

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
April 8th, 2022
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA**

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Nicholas Peraino, Dr. Marty Lynch, Byron Lopez, Dr. Rollington Ferguson, James Jackson, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo

Alliance Staff Present on Conference Call: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Ruth Watson, Matt Woodruff, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis

Guests Present on Conference Call:

Excused: Dr. Kelley Meade, Natalie Williams, Dr. Michael Marchiano

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	<p>The regular board meeting was called to order by Dr. Seevak at 12:03 pm.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed State of emergency."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p>	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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2. ROLL CALL			
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Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
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3. AGENDA APPROVAL OR MODIFICATIONS			
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Dr. Evan Seevak	None	None	None
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4. INTRODUCTIONS			
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Dr. Evan Seevak	None	None	None
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5. CONSENT CALENDAR			
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Dr. Evan Seevak	<p>Dr. Seevak presented the April 8th, 2022, Consent Calendar.</p> <ul style="list-style-type: none"> a) March 11th, 2022, Board of Governors Meeting Minutes b) April 5th, 2022, Finance Committee Meeting Minutes <p>Motion to Approve April 8th, 2022, Board of Governors Consent Calendar.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p><u>Motion to Approve</u> April 8th, 2022, Board of Governors Consent Calendar.</p> <p><u>Motion:</u> Dr. R. Ferguson <u>Second:</u> Rebecca Gebhart</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
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6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
<p>Rebecca Gebhart</p>	<p>The Compliance Advisory Committee (CAC) was held telephonically on April 8th, 2022, at 10:30 am.</p> <p>Rebecca Gebhart gave the following Compliance Advisory Committee updates.</p> <p>2021 Delegation Audits:</p> <ul style="list-style-type: none"> • All the delegates met their performance metrics for 2021, and the audit season for delegates has concluded. • The Alliance has issued preliminary reports for CHCN, Beacon, and CFMG. In between the preliminary audit findings and the final report, there are discussions with each delegate. • At the Compliance Committee meeting in the month of May, we will explain when and how board members hear about delegate findings, including the range from routine to egregious findings. If you are interested in this, you can come to the Compliance Committee meeting and be a part of this discussion; we will report a summary of the discussion to the full Board. <p>2022 DHCS Survey & Audit Preparations:</p> <ul style="list-style-type: none"> • Currently in process: The audit has been taking place from April 4th and will continue through April 15th. The time period being looked at is April 2021 through March 2022. • The staff did extensive prep for the audit, including 10 mock audit interview sessions each an hour to an hour and a half. Packets with tips and resources and incorporated questions from prior audits and questions that focused on areas related to repeat findings were provided. • The staff is doing a great job supporting the team to prepare for these important audits. We will likely have self-reported findings in May, but if not, we will bring them to the Board in June. <p>DMHC Financial Audit:</p> <ul style="list-style-type: none"> • Scheduled for August 15th, 2022. • The DMHC Financial Audit happens every 3 years – it examines cash assets, liabilities, and all the financial topics associated with the budget, 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	

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	<p>and financial statements, and looks at claims. It specifically targets late claims, claims that had an interest calculation, denied claims, high dollar claims, and provider disputes.</p> <ul style="list-style-type: none"> We anticipate receiving an entrance letter around May or early June. Gil will prepare a brief summary of our last three (3) years of financial services audits for the Compliance Committee. The audit prep on the financial side is facilitated by the annual Moss Adams audit. <p>DMHC Behavioral Health Investigation:</p> <ul style="list-style-type: none"> This audit is a Group Care Audit. We were not in the first cohort of plans being audited in 2021, but we have been notified that we will be part of the 2022 cohort. Staff is trying to obtain information on the outcomes of the first cohort 2021 audit. The Group Care product, Mild to Moderate Behavioral Health Network, and the SMI Network are administered by Beacon. <p>Medi-Cal RX Transition:</p> <ul style="list-style-type: none"> The transition and turnarounds are improving. One milestone we discussed is July 1st, 2022 – the end of grandfathering of prior offs in this transition process. Providers will be responsible for making the renewed prior off happen. DHCS has been sending instructions to providers and pharmacies and has increased the number of pathways to submit prior offs. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. R. Ferguson	<p>The Finance Committee was held telephonically on Tuesday, April 5th, 2022.</p> <p>Highlights:</p> <ul style="list-style-type: none"> Revenue: The MCO tax adjustment had a significant impact on our revenue statement. We anticipated that it would be \$6M; the State has 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>suggested that it is \$12M. There is reconciliation to decide on the correct amount.</p> <ul style="list-style-type: none"> ○ From 2014 and 2016, the federal government had deemed that California was not compliant with the MCO tax. The State subsequently adjusted how it was calculating its MCO tax. ○ There are 2 questions: (1) The actual amount the Alliance owes, and (2) can the State ask us to return the money already given to us? ○ The Executive Team is working on these questions. <ul style="list-style-type: none"> ● ESG Investing update: Upon joining the Finance Committee, James Jackson raised the question of social investing. ● Currently, we invest around \$280M in terms of our average daily balance. Approximately 78% of that is in investments within 90 days, and 1% is in investments over 180 days. The Alliance team modeled \$16.5M to invest in green funds. ● Based on that modeling, there could be a potential loss of \$15,000-\$20,000 for investing in green funds with the current market model. The Finance Committee recommended and voted on \$16.5M to be invested in green funds. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
7. CEO UPDATE			
Scott Coffin	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <ul style="list-style-type: none"> ● Scott recognized Gil Riojas and his team for their work regarding social investing. <p>Executive Summary:</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

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	<p>Finances:</p> <ul style="list-style-type: none"> Update on our preliminary budget for FY2023: We are on schedule to present to the Finance Committee and the Board of Governors in the month of June. We will be finalizing the budget in May and delivering the final budget in December, which will also contain the Q1 forecast. <p>Enrollment:</p> <ul style="list-style-type: none"> During the past 2 years of the pandemic, the Alliance's Medi-Cal enrollment has increased by nearly 70,000 children and adults. The enrollment continues to increase each month. As of the first part of April we are reaching the 309,000 members. Each month, we continue to set enrollment records, and this growth in Medi-Cal is tied to the public health emergency. The United States Health and Human Services Agency is potentially going to terminate the public health emergency declaration related to COVID-19 in the coming weeks. That will trigger California's Governor to terminate the emergency status in California and then in counties following the order. Once the executive order terminates, it triggers the restart of the redetermination process at a federal level. Health and Human Services has issued a 60-day grace period, which will help members in Alameda County to prepare for the change and allow the health plans to engage with our members to ensure a smooth transition. We will be working with Alameda County Social Services Agency on this effort. <p>Medi-Cal Coverage Ambassador Program:</p> <ul style="list-style-type: none"> This week, the California Department of Health Care Services announced a Medi-Cal Coverage Ambassador Program. This program is tied in with the reinstatement of the redetermination process. It's about outreach and making connections with individuals to make sure they understand what is coming. The State has opened the Ambassador Program to all of California – anyone can become an ambassador. The Ambassador Program is about spreading the word and sharing with our Medi-Cal enrollees the changes coming up that are related to the public health emergency and answering questions. We will keep the Board informed and pass out the State's invitation. 		

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	<p>Question: Do you have a number reflecting where you think we will end up 12 months from now with enrollment; how many members do you think we will have? Answer: We may get up to 325,000 enrollees, then see a decline, but we are currently working on a revised forecast, and we will bring back the estimates at the next meeting.</p> <p>Key Performance Indicators/Operations Dashboard:</p> <ul style="list-style-type: none"> Regulatory metrics: We are working on our member grievances and enacted a remediation plan to improve our compliance in future months. For the expedited member agreements category, we were at 40%, which is 55% below compliance. The metric measures the turnaround time for these expedited grievances that are required within a 72-hour time period; we had a total of five (5) expedited grievances, and two (2) were processed correctly within the timeframe; three (3) were not. A remediation plan is in place to address deficiencies. <p>Program Implementations:</p> <ul style="list-style-type: none"> The transition of the mild to moderate health services and autism spectrum services – on October 1st, Beacon Health Options will no longer administer the mild to moderate mental health and autism spectrum services. The services they are delegated for include quality improvement, utilization management, case management, credentialing, claims, member services, cultural and linguistics, and provider training. These services span across the entire organization; this is a major initiative. As of October 1st, Alameda Alliance will be administering these services for both lines of business, Medi-Cal and Group Care. Last year in April, the Board approved the direction to proceed forward with a transition away from Beacon and bringing this service in-house. Next month, we will be presenting to the Finance Committee and the Board of Governors the revised implementation costs, the recurring costs, resources needed to complete the transition, and our overall approach to completing this in-sourcing. We will come back with more information on this. 		

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	<p>CalAIM Incentive Programs:</p> <ul style="list-style-type: none"> • We have five (5) different CalAIM initiatives that occur – January 1st, 2023. <ul style="list-style-type: none"> ◦ ECM – Enhanced Care Management Services, a phased-based approach, and the addition of new populations into the ECM program of services that we currently rolled out on January 1st of this year. The other major initiatives are Long Term Care, Justice Involved, which is the coordinated re-entry with the justice system; Behavioral Health in schools, which is the behavioral health integration; and Population Health, which is not just within the organization, but also with our delegates. All these initiatives are currently in operational readiness phase. We will keep the Board updated on these initiatives. • A presentation is scheduled in June for the Board of Governors meeting on the Long Term Care program. • The incentive funding is being used to build capacity and invest in infrastructure. It is about incentivizing our community-based organizations. We are developing a process that will address the incentive funding life cycles and includes how the application process works, the evaluation, and the awarding of the incentives. • A presentation, which is our second presentation for next month, will be to the Finance Committee and the Board of Governors that outlines each of these programs and what we currently understand on the funding process and the dollar allocations. Each of these programs identifies dollars for investing in local infrastructure. Most of the funding is tied to performance metrics and outcomes, and that is what we want to step the Board through. We're engaged with the Department of Health Care Services through webinars and direct meetings to understand how these programs are intended to work and how the funding will be distributed. We will be updating the Board next month on where we stand, but there will be more updates as we learn more going throughout the year. <p>Scott Coffin concluded by thanking the Alliance staff and team for successfully preparing the audit. He introduced the new Director of Compliance and Special Investigations Unit Sheila Tagle.</p> <p>Question: Could you say a little more about what population health management is going to mean in the Alliance context?</p>		

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	<p>Answer: Population health management is going to be a requirement – that we have a population health structure. The State is looking at it with two (2) major components, one (1) for us to have an NCQA based population health structure in the way we're looking at our data with a patient-needs assessment and (2) we're populating our case management programs as well as our quality initiative based on our own population health data, and that population health structure be integrated, or connected to the county as a whole. In addition, the State is putting together a population health service, which is a health information and social determinant of help information exchange; this has been launched as an RFP from the State.</p> <p>Question: For example, to a group of patients with hypertension, diabetes, or other chronic conditions, what does it mean in practice?</p> <p>Answer: This is theoretical. Hypertension; if it's disproportional to where the expectation should be, then we would look at the following: are there disparity issues or equity issues; are there particular, geographic, or types of population? With this information, develop programs interventions, look for partners, and maybe address our community supports or structure related to addressing it, trying to tie it all together along with the programs we have.</p> <p>Question: For behavioral health and schools, I read in the notes that it's going to be a partnership with school districts – the Alliance is going to fund the program and help support the design, but won't be staffing, right?</p> <p>Answer: You are correct. We are not going to staff it. Our goal here is to tap into what is already out there in schools. We have been working with the County Office of Education with the schools and communities, and we have had twelve (12) school districts sign up and say they are interested in being part of this program. We have met with eleven (11) of the twelve (12) to set the stage. The first stage that we must do is an assessment with the county; we want it to be a county-wide assessment, and from there, we design interventions. We'd like to tap into interventions that have already been identified and are somewhat in flight so that we can support them, and make sure they get the right data that we can submit to the State. We are also working on how we will determine what those interventions are, and how we will allocate the dollars.</p>		

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	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
8. a. BOARD BUSINESS – REVIEW AND APPROVE FEBRUARY 2022 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	<p>Gil Riojas gave the following February 2022 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the Alliance had an enrollment over 304,000 members, a net income of \$3.4M, and the tangible net equity was 561% of the required amount. Our enrollment has increased by nearly 1,300 members since January 2022, and on a fiscal YTD, we gained nearly 16,000 members since June 2021. <p>Net Operating Results:</p> <ul style="list-style-type: none"> For the fiscal YTD ending February 28th, 2022, the actual net income was \$4.5M, and the budgeted net loss was \$7.1M. <p>Revenue:</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the actual revenue was \$92.1M vs. the budgeted revenue of \$95.9M. For the fiscal year ending February 28th, 2022, the actual revenue was \$780.2M vs. the budgeted revenue of \$782.4M. <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the actual medical expense was \$83.2M, and the budgeted medical expense was \$85.6M. For the fiscal year ending February 28th, 2022, the actual medical expense was \$733.1M vs. the budgeted medical expense of \$736.5M. On a PMPM basis, medical expense is 1.6% favorable to the budget. 	<p>Motion to Approve February 2022, Monthly Financial Statements as presented.</p> <p>Motion: Dr. R. Ferguson Second: Dr. Marty Lynch</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the MLR was 90.3% and 94.0% for the fiscal year-to-date. <p>Administrative Expense:</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the actual administrative expense was \$5.4M vs. the budgeted administrative expense of \$10.7M. For the fiscal YTD ending February 28th, 2022, the actual administrative expense was \$42.5M vs. the budgeted administrative expense \$53.0M. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> As of February 28th, 2022, our YTD interest income from investments is \$387,817 and YTD claims interest expense is \$262,135. <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> Tangible net equity results continue to remain healthy, and at the end of February 28th, 2022, the TNE was reported at 561% of the required amount. <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> For the month ending February 28th, 2022, the Alliance reported \$283.7M in cash; \$185.4M in uncommitted cash. Our current ratio is above the minimum required at 1.70 compared to the regulatory minimum of 1.0. <p>Capital Investment:</p> <ul style="list-style-type: none"> Fiscal year-to-date capital assets acquired: \$234,000. Annual capital budget: \$1.4M. <p>Anastasia Swift provided an update on the vacancy rate: the current vacancy rate is 12%, which has dropped from last month's 14% vacancy rate due to hiring.</p> <p>Motion to Approve February 2022, Monthly Financial Statements as presented.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	A roll call vote was taken, and the motion passed.		
8. b. BOARD BUSINESS – REVIEW AND APPROVE RESOLUTION #2022-01 NOMINATING NATALIE WILLIAMS FOR REAPPOINTMENT TO DESIGNATED CONSUMER MEMBER SEAT			
Scott Coffin	<p>Review and Approve Resolution #2022-01 Nominating Natalie Williams for Reappointment to Designated Consumer Member Seat</p> <p>Scott Coffin read the following Staff Report for Resolution #2022-01:</p> <ul style="list-style-type: none"> The Consumer Member Seat will expire June 29th, 2022 and Ms. Williams has chosen to serve an additional 2-year term. Pursuant to Section 3.F. of the Alliance Bylaws and has been recommended for reappointment by the Chief Executive Officer. Section 3.J.1. of the Bylaws provides that the Board shall review the recommendation and that the Board's approval shall be by resolution. Resolution 2022-01 provides for the approval of Ms. Williams to Regular Seat #7, Consumer Member for reappointment. If the resolution is passed and adopted by the Board of Governors, it will be sent to the Alameda County Board of Supervisors who will vote on Ms. Williams' reappointment to Regular Seat #7, Consumer Member. There are no fiscal impacts related to this action. <p>Motion to Approve Resolution #2022-01 as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p>Motion to Approve Resolution #2022-01 Nominating Natalie Williams for Reappointment to Designated Consumer Member Seat</p> <p>Motion: Dr. Ferguson Second: Dr. Aboelata</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None
8. c. BOARD BUSINESS – COVID-19 VACCINATION AND INCENTIVES PROGRESS REPORT			
Matthew Woodruff	<p>Matt Woodruff reported on the COVID-19 Vaccination and Incentives Progress Report.</p> <p>Vaccination Progress:</p> <ul style="list-style-type: none"> As of March 28th, 2022, 75.1% of Medi-Cal members 12 years and older are vaccinated. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • We are currently ranked 4th in the State for Managed Care Plans. We also averaged 12% increase among all key measured populations that the State had asked us to measure. • For our homebound Medi-Cal members and our Medi-Cal members aged 50-64 we ended up at 86.3%. • The target rate was either 30% above the baseline or 85%, so we did not hit the 30% or 85% for measure 1, but we did for measure 2, so hopefully, we will get a financial boost from that in around June. • The State took a baseline measurement on August 29th, and we averaged around a twelve (12%) to thirteen (13%) increase overall. Comparatively, we will see how we do when the final report comes out, probably this summer. <p>Funding:</p> <ul style="list-style-type: none"> • Originally, when we filed for the program, the State awarded us \$1.2M, and that was for filling out all the paperwork correctly and doing it on time. To date, on all the different programs that the Alliance put back into the community to try and increase vaccination rates, we spent about \$1.4M. • Last month on March 18th, we received \$970K from the State, which was a nice boost. We didn't hit 85% on any measure until the final measurement period. • We may see more funding coming in June, depending on how the State ends up calculating the final measures. • With the extra funding, the extra \$706K will be going back into incentive funding. <p>Question: The Alliance ranked 4th in the State. Do you know how many plans there are in the State?</p> <p>Answer: I do know the plans above us – San Francisco was number 1, Santa Clara was number 2, San Mateo was number 3, and then the Alliance – we were fourth out of twenty-five.</p> <p>Question: With the incentive program, is that directly to members, or is it also to providers, systems, and clinics?</p>		

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	<p>Answer: Under the State program, it was to members and providers. There was a portion that the Alliance put into our original program for providers. We are doing calculations now; that money will probably be going out this month or the beginning of next month. For the member incentives, the State is reimbursing us. If any member calls in and we can verify that they did receive their vaccines before the February 28th deadline for the State, they will receive a \$50 gift card; anything after the deadline, they receive a \$10 gift card from the Alliance.</p> <p>Question: Did the three Health Plans reach the 85% target and were all targets the same? Answer: None of the Health Plans reached 85%. In the mid-70s that was the highest.</p> <p>Question: Why was it so hard for plans to get to 85%? Answer: We knew from the very beginning it was going to be hard; we were going to have to average 2,000 vaccines a week to reach that target. There were some weeks where we were above 2,000 vaccinations for that week, but it didn't change our vaccination rate because of the overall new members that came in.</p> <p>Question: The new members that came in, were they totally new to the plan and not familiar with the services? Answer: That is correct, they are new to the plan and new to managed care, or they could have been new to Medi-Cal. It will take them some time, even though I know our outreach team does invite all new members to new member orientation, and we do training for anyone who wants to show up.</p> <p>Question: Do you know of the different strategies the Alliance used to try to increase vaccination rates? Do you have any sense of what was most effective? Answer: Any movement helped; for example, in our text messaging campaign, we did see members that were vaccinated; for the radio spots we did with the African American Wellness Project, we know members who listened to that program became vaccinated.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on March 15th, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> • We credentialed thirty-eight (38) initial applicants. Additionally, twenty-five (25) providers were re-credentialed at this meeting. • There were twelve (12) providers terminated. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
9. b. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			
Dr. Steve O'Brien	<p>The Pharmacy & Therapeutics Committee (P&T) was held telephonically on March 15th, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> • On P&T that evening, we received eight (8) therapeutic categories and drug monographs, eighteen (18) formulary modifications, and twenty-six (26) prior off guidelines that were updated. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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9. c. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
<p>Dr. Steve O'Brien</p>	<p>The Health Care Quality Committee (HCQC) was held telephonically on March 17th, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> • Dr. Sanjay Bhatt, our Senior Medical Director, and our new Senior Director of Behavioral Health, Dr. Peter Currie, gave an update on behavioral health insourcing. • Loc Tran, the new Manager of Access to Care in the Quality Improvement Department, was introduced to the HCQC. • Policies and Procedures were reviewed as per the annual audit requirement. • The Committee received an ECM and Community Support update, and the UM and CM compliance documents – which are the program, the evaluation, and the work plan. • An update on Medi-Cal Rx was provided. • Dr. Laura Miller, CMO, has stepped down from her role, and Dr. Tri Do has been appointed as the interim CMO during the recruitment process. <p>Question: Are you aware of the impending crisis in primary care, with finding physicians to practice primary care, and whether there is a way we can track that? Answer: We hear about it from our provider partners, and we talked about it at the administrative level. In our network, we have plenty of PCPs now. Our directly contracted network, our PCP roster, is aging very rapidly, and it's hard to say what will happen. Presently, we are good; it will be hard to project over the next couple of years.</p> <p>Question: What are we doing about this? I was especially concerned about what happened over the pandemic because a lot of members left private practice in the area – to wait for it to happen could be a disaster, especially given what is going to happen in 2024, so I think it is something we must start looking at aggressively.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Answer: One thing that worked well during the pandemic and that we will continue to have is telehealth – telehealth, especially for PCP's was used more than ever before. We will have to grow that program. We are looking at new provider networks, and we may be bringing on some new providers in the next year or two specifically because of what's taking place in 2024.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
9. d. STANDING COMMITTEE UPDATES – MEMBERS ADVISORY COMMITTEE			
Scott Coffin	<p>The Member Advisory Committee (MAC):</p> <ul style="list-style-type: none"> • Chairperson Natalie Williams facilitated the quarterly Member Advisory Committee, supported by Linda Ayala. A presentation was delivered on the COVID-19 Vaccination Campaign by Matt Woodruff, our Chief Operating Officer, followed by a presentation by the CEO, Scott Coffin, on the Three (3) Year Alliance Strategic Plan, and Ten (10) Year Roadmap. • Dr. Helen Lee presented to the Committee on the Hepatitis C and treatment methods, followed by Jennifer Karmelich, our Director of Quality Assurance. Jennifer presented the third and fourth quarter grievance and appeals results for 2021. • Michelle Lewis, our Senior Manager of Communications and Outreach presented the 2021 Community Outreach Report. • Linda Ayala, our Manager of Health Education in our Quality Division also presented, and the meeting was adjourned by our Chairperson Natalie Williams. • The next MAC meeting is scheduled for June 16th, 2022. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	<p>There are two topics that we are going to bring back to the Board of Governors for next month:</p> <ul style="list-style-type: none"> • (1) Long Term Care Transition • (2) Mild, Moderate, and Autism Spectrum Service Transition. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Dr. Evan Seevak	None	None	None
14. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:31 pm.	None	None

Respectfully Submitted by: Danube Serri
 Legal Analyst, Legal Services.