

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Department of Health Care Services
Division, Department, or Region (if applicable)
Administration, Human Resources Division
Street Address
P.O. Box 997411, MS1300
Area Code/Phone Number
(916) 552-8270
Email
DHCSconflictinterestinquiry@dhcs.ca.gov
Agency Contact (name and title)
Conflict of Interest Filing Officer
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Medicaid Health Plans of America
Last Name First Name Name
1575 I Street NW Washington DC 20005
Address City State Zip Code

Medicaid Health Plans of America is the leading national trade association for the Medicaid managed care industry.
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Washington, DC
September 23-24, 2021
Location of Travel Dates (month, day, year)
United Airlines Grand Hyatt
Transportation Provider Name of Lodging Facility
Rail Air Bus Auto Other
Check Applicable Boxes
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attend and speak at the Medicaid Health Plans of America annual conference

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Cooper Jacey Chief Deputy Director Director's Office
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Erika Sperbeck Chief Deputy Director 10/13/21
Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)

