due	\$25,725.00	Service Date	09/02/16 – 09/13/16
Compromise Amount Offered	\$8,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$17,725.00	Service Type	Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$25,725.00. The client had restricted Medi-Cal benefits, and no private insurance to cover these services.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$8,332.50	\$8,332.50	33.33%
Attorney Cost	39.00	39.00	0.16%
County of Los Angeles	25,725.00	8,000.00	32.00%
Los Angeles Fire Department	1,556.00	1,556.00	6.22%
Net to Client	N/A	7,072.50	28.29%
<b>Total</b>	<b>\$35,652.50</b>	<b>\$25,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed. The client is not receiving public assistance and has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143E

Amount of Aid	\$156,813.00	Account Number	100744339
Amount Paid	0.00	Name	Adult Female
Balance Due	\$156,813.00	Service Date	09/02/16 – 09/30/16
Compromise Amount Offered	\$8,333.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$148,480.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$156,813.00. The client did not have Medi-Cal or private insurance to cover these services.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$10,000.00	\$10,000.00	40.00%
Attorney Cost	649.25	649.25	2.60%
Care Ambulance	2,066.75	2,066.75	8.27%
County of Los Angeles	156,813.00	8,333.00	33.33%
Net to Client	N/A	3,951.00	15.80%
<b>Total</b>	<b>\$169,529.00</b>	<b>\$25,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed. The client is not receiving public assistance and has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143F

Amount of Aid	\$45,424.00	Account Number	7905597
Amount Paid	0.00	Name	Adult Female
Balance Due	\$45,424.00	Service Date	08/15/13 – 09/03/13
Compromise Amount Offered	\$2,100.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,324.00	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$45,424.00. The client had private insurance but did not have Medi-Cal at the time of the accident to cover these services.

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

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$5,000.00	WAIVED	0.00%
Attorney Cost	1,843.19	\$1,750.00	11.67%
County of Los Angeles	45,424.00	2,100.00	14.00%
Kaiser Permanente	45,424.00	WAIVED	0.00%
Medi-Cal	4,940.83	WAIVED	0.00%
Net to Client	N/A	11,150.00	74.33%
<b>Total</b>	<b>\$102,632.02</b>	<b>\$15,000.00</b>	<b>100.00%</b>

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

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES –DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143G

Amount of Aid	\$21,105.00	Account Number	7963788
Amount Paid	0.00	Name	Adult Male
Balance Due	\$21,105.00	Service Date	05/27/14 – 08/14/14
Compromise Amount Offered	\$550.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,555.00	Service Type	Outpatient

### JUSTIFICATION

The client was victim of a dog bite accident. He was treated at LAC USC Medical Center at a cost of \$21,105.00. The client did not have Medi-Cal or private insurance to cover these services.

The attorney has settled the case for the amount of \$1,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$333.33	WAIVED	0.00%
Attorney Cost	2,635.22	\$350.00	35.00%
County of Los Angeles	21,105.00	550.00	55.00%
Net to Client	N/A	100.00	10.00%
<b>Total</b>	<b>\$24,073.55</b>	<b>\$1,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed. The client is not receiving public assistance and has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143H

Amount of Aid	\$94,472.90	Account Number	100516673
Amount Paid	0.00	Name	Adult Male
Balance Due	\$94,472.90	Service Date	01/08/16 – 02/16/16
Compromise Amount Offered	\$20,772.82	Facility	LAC USC Medical Center
Amount to be Written Off	\$73,700.08	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 \$94,472.90. The client did not have Medi-Cal or private insurance to cover these services.

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

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$33,000.00	\$33,000.00	33.00%
Attorney Cost	142.65	142.65	0.14%
Anthem Blue Cross/Blue Shield	56,907.83	16,714.33	16.71%
County of Los Angeles	94,472.90	20,772.82	20.77%
Net to Client	N/A	29,370.20	29.38%
<b>Total</b>	<b>\$184,523.38</b>	<b>\$100,000.00</b>	<b>100.00%</b>

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

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 143 I

Amount of Aid	\$94,062.00	Account Number	1860627
Amount Paid	0.00	Name	Adult Male
Balance Due	\$94,062.00	Service Date	08/23/12-12/01/12
Compromise Amount Offered	\$30,578.33	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$63,483.67	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$94,062.00. The client did not have Medi-Cal or private insurance to cover these services.

The attorney has settled the case for the amount of \$275,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$123,750.00	\$123,750.00	45.00%
Attorney Cost	15,355.22	15,355.22	5.58%
County of Los Angeles	94,062.00	30,578.33	11.12%
St. Mary's Medical Center	117,292.00	37,371.06	13.59%
Net to Client	N/A	67,947.39	24.71%
<b>Total</b>	<b>\$350,459.22</b>	<b>\$275,002.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client has no other no other source of income or tangible assets.

# A FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1

DATE: November 13, 2018

<b>Total Gross Charges</b>	\$258,894.00	<b>Account Number</b>	101166290
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$258,894.00	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$50,000.00	<b>% Of Charges</b>	19.31 %
<b>Amount to be Written Off</b>	\$208,894.00	<b>Facility</b>	LAC-USC Medical Center

## JUSTIFICATION

This patient was treated at LAC-USC Medical Center and incurred total inpatient and outpatient gross charges of \$258,894.00 for medical services rendered. The patient is not eligible for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient does not live in the country and this is the highest amount that could be negotiated for the outstanding balance. This amount offered is being paid by a friend of the patient who is obtaining the monies through various resources.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges for the patient does not live in the country and is unable to meet her obligation to LAC-USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive from a friend of the patient.