

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
March 11th, 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), Dr. Kelley Meade, Nicholas Peraino, Marty Lynch, Natalie Williams, Byron Lopez, Dr. Michael Marchiano, James Jackson, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo, Dr. Rollington Ferguson

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

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 12:04 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
2. ROLL CALL			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Evan Seevak	None	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	<p>Dr. Seevak presented the March 11th, 2022, Consent Calendar.</p> <ul style="list-style-type: none"> a) February 11th, 2022, Board of Governors Meeting Minutes b) March 8th, 2022, Finance Committee Meeting Minutes <p>Motion to Approve March 11th, 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> March 11th, 2022, Board of Governors Consent Calendar.</p> <p><u>Motion:</u> Dr. Kelley Meade <u>Second:</u> Marty Lynch</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<p>Rebecca Gebhart</p>	<p>The Compliance Advisory Committee (CAC) was held telephonically on March 11th, 2022, at 10:30 am.</p> <p>Rebecca Gebhart gave the following Compliance Advisory Committee updates.</p> <p>2020 Kindred Audit:</p> <ul style="list-style-type: none"> • We are monitoring. <p>Department of Health Care Services (DHCS) Medical Audit findings from 2021:</p> <ul style="list-style-type: none"> • We have unpacked all the audit findings in our prior meetings. • We are continuing to receive follow-up requests from DHCS. The 2021 DHCS Audit was a joint Audit with DMHC, meaning they did it at the same time. The typical turn-around time for DMHC is much longer, so we have not received their response to our audit yet. We expect to receive it in the coming months. <p>2021 Delegate Audits:</p> <ul style="list-style-type: none"> • We will hear right away if there are egregious issues – there have been none to date. For the routine findings, out of courtesy, the Board will not be informed as to issues until the issues are discussed with the delegates fully, and in fact, after the delegates have submitted their corrective action plans and had those corrective action plans accepted. • The delegates that have audits in process are CHCN, and the final audit report is scheduled to come to them in May. Beacon also – the final audit report is expected to be in May. March Vision was completed with no findings. CFMG the final report was delivered. Modivcare, the audit was March 9th. • Once the final report is issued to these delegates, the final report can be shared with the Compliance Advisory Committee, and we can bring those results to the Board. 	<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>Question: Is there a certain threshold, do we already know what metrics will be reviewed at the Compliance Committee Meeting and then what will need to be triggered to bring them to the full Board?</p> <p>Answer: We haven't unpacked that fully with the Compliance Committee; we can discuss that together at the April meeting. There may be a threshold issue.</p> <p>2022 DHCS Survey:</p> <ul style="list-style-type: none"> • Currently in process. Compliance has submitted about 900 documents related to internal procedures and practices. • They are currently in process of doing mock audits; the timeline for the mock audits is March 23rd to March 24th. They're doing multiple interview sessions, providing audit questions and sequences of questions that have been asked, tips and best practices are provided. These mock audits encourage a learning environment. The ethical focus in this training is on truth and clarity – knowing how much of an answer to give while being completely truthful of the questions that are asked. • The next stage is the verification study for this audit. This is when DHCS selects cases that are within the audit period. The plan has provided 286 documents to address those cases. For example, if they picked a case related to a grievance, we would provide copies of the grievance, all correspondence related to the grievance, all of our internal notes and timelines related to the grievance, and any committee meetings that took up that issue in response • The onsite interview phase for this audit will be April 4th – April 15th, and this will be a virtual onsite series of meetings. Post audit phase will be corrective action plan development and submission, monitoring, and the final report stage. <p>Upcoming Audits:</p> <ul style="list-style-type: none"> • 2022 NCQA Reaccreditation – June 2022. • DMHC Financial Services Audit in August 2022. • 2022 DMHC Behavioral Health Investigation. <p>Question: Is there any role for the Board in these audits or ways we can support you?</p>		

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	<p>Answer: Operationally, no. It is the staff's responsibility to keep the Board informed. Our delegation program and subcontracted partners – their audits are routine for us. It is important for staff to develop thresholds which we must unpack internally and determine what would trigger a report to the Board.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
<p>Nicholas Peraino and Dr. R. Ferguson</p>	<p>The Finance Committee was held telephonically on Tuesday, March 8th, 2022.</p> <p>Dr. Ferguson handed over the Finance Committee report to Nicholas Peraino, Vice Chair, who presented the following updates:</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Our membership numbers are still very high and growing, which has put us on a solid financial footing. • January Financial Report was discussed, and Gil will be covering the finances in detail during his Board report. • Dr. Ferguson seconded Nicholas Peraino's comments and mentioned that MLR was almost 91% last month and 94.4% for the YTD. Additionally, the fiscal year second-quarter forecast was reviewed and approved. <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>	<p>None</p>

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7. CEO UPDATE

<p>Scott Coffin</p>	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <ul style="list-style-type: none"> • Scott began by recognizing Board member Natalie Williams and wished her a happy birthday. <p>Finances:</p> <ul style="list-style-type: none"> • Review of the financial performance for the month of January and Fiscal Year 2022 forecast. • Alliance's leadership team has begun the Fiscal Year 2023 budget planning that started last month that continues through the month of May. We will be reporting the preliminary budget to the Board of Governors and Finance Committee in the month of June. <p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • There are two of our regulatory metrics that are out of compliance and the teams are working to restore them back in compliance – the standard member grievances and the expedited grievances. Our teams are working to correct the workflows and other issues leading to the compliance delay. • Non-Regulatory – Member Services call center and our vacancy rates are also outside of our targeted range. We are taking steps to get both metrics in the normal range. <p>CalAIM Incentive Programs:</p> <ul style="list-style-type: none"> • We have five different incentive programs that were launched by the State of California. The DHCS has facilitated webinars during the last month. We are starting to see the specifics regarding allocations for each county, the spending guidelines, and reporting requirements. • We are in the process of developing a framework on how we will evaluate and disperse these funds. • A broader presentation will be shared with the Finance Committee and the Board of Governors in the month of May. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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	<p>Insourcing of Mild-Moderate Mental Health & Autism Spectrum Services:</p> <ul style="list-style-type: none"> The Alliance is moving forward to insource the mild to moderate mental health and autism spectrum services, and the target date to complete the transition of the administration of services is October 1st, 2022. Beacon Health Options and Alameda Alliance are coordinating to develop a detailed transition work plan as we move closer to the readiness phase. We have also hired a Behavioral Health Clinical Director and have started the restructuring within the organization, including recruiting for key positions in FY2022, and will be presenting the hiring positions for FY2023 as part of the preliminary budget in June. <p>Regulatory Audits & NCQA Accreditations:</p> <ul style="list-style-type: none"> On the issue of transparency, we've addressed transparency to the Board in several ways – first, through a public mechanism, the Compliance Committee, and establishing a public committee that talks through our deficiencies and enforcement actions. This provides a level of optics for the Board of Governors as well as the public on our regulatory matters. The other is as issues do surface regarding regulatory and enforcement actions, anything that relates to the functions – we make sure the report to the Board is timely and complete. <p>Medi-Cal Managed Care Contract:</p> <ul style="list-style-type: none"> The DHCS has released the Request for Proposal (RFP) as of February 9th, 2022, for the Medi-Cal Managed Care program. Commercial health plans that apply are being evaluated in this process. The DHCS will complete that procurement process in the next 6 months and will be awarding selected entities. Alameda County is exempt from this procurement process; this is related to the Single Plan Model, conditional approval that DHCS has granted. Both transitions – the procurement and Single Plan Model occur on January 1st, 2024. 		

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	<ul style="list-style-type: none"> The DHCS is executing a new managed care contract with all managed care health plans serving Medi-Cal. The preliminary contract template was recently released by the DHCS, and analysis will be conducted to determine changes to the Alliance's operations. <p>Single Plan Model:</p> <ul style="list-style-type: none"> The DHCS has confirmed the operational planning meetings with Alameda and Contra Costa counties for the single plan model, and that will be starting in the next 2 months. <p>Medi-Cal strategy to support health & opportunity for children and families:</p> <ul style="list-style-type: none"> The Governor's initiative focuses on three goals and its outlined in the state budget: (1) The delivery of community-based integrated care where the care teams are talking more about patients and coordinating access; (2) promoting integrated care; (3) Whole-child model approach, which includes the Early and Periodic Diagnostic and Treatment (EPSDT) services, aligns with CalAIM, Behavioral Youth Initiative, and adverse childhood experiences screening (ACEs). <p>Question: What is meant by incentivizing using CalAIM dollars? Answer: In the incentive program, they categorized it into 3 programs – infrastructure (systems, technology), Enhanced Care management (ECM) capacity building, and Community Support (CS) capacity building. One of the main focuses is looking at quality and quality outcome as the program goes on – it is a 3-year incentive program. The other piece they are looking at is health equity and disparities.</p> <p>Question: Are the quality items developed for ECM and community support already? Answer: Yes, they have defined the type of metrics for ECM and CS. They give us an option for which one we want to choose, for example, a list of 10, and we must choose 5 or 6 of the measures.</p> <p>Question: What changes are expected either with the Single Plan or the new Managed Care Model?</p>		

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Dr. S. O'Brien & Tiffany Cheang	<p>Answer: It ties into every division in the organization, finance certainly; mandates around regulatory compliance and delegation oversight. Many parts of our operations will be impacted, and we must assess the impact.</p> <p>Question: How much will Kaiser impact our HEDIS score, and how aggressively are we starting to look toward the correction for 2023, 2024, and beyond? What do we do so we do not see a significant drop and we address it early enough?</p> <p>Answer: We are estimating our scores to drop 5-7% in CY2025. Historically Kaiser's quality scores are consolidated into the overall score for the Alliance.. We are tracking the news of the contract between the State of California and Kaiser and looking into the impacts as well as the response that we will take. Quality is one of the elements we are looking at. We will come back to the Board with a response.</p> <p>S. Coffin introduced Dr. O'Brien and Tiffany Cheang to present on Early, Periodic Screening, Diagnosis & Treatment (EPSDT).</p> <p>Dr. S. O'Brien presented:</p> <ul style="list-style-type: none"> • EPSDT – all the Medi-Cal services available for people up to the age of 21. The services are broken down to the following three areas, 1) Early Periodic Screening, 2) Diagnosis, and 3) Treatment. • Under the screening, it is identifying problems early starting at birth with a periodicity at regular intervals to screen and vaccinate at age-appropriate intervals. The State of California uses Bright Futures as their primary periodicity table and we follow that with our providers, who are doing an excellent job providing care and screening for members. The screening includes physical, mental, developmental, dental lab, substance abuse, hearing and vision screening, plus more. If during these screenings, anything is abnormal, diagnostic tests are covered. Treatment covers all necessary and non-experimental treatment to correct or ameliorate physical and mental illness and conditions. • The reason why there is a particular focus on kids is that many children are on Medi-Cal ~50% of all children, ~75% African American 		

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	<p>and LatinX children in California. Additionally, poor children are more likely to have vision, hearing and speech issues, elevated lead levels, sickle cell, behavioral health issues, asthma, and many more conditions. Therefore, focusing intensely on this population is our attempt as a state to focus on health disparities and inequities.</p> <ul style="list-style-type: none"> • There is a broad array of services, including California Children's Services (CCS), and serious mental illness and substance abuse are also carved out. • Alameda County Behavioral Health administers very robust programs for kids in their mental health department and under their Medi-Cal organized health system. Our primary responsibility is to have wrap-around services – case management care coordination to make sure that all services available under EPSDT are coordinated through the Alliance for members, including coordination with CCS. • We work very closely with our key partners to better serve our members and are making excellent progress. <p>Tiffany Cheang continued the presentation.</p> <p>EPSDT Key Initiatives and AAH Members:</p> <ul style="list-style-type: none"> • Medi-Cal's strategy to support health and opportunity for children and families includes addressing health disparities and advancing health equity and a whole-child, preventative approach informed by families. • For our Medi-Cal population, we have almost 93,000 members who are in the EPSDT, or under the age of 21 population. The average age is 10.7. Our members are primarily in Oakland and are of Hispanic ethnicity and speak English; a high percentage also speak Spanish. 3.6% of the EPSDT population utilize Mild-Moderate BH services. • 71% of this population is considered a utilizer, meaning they utilized some type of service. Comparing this to our overall Alliance membership, the utilizer percentage is 69%. <p>Question: Is a non-utilizer someone who did not utilize services in a period or ever?</p> <p>Answer: This is a 12-month rolling period that we measure these by, so in a 12-month rolling period, they did not utilize any services.</p>		

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	<p>Question: Are Kaiser members in this number? Answer: Kaiser is not included in this data right now.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
8. a. BOARD BUSINESS – REVIEW AND APPROVE JANUARY 2022 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	<p>Gil Riojas gave the following January 2022 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> For the month ending January 31st, 2022, the Alliance had an enrollment over 303,000 members, a net income of \$4.1M (budgeted net income was \$2.4M), and the tangible net equity was 543% of the required amount. Our enrollment has increased by over 6,000 members since December 2021. <p>Net Operating Results:</p> <ul style="list-style-type: none"> For the fiscal YTD ending January 31st, 2022, the actual net income was \$1.1M, and the budgeted net loss was \$6.8M. <p>Revenue:</p> <ul style="list-style-type: none"> For the month ending January 31st, 2022, the actual revenue was \$98.3M vs. the budgeted revenue of \$96.8M. For the fiscal year ending January 31st, 2021, the actual revenue was \$688.1M vs. the budgeted revenue of \$686.5M. <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending January 31st, 2022, the actual medical expense was \$89.0M, and the budgeted medical expense was \$86.5M. 	<p>Motion to Approve January 31st, 2022, Monthly Financial Statements as presented.</p> <p>Motion: Dr. K. Meade Second: N. Williams</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None

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	<ul style="list-style-type: none"> • For the fiscal year ending January 31st, 2022, the actual medical expense was \$649.9M vs. the budgeted revenue of \$650.9M. • On a PMPM basis, medical expense is 0.9% favorable to budget. <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> • For the month ending January 31st, 2022, the MLR was 90.5% and 94.4% for the fiscal year-to-date. <p>Administrative Expense:</p> <ul style="list-style-type: none"> • For the month ending January 31st, 2022, the actual administrative expense was \$5.1M vs. the budgeted administrative expense of \$7.9M. • For the fiscal YTD ending January 31st, 2022, the actual administrative expense was \$37.1M vs. the budgeted administrative expense \$42.4M. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> • As of January 31st, 2022, our YTD interest income from investments is \$238,329, and YTD claims interest expense is \$232,772. <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 January 31st, 2022, the TNE was reported at 543% of the required amount. <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> • For the month ending January 31st, 2022, the Alliance reported \$324.1M in cash; \$197.3M in uncommitted cash. Our current ratio is above the minimum required at 1.68 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: \$112,000. • Annual capital budget: \$1.4M. <p>Question: Is it typical in January to get a big portion of cash from the state?</p>		
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	<p>Answer: No, cash varies month-to-month. Sometimes it can be related to inter-governmental transfers. Inter-governmental transfers add a lot of cash to our balance sheet, but the bulk of that we pay on to our providers and hospital partners. January was a month where we saw those IGT's come in.</p> <p>Question: What the categories of new members were coming from? Answer: The majority of the members transitioning to Mandatory Managed Care were the kids and adults and the optional expansion. 51% of the members were kids; 24% were optional expansion; 18% were adults; and about 6% were SPD's.</p> <p>Question: What is a medical exemption? Answer: A medical exemption request is evaluated by clinical teams at the Department of Health Care Services.</p> <p>Motion to Approve January 31st, 2022, Monthly Financial Statements as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>		
8. b. BOARD BUSINESS – FISCAL YEAR 2022 SECOND QUARTER FORECAST			
Gil Riojas	<p>Gil Riojas presented the following Fiscal Year 2022 Second Quarter Forecast Highlights:</p> <ul style="list-style-type: none"> • Projected Net Income of \$5.2M is \$1.8M higher than the Final Budget presented to the Board of Governors on December 12, 2021. • Tangible Net Equity is 550% of required TNE at year-end. • Final Base rates were approximately 0.6% lower than the draft rates. • Administrative staffing is consistent with Budget, and we've added a few clinical positions. There's also been a decrease both in our Clinical Department Expense and Administrative Department Expense. <p>Membership Projections:</p>	<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"> • There's been a significant member increase in January, and more members are expected to transition from HealthPAC in May. However, if the federal government ends the Public Health Emergency, there may be a decline in enrollment. We expect this to start in May or June and continue onto the next fiscal year. <p>Revenue:</p> <ul style="list-style-type: none"> • We anticipate increasing revenue by about \$25M. The reduction in base Medi-Cal rates decreases revenue by about \$4.5M. ECM revenue is included for \$5.1M, Community Supports revenue of about \$9.4M, revenue for Major Organ Transplants is about \$6.3M. • We also had a County Wide Averaging net benefit of \$2.5M. \$1.2M is included for COVID Vaccine Incentives. <p>Medical Expense:</p> <ul style="list-style-type: none"> • Higher Medi-Cal enrollment adds about \$22M in expenses. • Inpatient and ER services add \$4.8M in expenses; net capitation contract changes; favorable reinsurance recoveries; ECM expense, expenses for Major Organ Transplants, and Community Supports expense is included for in our revenue. Additionally, we are anticipating spending \$1.4M for COVID Vaccine Incentive expense. <p>Comparison to Budget:</p> <ul style="list-style-type: none"> • We are anticipating our enrollment at year-end to be about 306,000 members versus a budgeted amount of around 292,000. • We are anticipating our net income to be around \$5.2M by the end of June. • We are anticipating our administrative expense rate to be 6.7% of our total revenue. • For Medical Loss Ratio, we are anticipating a 0.2% increase from what we had budgeted in December. <p>Staffing Comparison to Budget:</p> <ul style="list-style-type: none"> • We anticipate our FTEs to be around 422 by the end of June, which is a slight increase. 		

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	<p>Comment: Regarding Vacancy Rate and Employee Hiring and Retention. We have increased our recruiting efforts to overcome the 14% vacancy.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
8. c. BOARD BUSINESS – COVID-19 VACCINATION PROGRESS REPORT			
Matthew Woodruff	<p>Matt Woodruff presented the COVID-19 Vaccination Progress Report:</p> <ul style="list-style-type: none"> • As of February 28th, 2022, 74.4% of Medi-Cal members 12 years and older are vaccinated. • We are currently ranked 4th in the state for Managed Care Plans. We also averaged 11.4% 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 are coming right on target, we will see how we do in our final report. • The 3 target ethnicities the State had asked us to do in Alameda County based on the low vaccination rate: Native American, we were able to raise 10%, and the Hispanic and Black populations we were able to raise by 15%. <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. 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 February 15th, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

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	<ul style="list-style-type: none"> • We credentialed fifteen (15) initial applicants, including three (3) PCPs. Additionally, thirty-eight (38) providers were re-credentialed at this meeting, including fourteen (14) PCP's. • There were eleven (11) providers terminated. • For 2021, there was two-hundred-eighteen (218) initial providers, and two-hundred-seventy-nine (279) providers who left. Last year was unusual, since we generally have more providers coming in as opposed to leaving. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
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	None	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Scott Coffin	None	None	None
14. CLOSED SESSION			
Dr. Evan Seevak	The Board, The Senior Leadership Team, and Scott Coffin attended the closed session.	None	None
15. ADJOURNMENT			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:39 pm to enter the closed session.	None	None

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