

MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION

April 26, 2023

Health Plan of San Joaquin – Community Room

COMMISSION MEMBERS PRESENT:

Greg Diederich, Chair

Neelesh Bangalore, MD

Paul Canepa

Michael Herrera, DO

Christine Noguera

Miguel Villapudua

Jay Wilverding

COMMISSION MEMBERS ABSENT:

Brian Jensen, Vice-Chair

Farhan Fadoo, MD

Elyas Parsa, DO

John Zeiter, MD

STAFF PRESENT:

Evert Hendrix, Interim Chief Executive Officer + Chief Administrative Officer

Victoria Hurtado, Chief Information Officer

Sunny Cooper, Chief Compliance Officer

Lizeth Granados, Chief Operations Officer

Michelle Tetreault, Chief Financial Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Priti Golechha, MD, Assistant Chief Medical Officer

Tracy Hitzeman, Executive Director – Clinical Operations

Quendrith Macedo, 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

None.

PUBLIC COMMENTS

No public comments were forthcoming.

MANAGEMENT REPORTS

1. CEO Report

Evert Hendrix, Interim CEO provided activity updates on the following:

HPSJ Partners to Support Members as Medi-Cal Redeterminations are Underway

On April 1, 2023, counties resumed routine Medi-Cal enrollment operations by initiating annual renewals to redetermine the eligibility of beneficiaries. Driven by the continuous eligibility requirement, HPSJ's membership grew from 335,000 in March 2020 to over 450,000 today. As counties process renewals, HPSJ's membership will decrease for 12 consecutive months and may near pre-pandemic levels.

HPSJ is partnering with members, providers, county health agencies, and other stakeholders throughout the redetermination process to ensure eligible members remain enrolled and formerly eligible members have continuity of care and coverage.

HPSJ is outreaching to members to provide education and update contact information, which supports counties with processing redeterminations, including:

- Tactics: Mail, social media, advertisements, text campaigns
- Activities: Health fairs, flea markets, care gap clinics, school district partnerships
- Outreach: eNewsletters and radio broadcasts

Congressman John Duarte Meets HPSJ Leadership

On April 5, 2023, HPSJ welcomed Congressman Duarte to the Modesto Office. The Congressman toured the facility and met with leadership to discuss our shared priorities for improving healthcare access and quality. HPSJ is eager to partner with the Congressman in service of our members and we are proud that public officials can trust HPSJ for guidance on the federal, state, and local healthcare landscapes.

Service Area Expansion

HPSJ Initiates Outreach for Alpine and El Dorado County Representation on the Health Commission

HPSJ's 11-member governing Health Commission will grow by two members in July 2023 to include representatives from Alpine and El Dorado Counties. A commissioner appointed by the Alpine or El Dorado County Board of Supervisors shall be a:

1. Member of the Board of Supervisors
2. County Employee
3. HPSJ Contracted Provider

4. HPSJ Enrolled Member

HPSJ is outreaching to county supervisors and other public officials in Alpine and El Dorado Counties to offer support as they make an appointment. Stakeholders are enthusiastic about exerting local control over the Medi-Cal delivery system by sharing in the governance of our health plan. Mr. Hendrix has been invited by the Alpine County Board of Supervisors to testify on May 18th about the transitioning Medi-Cal model and Health Commission appointment.

HPSJ Considers a New Satellite Office to Serve Members in Alpine and El Dorado Counties

Securing a satellite office for members in Alpine and El Dorado is a key strategy for our health plan to be visible partners in the communities we serve. A new satellite office will provide space for:

- Members to obtain in-person health plan support services
- Commissioners and the public to connect to Health Commission meetings
- Members of the Community Advisory Committee to convene
- Health plan staff to conduct meetings with CBOs
- Health plan staff to support our provider network, public officials, and partners
- Stakeholders to utilize our Community Room

CONSENT CALENDAR

Chair Diederich presented four consent items for approval:

2. March 29, 2023 SJC Health Commission Meeting Minutes
3. Finance and Investment Committee – 04/19/2023
 - a. March 22, 2023 Meeting Minutes
4. Community Advisory Committee – 04/20/2023
 - a. February 9, 2023 Meeting Minutes
 - b. Community Hospice
 - c. HPSJ Website Usability Testing
 - d. Medi-Cal Renewal
5. Human Resources Committee – 04/26/2023
 - a. February 22, 2023 Meeting Minutes
 - b. Remote Work Policy Update

ACTION: With no questions or comments, the motion was made (Commissioner Villapudua), seconded (Commissioner Wilverding), to approve the four consent items as presented (7/0).

REPORT ITEMS

6. Investment Advisor

Michelle Tetreault, CFO introduced Stephanie Sorg, along with David Sancewich of Meketa to present and request Commission approval on the Investment Manager and Custodian selection previously presented at the December 2022 meeting. Meketa conducted RFP's for both an

Investment Manager and Institutional Custodian on behalf of HPSJ. HPSJ's Investment Advisory Committee (IAC) members conducted interviews with multiple firms (five firms) as part of this search process. Both selected finalists (MetLife Investment and BMO Harris Bank N.A.) have experience working with public and government entities.

Commissioner Wilverding also provided an overview of his role in the selection process with the IAC. He stated, for the past several years, HPSJ management has been discussing the transition of assets from the county's control to its own.

MetLife Investment Management Services

Scott Pavlak of MetLife Investment joined the meeting to provide an overview of its services for HPSJ, noting that MetLife manages public fixed income, private capital and real estate assets for institutional investors worldwide by applying its deep asset class expertise to build tailored portfolio solutions. A team of four specialists will be managing HPSJ's investments, providing some key investment strategies with a conservative investment approach.

Upon review of Mr. Pavlak's presentation, there was much discussion and extensive questions were raised by commissioners: Here is a sample of questions:

Q: Bangalore – Under Strategy Characteristics, does the basis point .007 mean that it is less than 1%?

A: Pavlak – Yes, that is correct.

C: Wilverding – The investment is strictly on fixed income (treasury and corporate), no equities (mutual funds), and the return is limited.

Q: Wilverding - In a balance portfolio that hopefully will earn more based on inflation rate, how will MetLife invest if we are strictly on fixed income? What is the gap between real return and literal return?

A: Pavlak - Literal return is based income. Active management manages the duration, if rates are moving lower and manage yield curve, with sector management (actively managing the portfolio). MetLife's outlook for inflation is consistent with what the feds are saying, having this type of return in portfolio works (different types of assets).

BMO Investment Custodial Banking Services

Daphne O' Keefe of BMO joined the meeting to provide its organizational overview and the business model and client service approach on securities operations.

Upon review of Ms. O' Keefe's presentation to the Health Commission, Ms. Tetreault reported that during the contract negotiations process, HPSJ was notified that BMO is planning to remove itself from the custodial business. Based on this, the team will have a successor that will acquire the custodial services, including BMO staff. BMO will continue to maintain the asset and transition with the new custodian. Upon discussion, the F & I Committee is comfortable in moving forward with the contract as the role of custodial services is to hold the assets. Worst case scenario, if successor does not accept HPSJ's agreement with BMO, HPSJ will go out with another RFP.

Upon review of Ms. O' Keefe and Tetreault's report, the following comments and questions were raised by commissioners:

C: Diederich - This is a precursor, based on timeframe, if it's not with BMO as the successor than it would be transitioned to a new custodial organization.

C: Wilverding - Based on options presented to the F & I Committee, this is the best option.

Q: Canepa – Who are the other vendors aside BMO?

A: Sancewich - Comerica Bank was the other vendor that bid, however, their rates were 3 times higher.

Q: Herrera - Are we doing any due diligence of what we are paying in investment fees and if we are going to be performing well in the next three years?

A: Diederich and Tetreault - Return of full treasury is after expenses. We will be on net dollar basis. HPSJ wants to move payroll, ADP, and investment under custodial banking, and this is the best option; being more flexible and much higher return. These disclosures are also included in the contract.

Q: Bangalore – How did HPSJ end up with \$700M for investment?

A: Tetreault and Hendrix - We have a requirement to hold reserve levels and our TNE is high. Just in case the state does not pay us, we are required to hold those funds as working capital. Our reserves grow from favorable net income. We have experienced favorable net incomes for the last several years.

ACTION: With no further questions or comments, the motion was made (Commissioner Canepa), seconded (Commissioner Wilverding), to approve both the MetLife Investment Management Services and BMO Investment Custodial Banking Services contracts as presented (7/0).

7. FY' 23-26 Strategic Plan

Mr. Hendrix presented for approval, the final FY' 23-26 Strategic Plan, noting the following changes under each of the respective Anchors:

- Operational Excellence and Growth = Enhance and standardize operational capabilities
 - EXPANSION. Successfully implement D-SNP, geographic expansion, and ongoing CalAIM programs.
 - PROCESS IMPROVEMENT. Enhance operating model to ready people, process, and technologies for changing Medi-Cal landscape.
 - CONTINUOUS COMPLIANCE. Demonstrate audit readiness and promote ongoing culture of compliance.
 - POPULATION HEALTH. Implement member-focused programs, demonstrating our understanding of the diverse needs of our members.
 - DATA GOVERNANCE AND ACCESSIBILITY. Develop approach to leverage data-sharing and standardize processes for data management, actionable data-driven decision-making, and clear policies for data governance.
 - DELIVERY SYSTEM TRANSFORMATION. Drive quality improvement and health equity through value-based payment (VBP) arrangements and targeted incentive programs.
- Skilled and Stable Workforce = Become employer of choice for high performing, engaged workforce

- TALENT MANAGEMENT. Reinforce succession planning, cross training, and career ladders to build on strong existing workforce, retain institutional knowledge, promote career development.
- EXPANSION OF ORGANIZATIONAL CULTURE. Invest in ongoing development of our people by promoting training, education, and opportunities so they can operate with increased nimbleness and succeed in our ever-changing landscape.
- BELONGING. Empower and reward our distinctive values to ensure that all our stakeholders are heard, valued, and feel connected to our mission.
- Community Partnerships = Deepen and expand community presence to address delivery system
 - COMMUNITY COMMITMENT. Reinforce existing partnerships and expand our commitments to partners in our new services areas and programs.
 - COMMUNITY COLLABORATION. Facilitate authentic collaboration in the communities we serve through developing data-sharing protocols, hosting convenings, promoting strategies to reduce barriers to care, thus addressing the social determinants of health.
 - LIVING OUR VALUES. Model our values in everything we do to foster safe, inclusive, open environments as we serve our members and communities.
- Financial Stewardship = Invest in the future of delivery system
 - COMMUNITY INVESTMENTS. Develop community investment strategies and make investments in community to promote enhanced healthcare outcomes.
 - INFRASTRUCTURE IMPROVEMENTS. Make capital investments in technologies and facilities to thrive in new service areas and programs.
 - FINANCIAL SECURITY. Establish our legacy through the promotion of long-term financial health and successful service to our communities.

Chair Diederich stated that the Ad-Hoc Strategic Planning Committee reviewed the plan extensively and have no additional comments. The committee stated that a lot of good work is planned for HPSJ with many CalAIM initiatives, and to have a strong community partner. Mr. Hendrix also noted that

HPSJ's role has evolved with CalAIM, partnership with the state, as well as other initiatives, such as homelessness.

ACTION: With no additional questions or comments, the motion was made (Commissioner Villapudua) seconded (Commissioner Canepa) and unanimous to approve the FY' 23-26 Strategic Plan as presented (7/0).

8. February 2023 YTD Financial Reports

Michelle Tetreault, CFO presented for approval the February 2023 YTD financials, highlighting the following:

- Net Income is \$150.5M and is \$135.3M favorable to budget

- Premium Revenue is \$34.9M (4.1%) favorable to budget YTD
- Membership increased by 23k in February 2023 due to members that transitioned into mandatory managed care enrollment (MMCE) as part of DHCS' CalAIM initiative. The additional YTD variance is mainly due to increased membership over budget, and favorable variation in the mix of membership by category of aid compared to the mix assumed in the budget
- Managed care expenses are \$55.8M (7%) favorable to budget YTD, mainly due to a favorable variance in the institutional category of service
- Other Program Revenues and Expenses (Net) - A total of \$8M in program revenue and \$7M in program expense has been recognized YTD related to various DHCS incentive programs, a net \$1.2M increase to net income. The net income from these programs is \$0.3M unfavorable to budget YTD. The variance is primarily due to differences in timing of the program activities compared to budget
- Administrative expenses are \$4.2M favorable to budget YTD, primarily due to lower than budgeted IT consulting cost of \$1.9M and personnel costs of \$1.6M
- Temporary variances are expected to be reversed later in the current fiscal year
- Prior period adjustments are primarily due to changes in estimates made in the prior year for IBNR (\$10M), reserves for disputed claims (\$8M). Not concern from an audit perspective. The Prop 56 accrual is normal

Upon Ms. Tetreault's report, commissioners raised the following questions:

Q: Herrera – Will the state ever question the error that was overpaid to us?

A: Tetreault – Yes. We are experiencing certain costs with those numbers. We look at our required MLR of 85%, and we are just right above that, but it's also on a calendar year perspective. I suspect that we will have conversation with DHCS on rate development process (prospective rates) and on low non-utilizers, which will go up resulting in an increase of the MLR. We could lose in the future by rate reduction.

C: Hendrix - There is significant revenue attributed to redetermination. We will see in next years and the following years budget a decrease based on the drop of re-enrollment.

Q: Bangalore – For the \$49M to Institutional, is it because of decreasing hospitalization?

A: Tetreault – This is related to non-utilizers, plus we built in to budget the 3% increase to providers. This will show in next month's report as a favorable bottom line (half of what we're showing now). Projected to end the fiscal year at \$200M; looking at opportunities for community reinvestment.

ACTION: With no additional questions or comments, the motion was made (Commissioner Bangalore) seconded (Commissioner Villapudua) and unanimous to approve the February 2023 YTD financial report as presented (7/0).

9. Housing and Homelessness Incentive Program (HHIP)

As a follow-up on the report to the Health Commission in December 2022, Lizeth Granados, Chief Operations Officer submitted for approval, the Housing and Homelessness Incentive Program (HHIP), noting that this is a voluntary program for health plans to participate in. The two-year program will have an impact on members well-being, highlighting the following investment costs:

- HHIP Payment Year 1 = \$13.1M in investments
 - San Joaquin Partners
 - County of San Joaquin – Point in Time
 - Central Valley Low Income Housing – HMIS Lead Agency
 - San Joaquin Health – Street Medicine
 - Community Medical Centers – Street Medicine
 - St. Mary's Dining Room
 - Partnering with local homeless service organization to provide ECM, Community Supports and CHW services. Also partnering for the development of modular units in support of homelessness interventions. Partnership will support member populations through a community hub of available services and care options
 - City of Tracy
 - Arbor Avenue site opened as of November 2022 and includes modulars and custom containers. Moving forward with final phases and capacity is currently full with 48 occupants and a pending wait list. Overall, the site is demonstrating positive outcomes for almost all occupants
 - Housing Authority County of San Joaquin
 - Stocktonians Taking Against Neutralizing Drugs (STAND)
 - Stanislaus Partners
 - Community Services Agency – Point in Time
 - Community Services Agency – HMIS Lead Agency
 - Stanislaus Regional Housing Authority
 - Stanislaus Equity Partners (STEP)
- HHIP PY 1 Project Highlights
 - Established new community partnerships for added permanent housing, to serve populations of focus and disparate groups, and provide referral linkages to covered services
 - Housing Authority County of San Joaquin
 - Stocktonians Taking Action to Neutralize Drugs (STAND)
 - Central Valley Homes Project
 - Kestrel Ridge Development
 - Bridge Covenant Micro Housing Village
 - Free Will Baptist Church Micro Village
 - Point-In-Time Count: Collaborating in focused workgroup in support of 2024 PIT count survey. The PIT count serves a key tool to understand member counts, demographics, and disparities and develop strategies to address
- HHIP PY 2 Proposal – San Joaquin (Housing Support Proposal in Review)
 - City of Lodi
 - Funding requested to establish transition and supportive housing by providing 44 rentable units ranging from 4 bedrooms each to serve ~350 members for transitional and long-term supportive housing
 - Expected timeline for members to move in – end of Q4 2023
 - Total funding requested is \$3M inclusive of acquisition and rehabilitation costs
 - Gospel Rescue Mission - New Life Program Multi-Purpose Center in Stockton to demolish, design and permit to build a new 132 bed facility:
 - Demolition Phase (July 2023)
 - Site Preparation (Sept 2023)

- Design completion (Sept 2023)
- Total funding request of \$3M
- Uplift Foundation – Permanent and Supportive Housing
 - Funding will support rehabilitation and enhancements costs for a 69 unit building to support 138 people
 - Move in date by December 2023
 - Total funding request of \$1,850,000
- HHIP PY 2 Proposal – Stanislaus (Housing Support Proposal in Review)
 - City of Modesto
 - Traveler's Motel
 - Funding requested to provide secure and permanent supportive housing for ~60 individuals experiencing homelessness for those that are facing displacement
 - Total funding request of \$2,150,000
 - Downtown Streets Team – Rapid Rehousing Program
 - Funding requested to reduce the impact of homelessness by engaging unsheltered individuals by providing case management, enhance and broaden the permanent housing component for ~40 members
 - Total funding request of \$195,000
 - Stanislaus Regional Housing Authority
 - Walker Point Apartments
 - 19-unit apartments/3 people max per unit
 - House ~19-25 SMI members
 - Occupancy permits received by April 2023
 - Move in date by June 2023
 - Total funding request of \$2.3M

Based on project proposal, Ms. Granados request Health Commission approval to fund the projects associated to HHIP Payment Year 2 activities and amounts totaling \$12,495,000 (\$7,850M in SJC and \$4,645M in Stanislaus). She stated that HPSJ can make up to \$21M in investment in SJC and \$13M in Modesto, however, it will be quite an extensive process to earn this investment of funds. Last year, HPSJ committed to fund over \$13.1M of investment initiatives.

Upon review of Ms. Granados' proposal, Chair Diederich stated that HPSJ's allocation of \$19M-\$20M is for the plans' own investments and ask if management anticipates receiving more money back than what is spent. Ms. Granados responded to the affirmative and stated that HPSJ have already recouped some of the funds that were originally invested. HPSJ will continue to offer additional funding; looking to put together payments for year 2. Mr. Hendrix stated that the HHIP program for one of the criteria, will need to have members in facility at end of that year cycle; we have many types of re-habilitation facilities. The construction date can run longer than anticipated, which could affect funding from the state. These are projects and decisions brought to the Health Commission for consideration and if the plan does not receive funding back, management would still like to invest in the projects.

Commissioner Canepa stated that the funds going towards the building infrastructure at the Gospel Center is exciting news. Ms. Granados expressed the same excitement and stated that HPSJ's intention is to also provide for community support and have onsite volunteers.

Commissioner Bangalore asked if any homeless person could get into any of the facilities and expressed that he would like to see examples of how the impact of the project will be to the homeless community. Ms. Granados responded that any homeless person could move into any of the units. They will have house-based vouchers for homeless members. She will continue to share the work being done and how impactful this will help with sheltering for the homeless.

Ruben Imperial, Assistant Executive Officer of Health, and Public Safety in Stanislaus commented that Stanislaus County appreciates all the work of Ms. Granados and HPSJ team with their local partners to develop these projects. Stanislaus is on track for a substantive increase in housing units for individuals with serious mental illness and HPSJ has been critical in this achievement.

ACTION: With no additional questions or comments, the motion was made (Commissioner Herrera) seconded (Commissioner Bangalore) and unanimous to approve the HHIP Payment Year 2 funding in the amount of \$12,495,000 as presented (7/0).

INFORMATION ITEMS

10. Incentive Payment Program (IPP) Update

Ms. Granados provided an update on the Incentive Payment Program (IPP), highlighting the following:

- CalAIM IPP Background
 - As the first set of CalAIM initiatives, Enhanced Care Management (ECM) and Community Supports programs required new investments for infrastructure and capacity building
 - To support these investments, CalAIM IPP includes goals to:
 - Build appropriate and sustainable capacity
 - Make necessary investments to enhance delivery system infrastructure
 - Bridge current silos across physical and behavioral health care service delivery
 - Reduce health disparities and promote health equity
 - Incentivize take up of Community Supports
 - The program period runs across three distinct program years from 2022 – 2024
- CalAIM IPP Program Update
 - For Program Year 1, HPSJ funded and distributed \$2.9M to seven (7) ECM and Community Support Providers in San Joaquin and Stanislaus Counties to:
 - Build appropriate and sustainable capacity
 - Enhance delivery system infrastructure
 - Reduce health disparities and promote health equity
 - Achieve improvements in quality performance
 - To receive payments from DHCS, HPSJ completed required plan level IPP submissions
 - HPSJ has received Payment 1 and is now awaiting final Payment 2 for this measurement period
- IPP PY 1: Allocation Status
 - Total Maximum Potential Allocation/Revenue
 - San Joaquin: \$11,174,931
 - Stanislaus: \$8,614,530
 - Total: \$19,789,461
 - 50% Received from DHCS in May 2022

- San Joaquin: \$5,587,465.50
 - Stanislaus: \$4,307,265.00
 - Remaining Potential Allocation/Potential Revenue (Expected June 2023)
 - San Joaquin: \$5,587,465.50
 - Stanislaus: \$4,307,265.00
- IPP Next Steps
 - Final Payment 2 to cover Program Year 1 expected in June 2023
 - For upcoming program years, DHCS has released initial guidance and measures for future Submissions 3-5. HPSJ will continue to assess guidance and provide stakeholder feedback
 - HPSJ has released IPP Program Year 2 applications and will be providing overview presentations within monthly provider meetings and look and learns
 - Continue to participate in collaboratives for community education and cross collaboration on varied CalAIM funding streams
- IPP Program Year 2 Highlights
 - Gospel Rescue Mission – Expansion of Recuperative Care (San Joaquin) – total funding request of \$3.5M
 - Request funding to increase capacity by constructing and furnishing a location to expand recuperative care services by 8/31/2024
 - Golden Valley Health Centers Sobering Center (Stanislaus)
 - SJ Health (Stanislaus)

Chair Diederich stated, in lieu of services, members do not have to go into re-admission by building these infrastructures; offering additional services to not pick up additional beds in the hospital.

11. Compliance Officer Bi-Monthly Report

Sunny Cooper, Chief Compliance Officer reported on compliance's bi-monthly activities, highlighting the following:

- Q1 2023 FWA Report
 - The PIU worked a total of 14 cases: 9 carry-over cases from previous quarters and 5 new cases
 - All five new cases were reportable to DHCS/DOJ as credible allegations of fraud, and all were also reported timely, per policy (reported within 10 working days)
- Q1 2023 HIPAA Privacy + Security Incident Report
 - 44 privacy incidents were investigated, potentially impacting 31 members. Compliance investigated each incident and determined that 3 of the 44 incidents identified were reportable to DHCS/DOJ
 - Based on investigations of all 44 incidents, 18 incidents were not privacy incidents incurred by HPSJ while the remaining 26 were incurred by HPSJ staff and were remediated timely and potential breaches were prevented
- HPSJ Overall Compliance Dashboard - the current Overall Compliance Dashboard represents six functional areas' ability to comply with contractual requirements and state/federal regulations. The 6 areas are:
 - Claims: Timely claims processing regulations and requirements
 - Accounting: Timely capitation payment to providers requirements
 -

- UM: Utilization Management's compliance with the timely Notice of Action (NOA) communications with members
- Compliance: Compliance with FWA and Privacy reporting requirements
- HR: HPSJ Workforce and Commissioners mandatory training requirements
- Customer Service: Speed to answer calls and calls wait time for members

• HPSJ Regulatory Dashboard (02/2023 data)

COMPLIANCE REVIEW STANDARD	07-22	08-22	09-22	10-22	11-22	12-22	01-23	02-23
Claims	75%	75%	75%	75%	75%	75%	75%	100%
	→	→	→	→	→	→	→	↑
01. Pay 90% of clean claims within 30 days	96.55%	98.25%	98.07%	97.74%	96.60%	98.08%	99.90%	99.99%
		↑	↓	↓	↓	↑	↑	↑
02. Pay 99% of all clean claims within 90 days	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		→	→	→	→	→	→	→
03. Reimburse at least 95% of claims within 3 months	99.00%	99.00%	97.00%	99.00%	98.30%	98.08%	99.90%	99.98%
		→	↓	↑	↓	↓	↑	↑
04. Resolve/issue provider dispute determination within 45 working days	46.00%	74.00%	95.00%	97.00%	99.32%	99.10%	99.98%	100.00%
		↑	↑	↑	↑	↓	↑	↑
Accounting	100%	100%	100%	100%	100%	100%	100%	100%
	→	→	→	→	→	→	→	→
05. Pay capitation within 30 calendar days of enrollment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	→	→	→	→	→	→	→	→
Utilization Management	50%	50%	50%	50%	0%	0%	0%	0%
	→	→	→	→	↓	→	→	→
06. Routine authorizations within 5 working days	99.88%	99.95%	99.96%	99.92%	99.94%	99.76%	99.92%	99.96%
		↑	↑	↓	↑	↓	↑	↑
07. Expedited authorizations within 72 hours	100.00%	100.00%	100.00%	100.00%	99.61%	99.93%	99.71%	99.57%
		→	→	→	↓	↑	↓	↓
<p>* Overall Compliance Rate: Number of requirements met (100%) divided by total number of requirements for the reporting month.</p> <p>Green indicates > 97% compliance across all requirements</p> <p>Yellow indicates 95-97% compliance across all requirements</p> <p>Red indicates < 95% compliance across all requirements</p>								

COMPLIANCE REVIEW STANDARD	07-22	08-22	09-22	10-22	11-22	12-22	01-23	02-23
Compliance	100%	100%	75%	75%	100%	100%	67%	100%
	→	→	↓	→	↑	→	↓	↑
08. Complete FWA investigation within 10 working days	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%
		→	→	↓	↑	→	→	→
09. Notify DHCS within 24 hours of PHI incident	100.00%	100.00%	50.00%	100.00%	N/A	N/A	0.00%	100.00%
		→	↓	↑			↓	↑
10. Submit PHI Incident Report to DHCS within 72 hours	100.00%	100.00%	100.00%	100.00%	N/A	N/A	100.00%	100.00%
		→	→	→			→	→
11. Investigation outcome to DHCS within 10 working days of PHI incident	100.00%	100.00%	100.00%	100.00%	N/A	N/A	N/A	100.00%
		→	→	→				→
HR	100%	100%	100%	100%	50%	100%	0%	100%
	→	→	→	→	↓	↑	↓	↑
12. Compliance Training completed within 30 days of hire	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.00%	100.00%
		→	→	→	→	→	↓	↑
13. Compliance Training completed annually	N/A	100.00%	100.00%	N/A	98.00%	N/A	N/A	N/A
		→	→		↓			
Customer Service	100%	100%	100%	100%	100%	100%	100%	100%
	→	→	→	→	→	→	→	→
14. Answer call within 10 minutes during normal business hours	0.32	0.59	1.05	1.49	1.28	1.06	2.04	2.27
		↓	↓	↓	↑	↑	↓	↓
15. Call wait time does not exceed 30 minutes	0.32	0.59	1.05	1.49	1.28	1.06	2.04	2.27
		↓	↓	↓	↑	↑	↓	↓
OVERALL COMPLIANCE RATE*	86%	87%	80%	86%	67%	73%	62%	86%
		↑	↓	↑	↓	↑	↓	↑
<p>* Overall Compliance Rate: Number of requirements met (100%) divided by total number of requirements for the reporting month.</p> <p>Green indicates > 97% compliance across all requirements</p> <p>Yellow indicates 95-97% compliance across all requirements</p> <p>Red indicates < 95% compliance across all requirements</p>								

Commissioner Canepa asked why the Overall Compliance Rate is in the red. Ms. Cooper responded that Compliance is not giving themselves “green” unless they are above 97% (team’s benchmark). They want to set a high goal to ensure they achieve the requirements.

CHAIRMAN’S REPORT

Chair Diederich reported on the status of the 2024 DHCS reinvestment of 5%-7.5% of health plan’s net margin. He stated that the Ad-Hoc Investment Advisory Committee is looking at a policy to set guard rails on investments and projects. The committee held a meeting last week and Vice-Chair Jensen have begun multi-county dialogue in looking to increase capacity to develop a campus on Behavioral Health (BH) and substance abuse. The concept of BeWell was discussed, a project started by CalOptima of which HPSJ would like to establish the same model.

The county has land that could be built on. The desire is to look at \$50M improvement for funding with \$9M from Sen. Eggman and \$2M from Sen. Padilla’s office. Governor Newsom would like to have campuses on national opioid coming to our county. HPSJ is looking to build two levels of feasibility with construction on this plot of land and looking at study with HMA to see if we can operate it; determine what is the revenue stream to operate long-term and how to staff it.

The committee is making recommendation to look back at the two-feasibility study and how to fund it. Upon outcome of feasibility study, the committee will bring back to the commission for review and direction of investments.

Mr. Hendrix stated that HPSJ is interested in being a part of the project based on the plan’s exposure. An RFP on feasibility study is in the process. From an investment standpoint, this is aligned with community health assessments given the BH topic and issues that have come arise.

COMMISSIONER COMMENTS

No comments were forthcoming.

CLOSED SESSION

At this time, the Health Commission adjourned to Closed Session at 7:00 p.m.

12. Closed Session – Trade Secrets

Welfare and Institutions Code Section 14087.31

Title: Quarterly Update on FY’ 22-23 Corporate Objectives

13. Closed Session – Initiation of New Service, Program, Marketing Strategy or Business Plan

CA Government Code Section 54956.87

Title: Health Plan Expansion

14. Closed Session – Public Employee Appointment

CA Government Code Section 54957

Title: Chief Executive Officer

The Health Commission came out of Closed Session at 7:21 p.m.

ADJOURNMENT

Chair Diederich adjourned the meeting at 7:21 p.m. The next regular meeting of the Health Commission is scheduled for May 31, 2023.