

MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION

June 30, 2021

Health Plan of San Joaquin – Via GoTo Meeting Webinar

COMMISSION MEMBERS PRESENT:

Greg Diederich, Chair

Neeleesh Bangalore, MD

Michael Herrera, DO

Brian Jensen

Kathy Miller

Christine Noguera

Chuck Winn

John Zeiter, MD

COMMISSION MEMBERS ABSENT:

Jay Wilverding

STAFF PRESENT:

Michael Schrader, Chief Executive Officer

Michelle Tetreault, Chief Financial Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Cheron Vail, Chief Information Officer

Sunny Cooper, Chief Compliance Officer

Lizeth Granados, Chief Operations Officer

Evert Hendrix, Chief People Officer

James Mark Myles, County Counsel

Sue Nakata, Executive Assistant to CEO and Clerk of the Health Commission

CALL TO ORDER

Chair Diederich called the meeting of the Health Commission to order at 5:02 p.m.

PRESENTATIONS/INTRODUCTIONS

None.

PUBLIC COMMENTS

No public comments were forthcoming.

MANAGEMENT REPORTS

1. Michael Schrader, CEO provided an update on the following:

NCQA Audit

HPSJ is accredited by the National Committee for Quality Assurance (NCQA.) Accreditation demonstrates HPSJ's commitment to optimizing quality according to rigorous standards that include Quality Management, Population Health Management, Network Management, Utilization Management, and Credentialing/Re-Credentialing. HPSJ is audited by NCQA once every three years as the basis for renewing accreditation. The most recent audit was completed on June 2, 2021. On June 23, 2021, NCQA confirmed the renewal of HPSJ's accreditation for another three years, until June 2024. Thank you to Dr. Dhanvanthari and the Medical Management team for completing the NCQA audit with a perfect score for the virtual onsite.

2020 Community Report

This year's annual Community Report commemorates the 25th Anniversary of HPSJ's service to Central Valley residents. The report highlights HPSJ's local governance by the Health Commission, as well as our work through the pandemic to help meet the emerging needs of our community. We look forward to further partnering in our community in the coming year, especially as we begin to implement new programs, including various CalAIM initiatives.

CalAIM Initiatives

Enhanced Care Management (ECM) – Builds on the successful Whole Person Care (WPC) pilot programs administered by certain counties, including SJC. ECM addresses the clinical and non-clinical needs of high-cost, high-need members by targeting homeless populations, frequent ER and hospital admissions, and members with serious mental illness and substance use disorder.

In-Lieu of Services (ILOS) – Cost effective substitutes for Medi-Cal covered services. DHCS strongly encourages MCP's to offer multiple ILOS from the state's menu of 14 options. In HPSJ's Model-of-Care submission to DHCS, management is proposing that our ECM/ILOS program include the 7 of 14 ILOS that are largely related to homelessness, due to the needs of our community. HPSJ's selected options include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Recuperative Care (Medical Respite)
- Short-Term Post-Hospitalization Housing
- Medically Tailored Meals
- Sobering Centers

Upon program implementation, DHCS will not fund the plans for ILOS; plans must approve ILOS on a case-by-case basis through an authorization process. Approvals will need to be medically appropriate and cost effective. The purpose of paying for ILOS is to avoid more expensive Medi-Cal benefits, such as ER visits, inpatient admissions, or extended hospital stays. DHCS assumes that plans will

save a greater amount on avoided Medi-Cal covered services than they spend on ILOS. Plans will need to be judicious for the members and circumstances under which they approve ILOS.

Model of Care for ECM/ILOS – Plans must submit a Model of Care for their proposed ECM/ILOS program in three parts:

1. July 1, 2021 – HPSJ's preliminary ILOS selections and a draft provider network for ECM/ILOS
2. September 2021 – HPSJ provides final ILOS selections and majority of policy and procedures for ECM/ILOS
3. October 2021 – HPSJ finalizes a provider network for ECM/ILOS

As part of the design for the model of care, Lizeth Granados, COO has been leading HPSJ meetings with both SJC and Stanislaus County, HealthNet, Kaiser, Community Medical Centers, Golden Valley Health Centers, Gospel Center Rescue Mission, and Salvation Army, among others. The go-live dates for HPSJ's ECM/ILOS program are January 1, 2022 for SJC and six months later for Stanislaus.

Student Behavioral Health (BH) Incentive Program

DHCS will launch a three-year program, starting January 1, 2022, to make incentive payments related to student BH through managed care plans. The goal is to increase the number of K-12 students who receive BH screenings and early intervention. Incentive payments can be used for initial planning and coordination between plans, schools, and counties, as well as for infrastructure to expand workforce, telehealth capabilities, and access to services. HPSJ is working to coordinate with counties, schools, and providers to conduct an initial inventory of the school-based services that exist today. The purpose of the inventory is to help HPSJ understand where there are opportunities to best use incentive dollars to increase access and utilization when they become available.

County Ordinances for Service Area Expansion

With support from Chair Diederich, Commissioner Wilverding, and Quenny Macedo, County Counsel, the authorization steps for HPSJ's planned expansion into El Dorado and Alpine counties remain on track:

- May 2021 – Health Commission approved redlines to HPSJ's By-Laws and Ordinances
- June 8, 2021 – SJC BOS approved a reading of the Ordinances
- July 13, 2021 – SJC BOS is scheduled to adopt Ordinances and approve By-Laws
- Next Steps – El Dorado and Alpine Counties take their Ordinances to their BOS for reading and adoption, after which, the executed ordinances can be submitted to DHCS before the October 1, 2021 deadline

RFP for Commercial Plans

DHCS is working on the RFP to procure commercial plans for Medi-Cal coverage in various counties. DHCS released the draft RFP in early June for comment from interested stakeholders and will release the final RFP near the end of this calendar year. Starting January 1, 2024, San Joaquin, Stanislaus, El Dorado, and Alpine counties will be served by HPSJ, in addition to one commercial plan selected through the RFP. The commercial plan for SJC and Stanislaus could be different than that for El Dorado and Alpine counties. HPSJ currently competes with HealthNet/Centene for the enrollment of Medi-Cal beneficiaries in SJC and Stanislaus County; HPSJ is the plan of choice for 94% of enrollees in SJC and 86% of enrollees in Stanislaus County.

Related to the RFP, DHCS will move all plans to a standardized contract, affecting commercial and public plans, including HPSJ. In June, DHCS released a draft of the standardized contract language and plans provided comments.

Covid Vaccination Rates

DHCS is concerned about the low vaccination rates for Medi-Cal beneficiaries. While 57% of Californians are fully vaccinated against Covid-19, the rate for the statewide Medi-Cal population is 25% lower. According to DHCS, the vaccination rate for Medi-Cal members varies by county and plan; rates by health plan range from 20% - 30% lower than the rate for all Californians. DHCS is directing plans to commence outreach campaigns to boost Covid-19 immunization rates among membership. Per the direction, text messages and phone calls were sent to HPSJ members who have not been vaccinated. HPSJ is stressing the safety and effectiveness of the vaccines while urging members to go to MyTurn to get vaccinated.

Accountability for Quality Improvement

DHCS announced, for Measurement Year 2021, it will return to imposing corrective actions and financial sanctions on plans that fail to meet quality improvement and accountability policies that were applied prior to the pandemic. Plans are pushing back through the Local Health Plans of California by requesting a continuance until Measurement Year 2022. HPSJ and other plans that serve the Central Valley were disproportionately impacted by the pandemic and may be disadvantaged by this DHCS policy, as regional focus was shifted to address community health needs related to Covid-19.

Moratorium on Eligibility Redeterminations

During the public health emergency, there has been a federal moratorium on disenrolling individuals from Medicaid. As a result, HPSJ's membership has grown from 335,000 in March 2020 to 376,000 currently, the highest membership in HPSJ history. The federal public health emergency is set to expire on December 31, 2021. Beginning January 2022, states will need to sort through their Medicaid enrollment to redetermine who is and is not eligible. In California, these eligibility checks for redetermination are performed by counties, which must work through a nearly 20-month backlog from March 2020 to December 2021, in addition to completing their normal work.

DHCS shared that the state budget specifies a 12-month period for counties to work through the backlog, but that CMS policy only allows for only 6 months. However, Medicaid directors from several states are appealing to CMS to allow for 12 months. The eligibility redeterminations will be prospective from January 1, 2022 and forward.

Upon Mr. Schrader's update, extensive discussions were held with commissioners asking the following questions:

- *Q: Chair Diederich – Does HPSJ's ILOS have the same set of initial offerings as other health plans?*
A: Mr. Schrader – The state is encouraging, but not requiring, health plans that serve the same counties to offer the same ILOS services. Based on the meeting held with HealthNet and Kaiser on June 28, it appears they will offer a subset of the 7 that HPSJ will cover.
- *Q: Chair Diederich – On CalAIM services for homelessness, what is the plan partnership with the Gospel Center Rescue Mission?*
A: Mr. Schrader – HPSJ intends to partner with the Gospel Center Rescue Mission for recuperative care as an ILOS.
- *Q: Chair Diederich – How is HPSJ identifying members who have not been vaccinated?*
A: Mr. Schrader – HPSJ is receiving a weekly data feed from the State of COVID-19 vaccination registry information for our members who have received one or more shots. We

use this information to send text messages and place calls to our members who have not been vaccinated. Staff will continue working with HSA on targeting certain populations.

- *Q: Commissioner Winn – In regard to vaccinations, does HPSJ have data on total numbers of members contacted via text and calls? Concerned that the state does not understand the issues and wanting certain outcomes and goals that are not attainable with tremendous efforts of HPSJ's resources being utilized.*

A: Dr. Lakshmi Dhanvanthari – Does not have exact percentage, however, staff texted over 140k members, with very small response. Out of 140k, only 40 members stated that they either received or are planning on making appointments. Significant numbers did not respond with very few stated they are checking with their physicians first. A few also noted that they have very strong opinion of not getting vaccinated. Staff made calls to over 1k members, with only 38 members responded that they were vaccinated or in the process of getting vaccinated. It's a difficult process in reaching out to members, with very little low response rate.

CONSENT CALENDAR

Chair Diederich presented four consent items for approval:

2. May 26, 2021 SJC Health Commission Meeting Minutes
3. Community Advisory Committee – 6/10/2021
 - a. April 15, 2021 Meeting Minutes
 - b. San Joaquin and Stanislaus County Safe Kids Program
 - c. Telehealth Focus Group
 - d. Passport to Fatherhood (PTF) Program
 - e. Presentation from SJC Public Health Services
 - f. Presentation from Stanislaus Health Service Agency, Public Health Div.
4. Human Resources Committee – 6/21/2021
 - a. April 14, 2021 Meeting Minutes
 - b. Corporate Objective Report and Approval
 - c. Return to Office Plan Overview
5. Finance and Investment Committee – 6/23/2021
 - a. May 19, 2021 Meeting Minutes
 - b. Microsoft 365 E5 License Upgrade Contract

ACTION: The motion was made (Commissioner Bangalore), seconded (Commissioner Noguera) and unanimous to approve the two consent items as presented (8/0).

REPORT ITEMS

6. May 2021 YTD Financial Reports

Michelle Tetreault, CFO presented for approval the May 2021 financial reports, highlighting the following:

- Net Income for May 2021 YTD
 - \$38.6M and is \$63M favorable to budget
 - Predict that the fiscal year will be close to \$10M-\$12M
- Membership

- San Joaquin is 9,891 unfavorable to budget driven by unfavorable variance in the TANF category of aide, offset by favorable variances in all other categories of aide
 - Stanislaus is 91,395 unfavorable to budget; Stanislaus is unfavorable in TANF, SPD's and ACA, and favorable in Duals
 - Membership increased by 2,877 for the month
- Premium Revenue is \$91.4M favorable to budget, driven by \$85.7M of revenue related to the delay in pharmacy carve-out
- Medical Expenses are \$51.1M unfavorable to budget driven mostly by pharmacy expenses of \$79M for Jan-May that were expected to be carved out. This is favorably offset by continued lower utilization of elective procedures related to the Covid-19 Pandemic, \$4M and reduced membership of \$24M
 - Utilization began increasing dramatically during the month of March and continued through May. Utilization appears to be reaching pre-pandemic levels
 - IBNR now reflects an assumption that utilization is at 2019 levels allowing for some pent-up demand
- Prior Period Adjustments – adjustments are related to changes in estimates of IBNR

Upon reviewing Ms. Tetreault's report, Commissioner Bangalore asked, regarding pharmacy carve-out, do health plans have any control to keep it in-house. Ms. Tetreault responded that the plans has been advocating for pharmacy benefit and management stay with the plans, as the impact on care management for the members is even greater concern than the lost revenue, but the state is determined to carve this benefit out.

ACTION: With no additional questions or comments, the motion was made (Commissioner Zeiter) seconded (Commissioner Herrera) and unanimous to approve the May 2021 YTD financial report as presented (8/0).

7. Fiscal Year 2022 Budget

Ms. Tetreault presented for approval HPSJ's FY 2022 budget based on new information from the May Budget Revise that was released on May 14.

Ms. Tetreault's presentation provided an update on the Executive Summary, Budget Assumptions, Opportunities and Risks, New and Reclass Positions (full-time employees) and Capital Expenditures that was previously presented at the May Health Commission meeting:

- Executive Summary
 - FY21 Projected Net Loss (\$16.3M), TNE 730%, net change of \$247k from May report was driven by the following items from the Legislative Analysts Office and information from DHCS
 - \$2.32M revenue, \$2.18M expense, net \$44.7K for Transforming the Behavioral Health (BH) System for Children, effective January 2022
 - \$8.5M revenue, \$8.3M expense, net \$169K for Population Health Management, effective January 2022
 - \$2.43M revenue, \$2.39M expense, net \$48.7K for Eligibility Extension for Postpartum Individuals, effective April 2022
 - \$438K revenue, \$430K expense, net \$8K for Community Health Workers (CHWs) as Medi-Cal Provider, effective January 2022
 - \$7.8M revenue, \$7.8M expense, net neutral bottom line impact for Major Organ Transplant (MOT), effective January 2022
 - \$3.2M revenue, \$3.1M expenses, net \$63K for Enhance Care Management (ECM), effective January 2022

- 2 Program Manager positions to centralize Delegation Oversight functions beginning January 2022
- \$450k consulting expense related to Delegation Oversight
- FY22 Revised Projected MLR is 96.4% - unchanged from May's draft budget
- FY22 Revised Projected ALR 5.0% - unchanged from May's draft budget
- Final Budget Summary Changes:

	Original Budget	Transforming The Behavioral Health (BH) System for Children	Population Health Management	Five-Year Medi-Cal Eligibility Extension for Postpartum Individuals	Community Health Workers (CHWs) as a Medi-Cal Provider Type	Major Organ Transplant - (MOT)	Enhanced Care Management (ECM)	Delegation Oversight	Revised Budget	Change
Membership	4,825,595								4,825,595	-
Revenue	\$ 1,425,479,632	\$ 2,232,700	\$ 8,473,500	\$ 2,434,450	\$ 438,470	\$ 7,767,967	\$ 3,154,999		\$ 1,449,981,719	\$ 24,502,086
Medical Expense	1,380,139,917	2,188,046	8,304,030	2,385,761	429,701	7,767,967	3,091,899		1,404,307,321	(24,167,404)
Admin Expense	63,288,754							581,527	63,870,281	(581,527)
Other Net Revenue & Expense	\$ 1,850,389								\$ 1,850,389	\$ -
Net Income(Loss)	\$ (16,098,650)	\$ 44,654	\$ 169,470	\$ 48,689	\$ 8,769	\$ (0)	\$ 63,100	\$ (581,527)	\$ (16,345,494)	\$ (246,845)
MLR%	96.4%								96.4%	0.0%
ALR%	5.0%								5.0%	0.0%

Upon review of the budget information, the following questions were raised:

- Q: Chair Diederich – With projected loss in TNE, do you anticipate this to change by the end of the fiscal year?
A: Ms. Tetreault – No. We are projecting to be at 730% from 750% TNE at the end of the fiscal year.
- Q: Chair Diederich – Under Risk Corridor, will the state take funds from other plans that made the gain and allocate to those plans that have a loss?
A: Ms. Tetreault – No. Each plan will be independent and will be measured on its own; DHCS will not be pulling from “gainers to losers”.
- Q: Chair Diederich – With organ transplant carved in, is HPSJ negotiating with tertiary hospitals?
A: Ms. Tetreault – HPSJ is not sure at this point as DHCS is working on legislation to require the facilities to accept some part of the Medi-Cal rates. If not successful, HPSJ will need to negotiate contracts for this service.

ACTION: With no additional questions or comments, the motion was made (Commissioner Bangalore), seconded (Commissioner Zeiter) and unanimous to approve the FY 22 Final Budget as presented (8/0).

INFORMATION ITEMS

8. Chief Operations Officer Report – June 2021 Operations Report

Lizeth Granados, COO reported that the June 2021 Operations Report is available in the meeting packet, highlighting the following reports:

- Continue to see increase in enrollment; slight increase compared from May to April
- Member call volume are trending upward; increase in overall calls. Members are continuing to see providers with changes in benefit package as well as change in PCP
- FQHC Utilization – based on March data, utilization is trending upwards with members continuing to see their providers
- ER Utilization – slight increase, but not alarming. Hopeful that members will not be utilizing ER as frequent

9. Chief Compliance Officer Monthly Report

Sunny Cooper, Chief Compliance Officer reported on monthly compliance activities, highlighting the following:

- Fraud, Waste and Abuse (FWA) Incidents
 - In May – two reported incidents were investigated, and one was removed as it was a submission error
 - One incident was referred by DHCS which received an anonymous complaint regarding fraudulent billing practice of an HPSJ contracted provider. This incident is still under investigation
- Privacy Incident Report (PIR)
 - In May – there were 20 privacy incidents investigated, potentially impacting 23,114 members
 - Compliance investigated each incident and determined that 2 of the 20 incidents identified were reportable to DHCS/DOJ
- Delegation Oversight Program Update
- Policy Review Update – CY 2021 goals were finalized in Q1
 - Develop and implement a communication plan for published policies
 - Improve the review and quality assurance process to confirm compliance with new and existing regulatory and contractual requirements
 - Enhance policy owner training for the development and collaboration edits of policies.
 - Continue the CY2020 goal to improve the quality of procedure content, reduction of redundant policies across departments and complete annual reviews by the end of the calendar year
 - As of the May, 77 policies were scheduled for review and 53 were presented to PRC for approval (met 69% goal); mitigation steps are:
 - Communicating the delay regularly: each meeting outlines the policies that are behind schedule by category
 - Barriers with the system: Compliance has streamlined the system access process with IT to reduce errors related to system logins
 - Education and Training: Ad hoc and focused trainings conducted with new and existing staff
 - Implement process improvements based on end user feedback: Continue to solicit feedback for further opportunities to improve the process

- DMHC Audit – June 29 to July 13, 2021
 - File walkthrough session was conducted with the DMHC audit team on 6/21
 - Vendor provided targeted coaching and recommendations within the following area:
 - Grievances and Appeals
 - Access and Availability
 - Access to ER Services and Payments
 - Quality Management
 - Utilization Management
 - Continuity of Care
 - Rx Drug

10. Legislative Update

Brandon Roberts, Government and Public Affairs Manager reported on State Budget updates and Legislatures approved budget, highlighting the following:

- State Budget Update
 - The Legislature again approved a budget framework without first reaching an agreement with the Governor
 - Legislators satisfied their constitutional requirement to adopt a budget by June 15th, but negotiations will continue with the Governor
 - The actual budget deadline is June 30th, the end of the state's fiscal year
 - As of June 21st, a budget agreement between the Legislature and Governor has not yet been reached
 - New legislation must be introduced to reflect any new provisions of the budget agreement
 - Legislation must be in-print for at least 72-house before the Legislature can act
- Legislature's Approved Budget
 - Medi-Cal Budget and Caseload
 - *Medi-Cal Budget* - Approves the Medi-Cal Estimate which proposes \$115.6 billion total funds, including \$21.5 billion GF, \$79 billion in federal funds, and \$15.1 billion in other non-federal funds
 - Includes \$828 million from the Covid-19 Fiscal Recovery Fund of 2021
 - *Medi-Cal Caseload* - Approves caseload estimate which, compared to Governor's Budget, is estimated to decrease by approximately 371,800 average monthly enrollees in 2020-21 and 1,107,400 average monthly enrollees in 2021-22
 - Key Medi-Cal Priorities
 - *Medi-Medi Project* - Expands the Medi-Medi project to support seniors transitioning from Medi-Cal to Medicare
 - *Whole Genome Sequencing* - Adds whole genome sequencing as a Medi-Cal benefit for infants one year of age or younger receiving inpatient hospital services in the ICU
 - *Doula Services* - Approves funds to cover doula services in the Medi-Cal program, effective January 1, 2022
 - *Post-Partum Eligibility* - Extends Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals
 - *Continuous Glucose Monitoring (CGM) Systems* - Adds CGM systems as a Medi-Cal benefit for beneficiaries with Type 1 diabetes, beginning January 1, 2022

- *Community Health Workers* - Approves coverage of services by Community Health Workers in the Medi-Cal program, effective January 1, 2022
- *OTC Acetaminophen and Cough and Cold Products* - Restores OTC acetaminophen and cough/cold products as Medi-Cal benefit
- *Adult Primary Care Screenings, Brief Intervention, and Referral to Treatment (SBIRT)* - Repeals the December 31, 2021 suspension date for Medi-Cal adult primary care SBIRT for the misuse of opioids and other drugs
- *Contiguous Coverage of Children Up to Age 5* - Provides continuous coverage of children up to age 5
- *Telehealth Coverage and Flexibilities* - Makes permanent some flexibilities for Medi-Cal providers to utilize telehealth and requires health plans to cover audio only telehealth services, and to reimburse for services delivered using telephone at the same payment rate as in-person visits
- *Rates for Intermediate Care Facilities for ICF-DDs* - Unfreezes rates for ICF-DDs. and smooths reimbursement rates as these facilities recover from the pandemic
- *Rates for Free-Standing Pediatric Subacute Facilities*. Unfreezes rates for Free-Standing Pediatric Subacute Facilities
- CalAIM - Approved funding for CalAIM with the following components and modifications
 - *ILOS and ECM* - Establishes an incentive payment program for MCPs that meet ILOS and ECM milestones and metrics
 - *NCQA Accreditation* - Authorizes DHCS to require plans and subcontractors be accredited by NCQA, but prohibits deeming, except for credentialing
 - *Health Homes Program Sunset* - Sunsets the program January 1, 2022
 - *CCI and Cal MediConnect Sunset* - Authorizes the sunset of CCI and Cal MediConnect, and authorizes transition to enrollment in D-SNPs
 - *Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services*- Requires continuation of the Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services programs
 - *Enrollee Contact and Demographic Information* - Requires a workgroup to improve collection of Medi-Cal enrollee contact and demographic information
 - *Providing Access and Transforming Health* - Authorizes new incentive payments, grants, or other financial supports in the new PATH program for qualified entities to support select CalAIM components
 - *Population Health Management* - Authorizes funding for the PHM Service, but contingent on the passage of TBL clarifying the parameters, milestones, and requirements for the project
 - *Medically Tailored Meals* - Authorizes the medically tailored meals pilot project TBL to clarify details of the program expansion
- Children and Youth BH Initiative - approves all state operations and other components for the BH service virtual platform but rejects \$73 million funding for the platform in 2021-22 until the project has met the appropriate milestones of the Department of Technology's Project Approval Lifecycle
 - *Three-Party Partnerships* - Supports the incentive program but requires plans to enter a three-party partnership with the county mental health plan and local school districts or county offices of education as a condition of receiving incentive funding
 - Modifies the \$550 million incentive program as follows:
 - \$300 million would support county BH departments in partnership with local schools to provide BH services for students
 - \$50 million would support BH services at institutions of higher learning

- \$200 million would support a competitive grant program for various local entities and CBOs to address BH disparities
- *Dyadic Services* - Adds dyadic services as a Medi-Cal benefit
- *Infrastructure and Mobile Crisis Support Teams* - Approves \$245 million for children and youth focused BH infrastructure, consistent with the proposed allocation of funding for immediate mobile crisis support teams
- *Workforce Initiatives* - Approves \$426.8 million for workforce initiatives at OSHPD
- *Grants for School Mental Health Partnerships* - Augments the MHSA investment by \$200 million for a total of \$250 million for grants for school BH partnerships, and \$5 million for administration of the program

Upon review of Mr. Roberts's presentation, Chair Diederich stated that he is hopeful county will be able to partner with HPSJ on some of the key projects. He then asked, with the delay in funds for public health infrastructure and local health departments, if it was going to be pushed out to July 2022. Mr. Roberts responded that the new budget agreement would specifically delay by one-year the Budget Act funds to LHDs for planning, health equity and racial justice innovation grants, and workforce development. However, the public health infrastructure investments in the Budget Act remain planned for 2021-22.

CHAIRMAN'S REPORT

Chair Diederich announced the following:

- HPSJ just ended the fiscal year and Mr. Schrader has completed his first anniversary with the company
- CEO Performance Ad-Hoc Committee is scheduled for CEO's performance review; communications to Health Commissioners will be going out in July
- Commissioner Larry Ruhstaller resigned and looking for his replacement on the At-Large Community seat
- Dr. Kapre's seat is still vacant, nomination will be submitted by Chair Diederich

COMMISSIONER COMMENTS

No comments were forthcoming.

CLOSED SESSION

At this time, the Health Commission adjourned to Closed Session at 6:31 p.m. Commissioner Jensen did not join the call.

11. Conference with Legal Counsel – Existing Litigation
Gov. Code section 54956.9(d)(1)
Case Names: Richard Hartley vs. HPSJ and Thomas Adams vs. HPSJ
12. Conference with Labor Negotiators
CA Government Code Section 54957.56
Lead Negotiator: Evert Hendrix
Title: Employee Organization
Health Plan of San Joaquin – Pay Grade Recommendations
(7 positions) – approved at Human Resources Committee on 6/21/2021

- Claims Data Analyst
- Sr. Claims Data Analyst
- Sr. Financial Analytics
- Sr. Corp Data Analyst
- Sr. Clinical Analyst
- Mgr., Corporate Analytics
- Mgr., Clinical Analytics

ACTION: A motion was made (Commissioner Bangalore), seconded (Commissioner Miller) and unanimous to approve Item #12 in Closed Session, as presented (7/0).

The Health Commission came out of Closed Session at 7:22 p.m.

ADJOURNMENT

Chair Diederich adjourned the meeting at 7:23 p.m. The next regular meeting of the Health Commission is scheduled for August 25, 2021.