

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
May 21, 2020

Meeting Location:
Teleconference Meeting due to COVID-19
Executive Order to Shelter-in-Place
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓●	Aftab Naz, Madera County At-large Appointee
✓●	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
	Joyce Fields-Keene, Fresno County At-large Appointee	✓●*	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	✓●	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
✓●	Kerry Hydash, Commission At-large Appointee, Kings County		
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 1:30 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

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	<p>by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.</p>	
<p>#2 Roll Call Cheryl Hurley, Clerk to the Commission</p>	<p>A roll call was taken for the current Commission Members.</p>	<p><i>A roll call was taken</i></p>
<p>#3 Chair and Co-Chair Nominations for FY 2021 Action Greg Hund, CEO</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2021.</p> <p><i>Dr. Naz – not present at initial roll call and did not participate in vote</i></p>	<p>Motion: <i>Nominate and Approve Chair:</i> <i>10 – 0 – 0 – 7</i> <i>(Rogers / Nikoghosian)</i></p> <p><i>Nominate and Approve Co-Chair:</i> <i>10 – 0 – 0 – 7</i> <i>(Rogers / Nikoghosian)</i></p>
<p>#4 Consent Agenda a) Commission Minutes 4/16/2020 b) Finance Committee Minutes 2/20/2020 Action Supervisor Neves, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p><i>David Pomaville arrived at 1:36 pm</i></p>	<p>Motion: <i>Approve Consent Agenda</i> <i>12 – 0 – 0 – 5</i> <i>(Frye / Smullin)</i></p> <p><i>A roll call was taken</i></p>
<p>#5 Committee Appointments for FY 2021</p>	<p>No changes in Commission members were made for FY 2020 to the following committees, as described in BL 20-004:</p>	<p>No Motion</p>

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<p>Information Supervisor Neves, Co-Chair</p>	<ul style="list-style-type: none"> ➤ Finance Committee ➤ Quality Improvement/Utilization Management Committee ➤ Credentialing Sub-Committee ➤ Peer Review Sub-Committee ➤ Public Policy Committee 	
<p>#6 Cultural & Linguistics (C&L) Program Description and Work Plan Evaluation:</p> <ul style="list-style-type: none"> • 2019 Executive Summary and Annual Evaluation • 2020 Change Summary and Program Description • 2020 Executive Summary and Work Plan <p>Action Supervisor Neves, Co-Chair</p>	<p>Dr. Marabella presented the Cultural and Linguistic 2019 Executive Summary and Annual Evaluation; 2020 change Summary and Program Description; and 2020 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2019 with the exception of one, were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 146 translation reviews completed; and bilingual certification/re-certification completed for 101 staff. • Compliance Monitoring: Investigated and completed follow up on 35 grievances in 2019; and updated all C & L Policies. • Communication, Training and Education: Trained new hires on C & L services; and conducted two trainings on coding & resolution of C & L related cases for A & G Coordinators. • Health Literacy, Cultural Competency & Health Equity: Supported nine (9) Mobile Mammography events for the BCS Improvement Project; and coordinated three (3) Motivational Interviewing training sessions for staff and providers in Mendota. <p>The 2020 Program Description is consistent with 2019, in addition has incorporated the following:</p> <ul style="list-style-type: none"> • Added the Population Needs Assessment (PNA) reporting requirements (formerly GNA). 	<p>Motion: Approve C & L Program Description and Work Plan Evaluation: 2019 Executive Summary and Annual Evaluation; 2020 Change Summary and Program Description; and 2020 Executive Summary and Work Plan</p> <p>12 – 0 – 0 – 5</p> <p>(Nikoghosian / Naz)</p> <p>A roll call was taken</p>

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	<ul style="list-style-type: none"> • Updated the GeoAccess section with current methodology and follow up on findings. • Continue to expand training and consulting services to support appropriate use of language assistance and reduce health disparities. <p>The 2020 Work Plan is consistent with 2019, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Incorporating the Population Needs Assessment (PNA) reporting and action plan development requirements. • Enhancing Language Assistance Program reporting activities specifically C & L GeoAccess findings and follow up. • Implement the Aunt Bertha platform and coordination of social service referrals. • Support health disparity reduction efforts for Breast Cancer Screening in Fresno County. <p>The Language Assistance Program annual evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be <i>CalViva Threshold Languages</i>. Spanish is highest volume. • Most interpretation is done via telephonic interpreters (89%) with Sign language a low volume service at 3%. • C & L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions. 	

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	<ul style="list-style-type: none"> Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care. 	
<p>#7 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> Executive Summary 2019 Annual Evaluation 2020 Change Summary and Program Description 2020 Work Plan <p>Action Supervisor Neves, Co-Chair</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2019 Annual Evaluation, the 2020 Change Summary and Program Description, and the 2020 Work Plan.</p> <p>Overall, 9 of the 16 key Program Initiatives met or exceeded the year-end goal. Seven initiatives partially met the year-end goal and will continue into or be modified for 2020. Some sub-elements were not completed.</p> <p>The nine initiatives that were fully met are:</p> <ol style="list-style-type: none"> Community Partnerships Digital Health Ed Program Health Equity Projects Immunization Initiative Member Newsletter Obesity Prevention Perinatal Education Compliance Oversight & Reporting Health Ed Operations <p>The seven initiatives partially met were:</p> <ol style="list-style-type: none"> Chronic Disease Education Member Engagement Behavioral Health 	<p>Motion: Approve Health Education Program Description and Work Plan Evaluation: Executive Summary; 2019 Annual Evaluation; 2020 Change Summary and Program Description; and 2020 Work Plan</p> <p>12 – 0 – 0 – 5</p> <p>(Frye / Naz)</p> <p>A roll call was taken</p>

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	<p>4) Promotores Network 5) Tobacco Cessation Program 6) Health Ed Materials Development 7) Health Ed Operations</p> <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Finalizing vendor or service contracts • Regulatory changes/delays • Delays that were unanticipated or out of the control of the Plan. <p>Action plans have been developed for each and are included in the 2020 Work Plan.</p> <p>Changes to the 2020 Program Description include:</p> <ol style="list-style-type: none"> 1) Programs & Resources: Updated language and terms to reflect current programs. 2) Population & Resource Needs Assessment: Updated terminology and descriptions. 3) Health Promotion Programs and Standards: Updated terminology and expanded upon education methodology. 4) Public Policy Committee: Added provision for PPC members to give input into PNA and receive updates on progress. 5) Staff Resources/Public Policy Committee: Added PNA and revised team descriptions to be more general. Removed term “HEDIS” and replaced with general “quality performance” descriptions. 6) Program Evaluations/Internal Monitoring: Updated terminology and added the DHCS Texting Program and Campaign Submission form to be submitted prior to implementation. 	

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	<p>The 2019 Work Plan initiatives will continue in 2020 with the following enhancements:</p> <ol style="list-style-type: none"> 1) Fluvention - strategies to improve flu vaccinations 2) Pediatric Education – develop resources for providers and members 3) Women’s Health – Coordinate with “Every Woman Counts” for classes. 4) Enhancing Phone Education – conduct phone education and schedule appointments. 	
<p>#8 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 \$317.2M; total current liabilities were approximately \$220.9M. Current ratio is 1.44. TNE as of March 31, 2020 was approximately \$107M, which is approximately 734% above the minimum DMHC required TNE amount.</p> <p>At the advice of auditors Moss Adams, Directed Payment Income and Directed Payment Expense was moved from income statement to balance sheet.</p> <p>Investment income is below what was budgeted by approximately \$496K due to the significant decline in yields due to the COVID-19 pandemic. Premium capitation income actual recorded was approximately \$895.5M which is approximately \$47.2M ahead of budgeted amounts, primarily due to MCO taxes, retro rate adjustments for capitation back to July 2019, and the IGT voluntary rate range program additional funds. Total cost of medical care is ahead of budget also due to additional revenues. Administrative services agreement fees expense is less than budgeted due to enrollment being less than</p>	<p>Motion:</p> <p>1. Approve FY 2021 Proposed Budget 12 – 0 – 0 – 5 (Griffin / Nikoghosian) <i>Dr. Naz not present for vote</i> A roll call was taken</p> <p>2. Approve Standing Reports</p> <p>13 – 0 – 0 – 4 (Frye / Naz) A roll call was taken</p>

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	<p>projected. All other line item expenses are in line with budget with the exception of License expense which is due to estimates being less than actual. Marketing is ahead of budget due to a timing difference, will be under budget by end of fiscal year 2020. Current fiscal year through March net income recorded was approximately \$36.7M which is approximately \$31.1M more than budgeted primarily due to the increase in revenue from IGT additional revenue and rates being higher than projected.</p> <p><i>Dr. Hodge joined the meeting at 1:57pm and resumed duties as Chair</i></p> <p><u>FY 2021 Proposed Budget</u></p> <p>Due to the COVID-19 pandemic, this has caused economic disruptions. During FY 2021 DHCS was planning to implement the CalAIM initiative. This was a substantial multi-year initiative that was looking to transform Medi-Cal managed care by adding new programs. When the CVH FY 2021 budget was created, it was under the assumption that State revenues would be substantially less than what was anticipated from the Governor’s January 2020 release of the FY 2021 proposed budget. For that reason, the CalAIM initiative was not included in the FY 2021 budget including the financial rate implications of CalAIM delay. In Governor Newsom’s May 2020 revised budget for the State of California, it was confirmed that the CalAIM initiative would be delayed to a later to-be-determined date. The CVH FY 2021 budget accurately reflects the delay of the CalAIM initiative. In addition, in January 2019, the Governor issued an Executive Order requiring the transition of Pharmacy services from MC managed care plans to a Statewide Fee For</p>	

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	<p>Service (FFS) benefit effective 1/1/2021. All recent indications are that this is still set to go into effect 1/1/2021. The CVH budget appropriately reflects this as well.</p> <p>Given the effects of the COVID-19 pandemic, such as the economic ramifications, and a timing difference as the CVH budget was created before release of the May 2020 revised budget, the Governor is proposing cuts as part of the May 2020 revised budget that is not captured in the FKM RHA FY2021 budget. Those proposed cuts consist of a 1.5% Medi-Cal managed care rate reduction retroactive to 7/1/2019 through 6/30/2020. The gross revenue impact to CVH is approximately \$14M; net income impact is approximately \$210K net income decrease. In addition, the State is proposing to implement a 1.5% rate reduction for July 2020 through December 2020; the July 2020 through December 2020 time period reflects the first half of FY 2021 and the gross revenue impact of that is approximately \$7M; net income impact is approximately \$100k net income decrease.</p> <p>Furthermore, the May 2020 revised budget is proposing efficiency rate adjustments. Included in that category is a proposal to reduce the underwriting gain built into Medi-Cal managed care rates from 2% to 1.5%. In addition, the State is looking to make an efficiency adjustment that is actuarially determined that makes an adjustment to Medi-Cal managed care rates to account for instances in which ER visits could have been prevented had there been better care coordination and and/or Access & Availability provided by the Medi-Cal managed health plan.</p> <p>The total percentage rate reduction CVH is projecting related to efficiency adjustments is approximately 2.5%, which would go into</p>	

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	<p>effect January 2021 through June 2021. The gross revenue impact is approximately \$12M; net income impact is approximately \$180K net income decrease.</p> <p>Furthermore, in the May 2020 revised budget proposal, additional cuts will be triggered if additional federal funding is not received as requested by the State. The triggered cuts, if federal funds are not received, as it pertains to CVH, would be the elimination of most of the Prop 56 supplemental payment programs. The Prop 56 program that would remain under the May 2020 revised budget proposal, (as it pertains to CVH), is the trauma screening Prop 56 program. Moreover, an additional triggered cut would be the optional adult benefits. This would go into effect January 2021. In total, the FY 2021 impact that is not reflected in the CVH proposed FY 2021 budget would be approximately \$88M-\$89M gross revenue impact decline, and net income impact of approximately \$1.3M net income decrease. The proposed cuts still have to go through the legislative process.</p> <p>The CVH FY 2021 budget was approved to move to Commission by the Finance Committee in April 2020. Basic assumptions are as follows:</p> <p>Enrollment is projected to increase as a result of the economic impact related to the COVID-19 pandemic.</p> <p>Medical revenues are projected to be approximately \$1.186B which is approximately \$55M more than budgeted for FY 2020 due to MCO tax increase, enrollment increase and rate increase. Investment income is projected to decrease due to declining yields on investment. Admin service agreement fees expense is projected to increase due to</p>	

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<ul style="list-style-type: none"> • Compliance M.B. Corrado, CCO 	<p>additional enrollment. Community Support to increase by approximately \$2.4M due to additional HEDIS incentive physician payments and additional grants related to COVID-19 impact. License expense is projected to increase approximately \$161K due to forecasted rate increase. Marketing expense is projected to increase approximately \$500K as a result of additional marketing activity. Net income is projected to be approximately \$5.3M. If proposed rate cuts go into effect, that will reduce net income to approximately \$4M.</p> <p><u>Compliance</u></p> <p>There were four (4) Fraud, Waste & Abuse cases received in May, bringing the total for the year to 10. Those cases are reported to the State. Three (3) cases were provider-related and one (1) was member reported.</p> <p>DHCS informed the Plan that they will issue the Preliminary Audit Report and have requested an exit conference for 5/28/2020.</p> <p>In reference to the 2019 DHCS Medical Audit, The Plan submitted its last CAP update on 5/2/20. On 5/11/20, DHCS notified the Plan that the CAP has been closed.</p> <p>In reference to the DMHC 2019 Medical Audit, CalViva submitted its final CAP response on 5/8/20. We are awaiting DMHC acceptance of the CAP.</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>Regarding the DHCS Annual Network Certification (ANC), as a result of follow-up letters from DHCS on these filings, the Plan will be submitting revised ANC and Plan of Action (POA) filings within the next 2 weeks.</p> <p>Links to the Governor’s Full May Budget Revision and the DHCS May Revision Highlights were provided to the Commission via the Compliance Report.</p> <p>The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis. CalViva Health staff and our administrator’s staff continue to carry out operations on a remote basis. We are assessing the remote working situation on a weekly basis.</p> <p>The next Public Policy Committee meeting will be held on June 10, 2020, 11:30 a.m. via telephone conference due to the COVID-19 state of emergency.</p> <p>The 2019 Oversight Audit results were presented to the Commission. Specific call-outs where CAPs were issued include: Claims, Pharmacy, Provider Disputes (Annual), and Provider Disputes (Quarterly). For those audits requiring CAPs, CalViva Health has received and approved Health Net’s corrective actions.</p> <p><u>Medical Management</u></p> <p>Appeals and Grievances Dashboard</p>	

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	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2020.</p> <p>Appeals & Grievances Data:</p> <ul style="list-style-type: none"> • The total number of grievances through March 31, 2020 is consistent with 2019 data. • The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation. Transportation is now broken down into Access, Behavior and Other to better understand what these grievances are associated with. • The Quality of Care grievances remain consistent with the previous year's data. • The Exempt grievance categories were expanded to better analyze the data. This is the first time we are seeing the data with these new categories. We will monitor for trends. • The total number of Appeals Received/Resolved per month remains higher than the previous year's data. These results are attributable primarily to advanced imaging and pharmacy denials. Follow up to address the advanced imaging cases is underway. Overall, the Overturn rate is improving. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report through March 31, 2020.</p> <ul style="list-style-type: none"> • Membership is drifting slightly with the expectation it will increase after March due to enrollment associated with COVID 19 impact. 	

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	<ul style="list-style-type: none"> • Turn-around time compliance has improved. Anticipate CAP closure soon. • Bed days and Length of Stay rates remain consistent with 2019. • Case Management numbers for Q1 2020 continue to demonstrate positive trends in all areas. <p>QIUM Quarterly Summary Report</p> <p>Dr. Marabella provided the QI/UM Qtr. 1, 2020 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved at the February and March meetings:</p> <ol style="list-style-type: none"> 1. QI/UM Committee Charter 2020 2. 2019 Quality Improvement End of Year Evaluation 3. 2020 Quality Improvement Program Description 4. 2020 Quality Improvement Work Plan 5. 2019 Utilization Management/Case Management End of Year Evaluation 6. 2020 Utilization Management Program Description 7. 2020 Case Management Program Description 8. 2020 Utilization Management/Case Management Work Plan <p>In addition, the following general documents were approved at the meetings:</p> <ul style="list-style-type: none"> • Pharmacy Formulary & Provider Updates • Medical Policies 	

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	<p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues Report, MHN Performance Indicator Report for Behavioral Health, SPD HRA Outreach, and other QI reports.</p> <p>The Utilization Management & Case Management reports reviewed included the Key Indicator Report, Inter-rater Reliability Results for Physicians and Non-physicians, and additional UMCM reports.</p> <p>The quarterly Pharmacy reports were reviewed covering Operations Metrics, Top Medication Prior Authorization Requests and quarterly Formulary Changes. All fourth quarter 2019 prior authorization metrics were within 5% of standard.</p> <p>HEDIS® Activity:</p> <p>In Q1, 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 18 quality measures that they will be evaluated on for RY 2020 and the new Minimum Performance Level (MPL) is the 50th percentile.</p> <p>For RY 2019 CalViva had two (2) measures 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>Current improvement projects consist of:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) increase mammograms 	

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<ul style="list-style-type: none"> • Operations J. Nkansah, COO 	<ul style="list-style-type: none"> • Diabetes – Improve HbA1c testing • Childhood Immunizations (CIS-10) improve immunization rates for children 2 yrs and younger. <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Operations Report</u></p> <p>Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems. The business continuity plan is still active and staff continue to work remotely from home. Additional security measures were deployed to safeguard the Plans systems.</p> <p>For Privacy and Security, there are no issues or items of significance to report.</p> <p>There are no new items to report in reference to the Member Call Center for Q1 2020. An increase in traffic on the website has been identified for Q1 2020.</p> <p>With regard to Provider Network Activities, the Plan is preparing to represent its network to DHCS. The network has been represented through a regulatory filing to the DMHC for measurement year 2019. Activity is ongoing with no significant issues to report.</p> <p>With regard to Claims Processing and Provider Disputes metrics in most areas have met goal.</p>	

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<ul style="list-style-type: none"> • Executive Report G. Hund, CEO 	<p><u>Executive Report</u></p> <p>The March membership continued trending down due to a healthy economy; however, due to the COVID-19 pandemic membership for April has started trending up. The increase is expected to continue for the next several months.</p> <p>The current CVH work policy is still in place with reference to the Governor’s Executive Order. CVH will continue to monitor State and local health directives with regard to opening to the public and allowing face to face member encounters.</p>	
<p>#9 Closed Session</p> <p>A. Government Code section 59457(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline</p>	<p>Regarding item #9.A, involving Public Employee Appointment, Employment, Evaluation, or Discipline; Chief Executive Officer, per Government Code Section 54957(b)(1). A motion was made and passed unanimously to continue the employment of Gregory Hund, CEO, under the current contract with a 10% increase to the base salary effective on his employment anniversary date.</p> <p>Closed Session concluded at 2:59 pm.</p>	<p><i>Motion: Approve CEO Annual Review</i></p> <p><i>12 – 0 – 0 - 5</i></p> <p><i>Supervisor Rogers not present for vote.</i></p> <p><i>(Nikoghosian / Soares)</i></p>
<p>#10 Final Comments from Commission Members and Staff</p>	<p>None.</p>	
<p>#11 Announcements</p>		
<p>#12 Public Comment</p>	<p>None.</p>	
<p>#13 Adjourn</p>	<p>The meeting was adjourned at 3:03 pm</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The next Commission meeting is scheduled for July 16, 2020 in Fresno County.	

Submitted this Day: July 16, 2020

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission