

# **MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION**

**December 13, 2023  
Health Plan of San Joaquin – Community Room**

## **COMMISSION MEMBERS PRESENT:**

Greg Diederich, Chair  
Brian Jensen, Vice-Chair  
Paul Canepa  
Michael Herrera, DO  
Christine Noguera  
Jay Wilverding  
Terry Woodrow  
John Zeiter, MD

## **COMMISSION MEMBERS ABSENT:**

Neelesh Bangalore, MD  
Olivia Byron-Cooper  
Miguel Villapudua

## **STAFF PRESENT:**

Lizeth Granados, Chief Executive Officer  
Betty Clark, Chief Legal and General Counsel  
Sunny Cooper, Chief Compliance Officer  
Evert Hendrix, Chief Administrative Officer  
Elizabeth “Liz” Le, Chief Operations Officer  
Ildi Rabinowitz, Chief Health Equity Officer  
Michelle Tetreault, Chief Financial Officer  
Victoria Worthy, Chief Information Officer  
Kirin Virk, Deputy 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 5:03 p.m.

## **PRESENTATIONS/INTRODUCTIONS**

Chair Diederich announced that Commissioners Fadoo and Parsa have relocated and resigned their positions on the Health Commission, effective December 1, 2023. Nominations to fill both vacancies may be provided by the January 31<sup>st</sup> Health Commission meeting.

Chair Diederich reported that Commissioner Byron-Cooper has transferred her seat to Dr. Matthew Minson, El Dorado County Public Health Officer, who will officially join the Health Commission as of January 31, 2024.

## **PUBLIC COMMENTS**

No public comments were forthcoming.

## **MANAGEMENT REPORTS**

### **1. CEO Report**

Lizeth Granados, CEO, thanked Commissioners for their support to the success of HPSJ throughout the year and proceeded to provide an updated on the following:

#### **El Dorado and Alpine County Readiness Update**

Lizeth Granados, CEO, thanked Commissioners for their efforts to ensure HPSJ's success throughout the year and proceeded to report on the following:

#### **El Dorado and Alpine County Readiness Update**

The Department of Managed Health Care authorized HPSJ to do business as Mountain Valley Health Plan (MVHP), which will be our brand in El Dorado and Alpine Counties. In furtherance of our strategy to launch MVHP operations in El Dorado and Alpine Counties, we hosted a welcoming event on November 15<sup>th</sup> to facilitate introductions to the community, support health care providers transitioning into our network, and establish new opportunities to serve members.

Our welcoming event was hosted at the El Dorado County Fairgrounds and notably attended by providers, staff, and other local partners from:

- The Chamber of Commerce,
- El Dorado Community Health Centers,
- Marshall Medical Center,
- Health and Human Services,
- Behavioral Health Services, and
- Social Services.

Although MVHP does not launch until 2024, our call centers are supporting perspective members from the region and our El Dorado County office is on track to open in January.

#### **Health Plan Membership Update**

In addition to our expansion into El Dorado and Alpine Counties, the following developments will occur by January 2024 and impact HPSJ's membership totals:

- Expanded Age Groups for Income-Eligible Undocumented Populations. Income-eligible undocumented adults ages 26 through 49 will be able to receive full-scope Medi-Cal
- Elimination of the Medi-Cal “Asset Test.” Assets will no longer be included in the determination of an individual’s eligibility for non-Modified Adjusted Gross Income (non-MAGI) Medi-Cal. This means that the financial criteria for Medi-Cal eligibility will be based solely on income, while the consideration of bank accounts, cash, property, and vehicles will be eliminated. Notably, non-MAGI Medi-Cal services include the Aged and Disabled program, Medicare Savings Programs, and Long-Term Care programs
- Expanded Participation of Kaiser in the Medi-Cal Program. The Department of Health Care Services will begin its direct contract with Kaiser as a Medi-Cal managed care plan within certain counties, including El Dorado, San Joaquin, and Stanislaus. Kaiser currently subcontracts with HPSJ, as we delegate the coordination of care for over 17,000 members, many of whom may choose Kaiser as their plan in 2024

**Q:** Noguera – Will expansion populations automatically transition into Medi-Cal or are they required to reapply, particularly when seeing a provider for an emergency encounter?

**A:** Granados – Expansion populations would need to apply and noted that many choose not to formally apply for Medi-Cal. HPSJ is continuing to provide education on the formal application process to support members and providers throughout the expansion.

**Q:** Canepa – Is the Medi-Cal eligibility expansion based on income or age for undocumented individuals?

**A:** Granados – Currently, undocumented individuals aged 26-49 do not qualify for Medi-Cal. However, beginning in 2024, undocumented individuals who are otherwise income-eligible may enroll in Medi-Cal. The estimated number of new enrollees from this population may be small, as many undocumented individuals remain fearful of applying for services.

**Q:** Diederich – Do we experience any challenges with adjudication given that the state has not assigned aide codes for undocumented members?

**A:** Granados – The state assigned a “flag” under this population. For HPSJ’s purpose, the integration should be seamless as undocumented individuals will receive full-scope of Medi-Cal services.

### Quality Enforcement Actions

The Department of Health Care Services (DHCS) released notices of intent to sanction Medi-Cal plans that failed to meet minimum performance levels (MPLs) for Measurement Year (MY) 2022.

Monetary sanctions for MY 2022 were increased by DHCS, as all Medi-Cal plans that failed to meet the MPLs may be issued sanctions totaling:

- Up to \$25,000 per violation for the 1<sup>st</sup> year under sanction,
- Up to \$50,000 per violation for the 2<sup>nd</sup> year under sanction, and
- Up to \$100,000 per violation for the 3<sup>rd</sup> year under sanction

A Medi-Cal plan can receive a sanction in each county where a violation occurs, based on factors that include the:

- Number of Medi-Cal members impacted,
- Degree to which the plan fell below the MPL,
- Degree of improvement or decline from the previous MY, and
- Regional performance on the Healthy Places Index

HPSJ received a notice of intent to sanction from DHCS on December 5<sup>th</sup>. We requested to meet and confer with DHCS to review our performance. Final sanction and violation totals are pending further discussion with DHCS.

**Q:** Wilverding – How does DHCS define a violation and how many did HPSJ receive in the last Measurement Year? What was the sanction amount that DHCS indicated it would impose on HPSJ in its recent intent to sanction letter?

**A:** Granados – Violations and monetary sanction amounts are determined by a formula with four factors taken into consideration. We had eight violations in Measurement Year 2021. Per its recent notice of intent to sanction, DHCS may sanction HPSJ an amount totaling \$108,000 for violations occurring in Measurement Year 2022. Under the new methodology, Measurement Year 2022 will be considered our first year under sanction due to DHCS' recent inclusion of the Healthy Places Index, which favors HPSJ by factoring for unique challenges facing our region in comparison to our counterparts that serve more affluent areas.

**Q:** Wilverding – What is our action plan and what happens after the fourth year of being under sanction?

**A:** Granados – We are developing a comprehensive strategic plan for HPSJ to improve quality and minimize future violations by recruiting more providers to our network, utilizing telehealth to provide services that are difficult to access in our service area, and improving data exchange processes to count all encounters. Additional details will be shared with the Health Commission over the next several months. Currently, DHCS has not detailed its enforcement actions for plans that are under sanction for the fourth year.

**Q:** Canepa - How did we get sanctioned \$108,000?

**A:** Granados – We have a meet and confer with DHCS on December 15<sup>th</sup>, when we will review our performance and confirm the final sanction amount. Additional information will be provided after our meeting with DHCS.

**Q:** Diederich – Once we have launched operations in Alpine and El Dorado, will DHCS' sanction infrastructure include consideration of our performance in all four counties?

**A:** Granados – Yes, we will soon be evaluated on our efforts to drive quality in Alpine and El Dorado, as well as our current service area of San Joaquin and Stanislaus.

### **CONSENT CALENDAR**

Chair Diederich presented three consent items for approval:

2. October 25, 2023 SJC Health Commission Meeting Minutes
3. Finance and Investment Committee – 12/06/2023
  - a. October 18, 2023 Meeting Minutes
  - b. Health Management Associates, Inc. Contract
4. Human Resources Committee – 12/13/2023
  - a. Remote Work Policy
  - b. Out of State Recruitment Policy
  - c. Personal Appearance and Attire Policy

**ACTION:** With no questions or comments, the motion was made (Commissioner Canepa), seconded (Commissioner Jensen), to approve the three consent items as presented (8/0).

## **DISCUSSION ITEMS**

### **5. Resolution 2023-04: Ordinance and By-laws for Stanislaus County Partnership**

Chair Diederich presented for approval, Resolution 2023-04: Ordinance and By-laws for Stanislaus County Partnership, stating that HPSJ has been in conversation with Stanislaus County to be permanent (currently under contract) under HPSJ like that of El Dorado and Alpine counties; leading to changes of the By-Laws.

Under the current contract, HPSJ is paying \$2.00 PMPM, and 27% of net proceeds of business in Stanislaus after a three-year true-up. Over 12 years, it's about \$20M. With CalAIM and Homelessness initiatives, they would like to help Stanislaus put this initiative in place. This is a great

opportunity to solidify partnership long-term and the mission of the health plan and its greater ability to address all needs in Stanislaus of their health care needs.

The Commission will not be changing the current number of 13 seats, rather will be filling the seats over time.

Upon Chair Diederich's proposal, Commissioner Jensen asked if there is any resistance from Stanislaus. Chair Diederich responded that there is no resistance.

Commissioner Jensen stated that the timing is good to change the ordinance based on the needs of both counties and concur that keeping the total number of 13 commissioners with the addition of Stanislaus County is adequate.

**ACTION:** With no additional questions or comments, the motion was made (Commissioner Jensen) seconded (Commissioner Zeiter) and unanimous to approve Resolution 2023-04: Changes to Ordinance and By-laws for Stanislaus County Partnership as presented (8/0).

### **6. September 2023 Financial Reports**

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

- Net Income is \$22.5M and is \$4.3M favorable to budget
- Premium Revenue is -\$17.3M unfavorable to budget YTD, attributed to lower than budgeted enrollment in LTC categories of aid
- Managed care expenses are \$16.4M favorable to budget YTD, primarily attributable to the following factors:
  - + \$6M favorable Institutional variance due to lower than budgeted LTC enrollment
  - + \$8M favorable overall due to more low and non-utilizers in our membership than budgeted driven by disenrollments occurring more slowly than anticipated in the budget
- Other Program Revenues and Expenses (Net) – Net other revenues and expenses are -\$5M unfavorable (-\$3.54 PMPM) to budget YTD primarily due to incentive program income budgeted but not yet earned
-

- Administrative expenses are \$4.2M favorable to budget due to lower than budgeted IT subscription and consulting cost of \$1.6M, communications cost of \$1.3M, and personnel costs of \$680k.
- Prior period adjustments are primarily due to changes in estimates of IBNR

Upon review of Ms. Tetreault's report, the following questions were raised:

**Q:** Herrera – Aside from loss in members, has utilization gone up in outpatient surgery and will long-term care continue to rise?

**A:** Tetreault – Yes, there is an increase in utilization all around, especially under SPD category of aid and HPSJ is expecting to see an increase in members to come in for long-term care.

**Q:** Canepa – With Kaiser participating in the Medi-Cal program as of January, will there be more utilization for them?

**A:** Tetreault - We don't receive data from Kaiser, they report directly to DHCS. What we do know is that their quality score is high, which will be detrimental to our numbers as these healthy members transition under them. HPSJ will lose 17k members in January and anticipating a 2/3 loss in Stanislaus as well as members in dual categories in that county.

**C:** Zeiter - Kaiser has been doing a lot of outreaches to people in the community.

**C:** Granados - Kaiser is really doing more targeted membership, specifically for members that are eligible for both Medi-Cal and Medi-Care, giving them a higher reimbursement rate.

**Q:** Herrera - How does Kaiser target that membership?

**A:** Granados and Tetreault– They optimize the initiatives based on their quality scores. In SJC, they will continue to gain membership through the same mechanism (when commercial goes into Medi-Cal, that member will choose Kaiser and they will automatically be accepted).

**Q:** Wilverding – Is HPSJ currently 20% favorable to budget this year?

**A:** Tetreault – Yes, however, we will start seeing some losses as of October.

**ACTION:** With no additional questions or comments, the motion was made (Commissioner Zeiter) seconded (Commissioner Noguera) and unanimous to approve the September 2023 YTD financial reports as presented (8/0).

## 7. Resolution 2023-05: Community Reinvestment Plan

Ms. Tetreault presented for approval, Resolution 2023-05 – Community Reinvestment Plan, and for the Health Commission to authorize the investment of \$100M as committed by the Commission in June 2023 towards initiatives aligned with the Community Reinvestment Plan. The Community Reinvestment Committee will review and approval proposals for all funding.

- The Community Reinvestment Plan, Areas of Focus, represent categories of community investment by which the \$100 million commitment will be allocated:
  - Access
  - Quality – Defined as improving the health of our members by ensuring they see their healthcare providers for preventative care including immunizations, screenings for early detecting of serious health conditions and to manage their current health concerns. We believe this will help our members stay healthy and create healthier communities. The Health Plan recognizes that some communities face significantly more socioeconomic barriers than others, preventing them from living their highest quality of life possible. The Health Plan will develop and implement strategies to eliminate such barriers, making it possible for all its members to become, and remain as healthy as possible

- Practice Transformation
  - Data Accessibility
  - Capital Improvements
  - CBO/Other – Capacity Building
- Meeting the unique needs of our community – HPSJ recognizes that some communities face significantly more socioeconomic barriers than others, preventing them from living their highest quality of life possible. The Health Plan will develop and implement strategies to eliminate such barriers, making it possible for all members to become and remain as healthy as possible
    - Healthcare services that are uniform in nature
    - Meeting the needs of each unique individual
  - Plan Goals

#	Goal	Area of Focus
1	Increase the number of providers serving Health Plan members	Access
2	Increase the number of community-based organizations serving as providers in relevant areas of need, e.g. Enhanced Care Management, CHW, Doula, Housing, Transportation, Healthy Food Access, etc., in all Health Plan Service areas	Access
3	90% of provider practices, participating in the Practice Transformation Initiative, to complete the program	Access
4	Increase the number of Health Plan providers using and consistently sending data to the Health Plan	Data Accessibility
5	Provide support to programs directly impacting access and reducing barriers to quality care for our members	Access
6	Improve facilities to promote high-quality and accessible care	Capital Improvements
7	Align with current and future Health Plan priorities that improve access to and increased quality of care	Quality

- Funding Recommendations

		Funding - Recommended	
Item	Areas of Focus	Total (\$)	Total (%)
A	Access	\$33,247,824	85%
B	Quality	\$2,000,000	5%
C	Practice Transformation	\$10,000,000	26%
D	Data Accessibility	\$8,775,000	23%
E	Capital Improvements	\$5,000,000	13%
F	CBO/Other - Capacity Building	\$2,000,000	5%
Funding Commitment / Sub-Total		\$61,022,824	100%
Remaining / Undesignated Total		\$38,977,176	N/A
Community Reinvestment Funding - Total		\$100,000,000	N/A

- Undesignated Funding
  - The Undesignated funding will be invested in programs and initiatives that are aligned with this plan's Goals and Areas of Focus
  -

- Funding of these programs and initiatives will be reported at least quarterly to the Commission

Upon review of the proposal, Commissioner Canepa asked if HPSJ has sufficient reserves to fund the \$100M. Ms. Granados and Tetreault responded to the affirmative and noted that HPSJ has ample reserves to fund these initiatives, with allocation to:

- Behavioral Health – putting aside \$20M for this project if it is moving forward
- Practice Transformation - \$10M
- Mobile Mammography - \$550k
- Point of Care Lead Testing Equipment
- Workforce Recruitment Program and Community Health Worker Scholarships

HPSJ is also in the process of developing a grant process. Posting for these grants will be on the company's public website; request a grant proposal. As management receives proposals, we will package them together and bring it for Health Commission approval.

**ACTION:** With no additional questions or comments, the motion was made (Commissioner Zeiter) seconded (Commissioner Jensen) and unanimous to approve the investment of \$100M as committed by the Commission in June 2023 towards initiatives aligned with the Community Reinvestment Plan. The Community Reinvestment Committee will also review and approve proposals for all funding as presented under Resolution 2023-05 – Community Reinvestment Plan (7/0).

#### 8. Peer Review and Credentialing Committee – 11/09/2023

On behalf of Dr. Lakshmi Dhanvanthari, CMO, Ms. Granados submitted for approval the Peer Review and Credentialing Committee report for November 9, 2023:

- Direct Contracted Providers: 143
  - Initial Credentialed for 3 years = 43
  - Initial Credentialed for 1 year = 2
  - Recredentialed for 1 Year = 3
  - Recredentialed for 3 Years = 87
- Clean File Initial Credentialing Sign Off Approval by CMO = 8
- Delegation Reports - 1st and 2nd Quarter 2023 approved at the 11/09/2023 PR&CC Meeting
  - Q1' 2023 Delegated Credentialing

Delegated Entity	Initial	Recredentialed	Terminations
Beacon	401	67	130
ChildNet	15	25	0
Childrens First	6	38	0
Kaiser	38	79	19
UCSF	188	473	0
Community Psychiatry/MindPath Health	0	0	0
MD Live/CareNet	51	28	33
HubMD	0	0	0
VSP	21	81	0
<b>Total</b>	<b>720</b>	<b>791</b>	<b>182</b>



#### Q2' 2023 Delegated Credentialing

Delegated Entity	Initial	Recredentialed	Terminations
Beacon	332	121	124
ChildNet	20	45	9
Childrens First	7	67	5
Kaiser	65	129	9
UCSF	298	655	0
Community Psychiatry/MindPath Health	0	1	0
MD Live/CareNet	64	23	35
HubMD	11	0	0
VSP	10	216	0
<b>Total</b>	<b>807</b>	<b>1,257</b>	<b>182</b>

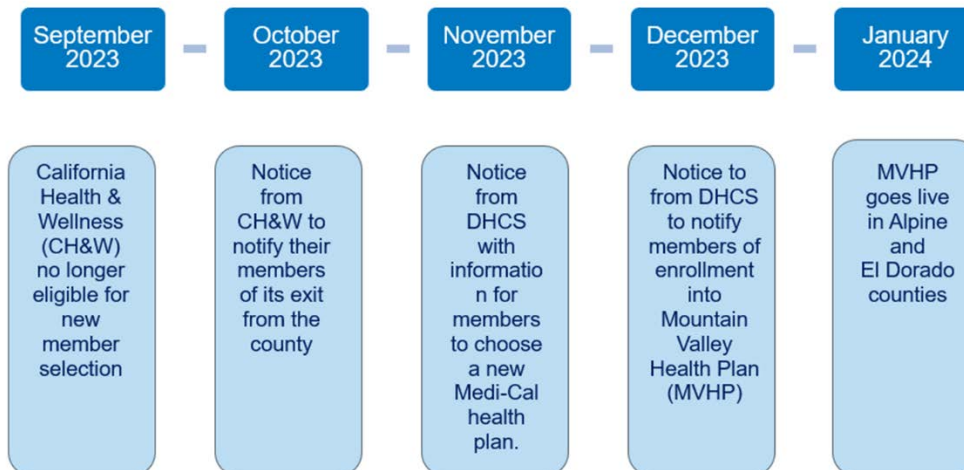
**ACTION:** With no questions or comments, a motion was made (Commissioner Zeiter) and seconded (Commissioner Jensen), with one abstention by Commissioner Herrera to approve the Peer Review and Credentialing Committee report for 11/7/2023 as presented (7/1).

### **INFORMATION ITEMS**

#### 9. Managed Care Plan Transition

Elizabeth Le, Chief Operations Officer reported on the Managed Care Transition plan, highlighting on the following goals and timeline:

- Goals
  - Minimize service interruptions for all members
  - Maintain continuity of care for members through care coordination and contracting efforts with out of network providers
  - Provide outreach, education and clear communications to members, providers, and other stakeholders
- Timeline



- Transition Planning Activities
  - Continuity of care coordination and management to ensure uninterrupted care for transitioning members
  - Network contracting and development to mitigate provider disruption
  - Collaboration with the counties and local community partners to address needs/gaps

- Management of regulatory filings to comply with required deliverables
- Management of data exchange and reporting, both at the state level and with CH&W and Kaiser
- Anticipated Member Transition
  - Alpine = 86
  - El Dorado = 21,377

Upon review of Ms. Le's update, Chair Diederich stated that he is happy to hear that the loss of members to Kaiser will be offset by new members in Alpine and El Dorado counties. Extensive discussions were held with following questions raised by Commissioners:

Q: Canepa – What are the redetermination numbers?

A: Granados and Tetreault – This is an on-going process for the Medi-Cal population. There was a 3-year pause due to Covid with a total number of 4k in September and 10k in October. We anticipate another 10k in November. We will show a graph next month to provide in detail. Multiple agencies are involved, with the state having a campaign in redetermination. They need to review and complete all information in the “yellow” packet, throughout the state and not an abnormality for redetermination.

We have had an increase in 100k members over the last 3 years and the state anticipates a total population of 60% disenrollment relative to the 100k members that will fall off.

With regards to redetermination, it is a rolling redetermination across the state, and education is being held on this.

Q: Diederich - What is the approximate Medi-Cal population?

A: Le - Based on CA Health and Wellness data, it is over 20k members but will be providing true data for HPSJ members.

Q: Herrera - Are providers continuing to sign with HPSJ?

A: Le and Granados – Yes. We are actively working to contract with providers. Most providers are affiliated with Barton and El Dorado hospitals with minimal gaps. We are currently working through the contract details with independent providers.

## 10. Chief Information Officer Quarterly Information Security Reporting

Victoria Worthy, CIO provided an update on security metrics and program and projects, highlighting the following:

### Security Metrics

Vulnerability Management	Metrics	Values	Overall Grade
We scan our systems for vulnerabilities and correct findings based on severity and risk.	Internal Asset Score	C	B
	Assessment Maturity	A	
	Remediation Maturity	B	
	External Web Presence Score	A	

Process Maturity	Metrics	Values	Overall Grade
We use CIS Maturity Assessment to rate our processes in order to develop and implement our Information Security Program	HPSJ Score	32	B
	Industry Average	25	

M365 Security Score	Metrics	Values	Overall Grade
This is a score calculated by Microsoft based on security configuration in Office 365 tools.	HPSJ Score	60.04	A
	Organizations of similar size	46.82	

HPSJ Phishing Test	Metrics	Values	Overall Grade
Our testing system sends test emails emulating phishing attempts. We measure if our employees are successfully able to recognize these, or if they are prone to be phished.	Total Test emails	7170	A
	Report Percentage	53%	
	Phish Prone Percentage	1.80%	
	Industry Average	5.30%	
24x7 Security Operations Center	Metrics	Values	Overall Grade
Our SOC vendor collects data from all of our system near realtime. This data is analyzed using AI and Machine learning to identify threats and potential security events. Any events identified are investigated for unauthorized actions.	Events Analyzed:	4.4 Billion	A
	Investigations:	352	
	Escalated to HPSJ:	314	
	Average Response Time	< 1 day	
	Average Close Time	< 3 days	

### Security Program and Projects

- Information Security Program
  - Established Information Security Program
  - Developing Information Security Roadmap for the next 3 years
- Moss Adams Remediation
  - HIPAA Remediation: 94.4% complete
    - All critical, high and medium severity findings have been remediated
  - FISCAM Remediation: 91.4%
    - All critical and high severity findings have been remediated
- Information Security Policies Update
  - Reviewed and updated all our Information Security policies to better align with HIPAA, FISCAM, 2024 Contract and NCQA Requirements

Chair Diederich asked regarding the Moss Adams remediation, if it was related to email breach that occurred three years ago. Ms. Worthy noted to affirmative and stated that it is the remediation plan from that breach.

### 11. Bi-Monthly Compliance Report

Sunny Cooper, Chief Compliance Officer provided an update on the bi-monthly Compliance report, highlighting the following:

- 2023 FWA Report as of October 2023
  - 2023FWA-38: Pharmacy RDS
    - Allegation: An employee at a pharmacy reported that the owner of the store was allegedly dispensing generic medications to patients but billing them as brand name prescriptions to receive significantly higher reimbursements from Medicare and insurance providers
    - Next steps: Review pharmacy's prescription claims data, survey members, and draft preliminary investigative report

○ New cases by investigation type

Investigation Type	CY 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CY 2023
Pharmacy/Drug Issue	0	0	0	0	1	1
Stolen/Fake ID use/Banking Fraud	3	1	0	1	0	2
Provider Billing/Payment Issues	12	4	5	8	0	17
Complaints against a Pharmacy	0	0	0	0	0	0
Potential Member Fraud	1	0	0	0	0	0
DOJ Investigation Assistance	0	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>20</b>

● 2022 DHCS Medical Audit –Remediation Status

Def #	Deficiency	Dept.	Corrective Action Plans (CAPs)				Comments
			Planned	Accepted	Partially Accepted	Not Accepted	
1	1.2.1 The Plan did not use the appropriate coverage to deny medical service requests.	UM	9	9	0	0	Accepted: CAP closed 10/11/2023
2	2.1.1 The Plan did not ensure the provision of oral or written blood lead anticipatory guidance to the parent(s) or guardian(s) of a child member at each PHA starting at six months of age and continuing until 72 months.	HEDIS & Accred	4	4	0	0	Accepted: CAP closed 09/22/2023
3	2.1.2 The Plan did not ensure the provision of a blood lead screening (BLS) tests to members at 12 months to 72 months of age.						
4	3.1.1 The Plan did not ensure that corrective actions were implemented for providers who did not comply with appointment wait time standards.	Prov. Svcs.	2	2	0	0	Accepted: CAP closed 08/31/2023
5	3.1.2 The Plan did not monitor the wait times for providers to answer and return calls to members.						
6	3.1.3 The Plan did not have a policy and procedure to monitor providers' compliance with wait times in the providers' offices for scheduled appointments.						
7	3.2.1 The Plan did not ensure the use of a DHCS-approved PCS form, complete with required information, to determine the appropriate level of service for Medi-Cal members.	UM	11	11	0	0	Accepted: CAP closed 09/22/2023
8	3.2.2 The Plan did not ensure that its NEMT providers are enrolled in the Medi-Cal program.	Prov. Cont. IT	2	2	0	0	Accepted: CAP closed 11/06/2023
9	4.1.1 The Plan did not ensure full grievance resolution prior to sending resolution letters.	QM	12	10	2	0	Partially Accepted: Pending DHCS Approval.
			40	38	2	0	
				95%	5%	0%	

- 2023 DHCS Medical Survey and Focused Audits - DHCS concluded its Medical Survey and Focused Audits with a closing conference on 11/16/23
  - No closing conference was offered by the Focused Audit team (Transportation and Mental Health)
  - The focused audit report will only be issued after the DHCS auditors complete audits of all health plans
  - Both audit teams requested documentation before, during and after the virtual interviews. These requests represented a total of 2,375 documents prepared by HPSJ team members from various departments:
    - Before Virtual Interviews for both Audits: 1,864
    - During and After for the Focused Audit: 56
    - During and After for the Medical Survey Audit: 455
  - Twenty (20) concerns were raised by the Medical Survey auditors during the closing conference
    - Sixteen (16) concerns were related to our delegated mental health entity
    - Fifteen (15) concerns were related to UM, Continuity of Care and Basic Case Management topics

- HPSJ is disputing 17 of the 20 concerns by providing additional documentations and narratives
- The Medical Survey preliminary audit report is projected to be available in late February of 2024

Commissioner Canepa asked how compliance knows to investigate pharmacy issues. Ms. Cooper responded that a Customer Service report reported the claim with actions taken by compliance to review claims data, request medical records from provider, then sampling members by calling them to confirm the receipt of the medication that was billed to HPSJ. We then compare the prescription from doctor to pharmacy dispensary of the medication.

### **CHAIRMAN'S REPORT**

No reports were forthcoming.

### **COMMISSIONER COMMENTS**

No comments were forthcoming.

*The Health Commission went into Closed Session at 6:43pm.*

### **CLOSED SESSION**

Closed Session – Trade Secrets  
Welfare and Institutions Code Section 14087.31 Title: FY' 23-24  
Quarterly Corporate Objectives Update

*The Health Commission came out of Closed Session at 6:55pm, no reports or actions were forthcoming.*

### **ADJOURNMENT**

Chair Diederich adjourned the meeting at 6:55 p.m. The next regular meeting of the Health Commission is scheduled for January 31, 2024.