BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, December 8th, 2023
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, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam

Board of Governors Remote (Traditional Brown Act): Dr. Noha Aboelata (Vice-Chair)

Board of Governors Excused: Dr. Rollington Ferguson, James Jackson, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Natalie Williams

Alliance Staff Present: Matthew Woodruff, Richard Golfin III, Dr. Steve O'Brien, 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 12:01 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

Chair Gebhart and Matt Woodruff introduced and welcomed three new board members to the Alliance Board of Governors: Colleen Chawla, Director of Alameda County Health Care Services Agency, represents the Health Care Services Agency Seat; Andrea Ford, Agency Director of Alameda Social Services Agency, represents the Social Services Agency Seat; Andie Martinez Patterson, CEO of Alameda Health Consortium and Community Health Center Network, represents the Community Health Center Network Seat.

5. CONSENT CALENDAR

a) OCTOBER 10th, 2023, FINANCE COMMITTEE MEETING MINUTES

b) OCTOBER 13th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

c) OCTOBER 13th, 2023, BOARD OF GOVERNORS MEETING MINUTES

Motion: A motion was made by Supervisor Lena Tam and seconded by Dr. Marty Lynch to approve the Consent Calendar.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, 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 gave an update on the Compliance Advisory Committee meeting that took place on December 8, 2023. The committee discussed the results of a voluntary consultant report of our internal audit process for the plan. The consultant worked with the plan from December 22nd to May 23rd for six months during a crucial time for the plan. The purpose of this engagement was to assess the maturity of the compliance process and identify any opportunities for improvement. Grace St. Clair, Katie Sisto, and Roberta Robertson thoroughly reviewed each issue and provided feedback. They only agreed with about 45% of the items in the report, but wherever they disagreed, there was substantial evidence to support that the processes and procedures were in place at the plan. The committee applauded the internal audit team for their report. The committee also suggested additional training and an opportunity for corporate risk assessment with an outside agency. An RFP will go out to look at corporate risk assessment for the future, and that will be the work of 2024. There were 14 items in total, and a project plan and timeline were created for 2024 to resolve or improve them.

b) FINANCE COMMITTEE

Chief Financial Officer, Gil Riojas, provided an update on the Finance Committee meeting held on December 5, 2023. The Committee reviewed the financial results and details for September and October and spent a lot of time discussing the final budget. The September financial report showed a little over $5 million in net income, while the October report showed about $3.8 million in net income. Currently, our Final Budget is projected to have a net income of about $9.1 million for the year.

7. CEO UPDATE

In the CEO Update, Matthew Woodruff shared the following updates:

- Key Performance Indicators
    - Regulatory and Non-Regulatory Metrics:
        - The Plan is meeting all the regulatory and non-regulatory metrics. Non-regulatory metrics refer to our internal standards which we hold ourselves to a higher level of accountability, sometimes higher than the requirements set by the State. Our long-term care expenses have exceeded our estimates due to retroactive costs, staffing, and additional ancillary expenses that were difficult to quantify. Therefore, we have decided to adjust our final budget to reflect the current expenses.

Question: In regards to long-term ancillary coverage, we had no prior experience with the medical expenses of these members since they were not previously part of our network. However, the estimated costs we had projected earlier turned out to be lower than the actual costs. Is my understanding of the situation correct?

Answer: We had no prior experience in handling such claims since the state was dealing with them for the first time. We anticipated having around 1500-1600 members based on our knowledge and projections, yet we only ended up with 1400 members. We knew the per-day cost we would have to pay, but there were other costs that we had to consider, such as hospital, radiology, and DME costs. We had to contract with various companies for these expenses. Additionally, there were retroactive costs involved. The retroactivity referred to the center sending in a cost report, which the State would take about 6-9 months to review. Then, they would calculate the rate retroactively to the beginning of when they received the report, and we would owe the facilities the difference.

- Program Implementations:
    - Final Budget Discussion
        - Final budget net income is projected at around $9 million.
        - The staffing is going to increase from 517 to 643, which is in the budget. This increase is primarily due to the arrival of approximately 110,000 new members on January 1, 2024. Matt has praised the HR Department for their efforts in hiring 101 employees in the first five months of this fiscal year and is working hard to get all the staffing ready.

Question: Will we receive information about hospital utilization from the undocumented population that will be covered?

Answer: We have information about the HealthPAC members who are transferring, and most of them will be assigned to CHCN and AHS. Our priority is to enroll them back into CHCN and AHS. However, we are expecting around 16,000 individuals that we have limited information on, and we will need to process them.

Pay Equity Salary Survey

- We completed Step One of our pay equity salary survey and adjusted 29 out of 508 employees based on gender equitability. Overall, we believe that The Alliance has performed well.
- Next step the Alliance will rerun the data to finalize the changes made on November 17, 2024.

Board Retreat

- The agenda is set, and the retreat is scheduled for January 26, 2024, at Garré Winery in Livermore. Chair Gebhart expressed gratitude to Dr. Marty Lynch for his help with the committee and to Matthew for preparing the agenda.

Recruiting Incentives for our Network

- Matthew thanked all the board members who sent feedback. An updated program will be distributed at the end of the month for review.

Question: In relation to the workforce recruitment approved in the budget by the Finance Committee, when will it roll out, and how will The Alliance communicate this opportunity to contracted providers?

Answer: Our aim is to begin the implementation of this plan during the first quarter of the calendar year. However, we haven't communicated this information yet as we are still finalizing the process, which would require the board's approval. Once this is done, we will communicate the details to everyone.

8. BOARD BUSINESS

a) REVIEW AND APPROVE RESOLUTION 2023-10 UPDATING THE CONFLICT OF INTEREST CODE

Chair Gebhart briefly explained the main revision made to the resolution. Counsel has determined that there are more positions within the plan that need to disclose their potential conflicts of interest because they have the ability to influence the spending decisions. Counsel has reviewed everyone's roles and has already included the CEO and senior leadership team as disclosures. Now, additional individuals have been identified as requiring disclosures.

Motion: A motion was made by Supervisor Lena Tam and seconded by Dr. Kelley Meade to approve Resolution 2023-10, updating the Conflict of Interest Code.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

b) REVIEW AND APPROVE RESOLUTION 2023-11 CHANGING MAC TO CAC

Matthew Woodruff has explained that The Alliance has had a member advisory committee for a considerable period. The Alliance's contract "the Contract" with the Department of Health Care Services (DHCS) requires the Plan to establish a Community Advisory Committee to comply with the contract. Although this is an existing committee within the Alliance, the name of the committee needs to be changed from Member Advisory Committee (MAC) to Community Advisory Committee (CAC). Further changes have been made to the Community Advisory Committee's charter in order to reflect the enhanced requirements in the Contract with the Board's review and approval.

The resolution is simply about changing the name of the committee. Furthermore, in the past, the CEO would work together with the Healthcare Services team to appoint members to the committee. However, as of January, this responsibility will be shifted to this body. This body will now approve all members appointed to the Community Advisory Committee. The team has 180 days to select members after January 1, 2024. Matthew will work with Rebecca and others to develop procedures that are compliant with the nominating process.

Motion: A motion was made by Aaron Basrai and seconded by Supervisor Lena Tam to approve Resolution 2023-11, changing MAC to CAC.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

c) REVIEW AND APPROVE OCTOBER 2023 MONTHLY FINANCIAL STATEMENTS

Chief Financial Officer Gil Riojas provided the following updates on the October 2023 Financials:

Executive Summary

- For the month ended October 31st, 2023, the Alliance had an enrollment of 354,067 members, a Net Income of $3.8 million and 695% of the required Tangible Net Equity (TNE).

Gil informed us that there was an unexpected increase in enrollment this month. However, we received some information last month which provided us with a better understanding of the enrollment trends. Our TNE, which is the reserve amount required by the Department of Managed Health Care, decreased from the previous month.

Enrollment

- Total enrollment has increased by 3,519 members since September 2023.
- Total enrollment decreased by 7,618 members since June 2023

Over the past few months, our enrollment has been decreasing at a rate of approximately 3,000 to 4,000 members per month. However, this month, we saw a reversal of that trend and had an increase of about 3,500 members compared to the previous month.

Enrollment and Profitability by Program and Category of Aid

- There has been a reversal in the trend for Medi-Cal Child, Medi-Cal Adult and Medi-Cal ACA Optional Expansion from a decline to an increase. Medi-Cal SPD has gone up slightly as well.
- Medi-Cal Duals, those that are eligible for both Medi-Cal and Medicare, remain flat.
- Group Care, which is our commercial line of business and our business with the County, has seen a steady decline over the last 12 months.

Net Income

- For the month ended October 31st, 2023
  - Actual Net Income $3.8 million.
  - Budgeted Net Loss of $4.6 million.

- For the fiscal YTD ended October 31st, 2023
  - Actual Net Income $21.4 million.
  - Budgeted Net Loss of $4.6 million.

- The favorable variance of $8.3 million in the current month is primarily due to:
  - Favorable $2.7 million higher than anticipated Total Other Income/Expense.
  - Favorable $2.3 million higher than anticipated Revenue.
  - Favorable $1.9 million lower than anticipated Medical Expense.
  - Favorable $1.5 million lower than anticipated Administrative Expense.

Revenue

- For the month ended October 31st, 2023
  - Actual Revenue: $135.7 million.
  - Budgeted Revenue: $133.4 million.

Gil reported that our revenue is on track with expectations.

Medical Expense

- For the month ended October 31st, 2023
  - Actual Medical Expense: $126.8 million.
  - Budgeted Medical Expense: $128.7 million.

- For the fiscal YTD ended October 31st, 2023
  - Actual Medical Expense: $508.9 million.
  - Budgeted Medical Expense: $514.4 million.

Medical Loss Ratio (MLR)

The Medical Loss Ratio was 93.4% for the month and 92.5% on a year-to-date basis.

Administrative Expense

- For the month ended October 31st, 2023
    - Actual Administrative Expense: $8.6 million.
    - Budgeted Administrative Expense: $10.1 million.

- For the fiscal YTD ended October 31st, 2023
    - Actual Administrative Expense: $29.8 million.
    - Budgeted Administrative Expense: $32.7 million.

Other Income/ (Expense)

Other Income and expenses are comprised of investment income and claims interest.

- Fiscal year-to-date net investments show a gain of $10.2 million.

Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) requires us to have approximately $50 million in TNE. We've reported an actual TNE of about $345 million, and the excess amount we have is about $296 million, which represents about 696% of what is required by the DMHC.

Gil explained that the TNE had reached its peak in May and has been on a downward trend over the last few months. As we move away from Kaiser and shift towards the single plan model, we will be adding more fee-for-service members. This will increase the requirement for TNE, which in turn will lower our TNE percentage.

Comment: Chair Gebhart highlighted an important issue for board members to understand. She explained that even if the same amount of dollars are obligated, the TNE will go down because the fee for service members have a higher risk. Therefore, the requirement to put aside more is higher, resulting in a lower TNE percentage. This should not be a cause for alarm for those who monitor the TNE percentage as a measure of the organization's health.

During the discussion, Gil shared another perspective on the matter. He explained that the State also considers our TNE and expects us to use it to manage new programs and enrollments effectively. Thus, although our reserve may seem high, it will be utilized for upcoming expenses, including Medicare, new enrollment, and programs. This way, our TNE will help us withstand significant changes that may happen in the next few years.

Chair Gebhart also mentioned that during previous meetings, the auditors explained that the state capitalizes on managed care plans with TNE. This means that the state is aware of what's happening and prepares the plans to be better equipped to handle new responsibilities. So, it's essential to keep this in mind when considering the significance of TNE.

Question: Does this mean that with capitalization, as seen in the example of CalAIM, new expectations are being placed on us? Will these new responsibilities eventually affect the rates? It doesn't seem actuarially sound to assume that the rates can remain the same when new responsibilities are added.

Answer: Part of determining the rates for our services depends on how we collect and report our data to the State. It is important that we capture all the necessary data in encounters and claims. However, there are certain areas where the State relies on us to use our TNE to manage certain expenses, such as community support. Although these expenses are not currently included in our rates, we have enough TNE to manage them. Our concern is how long we can continue to do so without support from the State. Our aim is to have the State include these expenses in our rates in the future. This will ensure that all expenses are captured, which is not currently the case. Our advocacy is focused on having these expenses included in our rates in the coming years.

Question: If a penalty is incurred, will the fine be paid from the reserves?

Answer: Yes. If there are fines and penalties, the reserve amount that we have will help us pay those fines without destabilizing the plan.

Capital Investment

- Fiscal year-to-date capital assets acquired: $662,000.
- Annual capital budget: $1.5 million.

Motion: A motion was made by Dr. Kelley Meade and seconded by Dr. Michael Marchiano to approve the October Financial Statements.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

d) REVIEW AND APPROVE FISCAL YEAR 2024 FINAL BUDGET

Gil Riojas presented the Fiscal Year 2024 Final Budget and praised his team for their hard work and dedication. He acknowledged their efforts over the several months it took to complete the budget, including the many late hours they put in. Gil expressed his gratitude to the budget team for their successful completion of the task.

Highlights of the presentation included:

Material Areas of Uncertainty

- Material changes in enrollment are estimates, DHCS has not sent Plan specific enrollment projections. We are keeping a close eye on this and will update our budget and forecast accordingly in the future.
- Draft rates were received this week. Overall, it seems like the rates are favorable. However, because of the favorable rates, there is more work to be done in terms of managing the increased revenue. This means that although the revenue is increasing, the responsibility of managing it also increases. Those new programs that we'll need to implement starting in calendar year 2024, but generally, it was favorable to what we expected.
- The ratio of members with Satisfactory versus Unsatisfactory Immigration Status may vary from DHCS projections.
- The responsibility for long-term care services transitioned from fee-for-service Medi-Cal in February; thus, AAH still has limited LTC experience. Emerging data shows that costs for Long-term Care have been higher than anticipated.
- Medical Expenses include assumptions regarding the relative acuity of new populations, existing members, and departing members. These assumptions will need time to develop and validate.
- The Alliance may be required to contract with many out-of-area providers in order to maintain continuity of care for members transitioning from Anthem.
- Contract changes for hospitals and delegated providers in projections have not been finalized.

Question: Could you explain the current immigration status rates and their impact on stakeholders? This is an important issue that you are trying to address with the State.

Answer: The state is paying us different rates for members with Satisfactory Immigration Status and those with Unsatisfactory Immigration Status (UIS). However, the rates for UIS members were significantly lower than expected. Despite the direction given by the State, the actual rates were lower than anticipated, causing concern because they were considerably lower than the rates for Satisfactory Immigration Status members. When we reviewed the draft information from the State, they allowed us to provide feedback on it. One area we pushed back on was the rates, as we requested more justification for the low rates and argued that they should be higher. The State listened to our advocacy, as well as that of other plans, and we believe that the rates will be higher because of it in the future. While we were initially unhappy with the rates, we are now somewhat satisfied with the draft rate information we received this week.

Question: Had Medi-Cal providers been paid the same rates for all beneficiaries in prior years as they are being paid now?

Answer: The State had an issue with receiving federal funds from CMS due to incorrect enrollment reporting. They included individuals with Unsatisfactory Immigration Status to CMS and receiving payments for them. However, such reporting is not appropriate at the federal level, so the State had to rectify the situation by going back and correcting it for many years. Consequently, the State is now responsible for paying UIS rates for future periods, which is a significant shift in how they have been paid in the past. Rates are now different for different populations, and the reporting requirements have also increased. The State now requires information on both Satisfactory Immigration Status and Unsatisfactory Immigration Status, which has led to higher rates.

Highlights

- In our initial budget report, we had projected a net income of $22 million dollars. However, based on the draft rates we received in October, our net income has decreased to $9.3 million. It is important to note that this figure is subject to change with updated rates, and we hope that it will improve. However, this was the estimated net income we had at the time of preparing the report.
- Our Tangible Net Equity percentage is decreasing as more members join. Currently, we have a TNE of around 700%, but by the end of the fiscal year, we anticipate it to be around 546%. This is due to the higher requirement for new members.
- We expect our enrollment to peak at 404,000 members in January.
- Total revenue includes approximately $120 million of pass-through funding. Revenue managed by AAH is approximately $1.7 billion.
- PMPM Fee-for-Service and Capitated Medical Expense decreases by 2.0%.
- $18.9 million in net savings are included for claims avoidance and recovery activities.
- As we grow, our clinical expenses are growing as well.
- Staffing includes 643 full-time equivalent employees by June 30, 2024. This includes 438 Administrative employees and 205 Clinical employees.

Enrollment

- FY 2024 member months of 4,484,000 are 4.3% higher than the Preliminary Budget.
- The number of projected members at the end of the year has increased by 30,000.
- Increases to assumptions have been made to the number of members transitioning on January 1, 2024. This includes members transitioning from Anthem and new undocumented members aged 26-49 years old.
- Disenrollments have been slightly more moderate than anticipated.

Revenue

- 98% of Revenue for Medi-Cal, 2% for Group Care.
- PMPM draft Medi-Cal rates are lower than anticipated. They are 0.6% lower than CY 2023 and 3.5% lower than Preliminary budget. This is driven by lower UIS rates in the ACA OE, SPD, and Dual Categories of Aid.
- ECM rates increased by 1.6% versus Preliminary.

Medical Expense

- 98% of Expense for Medi-Cal, 2% for Group Care.
- Medical loss ratio is 95.3%, an increase of 2.8% over the Preliminary Budget.

Capital Expenditures

- Full Year budget of $1.6 million in capitalized purchases for Information Technology and Facilities. This is an increase of $110,000 from the Preliminary Budget.

Staffing: Full-time Employees at Year-end

- 643 FTE, we anticipate being hired by the end of the fiscal year. Although we have approved approximately 702 positions, it is unlikely that all of them will be hired by the end of the fiscal year. However, we have been growing consistently over the past few years and expect to continue doing so.

Question: Long-term care is expensive. Have we identified the factors driving up costs? Did we underestimate the budget?

Answer: In our preliminary budget for long-term care, we used the rate information from the State. The State assumed that our long-term care costs would be X, and so we made a similar assumption for our expenses. However, it turns out that our expenses are higher than the revenue we're getting from the State. We are now using our experience from the first few months of this fiscal year to determine how we need to increase our expected expenses for long-term care. Our hope is that in the two-year rate cycle, the State will catch up, and our long-term care rates in future periods will reflect higher expenses. We report this information to the State, including the data and encounters. We are currently managing the situation and are trying to understand what the drivers of the higher expenses are.

Motion: A motion was made by Dr. Marty Lynch and seconded by Dr. Michael Marchiano to approve the Fiscal Year 2024 Final Budget.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Colleen Chawla, Andrea Ford, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Andie Martinez Patterson, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

e) BEHAVIORAL HEALTH INSOURCING UPDATE

Dr. O'Brien and Ruth Watson presented an update on Behavioral Health Insourcing. Dr. O'Brien pointed out that the information in the presentation was prepared by the two senior directors of Behavioral Health, Laura Grossmann-Hicks on the operation side and Dr. Peter Curry on the Healthcare Services side as well as Dr. Sanjay Bhatt, who overseas it from the Healthcare Services side with a lot of input from Gia Degrano in Member Services and Jennifer Karmelich in Grievance and Appeals.

Highlights

Mental Health

- Utilization
    - Pre-Insourcing
    - Post-Insourcing
- Strengths/Challenges
- Network Gaps
- Network Development Actions
- Grievances

BHT/ABA

- Beacon Waitlist
- Utilization
    - Pre-Insourcing
    - Post-Insourcing

- BHT Utilization Data (April-October 2023)
- Network Development Strategy
- Network Expansion Opportunities
- Grievances
    - Pre-Insourcing
    - Post-Insourcing
    - Member Grievances
    - Clinical Grievances with AAH team
    - Operations Grievances
    - Access to Care Grievances
- Strengths/Challenges
- Take Away

Informational item only.

Question: Could you clarify if Anthem and Beacon have different provider pools?

Answer: We have found that there are different providers in the general network we received from Anthem, not just for Behavioral Health. They have contracted with providers outside the county to fill in gaps, which is not something we traditionally do. We make an effort to stay within the county, but we are considering contracting with providers in contiguous counties. We are currently looking into their Behavioral Health network, and there may be providers they contract with that we do not. We are working to ensure that we have access to as much of their network as possible. This is one of our major initiatives that we are focusing on before the end of the year.

Question: What information do you ask for and receive during a 10-minute intake call? What is the purpose of this call?

Answer: This is a form issued by the State where we ask individuals about their needs, in order to understand them better and refer them to the appropriate provider. The State covers mild to moderate cases, while severe cases are covered by the State. It is mandatory for everyone to use the same screening tool for assessment purposes, as the State requires it. The questions asked in the tool are mandated by the State.

Question: Can you clarify how the Kaiser shift will affect us? Will Kaiser members still be able to access the same providers in the community, or will they need to take any action? Also, how does the shift of Kaiser members impact the network adequacy overall?

Answer: Going forward, Kaiser will handle it through their network. We won't have connectivity, and they won't be our members anymore in January.

Question: It seems that there are different subpopulations who are going through the referral process. Are there any differences in the way the process works for people who are part of the Beacon population, the old Alliance population legacy, and the other subpopulations? Are they all following the same process or is there any variation?

Answer: We have now merged all the processes into one. Although Beacon is no longer in the picture, we inherited it and wanted to ensure that people who were waiting for a response were

contacted. We have designed a special process for them, and based on the feedback we have received, it has been well received.

Comment: Jody Moore suggested that we reach out to UC Santa Barbara's autism clinic for guidance on finding solutions to our challenges. They are recognized for their expertise in Applied Behavior Analysis (ABA), and we can benefit from their knowledge to address the problems we are facing. It is not necessary to reinvent the wheel because the clinic has extensive experience in dealing with similar issues.

Question: How does Behavioral Health Care coordination work with our complex care management, ECM, and standard case management care coordination for at-risk members?

Answer: The Behavioral Health team comprises autism providers, nurse care managers, and social workers who collaborate with the autism team to provide case management care coordination. They are also closely integrated with the rest of the case management team to ensure that individuals with needs beyond their mental health requirements are connected to other services, community support, ECM, and so on.

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

Dr. O'Brien gave an update on the Peer Review and Credentialing Committee's meeting held on November 21st. 192 providers were credentialed, including 163 behavioral health providers who are almost all autism providers. There were also 41 providers who were recredentialed.

b) QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE

Dr. O'Brien gave an update on the Quality Improvement Health Equity Committee meeting held on November 13th. The committee reviewed the new QIHEC charter and Kaiser trilogy documents. CFMG presented an excellent and very interesting update on their HEDIS work, which included a review of quality sanctions and the impact on rates and our plan of action. Finally, they reviewed the pay-for-performance program.

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 1:59 p.m.