



**Joint San Francisco Health Authority/San Francisco Community Health Authority  
Governing Board  
May 1, 2019  
Meeting Minutes**

Chair: Steven Fugaro, MD  
Vice-Chair: Roland Pickens  
Secretary-Treasurer: Reece Fawley

**Members**

Present: Dale Butler, Eddie Chan, Lawrence Cheung, MD, Irene Conway, Reece Fawley, Steven Fugaro, MD, Maria Luz Torre, Sabra Matovsky, Greg Wagner, David Woods, PharmD, and Jian Zhang

**Members**

Absent: Edwin Batongbacal, Steve Fields, Roland Pickens, and Emily Webb

Steven Fugaro, MD, Chair, chaired the meeting and called the meeting to order. He asked if there was anyone from the public in attendance that wanted to make any comments.

In attendance from the public was Eunice Majam-Simpson, attorney with Daponde & Szabo, Jake Blackshear, with UCSF, and Shawn Paxson, with Lockton.

There were no public comments.

**1. Approval of Consent Calendar**

The following Board items were on the consent calendar for the Board's approval:

- a. Review and Approval of Minutes from March 6, 2019 Governing Board Meeting
- b. Review and Approval of Quality Improvement Committee Minutes
- c. Review and Approval of Credentialed and Recredentialed Providers

The Board unanimously approved the consent calendar without any issues.

## 2. Review and Approval of 2019-20 Employee Health Benefit Contracts and Rates

**Recommendation:** San Francisco Health Plan (SFHP) recommends the Governing Board approve the following employee benefit changes for benefit year 2019-2020:

- Renew Kaiser HMO at a 5.7% increase. Last year's increase was 8.9%.
- Renew Aetna PPO and HMO policies at an 8% increase. This includes the additional optional offering of a new Sutter-only network PPO plan. Last year's increase was 10%.
- Renew Principal Dental and Life/Accidental Death and Dismemberment (AD&D) policy and Employee Assistance Program (EAP). Principal offered a 16% decrease with a two (2) year rate guarantee on dental and a 14.3% decrease with a two (2) year rate guarantee on long-term disability insurance. There is a 0% rate increase on life insurance. Last year there were no increases as we were in the final year of a two (2) year rate guarantee.
- Renew VSP vision plan with a 3% increase, with a four (4) year rate guarantee.

The initial overall increase proposed was 9.4%, or an increase of \$470,485, but after negotiations by the insurance broker, Lockton, the total renewal increase will be 4.9% or \$242,918.

Shawn Paxson, Consultant, Lockton, provided the Board with an overview of benefit changes and highlights of SFHP's employee benefit year 2019-2020. (Detailed PowerPoint slides were provided in the Board packet.) The proposed rate increases are reasonable given the size of SFHP's participation in Kaiser HMO and Aetna. Through negotiations by our broker, SFHP saved 4.5% or \$227,568. Aetna offered an additional 1% rate discount to get the renewal down to 8% if we offered their new joint venture PPO plan with Sutter Health. With no downside, it was recommended to add this new plan to our medical benefit offerings.

Reece Fawley stated that the Aetna rate increase looks high and asked Mr. Paxson if SFHP should seek more bids from other health plans next year. Mr. Paxson stated that it would be a good idea but stated that there are more employees in the Kaiser plan than in Aetna so it is difficult to get a good rate. John F. Grgurina, Jr. stated that a few years ago when bids from plans were requested, Aetna proposed rates that were much less than the rates from Anthem Blue Cross and Blue Shield. While it is very difficult to keep the non-Kaiser option, it is necessary to keep the option available for employees. Mr. Fawley stated it is a good idea to seek bids every few years.

The Board unanimously approved employee benefits changes for benefit year 2019-2020.

**3. Review and Approval of Year-To-Date Unaudited Financial Statements and Investment Income Reports**

**Recommendation:** Review and approve the unaudited monthly financial statement and investment reports.

Skip Bishop, CFO, reviewed the financial statements for the period ending March 31, 2019:

1. March 2019 results produced a loss of (\$658,000) versus a budgeted loss of (\$776,000). After removing Strategic Use of Reserves (SUR) activity, the actual loss from operations would be (\$380,000) versus a budgeted loss of (\$50,000).
2. On a year-to-date basis, we are reporting a margin of \$332,000 versus a budgeted loss of (\$2,843,000). After removing SUR activity, the actual margin from operations is \$10,074,000 versus a budgeted margin of \$9,086,000.
3. Variances between March actual results and the budget include:
  - a. A net decrease in revenue of (\$1,513,000) due to:
    - 1) \$753,000 less in premium revenue as the result of 2,401 fewer member months. The reasons for the decrease continue to be members no longer qualifying due to increased income, an increase in the City of San Francisco minimum wage to \$15 per hour and members leaving San Francisco due to the high cost of living. Of the overall decrease in member months, 1,943 of these members were in the Adult Expansion category.
    - 2) \$363,000 less in Hepatitis C revenue as the result of 108 fewer Hepatitis C treatment weeks along with a 3.9% decrease in the Hepatitis C reimbursement rate.
    - 3) \$299,000 less in Maternity revenue as the result of 34 fewer maternity events. Medical group reporting for March is incomplete and we are working with providers to confirm the true maternity event totals for March.
    - 4) \$98,000 less in third-party administrative fees which can be attributed to the decrease in membership.
  - b. A net decrease in medical expense of (\$1,227,000) due to:
    - 1) \$1,457,000 less in capitation expense. Provider capitation rates increased by an average of 4.2% effective January

2019. The lower capitation expense is a function of 2,401 fewer member months for March.

- 2) \$447,000 less in SUR activity when compared to the budget. The FY18-19 budget anticipated a smoother outflow of SUR funds throughout the fiscal year.
- 3) \$172,000 less in pharmacy expense. Non-Hepatitis C pharmacy expense was \$361,000 greater than budget due to higher than expected increases in the cost for specialty drugs as well as higher utilization in a decreasing membership environment. The increase in non-Hepatitis C pharmacy expense was more than offset by \$533,000 less in Hepatitis C drug costs due to fewer than expected treatment weeks along with the introduction of a generic form of Eplclusa.
- 4) \$755,000 more in fee-for-service claims activity. Fewer APR-DRG claims were processed during the second half of February as we implemented systems enhancements for APR-DRG pricing. This resulted in APR-DRG claims being pushed into March.
- 5) \$94,000 more in non-specialty mental health expense due to continued increases in utilization.

c. A net decrease in administrative expense of \$293,000. GASB 68 pension expense was \$254,000 greater than budget due to the recognition of prior year payments to bring our plan up to 100% funded. These additional pension costs were more than offset by lower than expected professional fees/consulting and information technology support costs.

4. For the first nine months of the fiscal year, SFHP was \$988,000 above budget on margin from operations.
  - Overall revenue is down \$13.1 million due to 22,375 fewer member months, 842 fewer Hepatitis C treatment weeks and 118 fewer maternity events
  - Overall medical expense is down \$16.2 million due to a combination of factors outlined below:
    - Capitation and fee-for-services expenses are down by \$12.6 million due to the decrease in membership.
    - Total pharmacy costs are down \$970,000. Hepatitis C drug costs are down \$3,322,000 due to fewer treatment weeks, however non-Hepatitis C drug costs are running \$2,352,000 above budget due to an 18.7% increase in drug costs and a 1.4% increase in utilization. Even with a decrease in membership, we are seeing a slight increase in utilization.

- Community-Based Adult Services (CBAS) costs are \$1,039,000 above budget due to a 20% increase in provider rates (CBAS providers had not received a rate increase in nearly 10 years) and \$278,000 in FY17-18 claims that carried over into July and August 2018.
  - Non-Specialty Mental Health (NSMH) costs are \$592,000 above budget. This is not unexpected given the effort made to increase utilization among the Medi-Cal population.
  - \$4.3 million reduction in medical expense due to the favorable result from the Adult Expansion Medical Loss Ratio audit.
- Administrative expenses are running \$563,000 above budget. During FY18-19, we were required to expense prior year Analytic Data Warehouse costs of \$1.2 million that we expected to capitalize. The ADW costs have been partially offset by lower than expected costs in marketing and information technology support costs.

CATEGORY	-----MAR 2019-----				-----FYTD 18-19 THRU MAR-----			
	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)
REVENUE	\$ 47,818,000	\$ 49,331,000	\$ (1,513,000)	-3.1%	\$ 432,029,000	\$ 445,084,000	\$ (13,055,000)	-2.9%
MEDICAL EXPENSE	\$ 44,692,000	\$ 45,919,000	\$ 1,227,000	2.7%	\$ 393,702,000	\$ 409,921,000	\$ 16,219,000	4.0%
MLR	94.9%	94.7%			92.6%	93.6%		
ADMINISTRATIVE RATIO	7.1%	7.3%			7.8%	7.3%		
MARGIN (LOSS)	\$ (658,000)	\$ (776,000)	\$ 118,000	15.2%	\$ 332,000	\$ (2,843,000)	\$ 3,175,000	111.7%
OPERATING ADJUSTMENTS:								
FY15-16 SUR PMTS	\$ -	\$ -			\$ 915,000	\$ -		
FY16-17 SUR PMTS/ACCRUALS	\$ -	\$ -			\$ -	\$ -		
FY17-18/CY2018 SUR PAYMENTS/ACCRUALS	\$ -	\$ 726,000			\$ 7,993,000	\$ 11,929,000		
FY18-19 SUR PMTS/ACCRUALS	\$ 278,000	\$ -			\$ 834,000	\$ -		
TOTAL SUR	\$ 278,000	\$ 726,000			\$ 9,742,000	\$ 11,929,000		
MARGIN FROM OPERATIONS	\$ (380,000)	\$ (50,000)	\$ (330,000)	-660.0%	\$ 10,074,000	\$ 9,086,000	\$ 988,000	10.9%
MLR W/O SUR PMTS	94.3%	93.2%			90.3%	90.9%		

## PROJECTIONS

### Financial projections through September 2019:

1. As of March 31, 2019, SFHP has added \$834,000 to the PIP program related to the FY18-19 Strategic Use of Reserves (SUR) program. A total of \$5 million will be added to the CY2019 PIP program for professional providers. The remaining \$4,166,000 will be accrued over the period of April 2019 through June 2020.
2. Beginning January 2019, provider capitation rates increased by an average of 4.2%.

3. Hepatitis C reimbursement rates were reduced again effective July 2018. The rate reduction for non-340B was 3.9% (\$155 per treatment week) while the rate reduction for drugs purchased under 340B rules was 3.3% (\$99 per treatment week). Even with these rate reductions, SFHP is running a 97% MLR on Hepatitis C activity through March. SFHP expects to be positive on Hepatitis C for the entire FY18-19.
4. There will be a FY18-19 rate range Intergovernmental Transfer (IGT) program for eligible governmental funding entities. Total estimated funding available is \$28.7 million. SFHP worked with the eligible governmental entities to determine the level of participation and submitted its proposal to DHCS. This funding is expected to be received by SFHP in April 2019.
5. During FY18-19, DHCS will be working with the Medi-Cal managed care plans on four Directed Payment programs related to rate year FY17-18:
  - a. Proposition 56 – enhanced payments to medical groups for qualifying physician services. Utilization at Federally Qualified Health Centers (FQHCs) is excluded. SFHP continues to make disbursements for FY17-18 as well as FY18-19. The average monthly disbursement is \$385,000.
  - b. Public Hospital Enhanced Payment Program (EPP) – available to Designated Public Hospitals (DPHs) and UC Systems. DHCS will instruct SFHP on how much to pay to ZSFG and UCSF. Utilization at FQHCs is excluded. Payments will be based on actual utilization as reported in claims and encounter activity. Per DHCS, the timing of the first payment is estimated to be September 2019. The timing of the second payment is estimated to be March 2020.
  - c. Public Hospital Quality Incentive Pool - available to DPHs and UC Systems. DHCS will instruct SFHP how much to pay to ZSFG and UCSF. Utilization at FQHCs is excluded.
  - d. Payments will be based on how the DPHs and UC Systems are performing against 20 to 25 quality measures. The timing of payment is estimated to be late in FY18-19 or early in FY19-20.
  - e. Private Hospital Directed Payments – available to private hospitals. DHCS will instruct SFHP how much to pay to the private hospitals. Utilization at FQHCs is excluded.
  - f. Payments will be based on actual utilization as reported in claims and encounter activity. The timing of payments is expected to match that of the Enhanced Payment Program.

## **HIGHLIGHTED IMPACTS TO THE HEALTH PLAN AND/OR PROVIDERS**

### **DHCS Recovery of Adult Expansion Premiums Paid to Health Plans**

Medi-Cal Adult Expansion was effective January 1, 2014. The Centers for Medicare and Medical Services (CMS) established a rule that required managed care plans to

achieve a minimum 85% medical loss ratio (MLR) for the first 30 months of the expansion. The measurement periods were January 1, 2014 through June 30, 2015 and July 1, 2015 through June 30, 2016. Managed care plans that did not meet the minimum MLR were required to return Adult Expansion funding equal to the difference between the actual MLR and 85%.

For the first 18-month reporting period, SFHP reported a MLR of 83% which was slightly below the minimum 85% requirement. As a result, SFHP returned \$6.7 million to DHCS in October 2018. It is important to note that of the \$6.7 million returned to DHCS, \$4.3 million represented AB85 25% rate range funding that was paid to SFHP in exchange for dropping a Notice of Dispute (NOD) against DHCS that challenged Medi-Cal rate development in earlier years.

For the second 12-month reporting period, SFHP reported a MLR of 86%, therefore it was not necessary to return any Adult Expansion funding.

SFHP's capitated model worked to the advantage of our providers as we were able to set capitation rates at levels that matched state payments, continued with the same percentage and dollars going into the Practice Improvement Program (PIP) and funded Strategic Use of Reserves programs which included distributing our annual margin back to providers. All of these disbursements options delivered the maximum amount of Adult Expansion dollars into the hands of our providers, thus minimizing funds needing to be returned to DHCS.

The table below shows the amount of funding returned to DHCS by health plans across the state.

	<b>FUNDS</b>
	<b>RETURNED</b>
<b>HEALTH PLAN</b>	<b>(IN MILLIONS)</b>
PARTNERSHIP HEALTH PLAN OF CALIFORNIA	\$ 316.4
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	\$ 286.1
HEALTH NET COMMUNITY SOLUTIONS	\$ 272.1
LOS ANGELES CARE HEALTH PLAN	\$ 226.2
ANTHEM BLUE CROSS PARTNERSHIP PLAN	\$ 184.2
ALAMEDA ALLIANCE FOR HEALTH	\$ 179.3
GOLD COAST HEALTH PLAN	\$ 160.5
HEALTH PLAN OF SAN JOAQUIN	\$ 143.4
COMMUNITY HEALTH GROUP PARTNERSHIP PLAN	\$ 121.5
HEALTH PLAN OF SAN MATEO	\$ 109.3
CALOPTIMA	\$ 101.8
CALIFORNIA HEALTH AND WELLNESS	\$ 99.7
MOLINA HEALTHCARE OF CALIFORNIA PARTNER PLAN	\$ 92.1
CARE 1ST PARTNER PLAN	\$ 88.9
CENCAL HEALTH	\$ 83.9
KAISER PERMANENTE	\$ 33.4
INLAND EMPIRE HEALTH PLAN	\$ 33.0
KERN HEALTH SYSTEMS	\$ 21.8
SAN FRANCISCO HEALTH PLAN	\$ 6.7
SANTA CLARA FAMILY HEALTH PLAN	\$ 3.0
CALVIVA HEALTH	\$ -
CONTRA COSTA HEALTH PLAN	\$ -
<b>TOTAL</b>	<b>\$ 2,563.3</b>

Dr. Fugaro asked Mr. Fawley for the Finance Committee's recommendation. Mr. Fawley stated that the Finance Committee found that the financials were acceptable and were approved with no issues. He stated the Finance Committee believed SFHP was in a good place and financial results to date are as expected. He stated the Finance Committee approved the financials and investment reports and recommended approval by the Board.

Lawrence Cheung, MD, asked whether the Hepatitis C treatment costs were uncertain or if the costs were stabilized. Mr. Grgurina replied that DHCS is trying to get the rate for Hepatitis C drugs to a break-even point, but the introduction of new drugs causes fluctuation. With the rates from DHCS established for an 18-month period this time, it appears DHCS is projecting a stable cost. If new drugs are introduced during this period, DHCS may think of making a mid-point adjustment. Mr. Grgurina stated we should also expect significant changes in January 2021.

Maria Luz Torre asked if the decrease in membership would have an impact on staffing. Mr. Grgurina replied that at this time, it should be sufficient to not fill a position that becomes vacant, or not filling existing vacant or unfilled positions, unless necessary. Sumi Sousa, Officer, Policy Development and Coverage Programs, stated that the economy is a big driver that may continue to cause a decline in Medi-Cal membership. She stated that the Governor's budget assumes a decline statewide.

Mr. Fawley asked about the DHCS plans for re-bidding for the commercial contract in Two-Plan Model counties. Mr. Grgurina stated that DHCS delayed the schedule. Requests for proposals for new commercial contracts would not be released in the Two-Plan Model counties until 2020 for a potential implementation date of January 2023 at the earliest. This schedule is subject to change by DHCS.

Dr. Cheung shared that Governor Newsom has met with the California Medical Association and has stated his committed to release Proposition 56 funds. Dr. Cheung asked what impact that has on SFHP. Mr. Grgurina stated that we have seen draft proposals from DHCS on how the funds would be dispersed for trauma screening and pediatric developmental screenings, but that health plans have not received final instructions and guidance. We will keep the Board updated when DHCS releases the final guidance.

Eddie Chan stated that clinics are concerned about the Governor's pharmacy changes. The pharmacy reimbursements are critical for clinic operations. Without the continued pharmacy reimbursements many services may be lost. Mr. Grgurina stated the Governor's pharmacy proposal is a hot topic. Ms. Sousa stated that the Local Health Plans of California and California Association of



Health Plans do not support the proposal. She states that we continue to advocate with legislative staff.

The Governing Board approved the unaudited financials and investment reports without any issues.

Mr. Grgurina reviewed a membership trend chart that shows the Medi-Cal enrollment among all of the Local Health Plans with the Board.

The Governing Board adjourned to Closed Session. Guests and staff members not involved in the Closed Session items left the room.

**5. Review Corrective Action Plans with Jade Medical Group and Chinese Community Health Care Association**

This item was discussed in closed session.

**6. Review Long-Term CEO Succession Plan**

This item was discussed in closed session.

The Governing Board resumed in Open Session. Staff members and members of the public rejoined the meeting again.

**7. Report on Closed Session Action Items**

Dr. Fugaro reported that there were no actions taken in closed session.

**8. Review and Approval of Approach to Purchasing Hardware and Software**

**Recommendation:** Contract with third-party resellers, GDT and CDW, for applicable IT hardware and software purchases. When hardware or software must be purchased, GDT and CDW will both be sent a Request for Quote. The best quote based on price and ability to meet the required timeline would be awarded the purchase. It is likely that the total spend with the two resellers combined will approach \$1 million in 2019.

Mr. Grgurina announced to the Board that Darin Moore, our Interim CIO has agreed to be the CIO for SFHP.

Mr. Moore stated that at the last meeting he reported that we would go out to bid for purchasers for hardware and software. He gave an example of Cisco, which only sells its product through a third-party reseller. Mr. Moore stated that better deals for hardware and software can be obtained through a third-party reseller. (See detailed slides of the approach to purchase hardware and software that were provided in the Board packet.)

The Board unanimously approved SFHP to proceed with the approach to purchase hardware and software through third-party resellers, GDT and CDW.

## **9. Chief Medical Officer's Report**

### **Review and Approval of Renewal of Contract with Teladoc**

**Recommendation:** SFHP recommends the Governing Board approve the renewal of the contract with Teladoc for telehealth services for straightforward primary care services and tele-psychiatry for a period of two years, through June 30, 2021, with an option to renew for an additional year.

Jim Glauber, MD, CMO, provided the Board with a brief background on Teladoc. SFHP implemented services with Teladoc beginning in June 2017. Teladoc connects SFHP members with physicians who can provide routine primary health care or psychiatric care and thereby provides convenient, timely access to high-quality healthcare.

Dr. Glauber reviewed Teladoc's performance since the implementation date. The program evaluation analyzed Teladoc services by reviewing the following three metrics:

1. Utilization trends
2. Consult type
3. Issue resolution

The details were provided in the memo provided in the Board packet. Dr. Glauber stated that members' perspective about access may have improved with the availability of telehealth services.

Ms. Luz Torre asked about Teladoc's bilingual capabilities. Dr. Glauber stated that members can receive services from Spanish-speaking providers at this time. Teladoc is in the process of contracting with another Medi-Cal managed care plan and we hope this will result in the addition of providers that speak Cantonese and/or Mandarin.

Mr. Grgurina mentioned that the Member Advisory Committee thought that the Teladoc services were good, even though the registration process is required and takes time. Ms. Luz Torre shared her daughter's positive experience with Teladoc for an after hours' need. Dale Butler asked about the 12-minute wait time and thought it was a long time to be on hold. Dr. Glauber clarified that the "wait" was not an on-hold time, but it was the time a member waited to speak to a physician.

The Board unanimously approved renewal of contract with Teladoc.

## 10. **Review of SFHP's Role as Third-Party Administrator for the Healthy San Francisco and City Option Programs**

Ms. Sousa presented slides to the Board. (Detailed PowerPoint slides were provided in the Board packet.)

Ms. Sousa presented the following highlights:

Health Care Security Ordinance (HCSO) established:

- Healthy San Francisco (2007)
- San Francisco Employer Spending Requirement (2008)
- SF City Option (2008)

HCSO was renewed in 2015.

- Illustrates SF's continued commitment in post-ACA world to more affordable, accessible and equitable health services

SFHP has been the DPH's third-party administrator (TPA) since inception of HCSO, managing all day to day operations for HSF and SF City Option. SFHP has operational skills and flexibility to support day to day operations and complement DPH's clinical, public health mission.

SFHP maintains a TPA budget that is independent from SFHP Medi-Cal budget.

- DPH, not DHCS, is the revenue source.
- SFHP charges only costs to administer (break-even operations)
- Core TPA team ("Coverage Programs") with additional dedicated resources throughout SFHP, which is about 50 FTEs.
- There is significant City oversight of SFHP's TPA services and budget.
- Budgets, projects, staffing are reviewed by SFDPH, DPH Health Commission, and the SF Mayor's Office. The administrative budget was about \$9 million in FY 18-19.
- SFHP's services are evaluated and rated annually with performance levels.

The ACA dramatically changed HSF and SF City Option. Prior to ACA, HSF was central to universal access to services in SF.

- With HSF, 60,000 uninsured were able to access health services.
- With the ACA, 40,000 HSF participants transitioned to health insurance through Medi-Cal or Covered California.
- HSF remains a critical safety net for about 14,000 undocumented, low-income residents not eligible for Medi-Cal.
- SF City Option now the major focus for SFHP and DPH with increased employer participation after ACA. There are about 100,000 medical reimbursement accounts.

Kerry Landry, Director, Policy Development & Coverage Programs, reviewed City Options slides.

SF City Options is one way employers can comply with the HCSO.

- Employers pay in - Employees get a benefit
  - Employer makes contribution on behalf of employee
  - Employee is notified of contribution and contacts SF City Option to determine eligibility
- Based on eligibility, employee enrolls in one of three benefits:
  - SFMRA
  - HealthySF
  - SFCoveredMRA

The following are the demographics of City Option participants:

- Working (or previously worked) in San Francisco
- Full-time, part-time, seasonal
- Most live outside of SF
- Insured, underinsured and uninsured
- Lots of restaurant, hospitality and retail employees
- Examples include Macy's, Whole Foods, Walgreens, Wells Fargo
- Many speak non-English languages
- May have more than one job and receive contributions from multiple employers in SF

Future Work of SF City Option:

- Modernization of SF City Option supports the goals and mission of universal coverage in SF
- Simplification – program rules & processes
- Stability – financial oversight & management
- Consumer experience - make it more understandable and usable to employees & employers
- Maximizing coverage - helping employees get access to some kind of health coverage (Covered CA, HSF, private insurance, etc.)

Ms. Landry also explained that the accounts do not expire. If a participant loses his or her job, the account remains for them to use. The program has grown to be very large. Greg Wagner stated that the DPH is evaluating how to adapt the program to the changing health care environment and that with the size, it will be important to figure out ways to modernize it and manage it well.

Dr. Cheung asked about the providers in HSF. Ms. Landry stated the HSF providers include the DPH and SFCCC clinics, other providers and Kaiser. Chinese Hospital and CCHCA are no longer participating providers.

## **11. Member Advisory Committee (MAC) Report**

Due to time constraints this item was not discussed.

**12. CEO Report Highlighted Items - Department of Health Care Services' Focus on Encounter Data and Quality Improvement Monitoring, health plan updates and media summary**

Due to time constraints this item was not discussed.

**13. Adjourn**

---

Reece Fawley, Secretary