

MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION

**February 26, 2025
Health Plan of San Joaquin – Community Room**

COMMISSION MEMBERS PRESENT:

Genevieve Valentine, Chair
Brian Jensen, Vice-Chair
Lauren Brown-Berchtold, MD
Paul Canepa
Jim Diel
Michael Herrera, DO
Ruben Imperial
Jay Krishnaswamy
Sandra Regalo
Terry Withrow
Terry Woodrow

COMMISSION MEMBERS ABSENT:

None

STAFF PRESENT:

Lizeth Granados, Chief Executive Officer
Betty Clark, Chief Legal and General Counsel
Sunny Cooper, Chief Compliance Officer
Dr. Lakshmi Dhanvanthari, Chief Medical Officer
Evert Hendrix, Chief Administrative Officer
Tracy Hitzeman, Executive Director – Clinical Operations
Robert Ruiz, Executive Director – Quality Improvement and Health Equity
Michelle Tetreault, Chief Financial Officer
Victoria Worthy, Chief Information Officer
Kirin Virk, Deputy County Counsel
Sue Nakata, Executive Assistant and Clerk of the Health Commission

CALL TO ORDER

Chair Valentine called the meeting of the Health Commission to order at 5:07 p.m.

PRESENTATIONS/INTRODUCTIONS

1. Chair Valentine welcomed Michael Sorensen, new commissioner to the Health Commission. Commissioner Sorensen is the Executive Director of Friends Outside.

PUBLIC COMMENTS

Sarah, Dean of Stockton Campus of CSU Stanislaus, is leading a Community Health Worker (CHW) program in partnership with HPSJ/MVHP to train local frontline workforce focused on health and equity. Currently, the program is training its 2nd and 3rd cohorts, with up to 75 students participating in March. Of the trainees, 78% are from San Joaquin County and 16% from Stanislaus County. The program is also expanding to include El Dorado County.

Christina Bastida-Gonzalez, Director of Community Health, leads the CHW program in partnership with CSU Stanislaus and the United Way network of nonprofit organizations. She stated that the program is focused on improving community well-being, the model has gained recognition from DHCS and the Hub Catalyst Program for its impact. The initiative supports community-based organizations, and Christina expresses gratitude for the partnership with HPSJ/MVHP.

CONSENT CALENDAR

Chair Valentine presented five consent items for approval:

2. January 29, 2025 Health Commission Meeting Minutes
3. Finance and Investment Committee – 01/22/2025
 - a. Investment Portfolio Performance Update
4. Community Advisory Committee – 02/13/2025
 - a. December 12, 2024 Meeting Minutes
 - b. Grievances and Appeals Update
 - c. Volunteer Income Tax Assistance (VITA)
 - d. Cultural and Linguistics Program Description
 - e. DEI Training Updates
5. Finance and Investment Committee – 02/19/2025
 - a. December 4, 2024 Meeting Minutes
 - b. January 22, 2025 Meeting Minutes
 - c. Milliman, Inc. Contract for D-SNP Actuarial Services CIT Contract
 - d. Cal Interpreting & Translations Contract
6. Human Resources Committee – 02/26/2025
 - a. December 11, 2025 Meeting Minutes
 - b. Policy Update
 - Agency Temporaries, Independent Contractors, and Limited Term Staff
 - Time Off and Leave Schedule
 - Accommodations Policy

ACTION: With no questions or comments, the motion was made (Commissioner Jensen), seconded (Commissioner Regalo) and unanimous to approve the five consent items as presented (11/0).

At this time, Vice-Chair Jensen presided over the meeting and presented the Community Reinvestment Committee consent items for approval.

7. Community Reinvestment Committee – 02/12/2025
 - a. January 8, 2025 Meeting Minutes
 - b. Grant Applications Approval Requests
 - i. Standard Data Sharing Health Information Exchange (HIE) & Non-HIE Grant Program
 - Pediatric Care of Stockton: \$75,000
 - El Dorado County: \$570,000
 - San Joaquin County Public Health: \$490,000
 - San Joaquin County Behavioral Health: \$10,000
 - ii. General Grants Program
 - El Dorado County Office of Education: \$1,195,088

ACTION: With no questions or comments, Commissioner Jensen made the motion, seconded by Commissioner Canepa, to approve the January 8, 2025, Meeting Minutes and the Standard Data Sharing HIE and Non-HIE Grant for Pediatric Care of Stockton in the amount of \$75,000. The motion was unanimously approved (11/0).

At this time, due to conflict of interest in El Dorado County, Commissioner Diel excused and recused himself from the meeting.

ACTION: With no questions or comments, Commissioner Jensen moved to approve the Standard Data Sharing HIE and Non-HIE Grant Program for El Dorado County in the amount of \$570,000 and the General Program for El Dorado County Office of Education in the amount of \$1,195,088. The motion was seconded by Commissioner Canepa and unanimously approved (10/0).

At this time, Commissioner Diel returned to the meeting and due to conflicts of interest in San Joaquin and Stanislaus Counties, Commissioners Valentine, Canepa, Regalo and Imperial excused themselves and recused from the meeting.

ACTION: With no questions or comments, Commissioner Withrow moved to approve the Standard Data Sharing HIE and Non-HIE Grant Program for San Joaquin County Public Health in the amount of \$490,000 and the San Joaquin County Behavioral Health in the amount of \$10,000, with abstention by Commissioner Diel. The motion was unanimously approved (6/1).

At this time, Commissioners Valentine, Canepa, Regalo, and Imperial returned to the meeting, with Chair Valentine presiding.

DISCUSSION/ACTION ITEMS

8. December FYTD 2024 Financial Reports

Ms. Tetreault presented for approval the December FYTD 2024 financial reports, highlighting the following:

- Premium Revenue is -\$18.7M unfavorable (-\$3.90 PMPM) to budget YTD as of December 2024, primarily driven by -\$8.9M unfavorable risk corridor agreements related to Major Organ Transplant (MOT) and Enhancement Care Management (ECM), -\$4.7M unfavorable rate variance related to Long-Term Care (LTC) and -\$7.7M unfavorable due to volume shortfall in member months, offset by +\$2.6M favorable capitation PMPM rates
- Managed care expenses are -\$25.6M unfavorable (-\$13.35 PMPM) to FYTD budget, primarily attributable to -\$42.3M unfavorable variance due to increased utilization and higher cost claims in Institutional services, offset by +\$3.7M favorable reinsurance recoveries, +\$4.1M favorable in other expense related to medical management administrative expense allowed in

medical, driven by unfilled positions in Health Equity and Behavioral Health as well as unused consultant dollar and +\$7.3M favorable ECM expense due to a difference in accounting treatment. The budget assumed ECM expense at 95% of ECM revenue, while actuals are recorded as contra-revenue, directly reducing revenue instead of increasing expense. Contra-revenue is a result of the risk corridor and the under-utilization of ECM services compared to expectations during rate setting by DHCS/Mercer

- Net other program revenues and expenses are +\$15.7M favorable (+\$6.27 PMPM) primarily due to the receipt of CalAIM Incentive Payment Program (IPP) funds. These funds are recorded as earned upon notification from DHCS
- Administrative expenses are +\$6.5M favorable to budget primarily due to lower than budgeted personnel costs of +\$1.4M, consulting expenses of +\$2.7M mainly related to projects delayed for DSNP, and subscription expenses of +\$2.0M mainly related to healthcare data management and healthcare productivity automation software
- Prior period adjustments of -\$20.1M unfavorable are primarily driven by -\$12.6M unfavorable rate adjustments (net of a recent favorable risk factor adjustment) for CY2024 and CY2023 and -\$8.3M unfavorable changes in IBNR estimates

Ms. Tetreault noted that the January FYTD financials indicate a loss due to high-cost claims and increased utilization, with projected losses continuing through the remainder of this fiscal year and into the next few years.

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

Q: Chair Valentine - Regarding provider delayed claims, how long does provider have to submit their claim?

A: Tetreault – Providers have up to 12 months from date of service to submit the claim.

Q: Commissioner Imperial – What types of services are impacted under Institutional?

A: Tetreault – Services that are impacted are Inpatient and Outpatient services, as well as LTC.

C: Jensen - Hospitals are seeing higher volumes due to more sick patients, not just Medi-Cal members, but rather the whole population.

A: Tetreault - There has been a noticeable increase in high-cost claims exceeding \$50k, nearly doubling per claim. The positive news is that reinsurance is in place for catastrophic claims, with a deductible of \$400K for TANF and \$700K for SPD. Reinsurance covers 90% of costs, after the deductible, up to \$3M, with 10% retention for Health Plan.

ACTION: With no further questions or comments, the motion was made (Commissioner Krishnaswamy) seconded (Commissioner Canepa) and unanimous to approve the December FY 2024 financial report as presented (11/0).

9. QIHEC Committee Update – 02/05/2025

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QIHEC Committee meeting report for 02/05/2025, highlighting the following committee meetings, work plans, program descriptions, policies updates and reports that were reviewed and approved:

- C&L FY24-25 Program Description Key Updates
 - NCQA Health Equity Accreditation required many updates to the Cultural and Linguistic Services Program Description
 - The C&L Program Description is updated and approved by QIHEC on an annual basis

- Modifications to the C&L Program Description are:
 - Reference to community's social risks and social needs
 - Inclusion of QIHEC as the approving body for the Program Description, and frequency of approval
 - NCQA high-level considerations for C&L work plan
 - More detail as to the Community Advisory Committee's demographic make up and recruitment efforts, as well as C&L's obligation to and support of the CAC, including CAC input on C&L's program description and activities
 - Addition of a measurable goal related to a clinical outcome for which C&L provides meaningful support
 - Robust org chart showing C&L oversight and supporting departments from the Commission down
- FY24-25 DEI Training Program Description & Curriculum Key Updates
 - DEI Training Program Description and Curriculum have been created, along with a draft slide deck, and submitted to Compliance for the December 31st DHCS. The project is progressing on time. DEI training will be for all member-facing staff, providers, subcontractors, and downstream subcontractors
 - DHCS has already released a second APL on the training. APL 23-025 has been superseded by APL 24-016
 - DHCS and DMHC have released separate official APLs for the Transgender, Gender Diverse, and Intersex training for member-facing staff, subcontractors, and downstream subcontractors
 - This is training for health plan member-facing staff to start, followed by subcontractors and downstream subcontractors
 - Will be purchased outright and implemented in our LMS
 - Target for having all staff trained is 2/14/25
 - The DHCS DEI training program requires that "MCPs must annually inform the Quality Improvement and Health Equity Committee of the DEI training program with reports that must include at a minimum:"
 - Training program materials
 - Compliance reports
 - Any adjustments made to the original training program
- Quality & Health Equity Annual Evaluation- FY23-24
 - Consumer Assessment of Health Plan Providers and Systems
 - Adult- and Child survey results are mixed but overall declining. Mixed results. "How well doctors communicate" improved 4% from 84.7% to 88.7%. "Rating of personal doctor" improved 5.7% from 55.8% to 61.5% Child- Not meeting goal aside from "Ease of filling out forms"
 - Barriers include access, cultural and linguistic education needs at provider offices, possible practitioner workflow enhancement
 - Customer Service
 - Call metrics not met. Barriers include staffing turnover, increased call volumes
 - Grievance and Appeals: All goals were met. Appeal trends- DME and gift cards
 - Corrective Action Plans: 2 existing CAPs closed, 2 cont., 10 new CAPs
 - Credentialing
 - Credentialing volume increased 86.02% FY22-23 to FY23-24
 - Improvements: revise primary source verification and integrity timeframes, expand to include facility and ancillary provider assessments and insource behavioral health verification
 - Facility Site Review (FSR)
 - FSR and Medical Record Review (MRR) volume increased by 43% and all activities remained on track

- MCAS Rates Measurement Year 2023- Reporting Year 2024
 - San Joaquin County:
 - 4 measures met 75th percentile, 5 met the 50th percentile, 2 met the 33rd percentile, 5 were at or below the 25th percentile and two did not have a comparative NCQA benchmark
 - Stanislaus County:
 - 2 measures met the 90th percentile, 1 met the 66th percentile, 2 met the 50th percentile, 5 met the 33rd percentile and 6 were at or below the 25th percentile, two did not have a comparative NCQA benchmark
- Health Disparities
 - Black and White subpopulations continue to have health disparities in well visits and vaccinations
 - Black and Native American members have health disparities in prenatal and postpartum care
 - Asian members (Punjabi speaking members) have blood pressure disparities
- Population Health Management
 - All goals were reviewed and adapted based on engagement with public health agencies
 - Three categories met, one improved
- Network Management
 - Decreasing appointment availability and after-hours access compliance due to access issues and PCP shortages
- C&L Workplan
 - C&L FY23-24 QIHETP Workplan Update & Evaluation
 - Increase Interpreter Services Utilization (Unmet)
 - Expanding Interpreter Services Quality Reporting (Met)
 - Improve AFS Access and Sharing (Unmet)
 - Traditional Chinese to Simplified Chinese (Met)
 - DEI Training Strategy (Met)
 - C&L FY24-25 QIHETP Work Plan
 - Increase Interpreter Services Utilization
 - Meet C&L FY25 Quality Benchmarks
 - Meet C&L FY25 Timely Access for LEP Survey Benchmarks
 - Provide C&L Support to Improve Clinical Outcome (NCQA)
 - FY25 Evaluation of CLAS Program and FY26 Workplan Formation (NCQA)
 - DEI Training Program Development

Subcommittees

- Audit & Oversight Committee
 - A Readiness Assessment was conducted for MedImpact
 - Eighteen (18) findings were discovered during the assessment. AOC approved the recommendation to delegate Pharmacy Benefit Management (PBM) for the CMS D-SNP Part D product and A&O will work collaboratively to ensure remediation of findings through the CAP process
 - A Readiness Assessment was conducted for A Voice for Seniors
 - Four (4) finding were discovered during the assessment. AOC approved the recommendation to delegate ECM and CSS and A&O will work collaboratively to ensure remediation of findings through the CAP process
 - A Baseline Audit was conducted for Star Nursing, Inc
 - Zero (0) findings were discovered during the audit. AOC approved the recommendation to continue delegation of ECM and CSS services
 - A Baseline Audit was conducted for Ready to Work

- Forty-three (43) findings were discovered during the audit. AOC approved A&O's Final Audit Results, holding all referrals to further develop their program, and A&O will work collaboratively to ensure remediation of findings through the CAP process
 - All delegates submitted their Credentialing Activity Report timely, and no compliance issues were identified
 - A total of nine (9) e-votes were approved by AOC
- QIHEOC-Quality Improvement & Health Equity Workplan Update (FY24-25 Q2)
 - Institute for Health Improvement, Child Health Equity Collaborative
 - Improve the rate of well visits for 15–18-year-olds in Ceres assigned to Golden Valley Health Center
 - Rapid cycle improvement with the possibility to scale. Intervention- weekend clinics, outbound calls to set appointments and perform reminder calls. Leveraging gap closure for families with multiple eligible children
 - Next step: outreach to local schools and family resource centers to provide education and additional resources.
 - Member Experience Task Force- Launched Q2 2024
 - The multidisciplinary Task Force is focused on system wide enhancements that will improve the member journey through the health care ecosystem. Key data sources include grievances, annual and quarterly member experience surveys.
 - First quarter clinic and group survey results:
 - Response rate = 4.7%, Overall provider rating 59.8%, Norm 81.3%
 - Getting Timely Care= 46.2%, Norm 65.8%, How Well Doctor's Communicate= 66.1%, Norm= 84.6%
 - Use of Information to Coordinate Care 53.2% Norm= 71.1%, Office Staff Customer Service= 64.2%, Norm= 80.1%
 - Long Term Care (LTC) Quality
 - Data sources used to drive improvement: Credentialing, grievances, CDPH site visit findings, Quality metrics: preventable emergency room visits and hospital readmissions, and healthcare acquired infections. Health Plan will partner with LTC facilities and Public Health to identify improvement initiatives
- Potential Quality Issue (PQI) FY24-25 (Q1)
 - The Quality Management Department rendered the following interventions for this quarter:
 - Call to Action letters sent to the providers, peer-to-peer calls were made
 - Quarterly audit for 10% of PQI's is performed by CMO about appropriate documentation by MD, case leveling and scoring by MD and appropriate case escalation to CMO or PRCC (Peer Review and Credentialing Committee). Feedback is provided to the Medical Directors as needed

San Joaquin County PQI's											
	#	%	Per 1000	#	%	Per 1000	#	%	Per 1000	Total #	Total %
FY24-25 Q1											
Access to Care	0	0%	0.00	0	0%	0.00	0	0%	0.00	0	0.00
Quality of Care	4	100%	0.02	6	100%	0.03	8	100%	0.03	18	0.08
Grand Total	4	100%	0.02	6	100%	0.03	8	100%	0.03	18	0.08
Stanislaus County PQI's											
	#	%	Per 1000	#	%	Per 1000	#	%	Per 1000	Total #	Total %
FY24-25 Q1											
Access to Care	1	25%	0.01	1	20%	0.01	0	0%	0.00	2	0.02
Quality of Care	3	75%	0.02	4	80%	0.02	2	100%	0.01	9	0.05
Grand Total	4	100%	0.03	5	100%	0.03	2	100%	0.01	11	0.07
El Dorado County PQI's											
	#	%	Per 1000	#	%	Per 1000	#	%	Per 1000	Total #	Total %
FY24-25 Q1											
Access to Care	0	0%	0.00	0	0%	0.00	0	0%	0.00	0	0.00
Quality of Care	1	100%	0.12	0	0%	0.00	0	0%	0.00	1	0.12
Grand Total	1	100%	0.12	0	0%	0.00	0	0%	0.00	1	0.12
C & L PQI's											
	#	%	Per 1000	#	%	Per 1000	#	%	Per 1000	Total #	Total %
FY24-25 Q1											
Access to Care	1	100%	0.00	0	0%	0.00	5	100%	0.01	6	0.01
Quality of Care	0	0%	0.00	0	0%	0.00	0	0%	0.00	0	0.00
Grand Total	1	100%	0.00	0	0%	0.00	5	100%	0.01	6	0.01

PQI

- Quality of Care Issue (11)
- Complication after surgery (5)
- Delay in Care (4)
- Unsafe Discharge (3)
- Unwitnessed Fall (3)

PQIs related to C&L:

- Vendor not able to provide CSR with an interpreter for: Assyrian (3), Arabic (1), Dari & the Lao (1)

❖ 20 out of 30 PQI's were referred internally

❖ 10 out of 30 PQI's were opened from a grievance



- Appeals and Grievances FY24-25 (Q1)

- **Grievances FY24-25 Q1 (FY23-24 Q1 Comparison)**
 - **San Joaquin County: 17.60% decrease** in the total number of grievances received
 - **Stanislaus County: 11.26% decrease** in the total number of grievances received
 - **El Dorado County:** No FY23-24 Q1 comparison. (28) grievances
 - **Alpine County:** No FY23-24 Q1 comparison.
- Overall, **11.92% decrease** in the total number of grievances received

FY24-25 Grievances	Q1	Q2	Q3	Q4	Total
San Joaquin County	440				440
Stanislaus County	323				323
El Dorado County	28				28
Alpine County	0				0
Grand Total	791				791

FY23-24 Grievances	Q1	Q2	Q3	Q4	Total
San Joaquin County	534	563	620	476	2193
Stanislaus County	364	410	399	307	1480
El Dorado County	0	0	17	21	38
Alpine County	0	0	0	0	0
Grand Total	898	973	1036	804	3711

- **Appeals FY24-25 Q1 (FY23-24 Q1 Comparison)**
 - **San Joaquin County: 140% increase** in the number of appeals received
 - **Stanislaus County: 58.33% increase** in the number of appeals received
 - **El Dorado County:** No FY23-24 Q1 comparison.
 - **Alpine County:** No FY23-24 Q1 comparison.
- Overall, **97.44% increase** in the total number of appeals received (0.32 per 1000).

FY24-25 Appeals	Q1	Q2	Q3	Q4	Total
San Joaquin County	36				36
Stanislaus County	38				38
El Dorado County	3				3
Alpine County	0				0
Grand Total	77				77

FY23-24 Appeals	Q1	Q2	Q3	Q4	Total
San Joaquin County	15	35	32	39	121
Stanislaus County	24	30	30	30	114
El Dorado County	0	0	1	3	4
Alpine County	0	0	0	0	0
Grand Total	39	65	63	72	239

- Clinical Operations Committee
 - Retrospective Review Protocol has been updated
 - Over/Underutilization FY 2024
 - For Underutilization: Dental Varnish, Asthma Medication Ratio, Behavioral Health Utilization data and initiatives were discussed
 - For Overutilization: C-Section Rates, Readmission Rates, Avoidable ER & Opiate Utilization were reviewed
 - Specialty Referral Monitoring (FY23-24) - Top 5 specialty types:
 - OB-Gynecology
 - Cardiology
 - Ophthalmology
 - Allergy and Immunology
 - Dermatology
 - OON Referrals
 - Year over year decrease in referrals of 36.6% for Stanislaus and San Joaquin Counties
 - Quality review OON Referrals
 - Top denial reason: Services available in network, followed by other primary health insurance
 - Appeals:
 - All over-turned appeals were due to receiving additional information

Upon review of Dr. Lakshmi's QIHEC Committee report. Chair Valentine noted, for the nine HEDIS measures partnered with BH, DHCS is initiating the collaboration process between the two entities. Next year, County BH will need to undergo NCQA accreditation, and HPSJ is beginning efforts to support the program's launch and assessment in preparation for accreditation.

Commissioner Imperial stated that he is seeing an increased demand with the work that HPSJ is doing across all areas, as seen in Stanislaus, and asked if management is having discussions around

staffing levels to ensure the plan can participate in all these initiatives and is the plan hiring additional staff to support the new program demands.

Lizeth Granados, CEO, noted to the affirmative and stated that the plan's contract includes provisions from DHCS to ensure we meet all necessary requirements. Management is actively discussing and assessing staffing levels to accommodate all the programs, which are being factored into the budget planning for the upcoming fiscal year, working on making balanced decisions to address the requirements while managing the high utilization. Evert Hendrix, CAO also noted, since CalAIM stated, the plan has doubled staffing up to 650 staff members. It's been on-going to add talent and bandwidth to fill the gaps.

Vice-Chair Jensen asked, regarding the 1115 waiver, do we anticipate stepping away from some of these programs and will the next waiver ensure continuity. Ms. Granados responded, at this time, management does not have clear answers as the team is aware that additional cuts are being proposed by the House. California has exhausted all available opportunities to reduce the impact of funding cuts. On the federal level, over \$600 billion is allocated for Medicaid, with California receiving 13% of that funding, which makes it more vulnerable to cuts compared to other states. We expect more updates on this in the coming months. Most of the CalAIM initiatives have been approved, and we are moving forward with their implementation. Chair Valentine also noted that quality measures related to NCQA are moving forward with those initiatives.

ACTION: With no additional questions or comments, a motion was made (Commissioner Herrera) and seconded (Commissioner Krishnaswamy), with abstention by Commissioner Diel to approve the QIHEC Committee Report for 02/05/2025, Program Descriptions FY 2024-2025 (Cultural & Linguistics DEI Training Program and Curriculum), Program Evaluations FY 2023-2024 (Quality Improvement & Health Equity Transformation Program Cultural & Linguistics), and Cultural & Linguistics Program Workplan FY 2024-2025 as presented (10/1).

INFORMATION ITEMS

10. CEO Update

Lizeth Granados, CEO, provided an update on the following activities:

Strong Local Performance in CalAIM Implementation Survey

A survey examining the impact of CalAIM in the Central Valley highlighted Health Plan's leadership in San Joaquin and Stanislaus Counties

- Providers in our service area reported significant improvements in the care experiences of their patients since the implementation of CalAIM

San Joaquin and Stanislaus Counties lead the Central Valley in providing better healthcare experiences under CalAIM for individuals who are:

- Experiencing homelessness
- At risk for avoidable hospital or emergency department visits
- Living with serious mental health or substance use needs, or
- Transitioning from incarceration

Our counties also exceeded the statewide average in areas that include:

- Managing the comprehensive needs of members
- Growing the number of members served
- Partnering with other organizations that serve the same population
- Maintaining strong IT/software capacity and infrastructure

Survey responses affirm Health Plan's longstanding leadership in the Central Valley and reflect our commitment to the communities we serve.

Ensuring Access to Care Amid Recent Federal Immigration Enforcement Actions

The Department of Homeland Security rescinded a policy that protected healthcare facilities from Immigration and Customs Enforcement (ICE) actions

- Health Plan members, providers, and staff have raised concerns that ICE agents may perform
- immigration enforcement actions in care settings
- Concerns over immigration enforcement may lead to delays in care or cause members to forgo treatment altogether

Health Plan is providing guidance to ensure our members continue to access quality healthcare, regardless of immigration status

- Informing members about options for telehealth and mail-order prescriptions, minimizing the need for in-person visits
- Partnering with providers to address concerns about potential decreases in membership or care utilization
- Notifying staff of their responsibility to uphold member privacy and confidentiality if ICE agents enter our facilities

Legislative Briefing at the California State Capitol

In collaboration with the Local Health Plans of California, Health Plan participated in a Legislative Briefing at the California State Capitol. Local plans engaged elected officials and legislative staff by sharing updates on our priorities, achievements, and challenges. The Health Plan highlighted efforts to expand the workforce of Community Health Workers, facilitate access to Medi-Cal benefits, and guide members through the healthcare and social services delivery systems. Health Plan also met one-on-one with state lawmakers to strengthen our partnerships to improve local healthcare access and quality.

11. CCO Bi-Monthly Compliance Update

Sunny Cooper, CCO provided an update on compliance activities for the past few months, highlighting the following:

2025 DMHC Regulatory Audit Overview

DMHC will be conducting a Follow-Up survey. Audit topics will focus on the 21 deficiencies identified during the 2021 Routine Medical Survey

- Audit Notice: 10/28/24
- Entrance Conference: 02/24/25
- Virtual Onsite Review: 02/24/24 – 02/25/25
- Review Period: 03/01/24 – 09/30/24
- Preliminary Report: To be Determined
- Final Report: To be Determined

Staff Preparation and Audit Effort

- Responded to the request for 372 case files and 200+ corrective action plan pre-on-site documents on topics listed below.
 - Access and Availability
 - Utilization Management and Emergency Services/Post Stabilization
 - Prescription Drugs Coverage

- Grievance and Appeals
- Conducted or scheduled to conduct a total of 6 mock audits in preparation for the actual audit

DMHC Enforcement Matter: 22-695 - Measurement Year (MY) 2019 Timely Access and Network Adequacy

An Enforcement letter was issued to Health Plan on 2/7/25 regarding MY 2019 Timely Access and Network Adequacy reporting citing the below findings.

Timely Access Report (TAR):

- Failure to include a report indicating whether or not the Plan identified any incidents of non-compliance with Rule 1300.67.2.2, subdivision (c), resulting in substantial harm during the reporting period
- Failure to include the Quality Assurance Report with the Plan's MY 2019 Timely Access Compliance Report submission
- Failure to include the Addendum to the Quality Assurance Report with the Plan's MY 2019 Timely Access Compliance Report submission

Network Adequacy Report (NAR):

- Failure to report complete and accurate data concerning contracting or plan operated qualified autism services providers in the MY 2019 annual network filing
- Failure to report complete and accurate data concerning contracting or plan operated HIV/AIDS specialist in the MY 2019 annual network filing
- As a result, DMHC assessed an imposition of administrative penalty in the amount of \$25,000 and Corrective Action Plan (CAP).

Upon reviewing Ms. Cooper's report, Commissioner Canepa inquired about the DMHC enforcement matter, specifically asking how many enforcements have been corrected over the last six years. Ms. Cooper and Mr. Granados responded that the health plan submits reports annually, promptly addressing and correcting any issues identified. However, DMHC does not address the issues until six years later. The corrections are made each year as we receive their reports, and various findings are addressed accordingly. There are no gaps in this process.

Chair Valentine also pointed out that DHCS has the authority to go back up to 10 years in their enforcement actions against health plans and BH providers, in order to address at least a three-year backlog. Ms. Cooper stated, in the past, DMHC determined the base data period for health plans to use and health plans were not allowed to modify base data if data errors were corrected subsequently; therefore, resulting in deficiencies identified by DMHC. As of this year, health plans can pick which base data period to run the reports, allowing health plans to use the most updated data to prepare reports.

12. Legislative Update

Due to time constraints, Chair Valentine mentioned that the written report is included in the meeting packet for the Commissioners' review.

CHAIR'S REPORT

13. Chair Valentine appointed Commissioner Sandy Regalo as Chair of the Finance and Investment Committee.

14. Chair Valentine appointed Commissioner Jim Diel to the Finance and Investment Committee.

COMMISSIONER COMMENTS

No comments were forthcoming.

Commissioner Woodrow left the meeting at this time.

At this time, the Health Commission adjourned to Closed Session at 6:18 p.m.

CLOSED SESSION

15. Closed Session - Conference with Labor Negotiator

Government Code Section 54957.56

Title: Market Survey Study, Salary Structure and Pay Grade Recommendations (6 positions)

- Chief Compliance Officer
- Executive Director of Clinical Operations
- Executive Director of Quality Improvement and Health Equity
- Director, Delegate and Provider Relations
- Director, Enterprise PMO and Process Improvement
- Care Manager, Behavioral Health Treatment

16. Closed Session - Conference with Labor Negotiator

Government Code Section 54957.6

Agency Negotiator: Evert Hendrix/Evangelon Ferguson

Employee Organizations: SEIU 1021

17. Closed Session - Conference with Legal Counsel – Existing Litigation Government Code Section 54956.9(d)(1) Service Employees International Union, Local 1021 v. Health Plan of San Joaquin Public Employment Relations Board, Unfair Practice Charge No. SA-CE-1256-M

18. Closed Session – Conference with Legal Counsel - Anticipated Litigation Pursuant to California Government Code Section 54956.9(d)(2)
Claim of Lee Anne Mau, Dated January 16, 2025

The Health Commission came out of Closed Session at 7:32 p.m. with the following actions:

ACTION: A motion was made by Commissioner Jensen, seconded by Commissioner Canepa, and unanimously approved the five percent 5%) upward adjustment to the entire salary structure and the salary grade changes for the six jobs reviewed during the survey as presented (10/0).

ACTION: A motion was made by Commissioner Herrera, seconded by Commissioner Canepa, and unanimously approved for the SEIU contract as presented (10/0).

ACTION: A motion was made by Commissioner Jensen, seconded by Chair Valentine, and unanimously approved, counsel's recommendation in denying the claim of Lee Anne Mau as presented (10/0).

ADJOURNMENT

Chair Valentine adjourned the meeting at 7:33p.m. The next regular meeting of the Health Commission is scheduled for March 26, 2025.