



**Health Services**  
LOS ANGELES COUNTY

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Elizabeth M. Jacobi, J.D.  
Administrative Deputy

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 288-8050  
Fax: (213) 481-0503

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

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**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

49 June 25, 2024

EDWARD YEN  
EXECUTIVE OFFICER

June 25, 2024

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:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request authorization from the Los Angeles County (LA County) Board of Supervisors (Board) for the Director of Health Services (Director), or designee, to accept compromise offers of settlement for patients who received medical care at either LA 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 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:

- LA General Medical Center – Account Number 102768154 in the amount of \$5,000.00 – (Attachment I).
- Harbor-UCLA Medical Center – Account Number 102509566 in the amount of \$500.00 – (Attachment II).
- Harbor-UCLA Medical Center – Account Number 102395345 in the

amount of \$3,000.00 – (Attachment III).

- LA General Medical Center – Account Number 101733945 in the amount of \$3,000.00 – (Attachment IV).
- LA General Medical Center – Account Number 101753903 in the amount of \$15,738.70 – (Attachment V).

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

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

It is in the best interest of LA County to approve the acceptance of these compromise offers, as it will enable the DHS to maximize net revenue on these accounts.

### **Implementation of Strategic Plan Goals**

The recommended actions will support the North Star 3 Strategy III-G(i) “Maximize Revenue” of LA County’s Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The approval will recover revenue totaling \$27,238.70 in charges.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

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

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of LA County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to LA County which relates to medical care provided by third parties for which LA County is contractually obligated to pay and related to which LA 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 LA County facilities will help DHS meet its budgeted revenue amounts.

Respectfully submitted,



Christina R. Ghaly, M.D.

Director

CRG:RS:VP

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 24-02-A

Amount of Aid	\$130,425.00	Account Number	102768154
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$130,425.00	Service Date	10/21/2023 & 11/06/2023
Compromise Amount Offered	\$5,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$125,425.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at LA General Medical Center at a total cost of \$130,425.00. The patient has a total of \$266,315.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney 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	\$5,000.00	33.33%
Attorney Cost	\$465.00	\$465.00	3.10%
Other lien holders	\$130,425.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$130,425.00	\$5,000.00	33.33%
Net to Client (Heirs)	\$0.00	\$4,535.00	30.23%
<b>Total</b>	<b>\$266,315.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-02-B

Amount of Aid	\$30,975.00	Account Number	102509566
Amount Paid	0.00	Name	Adult Male
Balance Due	\$30,975.00	Service Date	03/12/2022 – 02/01/2023
Compromise Amount Offered	\$500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$30,475.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at Harbor UCLA Medical Center at a total cost of \$30,975.00. The patient has a total of \$686,285.71 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$6,750.00	\$4,500.00	30.00%
Attorney Cost	\$12,847.71	\$0.00	0.00%
Other lien holders	\$635,713.00	\$9,761.71	65.08%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$30,975.00	\$500.00	3.33%
Net to Client (Heirs)	\$0.00	\$238.29	1.59%
<b>Total</b>	<b>\$686,285.71</b>	<b>\$15,000.00</b>	<b>100.00%</b>

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-02-C

Amount of Aid	\$37,343.00	Account Number	102395345
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$37,343.00	Service Date	06/19/2022
Compromise Amount Offered	\$3,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$34,343.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at Harbor UCLA Medical Center at a total cost of \$37,343.00. The patient has a total of \$161,199.20 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$50,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$20,000.00	\$20,000.00	40.00%
Attorney Cost	\$4,048.13	\$4,048.13	8.10%
Other lien holders	\$99,808.07	\$5,018.22	10.04%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$37,343.00	\$3,000.00	6.00%
Net to Client (Heirs)	\$0.00	\$17,933.65	35.87%
<b>Total</b>	<b>\$161,199.20</b>	<b>\$50,000.00</b>	<b>100.00%</b>

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-02-D

Amount of Aid	\$20,895.00	Account Number	101733945
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$20,895.00	Service Date	12/11/2019 – 06/17/2020
Compromise Amount Offered	\$3,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$17,895.00	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at LA General Medical Center at a total cost of \$20,895.00. The patient has a total of \$49,136.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$10,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$3,300.00	\$3,300.00	33.00%
Attorney Cost	\$1,324.00	\$0.00	0.00%
Other lien holders	\$23,617.00	\$400.00	4.00%
Los Angeles Department of Health Services (LA General MC)	\$20,895.00	\$3,000.00	30.00%
Net to Client (Heirs)	\$0.00	\$3,300.00	33.00%
<b>Total</b>	<b>\$49,136.00</b>	<b>\$10,000.00</b>	<b>100.00%</b>

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES  
TRANSMITTAL 24-02-E

Amount of Aid	\$194,639.00	Account Number	101753903
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$194,639.00	Service Date	01/12/2020 – 10/23/2020
Compromise Amount Offered	\$15,738.70	Facility	LA General Medical Center
Amount to be Written Off	\$178,900.30	Service Type	Inpatient

**JUSTIFICATION**

The patient was treated at LA General Medical Center at a total cost of \$194,639.00. The patient has a total of \$213,161.61 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$50,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$17,500.00	\$17,500.00	35.00%
Attorney Cost	\$1,022.61	\$1,022.61	2.05%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$194,639.00	\$15,738.70	31.48%
Net to Client (Heirs)	\$0.00	\$15,738.69	31.48%
<b>Total</b>	<b>\$213,161.61</b>	<b>\$50,000.00</b>	<b>100.00%</b>