

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**

March 18th, 2021

**CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A**

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D. , CalViva Chief Medical Officer, Chair	✓●*	Mary Beth Corrado , Chief Compliance Officer (CCO)
✓●*	Fenglaly Lee, M.D. , Central California Faculty Medical Group	✓	Amy Schneider, RN , Director of Medical Management Services
✓●	Brandon Foster, PhD. Family Health Care Network	✓	Mary Lourdes Leone , Director of Compliance
✓●	David Cardona, M.D. , Fresno County At-large Appointee, Family Care Providers	✓	Ashelee Alvarado, BS , Medical Management Specialist
	Raul Ayala, MD, Adventist Health , Kings County	✓	Lori Norman , Compliance Manager
✓●*	Joel Ramirez, M.D. , Camarena Health Madera County	✓	Hyasha Anderson , Medical Management Coordinator
✓●	Rajeev Verma, M.D. , UCSF Fresno Medical Center	✓	Mary Martinez , Medical Management Nurse Analyst
	David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

- ✓ = in attendance
- * = Arrived late/left early
- = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: February 18, 2021 - QI/UM Committee Charter 2021 - Medical Policies Provider Update (Q4)	The February 18, 2021 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full March Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
2020) - Standing Referrals Report (Q4 2020) - Pharmacy Provider Updates (Q1) - Full March PDL (Attachments A-E) Action Patrick Marabella, M.D Chair	*Dr. Lee arrived at 10:35 am. *Dr. Ramirez arrived at 10:44 am.	
#3 QI Business - Appeals & Grievances Dashboard (January) - Appeals & Grievances Validation Audit Summary (Q3 2020) (Attachment F-G) Action Patrick Marabella, M.D, Chair	The Appeals & Grievances Dashboard through January 2021 was presented and discussed. Appeals & Grievances Data: <ul style="list-style-type: none"> ➤ The total number of grievances through January 2021 is slightly lower at 76, but still consistent with previous months. ➤ The highest volume of grievances reported were in the “Exempt” grievance type, followed by “Quality of Service” grievance type. ➤ The volume of “Quality of Care” grievances remains consistent. ➤ The majority of Exempt Grievances fell under the category of “PCP Assignment/Transfer – Health Plan Assignment – Change Request”. ➤ The total number of Appeals Received for the first month of 2021 has decreased compared to same time last year. These results are attributable primarily to advanced imaging, and pharmacy denials. A&G Validation Audit Quarterly Summary (Q3 2020): CalViva Health conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases. This Second report provides a summary of Quarter 3 2020 to evaluate whether cases meet compliance standards and provide adequate evidence to fully support the grievance or appeal response or decision in a timely and complete manner. In Q3, 95% of cases were found to have met compliance standards when initially transferred to CalViva. All documents identified to be missing from the cases were obtained and saved to complete the file before closing out the month. Trends in non-compliance are also monitored and addressed accordingly.	Motion: Approve - Appeals & Grievances Dashboard - Appeals & Grievances Validation Audit Summary (Foster/Cardona) 6-0-0-2

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<p>#3 QI Business - MHN Performance Indicator Report for Behavioral Health Services (Q4 2020) (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q4 2020) provides a summary of an array of indicators in order to evaluate the behavioral health services provided to CalViva members. Fifteen (15) out of the fifteen (15) metrics met or exceeded their targets this quarter.</p> <ul style="list-style-type: none"> ➤ There were 2 Life-Threatening Emergent cases and the appointment access standard was met. There were 10 Urgent cases and the appointment access standard was also met. ➤ All Provider Disputes were resolved within timeliness standards (100%) ➤ Accuracy results for CVH ABA approvals was 99% and CVH ABA denials was 100%. 	<p>Motion: Approve - MHN Performance Indicator Report for Behavioral Health Services (Q4 2020) (Ramirez/Lee) 6-0-0-2</p>
<p>#3 QI Business - SPD HRA Outreach (Q4 2020) (Attachment I) Action Patrick Marabella, M.D, Chair</p>	<p>The SPD Health Risk Assessment Outreach Report provides a summary of new member outreach success in order to identify higher risk individuals and offer case management and other care coordination services and resources to them. DHCS requires a minimum of 3 outreach calls within 45 days for high-risk individuals and three outreach calls to low-risk individuals within 90 days of enrollment in the Plan.</p> <p>Results for Quarter 4 2020 include the following:</p> <ul style="list-style-type: none"> ➤ 7,520 members were outreached timely according to standard outlined above. ➤ 13 % of members completed the assessment. ➤ POM (new software) is still under evaluation. ➤ Additional outreach methods are under consideration. 	<p>Motion: Approve - SPD HRA Outreach (Q4 2020) (Cardona/ Ramirez) 6-0-0-2</p>
<p>#4 Quality Improvement/ Utilization Management/Case Management Business (PowerPoint Presentation - Presentation handouts available at meeting) - Quality Improvement Program Description 2021 - Quality Improvement</p>	<p>The 2021 Quality Improvement Program Description and the 2021 Quality Improvement Annual Work Plan were presented to the committee.</p> <p><u>The highlights of changes for the 2021 Quality Improvement Program Description include:</u></p> <ul style="list-style-type: none"> ➤ Changes in the Health Promotion Programs: <ul style="list-style-type: none"> ○ Removed Fit Families for Life, myStrength, Know Your Numbers events. Community Education Classes and Community Health Fairs. ➤ Disease Management (DM): <ul style="list-style-type: none"> ○ Changed section title to Health Management Programs. Updated and clarified descriptions of DM and Nurse Advice Line Programs. ➤ Satisfaction: <ul style="list-style-type: none"> ○ Updated Customer Experience Continuous Improvement (CXCI) initiatives such as redesign of the member Welcome Kit and improving work flows for UMCM and Population Health. 	<p>Motion: Approve - Quality Improvement Program Description 2021 - Quality Improvement Annual Work Plan 2021 (Verma/Ramirez) 6-0-0-2</p>

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<p>Annual Work Plan 2021 (Attachment J-K) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ➤ Culture and Linguistics: <ul style="list-style-type: none"> ○ Updated requirements for non-discrimination. ➤ Staff Resources & Accountability: <ul style="list-style-type: none"> ○ Updated description of the QI Team to include a Nurse Analyst. ➤ Other: <ul style="list-style-type: none"> ○ Minor grammatical, language and formatting edits were also made throughout. <p><u>Activities for 2021 Quality Improvement Annual Work Plan to focus on:</u></p> <ul style="list-style-type: none"> ➤ Improve Access to Care: <ul style="list-style-type: none"> ○ Timely appointments to Primary Care, Specialists, Ancillary Providers and After-Hours Access – Continue to monitor Appointment Access and After-Hours Access and educate providers using webinars and follow up surveys. ○ Improve member satisfaction – Results from 2019 CAHPS Survey and 2019 Access Survey used to update strategies such as twice per Year “PPG CAHPS Webinars” with recommendations & Best Practices. ➤ Improve the Quality & Safety of Care: <ul style="list-style-type: none"> ○ Chlamydia Screening – Working with high volume, low compliance clinic in Madera County to increase the rate of young women (16-24 years) screened for chlamydia. ○ Overall Aim: Improve reproductive health of young women in Madera County and thereby reduce infertility and other morbidity later in life. ○ Interventions – Initiate an EMR flag/alert for women between 18 and 24 years of age. ○ Member then identified on Daily Huddle sheet for medical assistant and provider collaboration to write order and obtain specimen. ➤ Two formal Performance Improvement Projects (PIPs) are being restarted this year: <ul style="list-style-type: none"> ○ Childhood Immunizations project in Fresno County (CIS-10). ○ Breast Cancer Screening Disparity Project in Fresno County (BCS). 	
<p>#4 Quality Improvement/ Utilization Management/Case Management Business</p>	<p>The 2021 Case Management Program Description & Utilization Management/Case Management Work Plan 2021 were presented.</p> <p>The highlights of changes for the 2021 Case Management Program Description include:</p> <ul style="list-style-type: none"> ➤ Goals of CM Programs – Updated timeframe for postpartum measure. Clarified goal for pre-term delivery is 2% lower for members managed. 	<p>Motion: Approve - Case Management Program Description 2021</p>

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<p>(PowerPoint Presentation - Presentation handouts available at meeting)</p> <ul style="list-style-type: none"> - Case Management Program Description - Utilization Management/Case Management Work Plan 2021 <p>(Attachment L-M) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ➤ Complex CM Criteria – Modified criteria to align with standardized reports and allow for automated referral to Complex CM when indicated. ➤ CM Criteria – Added criteria to address members who partially meet criteria and moved designated groups from Complex CM to CM. ➤ Care Team Staffing Model – Increased maximum case load to 70 and changed frequency of meetings to at least monthly with weekly huddles. ➤ Member Experience – Expanded method for conducting satisfaction surveys to include mail, email, text or telephone. ➤ Special Programs – Added subscriptions describing Transitional Care Management and Palliative Care. ➤ Other – minor edits and updates throughout. <p>The areas of Focus for UM/CM 2021 Work Plan:</p> <ul style="list-style-type: none"> ➤ Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ Ensure compliance with regulations and licensure requirements for clinical staff. ○ Confirm and document separation of medical decisions from fiscal considerations (attestations). ○ Conduct audits ➤ Monitoring the UM Process: <ul style="list-style-type: none"> ○ Track and trend prior authorizations including turnaround times. ○ Conduct inter-rater reliability testing for clinical staff. ○ Analyze appeals data for trends to identify opportunities to remove or modify PA criteria. ➤ Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ Track effectiveness of care management. ○ Monitor for Over/Under Utilization including PPGs address areas needing improvement. ○ Continue to enhance PPG Profile monitoring. ➤ Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ Maintain Disease Management Program ○ Monitor MD interactions with Pharmacy ○ Monitor Coordination between medical and behavioral health ➤ Monitoring Activities for Special Populations <ul style="list-style-type: none"> ○ Monitor CCS Identification – continue to refine identification, referral and coordination process. ○ Monitor care for SPDs – continue to perform monthly risk stratification & utilize programs to 	<ul style="list-style-type: none"> - Utilization Management/ Case Management Work Plan 2021 (Lee/Foster) <p>6-0-0-2</p>

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<p>#5 UM/CM Business - Key Indicator Report & Turn Around Time Report (January) (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>meet needs.</p> <p>The Key Indicator Report through January 31, 2021 was presented.</p> <p>Key Indicator Report & Turn Around Time Report (January):</p> <ul style="list-style-type: none"> ➤ Overall membership continues to increase. ➤ In-hospital utilization rates remain consistent with previous months. The number of ER Visits during the course of 2020 fluctuated due to the COVID-19 pandemic and the aversion to the emergency department. ➤ The average “Length of Stay” has increased. This is primarily due to long lengths of stay for COVID patients and challenges in the discharge process during the pandemic. ➤ Case Management results for January 2021 demonstrate positive results in all areas consistent with recent months. 	<p>Motion: Approve - Key Indicator Report & Turn Around Time Report (January) (Ramirez/Foster)</p>
<p>#5 UM/CM Business - Specialty Referral Report -HN (Q4) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>Specialty Referral Report Q4 2020. This report provides a summary of Specialty Referral services that required prior authorization in the three-county area (Fresno, Kings, and Madera) for the fourth quarter of 2020. This report includes three areas:</p> <ul style="list-style-type: none"> ➤ Key services that while within the service area and within the network require clinical review ➤ Services recognized as out of the tri-county area, but within the provider network ➤ Out of network requests <p>These reports provide evidence of a system-wide process for tracking and following up on member referrals requiring prior authorization, and includes a breakdown of SPD and non-SPD member specialty referral requests.</p> <p>CalViva specialty referrals will continue to be monitored quarterly by the CalViva Health Quality Improvement/Utilization Management Committee in collaboration with the CalViva Chief Medical Officer to assess for network adequacy and appropriate quality specialty care for CalViva members.</p>	<p>Motion: Approve - Specialty Referral Report -HN (Q4) (Ramirez/Foster)</p>
<p>#5 UM/CM Business - InterQual Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians (Attachment P) Action</p>	<p>InterQual Inter-Rater Reliability (IRR) Results for Physicians and Non-Physicians</p> <p>Utilization Management staff use InterQual Clinical Decision Support Criteria along with the other evidence-based medical policies, clinical support guidelines and technical assessment tools approved by the Medical Advisory Council to assist clinical reviewers in reviewing medical criteria, with consistency. All UM staff undergo InterQual training upon hire and annually, complete a “Summary of Changes” course that is conducted by InterQual instructors.</p> <ul style="list-style-type: none"> ➤ Purpose of Activity 	<p>Motion: Approve - InterQual Inter-Rater Reliability Results (IRR) for Physicians and Non-Physicians (Ramirez/Foster)</p>

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<p>Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ○ Implementation of annual training and testing using the InterQual Inter-Rater Reliability (IRR) tool and asses the test results for user proficiency and consistent application of criteria. <p>Non-Physician staff (the Utilization Management department) and Physician staff (the Medical Affairs department) that perform UM activities all participate annually in the InterQual Products Group IRR Program. Procedure Modules required are dependent on the reviewer’s job description, such as concurrent review or prior authorization.</p> <ul style="list-style-type: none"> ➤ Outcomes: <ul style="list-style-type: none"> ○ The Utilization Management Department: 98.5% pass rate on all modules ○ The Medical Affairs Department: 98.75% pass rate on all modules <p>Staff or physicians who do not pass continue with individual remediation until a passing score is obtained or move to another position.</p>	
<p>#5 UM/CM Business - MedZed Report (Q4) (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>MedZed Integrated Care Management Report – Q4 2020 The Quarterly MedZed Integrated Care Management Report monitors the volume and engagement of members referred to MedZed Care Management Program. The program’s designed as a bridge and support for member engagement in care plan goals and ultimately to engage the member in a traditional, Managed Care, Care Management program. Provided in this report are results for Quarter 4 2020. Eligibility numbers have trended down due to no new referrals were sent to MedZed related to the pandemic. Some referrals are beginning again.</p> <ul style="list-style-type: none"> ➤ Most service level metrics were met in Q4 however, some compliance rates negatively impacted by low volumes. ➤ Medication reconciliation by 2nd in-home visit or 1st visit for post hospital discharge was met in Q4. As members build confidence with in-home visits again, the goal will continue to be on track with meeting expectations. ➤ Not all Patient Calls were responded to within 30 min in Q4 as required by standards. However, this metric includes all call types and it is important to note that 100% of clinical related calls were answered within 30 minutes or less. The volume of calls decreased in November and December, causing the small number of calls not answered within 30 minutes to influence the percentage more significantly. MedZed is looking into their process and policy to determine opportunities to improve efficiency. ➤ By Q2 2021, a plan will be established and implemented for a regularly scheduled cadence for newly identified eligibility leads to be sent to MedZed to engage with members and enroll into the program. 	<p>Motion: Approve - MedZed Report (Q4) (Ramirez/Foster)</p>

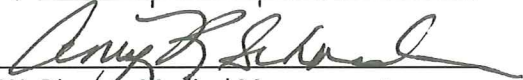
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Executive Summary (Q4 2020) - Pharmacy Operations Metrics Report (Q4 2020) - CalViva Health Pharmacy Call Report (Q4 2020) - Pharmacy Top 30 Prior Authorizations (Q4 2020) - Pharmacy Inter-Rater Reliability Test Results (Q4 2020) <p>(Attachment R-V) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy Reports for Quarter 4 2020 are reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for fourth Quarter 2020. Overall TAT for Q4 2020 was 99.95% and TAT requirement for all pharmacy requests were within 24-hours of receipt by the plan. ➤ Total PA requests were steady for Q4 2020 compared to Q3 2020. No significant differences seen in Q4 2020 compared to Q3 2020. ➤ Fourth Quarter 2020 Top Medication PA Requests had variances from third Quarter 2020. Opioid PA requests increased in total number of requests from 3rd Quarter 2020. This was mainly driven by the Preferred Drug List changes to opioid pain medication on October 15th 2019 that included updates to quantity limits and restrictions to meet Federal DUR standards as described in APL 19-012. As a result, diabetes medications as well as other brand name medication requests moved down the list of those most frequently submitted for prior authorization and Opioid pain medications moved back to the top of the list. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Executive Summary (Q4 2020) - Pharmacy Operations Metrics Report (Q4 2020) - CalViva Health Pharmacy Call Report (Q4 2020) - Pharmacy Top 30 Prior Authorizations (Q4 2020) - Pharmacy Inter-Rater Reliability Test Results (Q4 2020) <p>(Ramirez/Cardona) 6-0-0-2</p>
<p>#7 Credentialing & Peer Review Subcommittee Business</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q1 2021) - Peer Review Subcommittee 	<p>Credentialing Sub-Committee Quarterly Report</p> <p>In Quarter 1, 2021, the Credentialing Sub-Committee met on February 18, 2021. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q3 2020 were reviewed for delegated entities, Q4 2020 reports were reviewed for both Health Net and MHN. There was one (1) case to report on in the Quarter 4 2020 Credentialing Report from Health Net.</p> <p>Peer Review Sub-Committee Quarterly Report</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Credentialing Subcommittee Report (Q1 2021) - Peer Review Subcommittee Report (Q1 2021) <p>(Foster/Cardona) 6-0-0-2</p>

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<p>Report (Q1 2021) (Attachment W-X) Action Patrick Marabella, M.D, Chair</p>	<p>The Peer Review Sub-Committee met on February 18, 2021. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2020 were reviewed for approval. There were no significant cases to report. The Q4 2020 Peer Count Report was presented with a total of 4 cases reviewed. There were three (3) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There was one (1) case pending for further information, and no cases 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>#8 Policy & Procedure Business - Pharmacy Policy & Procedure Review 2021 (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<p>The Pharmacy Policy & Procedure Review 2021 grid was presented to the committee. All policies were reviewed and updated without changes this year. The Pharmacy Policies & Procedures for 2021 were approved.</p>	<p>Motion: Approve - Pharmacy Policy Review 2021 (Verma/Ramirez) 6-0-0-2</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment Z) Information Mary Beth Corrado, Chief Compliance Officer</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p>CalViva Health Oversight Activities CalViva Health’s management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health.</p> <p>Fraud, Waste, & Abuse Activity Since the last report, there has not been any new MC609 cases filed in 2021.</p> <p>Department of Health Care Services (“DHCS”) Annual Network Certification On November 25, 2020 the DHCS issued the Plan a CAP for failure to meet the 2020 Network Certification Requirements as it related to time and distance standards. The Plan continues to provide the DHCS-requested “two-month CAP updates”. As part of the 2020 Network Certification Requirements, on 2/16/21 DHCS sent the Plan an Alternative Access Standard (AAS) validation request which is the last part of the process in order to give plans a final determination on their AAS. The Plan submitted the requested validation data on 3/8/21 and is</p>	

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	<p>awaiting a response from DHCS.</p> <p>2021 DMHC 18-Month Follow-Up Audit The DMHC has rescheduled their follow-up audit from 3/4/21 to 3/30/21. The focus of the audit interviews will be related to the two deficiencies in DMHC’s 2/5/20 Final Report and CAP having to do with Appeals & Grievances and Post-Stabilization request from non-contracted hospitals. The Plan continues to meet with Health Net to respond to the DMHC’s requests for case files and supporting documentation.</p> <p>Behavioral Health Integration (BHI) Incentive Program The 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care. By January 21, 2020, eligible Medi-Cal providers had to submit applications to managed care plans in order to promote behavioral health integration.</p> <p>CalViva Health and DHCS approved two (2) provider applicants covering three BHI programs for implementation.</p> <p>COVID-19 Novel Coronavirus</p> <ul style="list-style-type: none"> ➤ The DMHC and DHCS are requiring new as well as continuing COVID-19 reporting related to provider network stability and closures, support (monetary and supplies such as PPE) provided by plans to providers, information on relaxing of administrative rules and processes to ease the burden on hospitals and providers, etc. Our administrator has extended the delay in their return to office date and their staff ill continue to work on a remote basis until at least September 2021. <p>Public Policy Committee The Public Policy Committee (PPC) met in Fresno County on 3/3/21 via teleconference due to COVID-19 precautions. The following reports were presented: CalViva Health’s 2020 Annual Report; the Q4 2020 Grievance and Appeals; the 2020 Annual Compliance Evaluation; and the Health Education Member Incentive Programs Semi-Annual Report (Q3 and Q4 2020). There were no referrals or recommendations for the Commission. Next meeting will be held on 6/9/21 and is tentatively scheduled to be held in Kings County depending on the COVID-19 situation and associated public health recommendations.</p>	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:59 am.	

NEXT MEETING: May 20th, 2021

Submitted this Day: May 20, 2021

Submitted by: 
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair