

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, MS 1300
Area Code/Phone Number
(916) 552-8270
Email
conflictofinterest@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 Health Management Associates
Last Name First Name Name
120 N Washington Sq Ste 705 Lansing, MI 48933
Address City State Zip Code

HMA is a leading independent national research and consulting firm in the healthcare 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:
Jacey Cooper \$ Amount Name Amount

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

3.1 (a) Travel Payment
Chicago, IL 10/09/2022 - 10/11/2022
Location of Travel Dates (month, day, year)
United Airlines Rail Air Bus Auto Other Fairmont Chicago Millennium Pa
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 598.00 \$ Meal Expenses \$ 552.40 \$ Other Expenses \$ 1,150.40
Lodging Expenses Transportation 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.

Airfare to and from location, as well as overnight lodging at the hotel/conference center.

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

Cooper Jacey State Medicaid Director DHCS
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.

Signature Print Name Title (month, day, year)
Erika Sperbeck Chief Deputy Director 1.20.23

Comment:

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

