



# IMPERIAL COUNTY Local Health Authority Commission

## Regulatory Compliance Oversight Committee of the Commission

### MEETING MINUTES

**Date/Time:** November 12, 2024,

4:00 PM

**Location:** Community Health Plan of Imperial Valley, 512 West Aten Road, Imperial, CA 92251

**All supporting documentation is available for public review at <https://chpiv.org>**

Committee Members	Representing	Present
<b>Dr. Allan Wu (Chair)</b>	LHA Commissioner and Regulatory Compliance Oversight Committee Chair Innecare, Chief Medical Officer	<input checked="" type="checkbox"/>
<b>Pablo Velez</b>	LHA Commissioner and Regulatory Compliance Oversight Committee Member REMOTE	<input checked="" type="checkbox"/>
<b>Dr Theodore Affue</b>	LHA Commissioner and Regulatory Compliance Oversight Committee Member	<input type="checkbox"/>

CHPIV Staff	Job Title	Present
<b>Lawrence Lewis</b>	Chief Executive Officer	<input checked="" type="checkbox"/>
<b>Jeanette Crenshaw</b>	Senior Director of Healthcare Services	<input checked="" type="checkbox"/>
<b>Elyse Tarabola</b>	Chief Compliance Officer	<input checked="" type="checkbox"/>
<b>Dr. Gordon Arakawa</b>	Chief Medical Officer	<input checked="" type="checkbox"/>
<b>Michelle Ortiz-Trujillo</b>	Senior Director of Human Resources and Community Relations	<input checked="" type="checkbox"/>
<b>Chelsea Hardy</b>	Senior Director of Compliance	<input checked="" type="checkbox"/>
<b>Jadira Alcaraz</b>	Delegation Oversight Manager	<input checked="" type="checkbox"/>
<b>Rosa Sanchez</b>	Compliance Advisor	<input checked="" type="checkbox"/>
<b>Fernanda Ortega</b>	Delegation Oversight Specialist	<input checked="" type="checkbox"/>
<b>Amanda Delgado</b>	Compliance Coordinator	<input checked="" type="checkbox"/>
<b>Donna Ponce</b>	Executive Assistant/Commission Clerk	<input checked="" type="checkbox"/>



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AGENDA ITEM/ PRESENTER	MOTION/MAJOR DISCUSSIONS	ACTIONS TAKEN
<b>Call to Order</b> Dr. Allan Wu, Chair	Meeting called to order: 4:19p.m.  Dr. Allan Wu called meeting to order at 4:19pm	
<b>Approval of the Agenda</b> Dr. Allan Wu, Chair	A. Items to be pulled or added from the Consent/Information/Action/Closed Session Calendar  B. Approval of the order of the agenda	  Pablo Velez-Motion to approve of minutes  Dr. Allan Wu -Second
<b>Public Comment</b> Dr. Allan Wu, Chair		<b>No Public Comment</b>
<b>Chairperson</b> Dr. Allan WU	A. Approval of Minutes from August 12, 2024	Pablo Velez-Motion to approve of minutes  Dr. Allan Wu second
<b>Chairperson</b> <b>Dr. Allan WU</b>	A. Approval of Minutes from October 1, 2024 ad hoc meeting	Pablo Velez-Motion to approve of minutes  Dr. Allan Wu second
<b>Chairperson's Report</b> Dr. Allan Wu, Chair	No report given	



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<b>Chief Compliance Officer (Interim) Report</b> Chelsea Hardy, Senior Director of Compliance Rosa Sanchez, Compliance Advisor Jadira Alcaraz, Delegation Oversight Manager Fernanda Ortega, Delegation Oversight Specialist	<p>A. <u>Approve Updated and New Policies &amp; Procedures</u></p> <ul style="list-style-type: none"><li>• CMP-005 Confidentiality and Member Privacy</li><li>• CMP-012 Notice of Privacy Practices</li><li>• CMP-013 Key Personnel Change</li><li>• UM-004 Appropriate Professionals and Use of Board-Certified Physician Consultants in Utilization Management Decision Making</li><li>• UM-005 Medical Necessity Criteria, Technology Assessment and Hierarchy of Resources</li><li>• UM-006 Utilization Management System Controls</li><li>• UM-007 Collection of Ethnicity &amp; Diversity Data</li><li>• GA-001 Grievances Process</li><li>• PNM-002 Provider Directory</li><li>• CR-001 Credentialing and Recredentialing</li><li>• CR-002 Credentialing Appeals Process</li><li>• MS-001 Language Assistance Program</li><li>• IT-001 Device Tracking and Management Using Microsoft Intune</li><li>• HR-006 Diversity, Equity &amp; Inclusion</li><li>• HR-007 Equal Employment Opportunity &amp; Affirmative Action</li><li>• HR-008 Organizational Readiness</li></ul> <p>B. <u>New All Plan Letters (APLs) and Status</u></p> <p>Rosa Sanchez explained how new and updated APLs are disseminated to CHPIV through our regulators and provides updates and guidance on requirement changes and how plans are expected to submit policies or specific documentation to demonstrate APL implementation.</p> <p>She continued to explain how the compliance team prepares the regulatory notices to summarize the APLs. These notices are disseminated to both Health Net</p>	<p>A. Pablo Velez-Motion to approve policies &amp; procedures Dr. Allan Wu second</p>



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	<p>and the leadership of CHPIV. She informed the committee of the release of 9 APLs in the third quarter. Six of these were issued by DHCS and three by DMHC. Seven of the APLs pertain to functions delegated to Health Net, one was related to delegated and in-house functions, while one was relevant to in-house functions.</p> <p>Pablo Velez inquired about the validation and accuracy of previous claims, suggesting they could be revisited if necessary. Mrs. Sanchez agreed to bring this up at the next RCOC meeting.</p> <p>Mrs. Hardy reiterated Mrs. Sanchez's point regarding the graph highlighting regulatory focus areas. In Q3, regulations were mainly related to care management and provider networks, while Q2 focused on claims. She suggested further discussion to clarify which claims and APL releases need to be reviewed.</p> <p>Mr. Velez clarified his question about the timeliness and potential evasion of claim payments to providers. Mrs. Hardy explained that claims timeliness performance would be detailed in later slides of the Delegation Oversight Monitoring Program results. The graph indicated the regulatory focus on claims in Q2. She assured that upcoming slides would address his concerns.</p> <p>Mr. Velez acknowledged the explanation and agreed to wait for the detailed slides.</p> <p>C. <u>Regulatory Submissions</u> Mrs. Sanchez reported a total of 118 regulatory submissions, with 58 ad hoc requests, five APL requests, and 55 recurring submissions. All regulatory submissions were completed on time. In addition, she explained the ad hoc request breakdown by impacted functional area and expressed DHCS focus was on care management and provider network.</p>	



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	<p>Dr. Wu inquired if the histogram was expected to shorten each year as all P&amp;Ps are implemented. Mrs. Sanchez clarified that ad hoc requests often extend beyond P&amp;Ps, focusing on surveys and readiness for upcoming implementations, such as foster youth readiness and doula surveys. These requests involve various reports and follow-ups, not just P&amp;Ps.</p> <p>Larry Lewis added that the histogram provides insight into DHCS's current focus areas.</p> <p>D. <u>Regulatory Member Issues</u> Mrs. Sanchez discussed how regulatory member issues arise when members report directly to regulators. She reported ten issues in Q3, with no trends requiring corrective actions. All were DMHC complaints</p> <p>Mrs. Tarabola added that during the executive commission meeting, there was a request for a detailed breakdown of grievances. She added this is a member issues trend report solely focused on the ones that go through our regulators, so members go directly to our regulators sometimes and not to the Health Net appeals and grievance team. It was limited in a sense when it comes to data. So, they are working on a grievance trend report as well and we plan to take that to the next RCOC.</p> <p>E. <u>Health Net Deliverables</u> Fernanda Ortega reported a total of 213 submissions in Q3, impacting CHPIV significantly. An extension was requested for three regulatory deliverables but as Mrs. Sanchez had previously stated they were submitted on time to the regulators.</p> <p>F. <u>Delegation Oversight Program: Updated Quarter 1 Results Claims</u></p>	



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	<p>Ms. Ortega emphasized that the results were updated following the required revised submission for claims and PDR, which successfully passed data validation. She noted that both Claims and Provider Resolution Timeliness achieved scores above the 90 to 95% threshold.</p> <p>Mrs. Hardy noted that the current claims results are available, but Q2 data issues have not yet been resolved. The results will likely be available by the next meeting. She highlighted this in response to Pablo's earlier request for claims results.</p> <p>Mrs. Tarabola asked if Mr. Velez had any further inquiries or topics to discuss; Mr. Velez declined.</p> <p>Mrs. Ortega presented the Claims KPI metric results for ECRMC, focusing on claims payment timeliness. For claims processed within 30 to 45 calendar days and working days, scores ranged from 91% to 96%. For PMH, claims paid within the same timeframe achieved a 100% score in both areas.</p> <p>Mrs. Hardy reminded the group of the initial RCOC meeting discussion regarding claims payment timeliness, emphasizing the plan to continue monitoring this metric. Mr. Velez highlighted that timely payment to hospitals is a significant issue at the state level, with the hospital association collaborating with plans. She mentioned a lawsuit against a provider due to unresolved payment issues. Mr. Lewis inquired about the provider involved and suggested discussing it in a closed session.</p> <p><u>Provider Dispute Resolution</u></p> <p>Mrs. Ortega reviewed the PDR acknowledgment timeliness, written determinations, and interest payments on late PDRs, noting that all three areas scored above the</p>	



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	<p>95% threshold. She mentioned that updated slides, including these metrics for ECRMC and PMH, will be sent out.</p> <p>Elysse Tarabola added a definition for PDRs, explaining that these are provider disputes or appeals against initial claim payment denials, and highlighted the importance of processing these appeals timely.</p> <p>G. <u>Delegation Oversight Program: Quarter 2 Results</u></p> <p><u>Q2 Data Log Issues</u> Jadira Alcaraz explained the Q2 data log issues, highlighting that formatting issues were the primary findings. She noted a significant improvement in Health Net's reporting data accuracy from Q1 to Q2. All functional areas had corrected their reporting issues except for claims, which is pending the submission of a revised log to remove non-reportable claims. Further details will be provided in subsequent slides.</p> <p><u>Quarter 2 Data Validation Results</u> Mrs. Alcaraz explained that appeals, continuity of care, grievances, member services-ID, PDR, and UM all passed, except for Claims, which failed data validation due to non-reportable claims</p> <p><u>Utilization Management</u> Mrs. Alcaraz explained that UM is composed of three KPIs, and both member notification timeliness and provider notification timeliness failed.</p> <p>Mr. Velez inquired if this was the first instance of not meeting expectations. Mrs. Alcaraz explained that for member notification timeliness, this is the first quarter of</p>	



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	<p>non-compliance, whereas for provider notification, it is the second consecutive quarter.</p> <p>Due to non-compliance for two consecutive quarters, a cap was issued for KPI UM003. In Q1, the score was 89.1%, and in Q2, it improved to 90.2%. The cap response was approved on November 6th. The root cause analysis identified training gaps in deadline management for provider notifications, particularly for OB cases. Health Net addressed this by training staff on notification timeliness and OB admissions and implementing KPI monitoring tools to track timelines and missed notifications. These measures were implemented as of October 11th.</p> <p>Dr. Wu inquired about the methods used for notifying individuals, asking if it involved letters, phone communication, text messaging, or email. Mrs. Alcaraz clarified that for provider notifications, they typically send a fax and also issue a letter.</p> <p><u>Appeals</u> Mrs. Alcaraz explained that the monitoring program tracks the timely acknowledgment and decision of appeals, the timeliness of effectuating overturned appeals, and member notification timeliness. Appeals achieved 100% compliance across all areas. The tables below provide a breakdown of standard and expedited appeals.</p> <p><u>Continuity of Care</u> Mrs. Alcaraz explained the two different KPIs, one of them being CoC processing timeliness which failed for the second time with an 80% and Delegation oversight will be implementing a CAP. Health Net failed to meet the compliance threshold of 95% or above for 2 consecutive quarters in issuing timely notification to members</p>	





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	<p>for continuity of care requests outcomes. She explained how the CAP that was submitted had been revised and approved on 10/31/2024.</p> <p>Mrs. Tarabola emphasized the significant effort put in by Mrs. Alcaraz and Mrs. Ortega and extended her congratulations to them.</p> <p><u>Claims</u> Mrs. Alcaraz explained that Health Net faced challenges and failed their first data validation due to non-reportable claims from two systems, resulting in duplicate claims. They have been requested to submit the claims processed in the correct system.</p> <p>Mr. Lewis inquired if this was the first quarter they were unable to provide valid data. Mrs. Alcaraz confirmed that in Q1, they were also non-reportable due to issues. When asked if the issues were the same, Mrs. Alcaraz clarified they were different. Mr. Lewis emphasized the need to obtain data as soon as possible for analysis.</p> <p><u>Provider Dispute Resolution</u> Mrs. Alcaraz explained the three different KPIs monitored in PDR, noting that all achieved passing scores of 99.92%.</p> <p><u>Member Services</u> Mrs. Alcaraz presented the three KPIs monitored for member services. She noted that the call center abandonment rate and calls answered within 30 seconds met the standards, but the timely issuance of member ID cards did not, resulting in a CAP. Mrs. Hardy mentioned an adjustment to the percentage score for this KPI.</p>	



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	<p>Mrs. Alcaraz explained that Health Net did not meet the 100% compliance threshold for issuing member ID cards within 7 days of the enrollment effective date, with scores of 81.27% in Q1 and 90.61% in Q2. A revised CAP was submitted by Health Net and approved on November 6, 2024.</p> <p>Mr. Velez inquired about the availability of a portal for members to access their ID cards. Michelle Ortiz confirmed that no such portal is available.</p> <p><u>Grievances</u> Mrs. Alcaraz stated that three KPIs were monitored, all of which were compliant. The acknowledgment letter KPI improved from 95% in Q1 to 97% in Q2. Both the grievance resolution and member notification KPIs achieved 100% compliance</p>	
<b>Adjourn to Closed Session</b> Dr. Allan Wu, Chair	The meeting was adjourned to Closed session at 5:07pm	
<b>Reconvene in Open Session</b> Dr. Allan Wu, Chair	NA	
<b>Adjournment</b> Dr. Allan Wu, Chair	Meeting was adjourned at 5:14pm	