



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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August 19, 2014

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

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

14 August 19, 2014

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL 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. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached the following settlement agreements which were beyond the Department Head'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 12749693 in the amount of \$ 2,008.92
2. Account Number 12581583 in the amount of \$32,073.07
3. Account Number 12651532 in the amount of \$ 4,675.82
4. Account Number 12567020 in the amount of \$ 4,509.39
5. Account Number 12795639 in the amount of \$ 4,859.66
6. Account Number 12756452 in the amount of \$13,352.60
7. Account Number 12616068 in the amount of \$ 8,333.33
8. Account Number 12666641 in the amount of \$ 5,111.54
9. Account Number 12816988 in the amount of \$19,536.00

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 Department 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.

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 Chapter Section 2.52.040(U), the Department Head 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 Department Head's authority requires Board approval.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

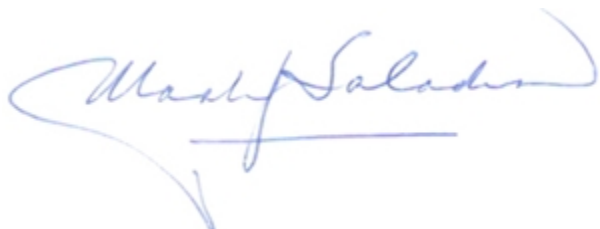
Authorizing acceptance of these compromise offers of settlement will result in net revenues for the County, which will in turn assist the County in meeting its fiscal responsibilities.

The Honorable Board of Supervisors

8/19/2014

Page 3

Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is written in a cursive style with a horizontal line underneath the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: MJS:FR:apl

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131A

| | | | |
|---------------------------|-------------|----------------|-------------------------|
| Amount of Aid | \$45,651.00 | Account Number | 12749693 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$45,651.00 | Service Date | 05/21/2012 – 03/22/2013 |
| Compromise Amount Offered | 2,008.92 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$43,642.08 | 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 total cost of \$107,077.83. Medi-Cal covered \$59,426.83 of the medical costs the client incurred while at LAC USC Medical Center. The County's lien is for the balance of \$45,651.00. The client did not have 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 | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 1,302.70 | 1,302.70 | 8.69% |
| County Of Los Angeles | 45,651.00 | 2,008.92 | 13.39% |
| Medi-Cal – CA Department Of Health Care Services | 59,426.83 | 4,349.15 | 29.00% |
| Net to Client | N/A | 2,339.23 | 15.59% |
| Total | \$111,380.53 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and is supported financially by her spouse's marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131B

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$91,227.00 | Account Number | 12581583 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$91,227.00 | Service Date | 11/09/2010 – 09/09/2011 |
| Compromise Amount Offered | 32,073.07 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$59,153.93 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in a slip and fall accident in a public building. She was treated at Harbor UCLA Medical Center at a cost of \$91,227.00. 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 Cost | 3,780.80 | 3,780.80 | 3.78% |
| County Of Los Angeles | 91,227.00 | 32,073.07 | 32.07% |
| Net to Client | N/A | 24,146.13 | 24.15% |
| Total | \$135,007.80 | \$100,000.00 | 100.00% |

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131C

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$137,971.00 | Account Number | 12651532 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$137,971.00 | Service Date | 03/21/2012 – 05/15/2012 |
| Compromise Amount Offered | 4,675.82 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$133,295.18 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of \$137,971.00. 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 | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 820.83 | 820.83 | 5.47% |
| County Of Los Angeles | 137,971.00 | 4,675.82 | 31.17% |
| Net to Client | N/A | 3,503.35 | 23.36% |
| Schaefer Ambulance | 1,498.75 | 1,000.00 | 6.67% |
| Total | \$145,290.58 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is a full time student, who is supported financially by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131D

| | | | |
|---------------------------|-------------|----------------|-------------------------|
| Amount of Aid | \$22,050.00 | Account Number | 12567020 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$22,050.00 | Service Date | 06/27/2011 - 04/09/2013 |
| Compromise Amount Offered | 4,509.39 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$17,540.61 | 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 \$22,050.00. 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 | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 464.52 | 464.52 | 3.10% |
| County Of Los Angeles | 22,050.00 | 4,509.39 | 30.06% |
| Net to Client | N/A | 4,026.09 | 26.84% |
| Schaefer Ambulance | 1,642.25 | 1,000.00 | 6.67% |
| Total | \$29,156.77 | \$15,000.00 | 100.00% |

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131E

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$51,121.00 | Account Number | 12795639 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$51,121.00 | Service Date | 04/13/2013 – 07/30/2013 |
| Compromise Amount Offered | 4,859.66 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$46,261.34 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$51,121.00. 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 | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 421.02 | 421.02 | 2.81% |
| County Of Los Angeles | 51,121.00 | 4,859.66 | 32.40% |
| Net to Client | N/A | 4,719.32 | 31.46% |
| Total | \$56,542.02 | \$15,000.00 | 100.00% |

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131F

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$68,548.00 | Account Number | 12756452 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$68,548.00 | Service Date | 02/19/2013 – 07/01/2013 |
| Compromise Amount Offered | 13,352.60 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$55,195.40 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$68,548.00. 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 Cost | 14,207.72 | 14,207.72 | 14.21% |
| California Radiology | 7,350.00 | 1,994.48 | 1.99% |
| County Of Los Angeles | 68,548.00 | 13,352.60 | 13.35% |
| County Of Los Angeles - Fire Department | 620.60 | 124.00 | 0.12% |
| Hess Chiropractic | 6,785.00 | 1,357.00 | 1.36% |
| Long Beach Prime Medical Group | 20,555.00 | 4,111.00 | 4.11% |
| Net to Client | N/A | 23,473.20 | 23.48% |
| Peninsula Plastic Surgery | 6,900.00 | 1,380.00 | 1.38% |
| Total | \$164,966.32 | \$100,000.00 | 100.00% |

In this case, the attorney's costs, which consisted of filing and service of process fees, expert fees, and deposition fees, were unusually high. These services assisted the attorney in settling the case without the need for a trial. The legal costs could have been higher if a trial was pursued. After the attorney fees and costs, 45.79% of the settlement was available for the client and the medical providers.

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131G

| | | | |
|---------------------------|--------------|----------------|----------------------------|
| Amount of Aid | \$465,991.00 | Account Number | 12616068 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$465,991.00 | Service Date | 11/24/2011 – 02/01/2012 |
| Compromise Amount Offered | 8,333.33 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$457,657.67 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$760,676.00. Medi-Cal covered \$294,685.00 of the medical costs the client incurred while at Harbor UCLA Medical Center. The County's lien is for the balance of \$465,991.00. The client did not have private insurance.

The attorney 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% |
| County Of Los Angeles | \$465,991.00 | 8,333.33 | 33.33% |
| Net to Client | N/A | 8,333.34 | 33.34% |
| Total | \$474,324.33 | \$25,000.00 | 100.00% |

Our financial investigation reveals that the client supports herself with General Relief benefits. The Department of Public Social Services was notified of the pending settlement. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131H

| | | | |
|---------------------------|--------------|----------------|----------------------------|
| Amount of Aid | \$168,434.00 | Account Number | 12666641 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$168,434.00 | Service Date | 05/14/2012 – 06/07/2012 |
| Compromise Amount Offered | 5,111.54 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$163,322.46 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a total cost of \$173,666.91. Medi-Cal covered \$5,232.91 of the medical costs the client incurred while at Harbor UCLA Medical Center. The County's lien is for the balance of \$168,434.00. The client did not have private insurance.

The attorney 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 Cost | 873.82 | 873.82 | 3.50% |
| County Of Los Angeles | 168,434.00 | 5,111.54 | 20.45% |
| Harbor UCLA Emergency Room Physicians | 13,862.00 | 500.00 | 2.00% |
| Medi-Cal – CA Department Of Health Care Services | 5,232.91 | 3,924.69 | 15.70% |
| Net to Client | N/A | 4,711.35 | 18.85% |
| The Rawlings Company | 77,489.75 | 1,545.27 | 6.17% |
| Total | \$274,225.81 | \$25,000.00 | 100.00% |

Our financial investigation reveals that the client lives with and is supported financially by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 131 I

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$222,320.00 | Account Number | 12816988 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$222,320.00 | Service Date | 09/26/2012 – 12/11/2012 |
| Compromise Amount Offered | 19,536.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$202,784.00 | 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 total cost of \$222,320.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$59,500.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|---------------------|----------------------------|------------------------------|
| Attorney Fees | \$ 23,800.00 | \$23,800.00 | 40.00% |
| Attorney Cost | 892.00 | 892.00 | 1.50% |
| County Of Los Angeles | \$222,320.00 | 19,536.00 | 32.83% |
| Net to Client | N/A | 15,272.00 | 25.67% |
| Total | \$247,012.00 | \$59,500.00 | 100.00% |

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