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BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, May 10th, 2024
12:00 p.m. – 2:00 p.m.

Video Conference Call and
1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Aarondeep Basrai, Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam

Board of Governors Remote: Andie Martinez-Patterson, Dr. Noha Aboelata (Vice-Chair)

Board of Governors Excused: Andrea Ford, James Jackson, Natalie Williams

Alliance Staff Present: Matthew Woodruff, Dr. Donna Carey, Gil Riojas, Anastacia Swift, Ruth Watson, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis, Lao Paul Vang

Chair Gebhart called the regular Board of Governors meeting to order at 12:02 p.m.

2. ROLL CALL

Roll call was taken and a quorum was established.

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

4. INTRODUCTIONS

Cory Woods was introduced.

5. CONSENT CALENDAR

a) **MARCH 8th, 2024, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**

b) **MARCH 8th, 2024, BOARD OF GOVERNORS MEETING MINUTES**

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Kelley Meade to approve the Consent Calendar Agenda Items 5a through 5b.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

Dr. Kelley Meade provided an update on the Compliance Advisory Committee meeting that took place on May 10th. The 2023 dashboard is being closed out with near 100% completion and getting ready for the plan's audit season for 2024. The mock audits have gone well, and the plan is currently auditing all the requested files and preparing for 2024 state audit. The compliance risk assessment and overall strategy were also discussed.

Question: The governor is suggesting that many unopened positions will be eliminated and wondering if it's going to affect the state's interaction with us on audits and compliance.

Answer: It will not affect us. Our audit is scheduled, and we have the same auditors as last year.

b) FINANCE COMMITTEE

Dr. Rollington Ferguson provided an update on the Finance Committee meeting held on May 7th, 2024. During the meeting, they discussed the financial reports for February 2024 and March 2024. One of the key topics was the Target Rate Increase, which is intended to directly benefit our providers and improve the overall network. This increase in funding mainly comes from the MCO tax and will have an impact on the overall revenue. Our enrollment numbers are showing improvement, and our MLR (Medical Loss Ratio) is above 90%. Both the revenue and medical expenses have increased, while the Tangible Net Equity decreased in February but is back on an upward trend.

Question: What percentage of Medicare are our current rates?

Answer: It varies. We pay anywhere from Medi-Cal to Medicare, and it depends on the specialty. It is a very wide range.

7. CEO UPDATE

In the CEO Update, Matthew Woodruff expressed his gratitude to everyone involved in planning and participating in the Spring Social. He also provided an update on the April Financials, stating that revenue was \$169.7 million in March 2024 and \$1.3 billion Year-To-Date (YTD). The total enrollment in March 2024 was 403,941.

Another topic of discussion was automation. The Alliance is currently undergoing a major exploration of all the processes that can be automated. The provider recruiting program is set to go live, with the application being finalized and slated for posting on the Alliance website. Additionally, the DHCS audit is scheduled for the last two weeks in June. At the June Compliance Committee meeting, a review of performance expectations will take place.

There was also an update on the pay equity salary survey, revealing positive progress since August. Internal changes have been implemented, thanks to HR's substantial contributions. While there are a few areas that need adjustment, the overall improvements have been notable since last August. These adjustments will be addressed during the merit review process in July, making the organization more equitable overall.

The Alliance met with CMS, DHCS and DMHC to review D-SNP readiness and filings and the agencies were pleased with the Alliance progress. We have already started submitting documents, so we're well on our way for all of our different filings.

Comment: The Board is interested in hearing more about how we're funding the Unsatisfied Immigration Status (UIS) population.

8. BOARD BUSINESS

a) REDETERMINATION PRESENTATION

Tammy Lue & Juan Ventanilla, Medi-Cal Program Specialists, Ruth Watson and Tiffany Cheang provided a presentation on Medi-Cal Re-Evaluations. Highlights of the presentation include:

Medi-Cal Re-Evaluation Data

- From March 2020 to March 2023, Medi-Cal beneficiaries remained enrolled in the program, with a moratorium on annual redetermination processing due to the continuous coverage requirement for Medi-Cal throughout the duration of the public health emergency.
- April 2023 – Renewal processing began with the auto-renewal process.
- July 1st – First discontinuances
- Counties have 12 months from the end of the continuous coverage requirement to initiate Medi-Cal redeterminations and an additional two months to complete processing these redeterminations.
- June 2023 – March 2024 – 138,091 packets sent.
- # of REs received: 117,137
 - REs Processed: 91,158
 - REs not processed: 25,981
 - REs not received: 51,426
 - # of cases discontinued: 39,293
 - # of cases discontinued for no RE: 31,090

Alliance Net Change Enrollment

- January 2024 – Transitioned to a Single Plan model in Alameda County.
- Anthem members transitioned to the Alliance.

ACSSA Plan for Re-Evaluation Process

- ACSSA continues implementation of the Health Enrollment Navigators Project until June 2025 via Senate Bill (SB) 154 by partnering with 7 CBOs to conduct outreach and assist community members with completing Medi-Cal applications or re-evaluation.
- ACSSA has integrated unwinding activities into the CBO partners' implementation of the project and the targeted multimedia marketing campaign.

Medi-Cal Re-Evaluation Waivers

- Reasonable Compatibility Threshold Increase
- Hard-to-Reach Population Waiver
- Reasonable Explanation
- 100% FPL Waiver
- Stable Income Waiver

Alliance & ACSSA Collaboration

- Coordination with Alameda Alliance for Health
- MOU between ACSSA and Alliance was finalized and ACSSA is currently sharing Medi-Cal renewal due dates for outreach to plan members.
- Alliance has provided funding of \$50,000 to each of ACSSA's partnering CBOs and \$75,000 to ACSSA to assist with renewal efforts.

Question: *Why is there a net negative on the duals?*

Answer: *We have been trying to figure that out since it happened in January. Originally, we had been reporting that Anthem had 8000 duals, but those 8000 members who were supposed to come to us didn't materialize. The question then arises: where did they go? We don't have the answer at this point. Technically, they could have gone to Kaiser, but Kaiser didn't grow significantly; they only gained a couple of hundred members in January. We saw our duals decrease from 43,000 to 40,000, and we've been holding steady at 40,000 since. The question remains: where did those 8000 duals go? At this point, we don't really understand where those 8,000 went, but we suspect that there may not have been 8000 duals there in the first place. There seem to be a lot of discrepancies in the data.*

Question: *If an adult member is cognitively disabled, how will they be communicated with to redetermine their membership? Will they be dropped if they don't respond?*

Answer: *If someone is an authorized representative on their case, we'll communicate with them so they're both aware that their redetermination is due or if they need to turn in anything to redetermine their eligibility. Depending on what information is requested, they might be dropped. If there's no response from the client or the authorized representative, we do give individuals or their beneficiaries thirty days to respond to any requests for verification.*

Question: *Is the funding of \$50,000 to CBOs and \$75,000 to ACSSA a one-time or annual contribution?*

Answer: *It was one-time funding to assist with the redetermination period due to the frequent reiterations occurring this year.*

Question: *Why is enrollment higher than what was previously projected?*

Answer: *We worked with the State and the County to determine enrollment projections. We were expecting a 36% auto adjudication rate, which is among the highest in the counties. Based on this rate and the processing capacity of the County, we initially projected approximately 6,000 disenrollments a month. However, the County made some significant changes that impacted the enrollment numbers. Without those changes, we would likely still be around the 36% mark. Comparatively, counties that did not implement similar changes are experiencing lower rates than we are.*

Question: The Alameda Health Consortium stated that they saw a decline in the reevaluation, which contrasts with the data in this report. They mentioned that some of this decline is due to limited access to CalSAWS. Can you elaborate?

Answer: Compared to other counties, Alameda County had more information available about eligibility and enrollment. However, the switch to CalSAWS restricted our access, resulting in lower application processing capability. This is not anyone's fault but simply bad timing. We hope for better access in the future. We have also seen an unexpected increase in redeterminations, which is a positive outcome. Despite these challenges, we are hopeful that we can improve the situation over time.

Informational Item Only.

b) HEDIS DATA PRESENTATION

Tiffany Cheang provided an update on the Healthcare Effectiveness Data and Information Set (HEDIS). Highlights of the presentation include:

Oversight & Accountability

- DHCS Medi-Cal Accountability Set (MCAS)
- DMHC Health Equity & Quality Measure Set (HEQMS)
- NCQA Accreditation – Health Plan
- NCQA Accreditation – Health Equity
- Future: CMS and Stars Measures

DHCS Medi-Cal Accountability Set (MCAS)

- Measures held to MPL fall into 4 domains:
 - Behavioral Health
 - Children's Health
 - Chronic Disease
 - Reproductive Health
 - Cancer Prevention
- Report Only measures include 3 new LTC measures
- Majority of the measures are NCQA HEDIS, but also include several from other measure stewards.
- HEQMS includes:
 - 15 HEDIS measures
 - CAHPS Health Plan survey results
- MY 2023 and MY 2024: All measures overlap with DHCS MCAS except one
- Potential corrective action and or administrative penalties not until 2027

AAH MCAS Performance – MY2022

- Five (5) measures did not meet MPL
 - Controlling High Blood Pressure
 - Cervical Cancer Screening
 - Lead Screening in Children
 - Well Child Visits in the First 15 months
 - 30-day follow-up after ED Visit for Mental Illness
- Comparison to MY 2021
 - Rates improved in 9 of the measures

- MY 2021 had 3 measures that did not meet MPL
- DHCS sanction imposed (\$80,000)
 - Triggered by 2 measures within a single domain (Children's Health)

AAH MCAS Performance – MY2023

- As of 4/26/2024, 3 measures are not meeting MPL
- Medical Record Retrievals (MRR) are 96% closed
- Comparison to MY 2022
 - Rates improved in 14 out of 18 measures
- NCQA and DHCS HEDIS audits passed successfully
- Change Healthcare impact on the abstraction process mitigated
- Rates will be finalized in June 2024
- Anticipate a DHCS sanction based on the current methodology

Question: Where are we with the other three MPLs, which are cervical cancer screening, high blood pressure, and child visits?

Answer: We have now met the targets for cervical cancer screening, which we did not achieve last year. Additionally, we have met the targets for well-child visits and blood pressure, and we are actually above the minimum practice level for them. This is great news for us!

Question: Many of us in the healthcare industry are learning from Kaiser and using their system to prevent heart attacks and strokes. Do we provide something similar to them here at the Alliance to help us achieve the best possible outcomes?

Answer: At the moment, we don't have any programs for our providers in that area. We are focusing on our members with high blood pressure and sending them reminder letters to check their blood pressure. We are also making sure they understand the importance of managing and controlling their high blood pressure. As of now, we don't have anything specifically for the providers.

Comment: There is a tool that the Alliance has invested in along with the County and the Social Health information exchange and the Community Health record, which does provide more real-time information about patient encounters that we could leverage further for systems.

Comment: Chair Gebhart mentioned that the Board is interested in learning more about the follow-up process after an emergency. They would like to discuss the possibility of using the social health information exchange for real-time information and suggested having an offline conversation about promoting its use with our providers or exploring how to integrate it more internally.

Informational item only.

c) REVIEW AND APPROVE FEBRUARY 2024 AND MARCH 2024 MONTHLY FINANCIAL STATEMENTS

For the month ended February 29th, 2024, the Alliance continued to experience increases in enrollment, bringing total enrollment to 402,000 members. Net income of 5.4 million was reported in February. The plan's February medical expenses represented 92% of revenue. Alliance reserves increased to 645% of what was required and remained well above minimum requirements.

Motion: A motion was made by Dr. Evan Seevak and seconded by Yeon Park to approve the Financial Statements.

Vote: The motion was passed unanimously.

Ayes: Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Andie Martinez-Patterson, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

d) REVIEW AND APPROVE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CA HOSPITAL SEAT NOMINEE(S)

By roll call vote, the Board selected Nominee Tosan Boyo.

Motion: A motion was made by Yeon Park and seconded by Dr. Kelley Meade to approve the Resolution appointing Tosan Boyo to the Hospital Seat.

Vote: The motion was passed unanimously.

Ayes: Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Andie Martinez-Patterson, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

e) REVIEW AND APPROVE RESOLUTION NOMINATING WENDY PETERSON FOR APPOINTMENT TO DESIGNATED LONG TERM SERVICES AND SUPPORTS (LTSS) SEAT

Motion: A motion was made by Dr. Marty Lynch and seconded by Dr. Evan Seevak to appoint Wendy Peterson to the LTSS Seat.

Vote: The motion was passed unanimously.

Ayes: Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Andie Martinez-Patterson, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

f) REVIEW AND APPROVE THE RESOLUTION ESTABLISHING THE COMMUNITY ADVISORY SELECTION COMMITTEE, SEATS, AND CHARTER.

Motion: A motion was made by Supervisor Lena Tam and seconded by Dr. Evan Seevak to approve Resolution establishing the Community Advisory Selection Committee, Seats and Charter.

Vote: The motion was passed unanimously.

Ayes: Colleen Chawla, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Andie Martinez-Patterson, Dr. Kelley Meade, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

Dr. Carey gave an update on the Peer Review and Credentialing Committee's meeting held on April 16th. Out of the 120 applicants, 40 were recredentialed providers, and 80 were behavioral health providers.

b) QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE

Dr. Carey gave an update on the Pharmacy & Therapeutics committee meeting held on March 19th. During the meeting, they reviewed the efficacy, safety, cost, and utilization profiles of nine therapeutic categories and drug monographs. They made seventeen formulary modifications, most of which modified the drugs so that there was a step therapy. They also completed twenty-three prior authorization guidelines.

10. STAFF UPDATES

There were no staff updates.

11. UNFINISHED BUSINESS

None.

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

None.

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

14. ADJOURNMENT

Chair Gebhart adjourned the meeting at 1:58 p.m.