



Health Services
LOS ANGELES COUNTY

April 07, 2026



Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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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)

Christina R. Ghaly, M.D.
Director

Nina J. Park, M.D.
Chief Deputy Director, Clinical Affairs & Population Health

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Chief Deputy Director, Operations

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Administrative Deputy

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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 Los Angeles County (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 of Health Service's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director of Health Services (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 LA County facilities:

- Harbor UCLA Medical Center – Account Number 102770197 in the amount of \$6,000.00 – (Attachment I).
- Rancho Los Amigos National Rehabilitation Center – Account Number 102755331 in the amount of \$10,000.00 – (Attachment II).

*"To advance the health of our patient
and our communities by providing
extraordinary care*



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- Rancho Los Amigos National Rehabilitation Center – Account Number 101617295 in the amount of \$1,000.00 – (Attachment III).
- LA General Medical Center – Account Number 103100694 in the amount of \$5,000.00 – (Attachment IV).
- LA General Medical Center – Account Number 102922849 in the amount of \$7,000.00 – (Attachment V).
- LA General Medical Center – Account Number 102918260 in the amount of \$3,000.00 – (Attachment VI).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The compromise offers of settlement for patient accounts of patients who received medical care at LA County facilities 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 support LA County's Strategic Plan North Star 3 – Realize Tomorrow's Government Today, Focus Area Goal G – Internal Controls and Processes, Strategy 1 – Maximize Revenue.

FISCAL IMPACT/FINANCING

The approval will recover revenue totaling \$32,000.00 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:CB: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 25-03-A

Amount of Aid	\$42,539.00	Account Number	102770197
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$42,539.00	Service Date	11/14/23-07/12/24
Compromise Amount Offered	\$6,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$36,539.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$42,539.00. The patient has a total of \$327,141.78 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$100,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$39,330.00	\$39,330.00	39.33%
Attorney Cost	\$1,977.78	\$1,977.78	1.98%
Other lien holders	\$243,295.00	34,316.04	34.32%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$42,539.00	\$6,000.00	6.00%
Net to Client (Heirs)	\$0.00	\$18,376.00	18.38%
Total	\$327,141.78	\$100,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 25-03-B

Amount of Aid	\$289,347.00	Account Number	102755331
Amount Paid	0.00	Name	Adult Male
Balance Due	\$289,347.00	Service Date	10/07/23-12/01/23
Compromise Amount Offered	\$10,000.00	Facility	Rancho Los Amigos National Rehabilitation Center
Amount to be Written Off	\$279,347.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Rancho Los Amigos National Rehabilitation Center at a total cost of \$289,347.00. The patient has a total of \$375,720.02 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$100,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$33,333.00	\$33,333.00	33.33%
Attorney Cost	\$1,611.94	\$1,611.94	1.61%
Other lien holders	\$51,428.08	\$0.00	0.00%
Los Angeles Department of Health Services (Rancho Los Amigos NRC)	\$289,347.00	\$10,000.00	10.00%
Net to Client (Heirs)	\$0.00	\$55,055.06	55.06%
Total	\$375,720.02	\$100,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 25-03-C

Amount of Aid	\$34,583.00	Account Number	101617295
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$34,583.00	Service Date	10/21/24-01/22/25
Compromise Amount Offered	\$1,000.00	Facility	Rancho Los Amigos National Rehabilitation Center
Amount to be Written Off	\$33,583.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Rancho Los Amigos National Rehabilitation Center at a total cost of \$34,583.00. The patient has a total of \$52,575.00 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:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	\$1,415.00	\$1,415.00	9.43%
Other lien holders	\$11,577.00	\$1,652.27	11.01%
Los Angeles Department of Health Services (Rancho Los Amigos NRC)	\$34,583.00	\$1,000.00	6.67%
Net to Client (Heirs)	\$0.00	\$5,933.00	39.55%
Total	\$52,575.00	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 25-03-D

Amount of Aid	\$39,676.00	Account Number	103100694
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$39,676.00	Service Date	03/06/25-06/05/25
Compromise Amount Offered	\$5,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$34,676.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$39,676.00. The patient has a total of \$49,653.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$25,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$8,332.50	\$8,332.50	33.33%
Attorney Cost	\$1,644.60	\$1,644.60	6.58%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$39,676.00	\$5,000.00	20.00%
Net to Client (Heirs)	\$0.00	\$10,022.90	40.09%
Total	\$49,653.10	\$25,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 25-03-E

Amount of Aid	\$28,181.00	Account Number	102922849
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$28,181.00	Service Date	06/05/24-12/20/24
Compromise Amount Offered	\$7,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$21,181.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$28,181.00. The patient has a total of \$100,850.60 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$35,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$11,666.00	\$11,666.00	33.33%
Attorney Cost	\$399.51	\$399.51	1.14%
Other lien holders	\$60,604.09	\$15,053.71	43.01%
Los Angeles Department of Health Services (LA General MC)	\$28,181.00	\$7,000.00	20.00%
Net to Client (Heirs)	\$0.00	\$880.78	2.52%
Total	\$100,850.60	\$35,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 25-03-F

Amount of Aid	\$30,771.00	Account Number	102918260
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$30,771.00	Service Date	05/30/24
Compromise Amount Offered	\$3,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$27,771.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$30,771.00. The patient has a total of \$38,728.00 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:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$6,000.00	\$6,000.00	40.00%
Attorney Cost	\$610.00	\$610.00	4.07%
Other lien holders	\$1,347.00	\$390.00	2.60%
Los Angeles Department of Health Services (LA General MC)	\$30,771.00	\$3,000.00	20.00%
Net to Client (Heirs)	\$0.00	\$5,000.00	33.33%
Total	\$38,728.00	\$15,000.00	100.00%