

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
February 20, 2020

Meeting Location:
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
	David Cardona , M.D., Fresno County At-large Appointee	✓	Joe Neves , Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre , Community Medical Center Representative	✓	Harold Nikoghosian , Kings County At-large Appointee
✓	Sara Bosse , Director, Madera Co. Dept. of Public Health	✓	David Pomaville , Director, Fresno County Dept. of Public Health
✓	John Frye , Commission At-large Appointee, Fresno	✓*	Sal Quintero , Fresno County Board of Supervisor
✓	Soyla Griffin , Fresno County At-large Appointee		Joyce Fields-Keene , Fresno County At-large Appointee
	Derrick Gruen , Commission At-large Appointee, Kings County		David Rogers , Madera County Board of Supervisors
✓	Ed Hill , Director, Kings County Dept. of Public Health	✓*	Brian Smullin , Valley Children's Hospital Appointee
✓	David Hodge , M.D., Chair, Fresno County At-large Appointee	✓	Paulo Soares , Commission At-large Appointee, Madera County
✓	Aftab Naz , Madera County At-large Appointee		
Commission Staff			
✓	Gregory Hund , Chief Executive Officer (CEO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	Daniel Maychen , Chief Financial Officer (CFO)	✓	Mary Lourdes Leone , Director of Compliance
✓	Patrick Marabella, M.D. , Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
✓	Mary Beth Corrado , Chief Compliance Officer (CCO)		
✓	Jeff Nkansah , Chief Operations Officer (COO)		
General Counsel and Consultants			
✓	Jason Epperson , General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present.	
#2 Roll Call	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cheryl Hurley, Clerk to the Commission		
<p>#3 Appointment/Reappointment of Board of Supervisors Commissioners</p> <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Doug Verboon as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Brett Frazier as alternate.</p>	<p>Motion: Ratify reappointment of County BOS Commissioners 10 – 0 – 0 – 7 (Frye / Soares)</p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes 10/17/19 b) Finance Committee Minutes 9/19/19 c) QIUM Committee Minutes 9/19/19 d) QIUM Committee Minutes 10/17/19 e) Public Policy Committee Minutes 9/4/19 f) Compliance Report <p>Action David Hodge, MD, Chairman</p>	<p>All consent items were presented and accepted as read.</p> <p style="color: red;"><i>Brian Smullin arrived at 1:33 pm</i></p>	<p>Motion: Approve Consent Agenda 11 – 0 – 0 – 6 (Neves / Nikoghosian)</p>
<p>#5 Closed Session</p> <ul style="list-style-type: none"> A. Government Code section 59454.5 – Report Involving Trade Secret – Discussion of service, program, or facility 	<p>Jason Epperson, General Counsel, reported out of Closed Session. Commissioners discussed the item agendized for closed session. Direction was given to staff.</p> <p>Closed Session concluded at 1:44 pm.</p> <p style="color: red;"><i>Supervisor Sal Quintero arrived at 1:38 pm</i></p>	

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<p>#6 Annual Administration</p> <p>Information David Hodge, MD, Chairman</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis and all Commissioners will receive a notification from the Commission Clerk via email. In addition, if anyone is due for an updated Ethics Certification, they will be notified.</p>	
<p>#7 CEO Annual Review Ad-Hoc Committee Selection</p> <p>Action David Hodge, MD, Chairman</p>	<p>Commission members selected for the CEO Annual Review ad-hoc committee are: Dr. Hodge, Harold Nikoghosian, David Pomaville, and Paulo Soares.</p>	<p><i>No Motion taken</i></p>
<p>#8 Community Support Program – Ad-Hoc Committee Selection</p> <p>Action David Hodge, MD, Chairman</p>	<p>A new ad-hoc committee was selected for the Community Support Program. Those Commission members are: Ed Hill, John Frye, and Sara Bosse.</p>	<p><i>No Motion taken</i></p>
<p>#9 2019 Annual Quality Improvement Work Plan Evaluation</p> <p>Action David Hodge, MD, Chairman</p>	<p>Dr. Marabella presented the 2019 Annual Quality Improvement Work Plan Evaluation.</p> <p>The planned activities and Quality Improvement focus for 2019 included the following:</p> <ul style="list-style-type: none"> • Access, Availability and Service: <ul style="list-style-type: none"> ○ Improve Access to Care: <ul style="list-style-type: none"> ▪ Provider Appointment Availability Survey assessment. ▪ Corrective Action Plans were issued to all non-compliant PPGs and telephone audits were conducted for providers identified to be non-compliant for two years in a row. ▪ Provider Office Wait Time met overall goal for 30 minutes or less for all three counties in Q2. 	<p><i>See #14 for Action Taken</i></p>

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	<ul style="list-style-type: none"> ▪ Pending results for RY 2020 Appointment Availability & After-Hours Survey. • Quality and Safety of Care: All three counties exceeded the DHCS Minimum Performance Level (MPL) in five of the six Default Enrollment Measures; The six measures are: <ul style="list-style-type: none"> ○ Childhood Immunization Combo 3 ○ Well Child Visits 3-6 years ○ Prenatal Care ○ HbA1c Testing ○ Controlling High Blood Pressure ○ Cervical Cancer Screening Only Fresno County fell below the MPL for both Breast Cancer Screening and HbA1c testing. • Performance Improvement Projects (PIPs): The two PIPs closed in 2019 were: <ul style="list-style-type: none"> ○ Childhood Immunizations (CIS-3) ○ Postpartum Care Disparity Project (PPC) 	
<p>#10 2019 Annual Utilization Management Case Management Work Plan Evaluation; 2020 UM Program Description; and 2020 CM Program Description</p>	<p>Dr. Marabella presented the Annual Utilization Management Case Management Work Plan Evaluation.</p> <p>Utilization Management & Case Management focused on the following areas for 2019:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Licensure and credentialing requirements maintained. 	<p>Motion: Approve the 2019 Annual Quality Improvement Work Plan Evaluation and 2019 Annual Utilization Management Case Management Work Plan Evaluation; 2020 UM Program Description; and 2020 CM Program Description</p>

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<p>Action David Hodge, MD, Chairman</p>	<ul style="list-style-type: none"> ○ Program documents and policies were updated to incorporate new regulatory requirements into practice. ○ DHCS Medi-Cal Managed Care Division Medical Director meetings attended by Medical Directors and CVH CMO. ● Monitoring the UM Process: <ul style="list-style-type: none"> ○ Turn-around times for Prior Authorizations fell below the 100% goal for certain metrics. A formal Corrective Action Plan has been implemented and is being monitored. ○ Annual trends for Appeal rates were reviewed including: Overturns, Partial Upholds, Upholds, and Withdrawals. In addition, it was noted that the turn-around-time compliance rate increased in 2019 from previous years even as volumes have increased each year. ● Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ All UM metrics for Monitoring Utilization met the objectives. ○ Comparison of Q1-Q3 2019 to Q1-Q3 2018 demonstrates a 13.5% reduction in acute admissions, exceeding the goal. ○ A barrier was encountered when attempting to capture the data for discharge to recuperative/alternative care. This measure will be reassessed for 2020 including data capture. ○ Challenges continue in this area due to fragmented aftercare and inadequate placement options for patients with multiple social determinants of health. ● Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ All metrics for Behavioral Health met goal with the exception of Behavioral Health Performance Measures. ○ Timeliness non-compliance was for non-ABA requests. A Corrective Action Plan has been implemented 	<p>12-0-0-5 (Naz / Neves)</p>

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	<ul style="list-style-type: none"> ○ Network Availability not met due to Open Practice metric for Behavioral Health in Q3. Q4 data pending. ● Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ CCS, SPD, CBAS, and Mental Health tracking and monitoring is ongoing. ○ All monitoring activities met goals. ● Utilization Management Program Description Changes include: <ul style="list-style-type: none"> ○ Updated Utilization decision Criteria. ○ Health Plan leadership titles. ○ Other minor updates. ● Case Management Program Description Changes include: <ul style="list-style-type: none"> ○ Goals of Case Management Program. ○ Care Team Staffing Model. ○ Screening & Assessments. ○ Condition specific Case Management & Disease Management programs. ○ Updated Health Plan leadership titles. 	
<p>#11 - 15</p> <ul style="list-style-type: none"> ● 11. 2019 Annual Compliance Evaluation ● 12. 2020 Compliance Program Description ● 13. 2020 Code of Conduct ● 14. 2020 Anti-Fraud Plan ● 15. 2020 Privacy and Security Plan 	<p>MB Corrado reported on the Annual Compliance Evaluation, the Compliance Program Description, the Code of Conduct, and the Anti-Fraud Plan. No updates on the Privacy and Security Plan were needed.</p> <p><u>2019 Annual Compliance Evaluation</u></p> <p>2019 DHCS Regulatory Audits, Corrective Action Plans (CAPs), and Assessments include:</p> <ul style="list-style-type: none"> ● 2017 DHCS Encounter Data CAP – closed. ● 2018 DHCS Medical Survey CAP Approval – closed. 	<p>Motion: Approve 2019 Annual Compliance Evaluation, 2020 Compliance Program Description, 2020 Code of Conduct, 2020 Anti-Fraud Plan, and 2020 Privacy & Security Plan.</p> <p><i>12-0-0-5 (Neves / Frye)</i></p>

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<p>Action David Hodge, MD, Chairman</p>	<ul style="list-style-type: none"> • DHCS 2018 HEDIS® Quality of Care CAP – closed. • 2019 DHCS Annual Network Certification – closed. • February 2019 DHCS Annual Audit – CAP in progress. • HEDIS 2019 Compliance Audit – passed. • DHCS 2017-2018 Performance Evaluation – completed. • DHCS 2018 Encounter Data Validation – results issued. • February 2020 DHCS Annual Audit – completed. • February 2019 (Triennial) DMHC Audit – CAP submitted, awaiting DMHC final report. • 2019 Triennial Routine Financial Exam – final report issued; no action required. • Measurement Year (MY) 2018 Timely Access Report – submitted; pending preliminary findings. <p>The CVH Medical Management Department was awarded the Health Equity Award for the CalViva Postpartum Visit Disparities Project with United Health Centers Mendota Clinic.</p> <p>Reports of Suspected Fraud and Abuse Cases:</p> <ul style="list-style-type: none"> • 16 cases of potential fraud/abuse were reported to DHCS; all of which were provider-related. • California Department of Justice has open cases on 4 of the 16. • Most cases involved provider billing practices, providers billing the highest level E & M codes for new and established patients, and provider prescribing practices. <p>Key activities completed in 2019:</p> <ul style="list-style-type: none"> • Updated the Plan’s prior risk analysis. 	

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	<ul style="list-style-type: none"> • New vendor for risk analysis beginning 2020. • Cybersecurity Assessment. • Periodic and ongoing privacy and security training for staff. <p>Reports of Possible Privacy & Security Incidents/Breaches:</p> <ul style="list-style-type: none"> • 25 privacy and security incidents were reported to DHCS; 2 incidents occurred within CalViva Heath, while the remaining 23 involved the Plan’s Administrator Health Net. <p>Several functions delegated to Health Net were audited in 2019 which includes: Access & Availability, Claims, Continuity of Care, Cultural & Linguistic Services, Emergency Services, Health Education, Marketing, Pharmacy, Privacy & Security, Provider Dispute Resolution, Quality Improvement. Ongoing oversight of Health Net will continue in the areas of performance metrics and key indicator data.</p> <p>Implementation of new ASA and CPSA amendments effective 7/1/19:</p> <ul style="list-style-type: none"> • Extended terms of ASA and CPSA to 6/30/2024. • Added or updated performance measures. • Increased penalty to Health Net for failure to meet standards. • Enhanced process to review Health Net performance. <p>CalViva Health employees participated in and passed all annual mandatory trainings. One new hire completed training.</p> <p>Seventy member communications were reviewed and approved. The 2019 Annual Mailing was sent out. Reviewed and approved 32 informational letter templates and 18 forms for provider use. 217 Provider updates were sent to contracted providers.</p>	

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	<p>Provider Relations completed 1,932 provider visits and 1,353 training visits in the CalViva Health service area.</p> <p>The total number of regulatory cases increased in 2019 from 2018.</p> <p>Looking ahead into 2020 regulatory audit, performance monitoring, and program implementations activity will increase.</p> <p><u>2020 Compliance Program Description</u></p> <ul style="list-style-type: none"> • Added new Discrimination language. • Annual review, no other changes. <p><u>2020 Code of Conduct</u></p> <ul style="list-style-type: none"> • Added new Discrimination language. • Added Independent Medical Review. • Annual review, editorial changes. <p><u>2020 Anti-Fraud Plan</u></p> <ul style="list-style-type: none"> • Revised Table of Contents. • Added CalViva – Health Net reporting relationship. • Changed name of General Counsel firm. • Deleted duplicate information. • Revisions to meet Medi-Cal contract requirements. • Updated DHCS PIU email address. • Annual review, editorial changes. <p><u>2020 Privacy and Security</u></p> <ul style="list-style-type: none"> • Clarified definition of vulnerability. 	

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	<ul style="list-style-type: none"> Corrected publishing date for a previously released regulatory law. Added language referencing new policy HI-031. Annual review, no other changes. 	
<p>#16 Public Policy Committee Charter – Revised per DHCS APL 19-011</p> <p>Action David Hodge, MD, Chairman</p>	<p>The Public Policy Charter was revised per DHCS APL 19-011.</p>	<p><i>Motion: Approve Revised Public Policy Committee Charter</i></p> <p><i>12 – 0 – 0 – 5</i> <i>(Soares / Griffin)</i></p>
<p>#17 Standing Reports</p> <ul style="list-style-type: none"> Finance Report Daniel Maychen, CFO 	<p><u>Finance</u></p> <p>Total current assets were approximately \$249.5M; total current liabilities were approximately \$184.4M. Current ratio is 1.35. TNE as of December 31, 2019 was approximately \$75.6M, which is approximately 581% above the minimum DMHC required TNE amount.</p> <p>Premium capitation income actual recorded for first six months of FY 2020 was approximately \$516.5M which is approximately \$49M less than budgeted amounts, primarily due to MCO taxes. MCO taxes are still in the renewal process with CMS. With the MCO tax adjusted out of the budgeted amount, actual revenues are ahead of what was budgeted by approximately \$13.9M, primarily due to rates being higher than estimated. Capitation medical costs are over budget by \$13M for the same reason. Furthermore, on 9/30/19, DHCS sent an MCO tax renewal to CMS and on 1/30/2020, CMS responded with a denial of the MCO tax renewal request, specifically stating that it appeared as if the MCO tax renewal had a hold harmless provision, citing the MCO tax renewal was applying the taxes to Medicaid plans and not to non-Medicaid plans.</p>	<p><i>Motion: Approve Standing Reports</i></p> <p><i>12 – 0 – 0 – 5</i> <i>(Neves / Frye)</i></p>

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>DHCS has made revisions applying the taxes to non-Medicaid plans and sent the revised MCO tax renewal to DHCS on 2/10/2020. DHCS believes they have appropriately addressed concerns by CMS and are relatively confident it will be approved; outcome is pending. Total net income for the first six months of the fiscal year is approximately \$5.3M which is approximately \$1.6M more than budgeted.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2019.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> • The total number of grievances received in 2019 increased compared to 2018 data. • The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation. • Quality of Care grievances increased in the areas of Access to Specialist and PCP care. • A significant decrease was noted in Exempt grievances for 2019. • An increase in the total number of Appeals Received/Resolved is also noted in 2019. This increase is attributable primarily to advanced imaging, pharmacy denials, and surgery denials. • Overall, an evaluation of the per thousand member per month rates for grievances and appeals when comparing 2018 to 2019, the rate for grievances increased from 0.23 to 0.30 and appeals increased from 0.12 to 0.21. 	

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	<p>Key Indicator Report</p> <p>Dr. Marabella presented the Key Indicator Report through December 31, 2019.</p> <ul style="list-style-type: none"> • Admission and Readmission rates are down slightly from 2018. • ER Visits remain consistent. • Admits and Bed Days for SPD PTMPY have decreased from 2018. • Outreach and Engagement for Case Management categories show a significant increase when compared to previous year. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 4, 2019 update. Two QI/UM meetings were held in Q4; one in October and one in November.</p> <p>The following guiding documents were approved at the October and November meetings:</p> <ul style="list-style-type: none"> • 2019 Health Education Mid-Year Evaluation & Executive Summary • 2019 Culture & Linguistics Work Plan Mid-Year Evaluation & Executive Summary • Culture & Linguistics Language Assistance Program Report • Preventive Health Guidelines • Culture & Linguistics Geo Access Report <p>In addition, the following general documents were approved at the meetings:</p>	

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	<ul style="list-style-type: none"> • Results of the Appointment Availability & After-Hours Access Survey • Pharmacy Formulary & Provider Updates • Medical Policies <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard for September 2019, Potential Quality Issues Report & Corrective Action Plan, MHN Performance Indicator Report for Behavioral Health, Facility Site and Medical Record Review & PARS, and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, and Specialty Referrals Reports.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. All third quarter 2019 prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q4, HEDIS® related activities focused on the new mandates established by our new governor and DHCS’ response to these new mandates. Managed Care Medi-Cal health plans will have 21 quality measures that they will be evaluated on next year and the new Minimum Performance Level (MPL) is the 50th percentile rather than the 25th.</p>	

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	<p>For CalViva in RY19, two (2) measures were below the MPL (25th percentile). The two measures are:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Diabetes Care– HbA1c testing <p>A new Disparity Performance Improvement Project has been launched for Breast Cancer Screening and a Diabetes Team will continue completing PDSA cycles to improve performance in Fresno County. No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 4 the Credentialing Sub-Committee met on October 17th, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q2 2019 were reviewed for delegated entities, Q3 2019 reports were reviewed for both Health Net and MHN. There were no cases to report on the Q3 2019 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p> <p>The Peer Review Sub-Committee met on October 17, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2019 were reviewed for approval. There were no significant cases to report. The Q3 2019 Peer Count Report was presented with a total of nine (9) cases reviewed. There were three (3) cases closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were four (4) cases pended for further information,</p>	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<p>and one (1) case with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p> <p><i>Dr. Naz stepped out @ 2:47 pm and returned @ 2:48 pm</i> <i>Paulo Soares stepped out @ 2:50 pm and returned @ 2:51 pm</i></p> <p><u>Operations Report</u></p> <p>Jeff Nkansah presented the Operations Report.</p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems.</p> <p>For Privacy and Security, a new vendor was hired for internal risk analysis. The Notice of Privacy Practices (NPP) is included in the Member Handbook. Member Handbooks are currently being mailed to members. There was one (1) high risk Privacy & Security case that took place in December 2019 impacting one member. Cases for 2020 continue to be routine in nature year and nothing systemic to the process.</p> <p>Transportation calls continue to increase through Q3 and Q4 2019. One metric was not met in Q3; however, rebounded in Q4 2019. The website continues to reflect users primarily searching for a Provider.</p> <p>With regard to Provider Network Activities, information was provided during the Annual Compliance Evaluation presentation in item #11.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p>With regard to Claims Processing and Provider Disputes activity, Q3 numbers have been updated and partial information provided for Q4.</p> <p><u>Executive Report</u></p> <p>The membership for January decreased; however, is consistent with other health plans throughout California for Medi-Cal. Market share has remained consistent.</p>	
<p>#18 Final Comments from Commission Members and Staff</p>		
<p>#19 Announcements</p>	<p>None.</p>	
<p>#20 Public Comment</p>		
<p>#21 Adjourn</p>	<p>The meeting was adjourned at 2:59 pm The next Commission meeting is scheduled for March 19, 2020 in Fresno County.</p>	

Submitted this Day: April 16, 2020

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission