



MEETING MINUTES

Meeting Type:	Public Policy and Community Advisory Q2 2024		
Meeting Date:	06/20/2024	Meeting Time:	11:00 AM PST
Meeting Location:	Teleconference – Zoom		
Minutes Prepared by:	Michelle Ladyzhenskaya, Marketing and Communications Materials Coordinator; PPCAC Coordinator		

Attendees:	<p>Melissa Ramos: Director of Member Services Joanne Tillman: Consultant Michael O’Malley: Health Plan Administrator Eric Ott: Member Services Supervisor Sandy Johansson: Senior Contracts Manager Sandra Holzner: Compliance Officer Rebecca Rubio: National Director of Managed Care Operations and Program Development Christine Uranaka: National Quality Director Shirell Wooten: Health Equity Officer Karen Haughey: VP of Managed Care Scott Howell: Medical Director Emelyne Beneche: Risk Manager, Grievance and Appeals Laura Morales Garcia: Pharmacy Sales Representative; Director of Outreach, LOUD Tomeka Dunnigan: Committee Member Ronald Gagnon: Committee Member Leonardo Martinez-Real: Committee Member Michelle Ladyzhenskaya: Marketing and Communications Materials Coordinator; PPCAC Coordinator Total Member Attendees: 17</p>
Absentees:	<p>Jaymi Wiley Tiffany Jarrett</p>






Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
Call to Order	Joanne Tillman called the meeting to order at 11:02 AM PST.		J. Tillman	
Welcome and Welcoming Remarks	All members introduced themselves. New Health Equity Officer was introduced and welcomed.		J. Tillman	


Standing Action Items				
Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
Review previous meeting minutes for approval and action items	<p>Q1 meeting minutes were displayed and action items were reviewed. Motion to approve brought forward by J. Tillman. Approved by M. O'Malley. Seconded by K. Haughey. All in favor. No Opposition.</p> <p>Updated Health Risk Assessment form is displayed and changes were reviewed reflecting suggestions made during previous meeting. PHC California is looking to get approval from the committee prior to the form being sent in for DHCS approval. Concerns were brought up regarding the wording of additional incarceration question. Solution proposed to strike "youth" making the question more generic. Motion to approve with change brought forward by M. O'Malley. Approved by R. Rubio. Seconded by S. Johansson. All in favor. No Opposition.</p>		M. Ladyzhenskaya	-M. Ladyzhenskaya to strike the word "youth" from the Health Risk Assessment form.
PPCAC Recruitment of members and providers	The importance of this meeting is stressed as it is an opportunity to collectively improve procedures with member feedback. Want to ensure that the committee is reflective of the member population. If any members are aware of others who would like to join the committee, please forward information.		J. Tillman	




New Business

Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
<p>Grievance & Appeals</p>	<p>The Q1 2024 grievance report indicates 21 total issues, with a focus on tracking and addressing each grievance seriously, even if a member chooses not to formally file. Concerns regarding transportation have surprised PHC CA enrollee committee members, who personally haven't encountered issues despite frequent use. Community feedback on PHC transportation has been overwhelmingly positive, with members expressing gratitude for the service. During discussions, a committee member raised a specific instance where they had to decline an earlier dental appointment due to PHC CA's 3-day notice requirement for transportation. They inquired about the possibility of exceptions in such cases. A PHC CA staff member reassured that exceptions would always be considered for situations like these.</p>	<p> RMC PHC Grievance Log Q1 2024.pdf</p>	<p>E. Beneche</p>	
<p>Plan Census and Disenrollment</p>	<p>In Q1 2024, PHC CA reported an enrollment of 883 members as of March 31, 2024, with continued growth. Efforts of the recognized enrollee and sales teams were acknowledged for their contributions to increasing plan population and community outreach. Feedback from former members leaving the plan is collected to enhance services. During the quarter, there were 22 involuntary disenrollment's. PHC CA runs</p>	<p> PPCAC Q1 2024 Plan Census Report 6.20.</p>	<p>M. O'Malley</p>	

	<p>into issues primarily due to Medi-Cal holds, which PHC CA addresses by proactively reminding enrollees to resolve holds within 90 days to avoid coverage loss. Additionally, there were 6 voluntary disenrollment's. Despite these, disenrollment rates remain low relative to the total census, indicating PHC CA's effective retention strategies.</p> <p>Charter was approved conditionally last time. Changes made to the charter include adding J. Tillman as the Health Education Specialist. Motion to approve officially adding J. Tillman. Approved by J. Tillman. Seconded by R. Gagnon. All in favor. No opposition.</p>			
<p>Provider Network Updates</p>	<p>J. Wiley was not able to attend the meeting, M. O'Malley reviewed the report in her place.</p> <p>The committee is informed about any deficiencies or challenges PHC CA faces in meeting provider network requirements. Monitoring occurs quarterly to ensure compliance with DHCS regulations and to assess the adequacy of the provider network in meeting enrollee needs. PHC CA actively works to fill any provider shortages as necessary to meet required percentages. Regular reports on these efforts will be shared with the committee to keep everyone informed. Despite these efforts, all committee members have reported no issues with accessing providers.</p>	<p> 1st Q 2024 PHC Geo Access final 0513202</p>	<p>M. O'Malley</p>	

<p>Care Management</p>	<p>T. Jarrett was not able to attend the meeting, K. Haughey reviewed the report in her place. The report contains other plan information so it was shared verbally.</p> <p>The compliance rates for the initial Health Risk Assessment (HRA) stand at 97.22%, indicating strong participation. The annual HRA compliance rate stands at 46.03%, seen as positive progress. Meanwhile, the turnaround time for authorizations is at 99%, following recent revisions aimed at streamlining the authorization processes. These changes were prompted by the need for research into easing authorization requirements for office visits and diagnostics. Additionally, the Enhanced Care Management (ECM) program has experienced significant growth, surpassing its cap. In response, plans are underway to assemble an additional team within care management to accommodate the increased demand and ensure all individuals receive necessary services promptly.</p>		<p>K. Haughey</p>	
<p>Quality Updates</p>	<p>The committee reviewed upcoming projects and performance improvement plans for the year. Changes include an adjustment in age criteria for Colorectal Cancer Screenings. Other focus areas for performance improvement include enhancing Breast Cancer Screenings, improving diabetic patient care with a focus on retinal eye exams, and enhancing case management follow-up and care transitions</p>	 <p>PPCAC Q2 meeting 2024.pptx</p>	<p>C. Uranaka</p>	

	<p>to reduce hospitalizations.</p> <p>PHC CA has an incentive program where members receive a \$100 gift card for completing colorectal cancer screenings. These incentives are designed to encourage members to participate in screenings, promoting early detection and preventive care.</p>			
<p>Member Services Updates</p>	<p>In Q1, the call center received a total of 6,238-member calls. The requirement to answer calls within 30 seconds or less was met with an average answer time of 30 seconds. However, the requirement to maintain a member abandonment rate below 5% was exceeded, with Q1 showing an average abandonment rate of 6%. Similarly, the requirement to answer at least 80% of calls within 30 seconds fell slightly short, with an average of 75% of calls meeting this criterion.</p> <p>Despite challenges with maintaining average answer times amidst higher call volumes, the focus remains on resilience and continuous improvement in service delivery.</p>	 <p>Member Services PHC Managed Care</p>	<p>M. Ramos</p>	
<p>Medicaid Redetermination and Utilization Strategy for Approved Community Supports</p>	<p>Disenrollment from PHC CA is primarily influenced by Medi-Cal holds, prompting PHC CA to actively remind enrollees to submit necessary paperwork to resolve these holds promptly. Ensuring that enrollees have accurate addresses on file is crucial for delivering and filling out these packets swiftly. PHC CA provides guidance and support to assist enrollees in</p>		<p>M. O'Malley</p>	



	<p>completing and submitting required paperwork effectively. Furthermore, PHC CA regularly reviews its census to identify enrollees with qualifying diagnoses for community support services.</p>			
<p>Discussion</p>	<p>The committee discussed trends in claim denials related to providers not using appropriate billing modifiers. It was emphasized that if patients receive a bill after services, it's crucial for providers to have the correct health insurance information on file to avoid billing issues. Incorrect insurance details can lead to members receiving unexpected bills, and members experiencing this issue are encouraged to contact Member Services for resolution. It was reiterated that services should typically be obtained within the network unless in an emergency or with prior authorization.</p> <p>A committee member requested to connect with M. O'Malley to discuss personal issues.</p> <p>All committee members were informed about accessing the PPCAC homepage on the PHC CA website, ensuring easy access to all relevant materials and information.</p> <p>Motion to adjourn the meeting by R. Rubio. Second by R. Gagnon. Meeting adjourned.</p>		<p>J. Tillman</p>	<p>-M. O'Malley will connect with committee member to communicate regarding questions.</p> <p>-K. Haughey will look into members question regarding approvals.</p>