

MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION

March 31, 2021

Health Plan of San Joaquin – Via GoTo Meeting Webinar

COMMISSION MEMBERS PRESENT:

Greg Diederich, Chair

Neeleesh Bangalore, MD

Michael Herrera, DO

Brian Jensen

Kathy Miller

Christine Noguera

Matthew Paulin

Larry Ruhstaller

Chuck Winn

John Zeiter, MD

COMMISSION MEMBERS ABSENT:

Sheela Kapre, MD

STAFF PRESENT:

Michael Schrader, Chief Executive Officer

Michelle Tetreault, Chief Financial Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Cheron Vail, Chief Information Officer

Sunny Cooper, Chief Compliance Officer

Lizeth Granados, Chief Operations Officer

Evert Hendrix, Chief People Officer

James Mark Myles, County Counsel

Sue Nakata, Executive Assistant to CEO and Clerk of the Health Commission

CALL TO ORDER

Chair Diederich called the meeting of the Health Commission to order at 5:00 p.m.

PRESENTATIONS/INTRODUCTIONS

No presentations/introductions were forthcoming.

PUBLIC COMMENTS

No public comments were forthcoming.

MANAGEMENT REPORTS

1. CEO Report

Mr. Schrader reported that three counties continue to move forward including Alpine, Calaveras, and El Dorado. The three counties requested from DHCS a one-month extension to April 30, 2021 for submission of Letters of Intent, and DHCS approved all three requests. The next step is for counties to receive formal approvals from their Boards of Supervisors (BOS) for submission of the Letters of Intent by the April 30th deadline. On March 2, 2021, HPSJ staff presented to the Alpine BOS, which expressed support but linked its decision to that of El Dorado County. On March 23rd, HPSJ staff presented to the Calaveras BOS, which expressed having questions and wanting to take more time. On April 13, management will be presenting to the El Dorado BOS. There has also been stakeholder input from commercial plans, providers, and member advocates. Depending on decisions by Boards of Supervisors for the three counties, there are 3 possible scenarios for an HPSJ expansion, all of which according to HPSJ projections, would be financially feasible on an on-going basis and allow for a 1-2-year recoupment of start-up costs. The possible scenarios include:

- 1) Expand into only Calaveras County. This would be similar to HPSJ's prior Stanislaus expansion, in that the Calaveras expansion would add a single county, the county is adjacent, the county would form a larger contiguous service area (of three counties), and some (15 percent) of the Medi-Cal beneficiaries in the county already access providers in our current two-county service area.
- 2) Expand into El Dorado and Alpine counties, which while not connected to HPSJ's current service area, could allow for future opportunities.
- 3) Expand into all three counties, which is our HPSJ preference, in that it would be adjacent, form a contiguous five-county region, and could allow for future opportunities.

Mr. Schrader also re-capped the reasons for HPSJ to serve more counties:

- Members
 - More access to primary and specialty care
 - More choice and improved member satisfaction
 - Providers
- Providers
 - Operational efficiencies for providers with locations in multiple counties
- HPSJ
 - Financial scalability, lower admin rate, spread fixed costs
 - Leverage existing operational infrastructure with incremental and proportional increase in resources
 - More significance with larger providers
 - More ability to support safety net providers and offer quality programs
 - Broader health plan reputation

- Community
 - Local vendors get greater HPSJ business
 - More revenue allows for more community giving
 - Strengthens regional partnerships

CONSENT CALENDAR

Chair Diederich presented three consent items for approval:

2. February 24, 2021 SJC Health Commission Meeting Minutes
3. Community Advisory Committee (CAC) – Joint SJC and Stanislaus – 3/17/2021
 - a. February 10, 2021 Meeting Minutes
 - b. Pharmacy Web-Page Update
 - c. General Web-Page Update
 - d. Low Risk Chronic Disease Material Review
 - e. Presentation from SJC Public Health Services
 - f. Presentation from Stanislaus Health Services Agency, Pub. Health Div.
4. Finance and Investment Committee – 2/16/2021
 - a. February 17, 2021 Meeting Minutes
 - b. Pondera Solutions, LLC Contract
 - c. Afya Global Contract

ACTION: The motion was made (Commissioner Herrera), seconded (Commissioner Miller) and unanimous to approve the three consent items as presented (10/0).

REPORT ITEMS

5. February 2021 YTD Financial Reports

Michelle Tetreault, CFO presented for approval the February 2021 financial reports, highlighting the following:

- Net Income for February 2021 YTD
 - \$44.7M and is \$67.4M favorable to budget
 - Tangible Net Equity (TNE) is 862%
 - Days Cash on Hand is 153
 - Liquid Reserves
 - 3.78 months of premium revenue
 - 4.01 months of total expense
- Membership
 - San Joaquin is 11,274 unfavorable to budget driven by unfavorable variance in the TANF category of aide, offset by favorable variances in all other categories of aide
 - Stanislaus is 55,003 unfavorable to budget; Stanislaus is unfavorable in TANF and SPD's and ACA, and favorable in Duals
- Premium Revenue is \$35.8M favorable to budget, driven by a favorable rate variance since the beginning of the fiscal year and the delay in the pharmacy carve-out
- Medical Expenses are \$15.4M favorable to budget
 - Pharmacy costs are unfavorable to budget due to the delay in the carve out. This unfavorable variance will continue to grow for the remainder of the fiscal

year and may drive the total medical expense variance from favorable to unfavorable

- Unbudgeted Pharmacy costs are offset by unbudgeted revenues
- The net impact is favorable to the bottom line by approximately \$2.8M monthly
- Prior Period Adjustments – adjustments are related to changes in estimates of IBNR in institutional and professional

Ms. Tetreault also noted that utilization and payment patterns are not following historical/predicted trends causing some volatility in IBNR estimates. With delays in elective procedures as well as pharmacy carve-out, the company is experiencing favorable net income.

Upon reviewing Ms. Tetreault's report, Commissioner Bangalore asked when the pandemic subsides, does HPSJ anticipate seeing a negative impact for the next fiscal year. Ms. Tetreault responded to the affirmative and noted that management is already seeing an increase in utilization due to pent up demands; there will be more pent up demands that will not materialize in utilization due to the nature of the service, such as ER or because of capacity limits. Other services like ER visits are expected to increase but will not make up for the utilization that was not used for that period. Management expects losses over the next couple of months through the end of the calendar year due to surge of utilization. The budget being developed includes increased utilization anticipated from the pent-up demand.

Chair Diederich asked when will the re-determination be reset, if there is any jeopardy on Medi-Cal premiums, and is the state planning to recoup the funds. Lizeth Granados, COO responded that the redetermination would remain in place through the end of the calendar year, which is subject to change based on the state's emergency change notice. Ms. Tetreault also noted that there would likely not be a recoupment of funds. Management expects that terminations will not be retroactive.

ACTION: With no additional questions or comments, the motion was made (Commissioner Zeiter) seconded (Commissioner Noguera) and unanimous to approve the February 2021 YTD financial report as presented (10/0).

6. QMUM Committee Meeting Report – 3/17/2021

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QM/UM Committee meeting report for 3/17/2021, highlighting the following committee meetings, work plans, program descriptions and reports that were reviewed and approved:

- Continuity and Coordination of Care (Medical)
 - To evaluate the continuity and coordination of medical care the HEDIS rates for Postpartum care, and CDC Eye were tracked and trended from 2018-2020
 - Measurement of Provider Satisfaction used in the evaluation included:
 - Improving satisfaction with receiving timely information from the hospital at the time of admission increased from 30.8% in 2019 to 53% in 2020 exceeding the goal of 50%
 - Improving satisfaction with receiving timely information from the hospital at the time of discharge increased from 30.5% in 2019 to 55% in 2020 exceeding the goal of 50%
 - Satisfaction with receiving communication between ER providers and PCPs increased from 23.1% in 2019 to 50% in 2020, meeting the goal of 50%
 - Satisfaction with receiving information about admissions to SNF and discharges from SNF increased by approximately 8% from 2019

- Interventions used to increase communication between care settings were the TOC program and improvements to the communication avenues for hospital admissions and emergency room visits
- Continuity and Coordination of Care (Behavioral Health)
 - Continuity of Medical and Behavioral Health Care using HEDIS measures
 - Antidepressant Medication Management 2019 to 2020
 - Acute Phase- increased from 47.99% to 51.44% not reaching a goal of 52.33%
 - Continuation Phase- increased from 32.44% to 34.05%, not reaching a goal of 36.51%
 - ADD/ADHD Medication Follow up 2019 to 2020
 - Initiation Phase- increased from 36.82% to 37.41% not reaching a goal of 43.41%
 - Continuation Phase- decreased slightly from 52.11% to 50.38% not reaching a goal of 55.5%
 - Diabetic Screening for Antipsychotic Medications (SSD) 2019 to 2020
 - Testing rates increased from 70.1% to 88.03% exceeding the goal 81.4%
 - Over and Under Utilization
 - Monitored areas include-Preventive Dental Care, Asthma Controller Medications (AMR). Behavioral Health referrals & utilization, Nurse Advice Line for under-utilization and C-Section Rates, Readmissions, AER Utilization, Opioid Utilization – for over utilization
 - AMR rates -2020 were 60.86% overall with the 50% percentile being 63.58%. We continue to educate our members through different media platforms and mailers
 - In order to help improve performance in 2021 our TOC and CM teams will continue to focus on medication, reconciliation, and medication management. Working with providers on gaps in care as well as incentive programs for HEDIS performance.
 - C-Sections for CY20- San Joaquin County's rate was 27% which is slightly above the Healthy People 2020 goal of 24.7%, however it is down 1% from CY19 rate of 28%. Stanislaus County C-section rate is 27% which is also slightly above the Healthy People 2020 goal of 24.7%, it is also 1% higher than CY19 rate of 26%
- Complex Case Management and Condition Management Program Evaluation)
 - 145,353 members were delegated for Complex case Management & Condition Management programs
 - Reach rate: the engagement rates for initial outreach is 50% with 71. % retention after enrollment across all programs and risk levels. Typically, 15-20% of this interaction would be conducted face to face however with Covid-19 restrictions face to face interaction was reduced to 2% for the fiscal year with 1.2% by fax, email, and provider alert communications
 - ER & Inpatient Utilization
 - Utilization 12 months prior to and 12 months post enrollment in either program was reviewed to measure program success using the 99th percentile to eliminate outlier impact. Results for FY 2020 indicate an increase in admissions and readmissions for those participating in Case Management and Condition Management compared to non-participants. It is difficult to isolate the cause for this and it may be the impact of COVID

- Member Satisfaction
 - The highlight of the survey outcomes is that 98% of participants surveyed stated they were able to make at least one lifestyle change because of the Care Management Program. Members will recommend the program achieved 94%, other questions related to members ability to receive care including: annual checkup with Primary Physician (96%), vaccinations eye exams etc., (96%) and taking medications as prescribed (90%) were all at target or above. Opportunities include members ability to manage condition at 78%, overall improvement of health at 75%
- Me/My Baby Annual Evaluation 2019/2020
 - In FY 2019, 485 pregnant women were targeted for participation in the MMB program with 115 electing to enroll in Case Management. Of that 115 enrolled 67 completed the program. In FY 2020 1056 pregnant women were targeted for engagement in the MMB program with 122 enrolling in the case management program of which 84 completed
 - Among all members that participated in the Me & My baby program- which includes members that received either the population health or case management intervention, the average ER rate per member decreased by 8% when compared to the previous year and the average hospitalization per member decreased by 47% from FY2019 to FY2020
 - Data analysis of members that participated in the CM program (members identified as being of moderate and high risk) shows that the ED visits increased by 7% and the inpatient admissions per member showed a 75% increase even after the impact of the outliers were removed,. It is not clear why there was this increase and if it was related to the pandemic
 - The HEDIS rates for the prenatal and post-partum measure were higher in 2020 than in 2019
- Annual Population Health Program Evaluation 2020
 - Members who are Range 1-3 based on APH risk stratification who have Asthma, Diabetes, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. Program goals and outcomes are included below:
 - Decrease ER visits/1000 for members with Asthma, Diabetes, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease was *met*
 - Decrease inpatient admissions/1000 with a primary diagnosis of Asthma, Diabetes, Heart Failure and Chronic Obstructive Pulmonary Disease was *met*
 - Increase the rate of members with a ratio of controller to total asthma medications (AMR) of 0.5 or more by 12/31/2020 was not met
 - Increase the rate of members with A1c testing and control by 12/31/2020 was not met
 - Increase the rate of members with A1c testing and control by 12/31/2020 was not met.
 - Increase rate at which women who receive timely prenatal care by 12/31/2020 was met
 - Increase rate at which women receive postpartum care by 12/31/2020 was met
 - Increase rate at which women receive cervical cancer screenings by 12/31/2020 was not met
 - Increase rate at which women receive breast cancer screenings by 12/31/2020 was not met

- Increase the number of Health Education Materials sent by 5% was met
 - Reduce Unseen members by 5% was not met
- Annual Quality Management Evaluation 2019/2020 Update
 - Updates to Annual Evaluation Executive Summary were completed to make Program Evaluation more robust. Areas updated:
 - QI Program Structure – Added language within the program structure to outline the organization structure of the Quality Management department, as well as the adequacy of staffing
 - Quality Management Systems – Included a narrative outlining key system used within the QM department. A narrative regarding the effectiveness of the systems was also included
 - Committee Structure and Meetings – Included a narrative detailed activity of the Quality Operations, and QMUM committees. A narrative regarding the effectiveness of the committees was also included
 - Role of the Chief Medical Officer – Included a narrative detailing the role for our CMO and outlined her activity and contributions within the Quality Management Programs
 - Member Service and Telephone Access – Included language to highlight the work done within the Member Services department to improve the quality of member call handling
- Annual Utilization Management Evaluation 2019/2020 Update
 - Updates to Annual Evaluation Executive Summary were completed to make Program Evaluation more robust. Areas updated:
 - Facilitate access to medically appropriate services for patients in a timely manner
 - Care delivery - added Medical Directors to UM & developed new processes for efficiency
 - UM decision making - prior authorization requests submitted electronically for quicker processing and decisions
 - Use of evidence-based practice
- Clinical Practice Guidelines were reviewed and updated
 - QMUM Policy Updates – Policies presented had no materials updates
 - CM01- Advice Nurse Line
 - UM51- Children with Special Health Care Needs (CSHCN) – Identification and Coordination of Care with VMRC/Early Start Program
 - QM45- Communication with Stakeholders
 - PH28- Health Plan of San Joaquin Access and Use of the Medi-Cal Rx Pharmacy Portal
 - PH29-PH29 Coordination of Care Provided to Members
- Subcommittee Reports
 - Delegation Oversight Committee – March 2, 2021
 - Reviewed 2020 Audit Results of the following delegates: Community Psychiatry, Carenet, Axis Point, Beacon. Audits are upcoming for Beacon and HubMD.
 - Pharmacy and Therapeutics Advisory Committee – March 2, 2021
 - Coverage Policies with Changes
 - Rheumatology – Gout
 - Immunology- Seasonal Allergies

- Pain – Non-opioid
- Infectious Disease – Parasitic Disorders
- Cardiovascular- Blood Pressure, CHF
- Respiratory Disorders-Asthma/COPD
- Pain-Opioid
- Miscellaneous – Medi-Cal FFS Carve-Out List
- Psychiatric-ADHD
- Infectious Disease – Cough and Cold
- Miscellaneous – Smoking Cessation
- Coverage Policies without Changes
 - Renal –Anemia
- Quality Operations Committee – 2/26/2021
 - Quality Management Workplan Quarter 2 Updates
 - Grievance, Appeals, and PQIs 1st Quarter
 - Total Grievances 318, Total Appeals 208, IMR, 15. SFH 15, and 10 PQIs
 - Grievance, Appeals, and PQIs, 2nd Quarter
 - Total Grievances 256, Appeals 226, IMR 14, SFH 13, and 12 PQIs
 - Facility Site Reviews
 - All scheduled FSR's were completed
 - MCAS Workgroups
 - Discussion on MCAS workplan structure, and current interventions for all MCAS domains
 - Population Health Management Update
 - Discussion on all current population management interventions
 - HEDIS/CAHPS Update
 - NCQA Accreditation survey begins April 6, 2021- Ends June 1, 2021
 - HEDIS-Initial HYBRID MRR currently in progress
 - Member Call Quality and Telephone Access
 - Call handling goals met or exceeded goals however goals for telephone access were not met. Call handling measurements include Abandonment, Service Level, and Average Speed of Answer. Improvement strategies include staff training, and continuing recruitment and retention
 - Network Adequacy and Provider Relations Update
 - Current activities include preparation for upcoming Timely Access submission, and the Culture, and Linguistic department has provided provider education on HPSJ translation services
- Peer Review and Credentialing Committee – 3/11/2021
 - Total Credentialed/Recredentialed
 - Direct Contract Providers: 111
 - Initial Credentialed for 3 years = 47
 - Initial Credentialed for 1 year = 2
 - Recredentialed for 1 Year = 1
 - Recredentialed for 3 Year = 60
 - Clean file initial credentialing approved by Dr. Dhanvanthari = 1

- Terminal-Involuntary: 0
- Delegated Providers Totals- which include Beacon, Childnet, Children's First, Kaiser, MDLive, UCSF, Sutter Gould, and VSP
 - Initial = 99
 - Recredentialed = 874
 - Terminated = 298
- Termination Reason:
 - Beacon:
 - (4) NON-RESPONSIVE-FAILED TO RESPOND TO FINAL RECREC OUTREACH
 - (1) NO CONTRACT ON FILE FOR PROVIDER/FACILITY
 - (1) OTHER INVOLUNTARY DISNEROLLMENT REASON
 - MD Live
 - (23) AFFILIATION EXPIRED/DID NOT RECREC
 - (1) DECEASED
 - (267) VOLUNTARILY WITHDRAWN
 - UCSF
 - (1) the suspension noted is related to medical disciplinary cause

Upon review of the materials presented, Chair Diederich asked about Beacon's performance since there were concerns in the past and asked about the termination of the providers. Dr. Lakshmi responded that Beacon's performance has improved since the last issue that HPSJ has had with them. HPSJ now owns the Behavioral Health network and it is only the case management part that they provide for HPSJ. The medical management team continues to have meetings with Beacon to provide updates on challenging cases, including addressing issues of their performance. Provider Services also holds monthly JOM meetings with Beacon to review their operational side. In terms of Behavioral Health Therapy, Beacon is responsible for everything but the delegation oversight that helps with monitoring their performance.. In terms of non-responsive failed, it's referencing their 4 providers that did not respond to the recredentiaing application requests and hence they were terminated from the network.

Commissioner Bangalore asked, for the discharge team that works with patients, is there information provided to providers of whom they should contact during the members transition of care from the hospital. Dr. Lakshmi responded that the transition of care team and director of UM will connect with primary care providers for specialty care members. HPSJ have different nurses working with each of the hospitals that contracts with HPSJ. Dr. Lakshmi also stated that she would call Dr. Bangalore and provide him with the contact information.

ACTION: With no further questions or comments, a motion was made (Commissioner Bangalore) and seconded (Commissioner Jensen) to approve the QMUM Committee Report for 3/17/2021, Annual Delegation Programs Evaluation for FY 2019-2020 (Complex Case and Condition Management), Annual Population Health Program Evaluation FY 2019-2020, Annual QM Program Evaluation FY 2019-2020 Update and Annual UM Program Evaluation FY 2019-2020 Update as presented (10/0).

ACTION: A motion was made (Commissioner Zeiter), seconded (Commissioner Jensen) with one abstention (Commissioner Herrera) to approve the Peer Review and Credentialing Committee report for March 11, 2021 as presented (9/1).

7. Modeling and Analysis of Regional Counties

Ms. Tetreault provided a recap of the modeling and analysis of regional counties that was presented at the February Health Commission meeting stating that the costs are made up of two

components: variable and fixed costs and includes administrative and service costs. Based on the latest analysis of the three remaining counties (El Dorado, Calaveras and Alpine), with expected revenues compared to expenses, management is projecting profits for each of the counties. The rates used were based on these Counties' current rates and are similar to Stanislaus County rates.

Based on February's report, with all 5 counties, the number of years it will take to break even is less than one year. When excluding two counties, it will take a little over a year to break even. Since the bottom line is still favorable, management recommends moving forward with the remaining three counties. With Calaveras alone, since it is contiguous to the counties HPSJ currently operates in, it will result in incremental growth that can be absorbed in current staffing model with some fixed start-up costs that would be recovered over a couple of years. For a scenario of two counties, the recovery will increase to 24 months to break even.

Overall, it is still financially feasible to move forward with any one of the three scenarios that Mr. Schrader presented under his CEO update. If HPSJ moves forward, it will put the company in a more favorable position with the state and stakeholders. With growth, HPSJ becomes a bigger player and has a more substantial seat with DHCS to help inform decisions, which is a benefit for HPSJ.

Upon review of Ms. Tetreault's analysis, extensive discussions were held with Commissioners asking the following questions:

Q: Commissioner Zeiter – Is the member number provided bigger than the population in these counties?

A: Ms. Tetreault – It is related to the plan that we anticipate will exit the market; this membership is about 50% of the total eligible membership in the counties. If HPSJ were able to achieve higher enrollment the numbers will look even better.

Q: Commissioner Bangalore - What is the difference between marginal and full cost?

A: Ms. Tetreault - Full cost is allocated costs for full staffing vs. incremental or new costs from establishing a new business.

Q: Commissioner Winn – In regard to the size of the region, if we were to add additional members in these counties, will HPSJ have a larger footprint? How are other plans doing that is considered influential and where would HPSJ land in comparison to size and voice?

A: Ms. Tetreault - The larger plans include, but not limited are Partnership, LA Care, Inland Empire and Cal Optima who are already on the state's workgroup for various sidebar conversations when the state looks for direction. Not sure that we will be as big as the plans listed, but it would give HPSJ a better chance for the opportunity to be "seated at the table" in the future.

Q: Commissioner Winn – Regarding Sacramento County, would they possibly look at HPSJ?

A: Mr. Schrader – The Senator Pan bill (SB 226), would establish a health authority to implement a county-sponsored Local Initiative (LI) health plan for Sacramento County. The bill specifies that the health authority would either: (i) create an LI, or (ii) contract with a health plan to be the designated LI. It's possible that HPSJ gets considered, since we are the only existing LI with a service area that is adjacent to Sacramento County, although as of this point, there have been no related discussions with Senator Pan's office or Sacramento County.

A: Commissioner Jensen – A committee has been created and is already meeting to discuss options. They are trying to move away from a GMC model, but continuing to look at various options.

A: Commissioner Jensen – A committee has been created and is already meeting to discuss options. They are trying to move away from a GMC model, but continuing to look at various options.

Q: Commissioner Winn – Assuming by virtue of doing this, it would not impact the ability of care for our current members but will only improve the care for the additional members in these new counties?

A: Mr. Schrader– The 2.5-year start-up effort will be significant as we develop the provider network, pass the DHCS readiness review, configure our systems, establish positive working relationships with providers, send member materials, modify policies and procedures, and complete other related functions. Also, in parallel we will be implementing CalAIM. However, because the expansion will only modestly increase membership, a few months post go-live, the added volume should be incremental to our ongoing operations and existing infrastructure, such as the Claims Department, Call Center, Medical Management, and Provider Contracting and Relations.

Q: Chair Diederich - When will this go-live?

A: Mr. Schrader – For each county, both HPSJ and the single commercial plan selected through the RFP process, would begin operations on January 1, 2024.

8. Seek Authority to move forward with Letters of Intent for HPSJ to serve as a Local Initiative for any of the three possible scenarios:

- Calaveras County
- El Dorado and Alpine Counties
- All three counties

ACTION: With no questions or comments, the motion was made (Commissioner Ruhstaller), seconded (Commissioner Jensen) and unanimous for HPSJ to move forward with the Letters of Intent for HPSJ to serve as a Local Initiative for any of the three possible scenarios: 1. Calaveras County, 2. El Dorado and Alpine Counties, and 3. All three counties (10/0).

INFORMATION ITEMS

9. Chief Operations Officer Report – February 2021 Operations Report

Lizeth Granados, COO reported that the February 2021 Operations Report is available in the meeting packet, highlighting the following reports:

- Membership continues to increase due to moratorium, which report will continue to show through the end of the calendar year
- Member call volume has been steady with slight decrease from January, but not much of a drop. Members continue to call HPSJ with inquiry on PCPs and ID cards; should be steady for March as well
- FQHC Utilization is not quite as high from previous year, looking at a steady flow of members seeking care through clinics and tele-health
- ER Utilization shows a big drop of members going into ER, which has been steady for the last quarter of the calendar year

Upon reviewing Ms. Granados's report, Commissioner Bangalore asked due to drop of ER visits, has it showed increased of utilization in other areas. Ms. Granados responded that reports does not show an increase in other areas. Urgent Care slightly increased, and one of the things management is looking at is having urgent care via tele-health on the weekend and after hours vs. going to the ER. Clinics that can address member issues early will help avoid member ER visits. Dr. Lakshmi also noted that ER rates is low due to the low cases of the flu season.

Commissioner Herrera stated that the increased of patients in ER are for moderate acuity. Patients are coming in so late, which delays their care. The volumes are not where they used to be. There are patients that are coming in too late for treatments who have suffered or die. Commissioner Jensen also stated that the acuity is far greater than normal for all hospitals; people are waiting too long to seek care.

Ms. Tetreault stated, management is also looking at this for utilization and financial projections, and these assumptions of increased acuity are being built into the model.

Commissioner Bangalore stated, the ER visits will be better off long-term if member focuses on stronger tele-health visits to ensure their health does not deteriorate.

Chair Diederich asked how to close the gap on child vaccination. Ms. Granados responded that it is a big public health issue as children are not going in for their well-care check-up. Staff is reaching out to members to encourage taking their children in for physical exams and getting their vaccination shots, while shortening visit time. Other options explored are to provide vaccinations in the parking lot; working on how best to bring children in. Calling, texting, postcards, and emails are the different activities that staff is working on. It will take some time with persistence in contacting members.

10. Chief Compliance Officer Monthly Report

Sunny Cooper, Chief Compliance Officer reported on monthly compliance activities, highlighting the following:

- Delegation Oversight Audit Results Updates
 - Due to COVID-19, many delegates were unable to fulfill our audit requirements timely. Therefore, the Delegation Oversight (DO) team continues to focus on executing the CY 2020 Audit Work Plan in 2021. As of today, all audits have been completed. The focus is now on monitoring and tracking each delegate's audit findings and Corrective Action Plan (CAP) execution
- October Security Incident Updates
 - Since the last update provided in January, the Security Incident Team, including the external legal counsel and data mining vendor, has been working towards finalizing the manual review effort of identifying impacted members. Below is a summary of tasks performed in February 2021
 - The data mining team concluded the Phase II.A data mining activity and all 222,888 documents have been reviewed. Of the 222,888 documents reviewed, approximately 13% contains NPPI/PHI (Non-Public Personal Information/Private Health Information)
 - The team started the Phase II.B data mining activity on March 8, 2021 to further review documents with more than 50 entries which account for approximately 1.8% of the total documents reviewed. The team is projecting to conclude the Phase II.B review by March 19, 2021
 - The incident report has been posted online by OCR with limited information
 - Most recent Key Statistics:
 - Vendor Hosted Call Center: Received 9 calls. No change
 - HPSJ Call Center: Received 1 call. No change
 - HPSJ web Site clicks: 1,170 clicks (1,072 English and 99 Spanish as of 3/11/21)
 - Press Publications: 0, no change

- Credit Monitoring Activations: 70 activations as of 3/5/21
- Annual HIPAA Assessment
 - Compliance concluded the annual internal HIPAA Privacy Assessment on both the Privacy and Breach Notification Rules while IT is in the process of conducting its Annual HIPAA security Assessment. Based on our internal HIPAA Privacy Assessment results, HPSJ is currently 100% compliant with both the Privacy and Breach Notification Rules
- DMHC Full Medical Survey Update
 - DMHC surveyors have selected a sample of case files to review. The selected case files are prepared according to the DMHC guidance and submitted for DMHC surveyor review. The DMHC will submit questions prior to, and during the onsite May 3rd
 - In preparation for the onsite interviews, HPSJ has contracted with a vendor to review more than 1,200 documents and case files, as well as conduct mock interviews. The mock interviews will focus on the following areas:
 - Grievances and Appeals
 - Access and Availability
 - Language Assistance
 - Access to ER Services and Payment
 - The goal is to ensure that certain audit interview questions are reviewed, audit team members are prepared and coached prior to the actual audit

11. Legislative Update

Brandon Roberts, Government Affairs Representative reported on legislative activities and priority bills, highlighting the following:

- LAO Budget Report on CalAIM and Health Equity
 - LAO finds potential for CalAIM to improve health equity because:
 - CalAIM would increase the role of Medi-Cal in addressing an array of medical and nonmedical determinants of health
 - Better connecting individuals with a larger set of medical and nonmedical services could improve health outcomes
 - Targeting Medi-Cal's highest-risk, highest-need beneficiaries could serve to reduce disparities and improve health equity
 - CalAIM would build on the potential promise of existing programs
 - Evaluations of existing programs provide some evidence of improvements in clinical care and health outcomes
 - LAO also finds significant challenges for CalAIM
 - CalAIM builds on programs whose impacts are not fully understood
 - Challenges developing population health and service delivery infrastructure in programs
 - Clinical care and health outcome improvements for WPC participants were not systematically different than similarly situated non-participants
 - While ECM target populations generally are reasonable, they might be overly broad for targeting those with greatest needs
 - Medi-Cal beneficiaries not enrolled in managed care would not be able to access certain new CalAIM benefits

- CalAIM as a package of reforms only would address certain drivers of health disparities
- Constraints in supply could limit effectiveness of reforms
- Plan discretion makes access to ILOS benefits uncertain
- Strategy for ensuring lack of bias in population health management program implementation deserves scrutiny
- Unclear how progress in improving equity would be measured and evaluated
- LAO recommends that the Legislature:
 - Consider Which Nonmedical Determinants Medi-Cal Is Most Suited to Address
 - Formulate specific equity metrics to ensure CalAIM is meeting equity goals
- Priority Bills – refer to meeting packet

CHAIRMAN'S REPORT

Chair Diederich reported that the county has plateaued with vaccinations; need vaccines from other counties with the capacity and have sign-ups through MyTurn website. He also reported on the following Health Commission Committee appointments:

- HR Committee – Commissioner Christine Noguera has been appointed as committee member
- CAC Committee – Seat is still open. Seeking new member from the Health Commission
- By-Laws Ad-Hoc Committee – the latest revision to the By-Laws was 4 years ago; looking to make edits with CEO Signing Authority, Regional Counties, County Services (AP/Payroll and in-house counsel). Seeking committee members from the Health Commission

COMMISSIONER COMMENTS

No comments were forthcoming.

CLOSED SESSION

At this time, the Health Commission adjourned to Closed Session at 6:47 p.m.

Closed Session - Conference with Legal Counsel – Existing Litigation
(Subdivision (a) of 54956.9)

Name of Case: Radner v. HPSJ, et al., Case No. STK-CV-UWT-2020-180

ACTION: Action taken by County Counsel Myles under attorney-client privilege and attorney work product doctrine.

The Health Commission came out of Closed Session at 7:05 p.m.

ADJOURNMENT

Chair Diederich adjourned the meeting at 7:06 p.m. The next regular meeting of the Health Commission is scheduled for Wednesday, April 28, 2021.