MINUTES CMSP GOVERNING BOARD

Thursday, July 23, 2020

Via Zoom

MEMBERS PRESENT

Patrick Blacklock, County Administrator, Yolo County
Sanja Bugay, Health and Human Services Director, Kings County
Birgitta Corsello, County Administrator, Solano County
Richard Egan, County Administrator, Lassen County
Elizabeth Kelly, Director, Colusa County Human Services
Leonard Moty, County Supervisor, Shasta County
Jennifer Vasquez, Human Services Director, Yuba County
Brad Wagenknecht, County Supervisor, Napa County
Christine Zoppi, Health Director, Glenn County

MEMBERS ABSENT

Richard Forster, County Supervisor, Amador County Brendan McCarthy, Assistant Secretary, California Health and Human Services Agency

Welcoming Remarks and Request for Public Comments

Brad Wagenknecht, Board Chair, opened the meeting and introduced himself. He asked Kari Brownstein, Administrative Officer, to conduct a roll call of Board members attending the meeting, which Ms. Brownstein conducted. The members listed above announced their participation at the meeting.

Mr. Wagenknecht asked if the Board had received any public comments via email submissions. Meegan Forrest, Accounting Manager, read correspondence sent jointly from Health Access California and the Western Center on Law and Poverty to the Governing Board. In this letter, the organizations expressed their continued support for Governing Board's actions on COVID-19. The organizations also called for additional actions by the Board, including the following: no cost coverage for COVID-19 testing; clarifying and expanding testing in all circumstances without client cost-sharing; a guarantee of coverage for COVID-19 follow up care, specifically to provide needed follow up care unrelated to COVID-19; streamlining of CMSP eligibility requirements, including use of telephonic verifications and elimination of the asset test; a revamping of outreach and enrollment efforts for Path to Health; and, a request that Governing Board meeting documents be posted online in advance of meeting.

Agenda and Correspondence and Consent Calendar

Mr. Wagenknecht invited a motion to approve the Board meeting agenda and the Consent Calendar.

ACTION MSC: Approve the July 23, 2020 Board agenda and the Consent

Calendar.

APPROVED Votes: Aye 9

Nay 0

Report on Closed Session

Cathy Salenko, CMSP General Counsel, reported that the Governing Board met in Closed Session and provided direction to the Administrative Officer concerning contract terms pertaining to negotiations with specified health care providers; and, gave direction to the Administrative Officer and took no action.

Report from Legislative Representative

Karen Lange of Shaw Yoder Antwih Shmelzer & Lange, reported that the Legislature is coming back next Monday, which is a postponement of two weeks, as a result of positive COVID-19 cases among Senate staff. The Legislature will be taking on various major issues. The Assembly sent 500-600 pieces of legislation to the Senate, while the Senate sent far fewer bills to the Assembly. As a result, it appears that Senate Committees will be limiting the number of Assembly bills that will be heard.

Ms. Lange reported that cash receipts for the end of the year were a little less terrible than anticipated, which is positive. She also reported that personal income taxes weren't due until July 15, 2020, so the real revenue dynamics are unknown at this time.

With regard to the FY 2020-21 State Budget, Ms. Lange reported that the Department of Finance (DOF) dropped its original budget proposal to take CMSP funds. Also, she stated that the Governor directed DOF not to release Realignment funding as would normally occur, but rather, to mete out the funding to counties as they demonstrated fulfillment of various Realignment related requirements.

In other action, Paul Yoder reported that there have been growing concerns about the safety of County Public Health Officers, and Senator Richard Pan has introduced legislation to create a higher level of protection for these public officials.

Mr. Yoder reported on current discussions regarding the next federal relief package. At this time, it is reported that Republicans and the President appear to be intending to leave discussions about direct funding to states and local governments to future discussions with the Democrats. But they are reported to be intending to clarify that CARES Act revenue can be used for lost revenue that had been budgeted and expected. They're also looking at a 3-month extension for the CARES Act funding.

There is also going to be an effort to tighten up the extent to which states and Governors can put additional requirements or strings on CARES Act funding or other federal funding.

CMSP Financial Reports

CMSP Balance Sheet

Ms. Forrest presented financial statements for May 31, 2020 and June 30, 2020. The CMSP Balance Sheets show:

ITEM	May	June
Total CMSP Funds	\$404,370,715	\$402,901,883
Total Assets	\$405,719,067	\$404,250,235
Total Liabilities and Equity	\$405,719,067	\$404,250,235

FY 2019-20 Program Budget Expenditures Year-to-Date

Ms. Forrest presented a report on year-to-date actual versus budgeted Program expenditures. As of May 31, 2020 there were expenditures of \$14,568,352 (accrual basis). As of June 30, 2020 there were expenditures of \$16,031,085 (accrual basis). The approved Program Budget for FY 2019-20 is \$4,323,000.

FY 2019-20 Administrative Office Budget Expenditures Year-to-Date

Ms. Forrest presented a report on year-to-date actual versus budgeted Administrative Office expenditures. As of May 31, 2020 there were expenditures of \$2,669,689 (accrual basis). As of June 30, 2020 there were expenditures of \$2,945,386 (accrual basis). The approved Administrative Office Budget for FY 2019-20 is \$3,844,559.

Report on Program Audit for FY 2018-19 by Crowe LLP

Ms. Brownstein reported that Crowe LLP has completed the CMSP financial statement audit as of June 30, 2019 and asked their representative present the firm's findings. Tim Canupp, CPA from Crowe LLP briefed the Board on the Financial Statements for FY 2018-19 and affirmed the positive audit opinion.

ACTION MSC: Approve the Audit for FY 2018-19 by Crowe LLP.

APPROVED Votes: Aye 9

Nay 0

New Extended Primary Care Benefit

Ms. Brownstein stated that the Governing Board, in April 2019, approved development and implementation of a new primary care benefit for eligible resident adults with incomes between 139% and 300% FPL that are not otherwise enrolled in CMSP. The new program is intended to extend primary care services to residents of CMSP counties

who are uninsured and otherwise eligible for CMSP but have not applied for CMSP. The scope of benefit coverage and terms of enrollment are the same as those for the Path to Health program. Eligibility for the program will be conducted through a new, on-line eligibility/enrollment system at contracted community health clinics.

Extended Primary Care Benefit Name and Logo Selection by JP Marketing

Ms. Brownstein stated that efforts have been undertaken to develop a name and logo for the program that will align with the current CMSP and Path to Health logos/brands and asked a representative of JP Marketing, the Board's current marketing service provider, to present two proposed program names and associated logo/brand concepts for consideration by the Board. The two program names are "CMSP Wellness Connect" and "CMSP Connect to Care." Joshua Ders of JP Marketing made a presentation of the names and logo concepts to the Board. Discussion among Board members ensued.

ACTION MSC: Governing Board approve the name "CMSP Connect to Care" for

the extended Primary Care benefit program.

APPROVED Votes: Aye 9

Nay 0

ACTION MSC: Governing Board approve Logo Option F for the CMSP "Connect to

Care" program name and ask for a Spanish translation.

APPROVED Votes: Aye 9

Nay 0

Extended Primary Care Benefit Eligibility Policy

Ms. Brownstein introduced discussion of proposed eligibility requirements for the new Extended Primary Care Benefit program (Connect to Care) and noted that the proposed eligibility requirements have intentionally been aligned with the eligibility requirements for the current standard CMSP program because the new program is intended to reach the same eligible population, but for a smaller scope of benefits. At the same time, the proposed requirements have been simplified to make the eligibility determination process more streamlined so that the eligible population can qualify as quickly as possible for the new benefit program.

In pursuit of eligibility process streamlining, Ms. Brownstein identified three notable areas of difference between eligibility requirements for the Connect to Care program and the standard CMSP program: percent of poverty limits are set at 138% to 300% FPL; gross income is used instead of net household income; and, applicants may self-declare assets and not provide asset documentation. Ms. Brownstein then presented the proposed eligibility requirements for the Connect to Care program (see attached). Discussion among Board members ensued.

ACTION MSC: Governing Board approve the proposed Eligibility Policy for the

Connect to Care primary care benefit program.

APPROVED Votes: Aye 9

Nay 0

Proposed Third Party Administrator for CMSP

Advanced Medical Management, Inc.

Ms. Brownstein reported that earlier this year, the Governing Board approved an RFP to solicit a Third Party Administrator for CMSP. The deadline for proposals was April 30, 2020, and a 4-member staff/consultant team scored the proposals. A 5-member staff/consultant team subsequently interviewed two firms. Ms. Brownstein reported that the staff/consultant team, following review and discussion of the proposals, the interviews, and consideration of the proposed financial terms, recommend that Advanced Medical Management (AMM) be selected as the Board's Third Party Administrator. Discussion among Board members ensued.

ACTION MSC: Governing Board approve the selection of Advanced Medical

Management (AMM) to serve as Third Party Administrator.

APPROVED Votes: Aye 9

Nay 0

COVID-19

COVID-19 Emergency Response Grants (CERG)

Ms. Brownstein stated at the April 2, 2020 Governing Board Meeting, the Board approved release of the COVID-19 Emergency Response Grant (CERG) program with a total funding amount of just over \$10 million. As of July 15, 2020, 31 out of 35 counties have submitted a CERG application. So far, twenty-two (22) grants have been awarded, and eight (8) have fully executed their agreements. To provide counties with additional time to make determinations of need for CERG funding, the Board extended the application deadline from June 10, 2020 to August 31, 2020.

COVID-19 Community Health Center Bridge Loans

Ms. Brownstein reminded the Board, at its April 2, 2020 Governing Board meeting the Board approved establishment of a short-term bridge loan program for contracting community health centers (FQHC, RHC and Tribal Health Providers) to help them address cash flow dynamics associated with the COVID-19 pandemic. Loan amounts may be between \$10,000 and \$300,000 and the term may not exceed 24 months. No interest is charged for the first 12 months. To give these providers more time to make determinations of their need for a Bridge Loan, the Board extended the application

deadline from June 20, 2020 to August 31, 2020. Ms. Brownstein reported, to date, no bridge loan applications have been received.

Enrollment Update

Alison Kellen, Program Manager, reported that CMSP All County Letter (ACL) 20-04 (see correspondence package) was released June 29, 2020 and instructs counties to extend the delay of discontinuances and negative actions for CMSP (aid codes 88, 89, 50 and 8F) through the end of the COVID-19 Public Health Emergency (PHE). Previously, CMSP released CMSP ACL 20-02 that instructed the delay to be effective until the end of June 2020.

Ms. Kellen also reported that CMSP staff released a Path to Health provider bulletin on July 1, 2020 that advised Path to Health enrollment sites that Path to Health members that required a renewal in June and July 2020, were automatically granted an extension until August 31, 2020. Additionally, sites were advised that Path to Health will continue to extend eligibility terms until the end of the COVID-19 Public Health Emergency.

Ms. Kellen requested the Governing Board approve the policy to extend the delay of discontinuances and negative actions for both CMSP and Path to Health enrollment until the end of the Public Health Emergency and specify that Path to Health and CMSP enrollment may be terminated for the following reasons: individuals who are reported to be deceased; individuals who are no longer a resident of a CMSP county; or, individuals who request voluntary discontinuance from CMSP or Path to Health.

ACTION MSC: Ratify and approve policy for continuation of CMSP and Path

to Health eligibility until the end of the COVID-19 public health emergency, with termination only for specified

reasons.

APPROVED Votes: Aye 9

Nay 0

Proposed Benefit Update

Ms. Kellen stated that CMSP has provided coverage for COVID-19 diagnostic testing to all CMSP members at no cost since March 2020, in alignment with the Department of Managed Health Care (DMHC) All Plan Letter 20-006, and following consultation and approval by the Governing Board Chair. Under this change, Share of Cost (SOC) requirements have been waived for provider office, urgent care center and emergency room visits in order for enrollees to receive COVID-19 testing at contracted and non-contracted providers within California. Ms. Kellen requested the Board approve this benefit coverage change.

Ms. Kellen also reported that the California Health and Human Services Agency recently announced updated COVID-19 testing guidance that includes tiered priority levels and seeks to increase the number of private providers performing tests in the office rather than referring patients to labs or testing sites. Reportedly, the State is preparing to file emergency regulations that will classify COVID-19 testing as "medically necessary urgent care" for people with symptoms of or possible exposure to COVID-19, and plans to establish new requirements for health plans to cover testing.

At this time, CMSP and Path to Health's current billing policy requires laboratory tests to be ordered by a medical provider. CMSP staff is presently researching requirements and conditions for an expansion of COVID-19 testing at retail pharmacy locations and covering self-directed, non-physician ordered, COVID-19 tests.

ACTION MSC: Ratify and approve the changes to the CMSP and Path to

Health strategy for coverage of COVID-19 testing, as proposed by CMSP Staff and approved by Chair, and direct the Administrative Officer to report back to the Board's September Board meeting on any recommended changes.

APPROVED Votes: Aye 8

Nay 0

Richard Egan did not vote.

Local Indigent Care Needs (LICN) Grant Program

Anna Allard, Grants Manager, reported that if all 20 LICN Planning Project grantees were awarded implementation grants in a future funding round, the additional award amount would be roughly \$30 million. In combination with grant amounts approved in Round 1, total LICN grant awards through the first two rounds of funding will be about \$45.2 million. This total does not include potential new Implementation Grants or Planning Grants in subsequent funding rounds. The Board's approved budget for the LICN program is \$45 million.

Ms. Allard also advised the Board that Planning Project grantees, in consideration of local dynamics associated with COVID-19, were offered two alternative start dates (July 1, 2020 and October 1, 2020) in addition to the original start date of April 1, 2020. Because grantees are operating under different start dates, CMSP staff intends to schedule release of a second round of the LICN Implementation Grants with a rolling deadline (October 2020 to April 2020) and be open *only* to Round 1 Planning Grantees. This approach would allow all Round 1 Planning Grantees an additional six months to complete their projects before submitting an Implementation Grant proposal.

Wellness and Prevention Grant Survey

Laura Moyer, Program Analyst, presented results of the Wellness & Prevention survey that was sent to grantees in February 2020. She reported that grantee feedback was generally positive and said that CMSP staff will utilize survey findings to inform future granting efforts. Changes in response to feedback include the following: creation of standardized templates for common grant activities; more frequently updated FAQ's; utilization of a TA vendor; and, improved communication regarding projects that may be replicable in and beneficial to all CMSP counties.

The Board thanked CMSP staff for their efforts in garnering feedback and implementing changes.

Healthcare Workforce Development

Laura Moyer reported on two CMSP workforce development programs.

The CMSP Loan Repayment Program (CMSP LRP) provides up to \$50,000 of educational debt relief for primary health care or dental services professionals in exchange for a two-year service obligation at a CMSP-contracted provider site. Ms. Moyer stated that during its first four cycles, CMSP LRP awarded a total of \$4,994,360 to 144 awardees. The fifth and final CMSP-LRP cycle will be in Spring 2021.

The Allied Healthcare Loan Repayment Program provides up to \$16,000 of educational debt relief to various allied health care professionals in exchange for a one-year service commitment of practicing direct patient care at a CMSP-contracted provider site. Ms. Moyer stated that during the first four application cycles, AHLRP awarded a total of \$1,242,269 to 108 applicants. The fifth and final application cycle will be August 3, 2020 through October 13, 2020.

Report on CMSP Regional Administration of Substance Use Disorder Services

Ms. Brownstein reported that this matter would be postponed until after the COVID-19 public health emergency. Mr. Wagenknecht suggested that the Governing Board should await further direction from DHCS leadership on their priority for this joint effort.

Path to Health Pilot Project Update

Ms. Kellen reported that recruitment efforts for more Path to Health providers have led to four new contracted clinic organizations joining as Path to Health providers. These providers serve residents of following counties: Butte, Del Norte, Humboldt, Imperial, Lake, and Mendocino. With these added clinics Path to Health availability will expand from 15 to 20 CMSP counties.

Ms. Kellen stated that the cumulative enrollment in Path to Health since the start of the Pilot (beginning February 1, 2019) is nearly 11,000 unique persons, and current Path to

Health enrollment is 6,750 members. She reported that most new enrollments are now being conducted telephonically.

Finally, Ms. Kellen reported on Path to Health marketing efforts. New Spanish-language radio ads launched in July 2020 and new animated digital ads launched on YouTube in June 2020. Additionally, Path to Health carteles (signage) have been placed outside of 74 convenience stores and Mexican markets in proximity to participating health centers in nineteen cities in participating Path to Health counties.

Public Comments

Mr. Wagenknecht asked for public comments and there were no public comments.

The next meeting is September 24, 2020.

Adjournment

The meeting adjourned at 12:23 pm.

CMSP GOVERNING BOARD EXTENDED PRIMARY CARE BENEFIT ELIGIBILITY POLICY

Program Rules	Non-Financial Requirements
Age Limits	21 to 64 years of age (confirm with proof of identity)
CMSP County Residency	Residence in a CMSP county required.
Documentation of CMSP	Accept any of the following: lease or rental agreements listing home address; rent or
County Residency	mortgage receipts; utility bills; bank/financial documents listing home address; business or job
	documents listing home address; California vehicle registration documents listing home
	address; official state IDs; income verification documents that also list applicant's home
	address; any other official documents or correspondence that lists the applicant's home
	address (religious documents, club or union documents, etc.).
Immigration/Citizenship	Residents who are citizens or other legal residents and undocumented residents are all
Status Requirements	eligible. No distinction between what services are covered for an enrollee based on
	documentation status. Capture SSN as part of application and provide an option for "No SSN
	available or no SSN provided." Parse No SSN available or no SSN provided group into
	undocumented/undetermined documentation status group.
Identity	Documentation of identify is required. Permitted ID documents include: California Driver's
	License; DMV Identification Card; picture ID; US Citizenship or Alien Status documents; Birth
	Certificate; School ID card; Passport; Social Security Card (or other document with SSN and
	name); marriage record; divorce decree; adoption record; court order for a name change.
Program Rules	Other Coverage Screening and Eligibility
Medi-Cal Eligibility	If on Medi-Cal or Covered California, not eligible. No documentation or verification required
	to prove the applicant is not enrolled in Medi-Cal or Covered California.
Refer to Path to Health	Refer Restricted Medi-Cal (0-138% FPL) members to Path to Health.
Medi-Cal/Other Health	Not eligible if have publicly funded health coverage (e.g. Medi-Cal/Covered California). Not
Coverage	eligible if any private insurance.
Determination of Other	Use a screening tool at the beginning of the application process to determine if the applicant
Eligibility/Coverage	should proceed or be redirected to Medi-Cal, Medicare or Path to Health. Providers not
	required to facilitate enrollment unless existing process. During Covered California Open
	Enrollment, Providers shall encourage application to Covered California but not require it as
	part of the application process.
Program Rules	Financial Eligibility Criteria
Income Eligibility	Over 138% FPL and up to 300% FPL
Who is in household and	Household includes only those who are legally responsible for each other. Any income
counted income	belonging to the applicant, plus spouse and children living in the home.
Calculating Income	Gross income
Types of Income	Employment; self-employment; disability benefits; retirement benefits; SSI/SSP;
Counted	Unemployment Insurance; State/private disability insurance;
	Veteran's benefits; Child Support; spousal support; Worker's Compensation; money from an
	insurance settlement or lawsuit; gifts; and, any other income the applicant can report.
Income documentation	Must provide verification for any income. Acceptable documentation includes: Tax
	documents (W-2s, returns, etc.); check stubs (paychecks, alimony checks, etc.); and official
	correspondence detailing the income, such as letters from employers attesting to income for
	informal or cash-based income; and banking records that show income.
Income Deductions	N/A
Documenting Expenses	N/A

Asset Test Self-attestation of assets. Limits are the same as the CMSP standard program, i.e. \$20,000 maximum for 1-person family; \$30,000 maximum for 2-person family; other limits based of family size. Assets shall include all of the following: cash; un-cashed checks; checking according or savings account balances; shares of stock or mutual funds; Individual Retirement Accoud (IRAs, Keoghs, or work-related pension funds); annuities; trusts or similar agreements; coud ordered settlements; judgments; promissory notes; mortgages or deeds of trust (excluding principal residence); any other real estate or property that is not a principal residence; more vehicles (excluding primary vehicle), which shall include cars, motorcycles, trailers, and both system of Record Application, Enrollment & Renewal Process System of Record Application Process Application Process Application Process Application Process Simplified version used for Path to Health language. Bimplified version used for Path to Health language. Who is eligible under same application Reasonable Opportunity 30 days
System of Record One-x-Connection (OxC) Application Process Applicants must apply through health centers participating in CMSP's new program. Assist help them apply through One-x-Connection. Rights and Responsibilities Language Who is eligible under same application Reasonable Opportunity 30 days
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Language Who is eligible under same application Household income to determine eligibility for all persons. Reasonable Opportunity 30 days
Who is eligible under same applicationHousehold income to determine eligibility for all persons.Reasonable Opportunity30 days
same application Reasonable Opportunity 30 days
Reasonable Opportunity 30 days
Period (for documents)
Application Processing Up to 30 days after all required documentation received.
Deadline
NOA for Approval OxC to send approval NOA, ID and member guide will be sent from AMM.
NOA for Denial OxC to send denial notice.
Eligibility Determination One-x-Connection determines initial eligibility only after application is considered complete
Process After application is submitted by clinic enrollment assisters, CMSP Eligibility Staff shall rev
and approve/deny application.
Member EnrollmentAfter CMSP staff eligibility approval, notice of action (NOA) by OxC. CMSP identification (IProcesscard from AMM, including name, identification number, effective dates of coverage (start end), and CMSP Member Guide (Use of CMSP Extended Primary Care Benefit program) may to applicant.
Change Reporting No reporting of changes during enrollment period, only at renewal.
Renewal Process OxC to send renewal notice 30 days before end of coverage date. At renewal, documenta
of residency, income, and other coverage information.
Program Rules Coverage and Services
Medical Home No medical home (enrollees can seek care at any participating location).
Coverage Start Date Date of application (same as Path to Health). No retroactive coverage.
Coverage Duration Up to 6 months
Covered Services Specified Primary care, outpatient specialized care, medications, laboratory, radiology wit
CMSP's contracted provider network.
Enrollee Share of Cost No Share of Cost (SOC) for medical office visits and medications require co-pay of \$5 per
(SOC) and Co-Pays prescription with a \$1500 limit per enrollment period (same as Path to Health).
Hospital Network N/A
Provider Network Contracting Community Health Centers must participate in enrollment and claiming training
and sign a contract amendment.