

# **MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION**

**October 30, 2024**

**Health Plan of San Joaquin – Community Room**

## **COMMISSION MEMBERS PRESENT:**

Greg Diederich, Chair

Brian Jensen, Vice-Chair

Lauren Brown-Berchtold, MD

Paul Canepa

Michael Herrera, DO

Ruben Imperial

Jay Krishnaswamy

Christine Noguera

Sandra Regalo

Terry Withrow

Terry Woodrow

## **COMMISSION MEMBERS ABSENT:**

John Zeiter, MD

## **STAFF PRESENT:**

Lizeth Granados, Chief Executive Officer

Betty Clark, Chief Legal and General Counsel

Sunny Cooper, Chief Compliance Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Evert Hendrix, Chief Administrative Officer

Liz Le, Chief Operations Officer

Michelle Tetreault, Chief Financial Officer

Tracy Hitzeman, Executive Director – Clinical Operations

Kirin Virk, Deputy County Counsel

Sue Nakata, Executive Assistant and Clerk of the Health Commission

## **CALL TO ORDER**

Chair Diederich called the meeting of the Health Commission to order at 5:01 p.m.

## **PRESENTATIONS/INTRODUCTIONS**

1. Chair Diederich announced the retirement of Christine Noguera and the resignation of Dr. Matthew Minson from the Health Commission. Dr. Minson's seat will be replaced by Jim Diel, Chief Assistant Director of El Dorado County, who will officially join the Health Commission as of December 1, 2024. He thanked both commissioners for their time and service and wishing them both much success.

Commissioner Noguera thanked the Health Commission and staff and noted that she enjoyed being part of an organization that makes a difference every day for members and the community.

2. Chair Diederich announced that The Amelia Ann Addams Whole Life Center has been recognized by the Association for Community Affiliated Plans (ACAP) as a recipient of ACAP's 2024 Supporting the Safety Net Award. The Supporting the Safety Net Award honors a community-based organization or individual whose work goes the extra mile. Their work is recognized as a best practice that can be replicated in the safety net environment.

Flandra Williams on behalf of the Amelia Ann Adams Whole Life Center accepted the award and thanked both the Health Commission and ACAP for the special recognition and the opportunity for them to work and give back to the community.

## **PUBLIC COMMENTS**

No public comments were forthcoming.

## **CONSENT CALENDAR**

Chair Diederich presented four consent items for approval:

3. September 25, 2024 Health Commission Meeting Minutes
4. Community Advisory Committee – 10/17/2024
  - a. August 8, 2024 Meeting Minutes
  - b. D-SNP
  - c. Childhood Lead Prevention
  - d. Community Health Needs Assessment Focus Group
  - e. HPSJ/MVHP Behavioral Health Program Update
5. Finance and Investment Committee – 10/23/2024
  - f. September 18, 2024 Meeting Minutes
  - g. Coffey Communications Contract
6. Human Resources Committee – 10/30/2024
  - h. August 28, 2024 Meeting Minutes
  - i. Policy Update
    - i. Recruiting and Section Policy
    - ii. Incentive Policy

**ACTION:** With no questions or comments, the motion was made (Commissioner Canepa), seconded (Commissioner Noguera) and unanimous to approve the four consent items as presented (11/0).

## **DISCUSSION/ACTION ITEMS**

### **7. Moss Adams Auditors Report – Fiscal Year 2024 Audited Financials**

Rianne Suico, Eleanor Garibaldi and Brian Connor of Moss Adams joined the meeting to present the organization's audit results for fiscal year 2024. Moss Adams' audit objectives were to issue an opinion about whether Health Plan's combined financial statements are reasonably stated and free of material misstatement in accordance with generally accepting accounting principles, consideration of internal controls, highlighting the following:

- Unmodified Opinion – financial statements are fairly presented in accordance with generally accepted accounting principles
- Combined Statements of Net Position (in thousands) - \$2,006,212 in 2024 compared to \$1,539,027 in 2023
  - Assets and Deferred Outflows of Resources
  - Liabilities, Deferred Inflows of Resources, and Net Position
- Operations
  - Total Operating Expenses (in thousands) - \$1,579,802 in 2024 compared to \$1,434,678 in 2023
  - Historic Actual Claims Liability as a % of Capitation and Premium Revenues is 8.76% in 2023
  - Tangible Net Equity (TNE) in thousands – \$825,096 in 2024 compared to \$686,303 in 2023
- Included in the report were the following important Board Communications:
  - AU-C Section 260 – The Auditor's Communication with Those Charged with Governance
    - Significant accounting policies
    - Accounting estimates are reasonable
    - No audit adjustments
    - No issues discussed prior to our retention as auditors
    - No disagreements with management
    - No awareness of instances of fraud or noncompliance with laws and regulations

Upon Moss Adams' report, the following questions were raised by commissioners:

**Q:** Canepa - On Historic Claims Liability and Historic Actual Claims Liability, how is the variable consistent?

**A:** Suico - Projection is spread between assumption liability vs. actual estimate liability. The spread is to be consistent, so that management estimates are to be accurate long-term.

**Q:** Withrow - Where is HPSJ/MVHP's TNE in comparison to the state?

**A:** Suico – It is a healthy TNE and consistent to the other plans in the state. Moss Adams audits approximately 90% of public plans in the state.

**A:** Tetreault – The healthy reserves are important in order to weather the financial challenges expected. We are seeing contraction in our rates (retroactive rate decrease of 3% for calendar year 2023 and .75% for calendar year 2024, and rates received for 2025 with a .6% decrease. Utilization trends and contract rate trends are climbing).

**Q:** Herrera – What is TNE and what is capitation?

**A:** Tetreault –Capitation is a rate that is determine for delivering a set of services that are define; some services could cost us more than others.

**A:** Diederich - TNE is reserves that we need to have so that we are able to still run our business if we are in the red.

**Q:** Canepa - What is short term investments and what makes it up?

**A:** Garibaldi – short term investments are investments with maturities within 3 months from the financial statement date.

Michelle Tetreault, CFO thanked the finance team on their efforts for a successful and great audit. She also noted that there was a positive \$8M difference from the June draft audit to the current audit due to accruals on reinsurance.

**ACTION:** With no additional questions or comments, the motion was made (Commissioner Jensen) seconded (Commissioner Regalo) and unanimous to approve the Moss Adams Report for FY 2024 audited financials as presented (11/0).

#### 8. July and August FY 2024 Financial Reports

Ms. Tetreault presented for approval the July and August FY 2024 financial reports, highlighting the following in the August financials:

- Premium Revenue is -\$9.7M unfavorable (-\$9.39 PMPM) to budget YTD as of August 2024, primarily due to DHCS's rate adjustment for CY 2024
- Managed Care Expenses are +\$3.9M favorable (+\$2.73 PMPM) to budget YTD, primarily driven by -\$5.2M unfavorable in Institutional and Professional services, offset by re-insurance recoveries being more favorable than the anticipated recoveries in the budget
- Net Other Revenues and Expenses are +\$1.1 M favorable (+1.36 PMPM) to budget YTD primarily due various incentive program activities budgeted but not yet performed
- Administrative Expenses are +\$2.1M favorable to budget primarily due to lower than budgeted personnel costs of +\$0.5M and consulting expenses of +\$1.5M
- Prior period adjustments of -\$12.9M were primarily related to rate adjustments for CY 2024 and changes in estimates of IBNR
- Investment Income August YTD, \$7.4M in Unrealized Gains (Loss) on Investment and \$9.6M in Interest Income compared to the budget of \$11.2M

Upon review of the financials, Commissioner Imperial asked if the state reduces rate payment, will HPSJ/MVHP remain the same payment to providers and will we be paying the difference. Ms. Tetreault noted to the affirmative and stated that it could create some losses. We don't reduce our rates for providers even when state reduces our rates. The rate is coming at lower than budget from the state which will have significant impact to our bottom line.

**ACTION:** With no further questions or comments, the motion was made (Commissioner Brown-Berchtold) seconded (Commissioner Withrow) and unanimous to approve the July and August FY 2024 financial reports as presented (11/0).

#### 9. D-SNP Product Name

Evert Hendrix, CAO presented for approval the new D-SNP Product Name, which aligns with the application and licensing based on the following research criteria:

- Evaluated regulatory requirements- for example, use of “DSNP” in name, including HMO, is required
- Evaluated market, business development strategy and brand attributes
- Evaluated competitor naming approach- trends, differentiators, position in the market
- Considered naming strategy used by sister plans

The Product Name presented for approval were:

- Mountain Valley Health Plan Advantage (HMO D-SNP)
- Health Plan of San Joaquin Advantage (HMO D-SNP)

Upon review of Mr. Hendrix's proposal, the following questions were raised:

**Q:** Diederich - Do we have to do marketing and sales for this new product?

**A:** Hendrix - With Medi-Cal, we don't have a traditional sales function, we do a lot of health education and community involvement activities. However, with Medi-Care model its very competitive, which we will need to have a sales and marketing group that is robust in order to be competitive.

**Q:** Jensen - Is there a minimum breakeven point to justify?

**A:** Granados – We have to organically grow the product line with 15,000 members and anticipate a loss of the product line in the first 5-7 years. A lot of infrastructure will need to be created for us to be successful.

**Q:** Canepa – Are we looking to bundle this program with Medicare and Medicaid?

**A:** Granados – Yes, there will be a lot of education to existing members that will age into Medicare and new members in educating them to select the D-SNP product.

**A:** Hendrix - The infrastructure and brand will be similar to a Medicare Advantage product.

**ACTION:** With no further questions or comments, the motion was made (Commissioner Jensen) seconded (Commissioner Canepa) and unanimous to approve the D-SNP Product Names of HPSJ Advantage (HMO-DSNP) and MVHP Advantage (HMO-DSNP) as presented (11/0).

#### 10. QIHEC Committee Report – 9/18/2024

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QIHEC Committee meeting report for 9/19/2024, highlighting the following committee meetings, work plans, program descriptions, policies updates and reports that were reviewed and approved:

##### Quality and Health Equity Program Description 2024-2025

###### Summary of QIHE Program Changes

- New job description- Executive Director of Quality and Health Equity
- Updated reporting relationships
- Expanded description of Network Management and practitioner involvement in Quality
- Quality Improvement Project Framework
- Expanded Population Health Management and Health Equity descriptions throughout

#### Continuity and Coordination of Care Quality Project Priorities

- NCQA has changed the focus of health plan accreditation quality standards scoring from evaluating processes to evaluating outcomes
  - Diabetic Eye Exams
  - Prenatal and Postpartum Care
  - “Many” Behavioral Health measures including follow up after high intensity and hospitalization visits

#### Institute for Health Improvement- Child Health Equity Collaborative Project

- Improving the rate of well visits for 15–18-year-olds in Ceres at Golden Valley Health Centers (in process)

#### Regional Quality and Equity Improvement Initiatives- DHCS Projects

- Controlling Blood Pressure- Punjabi Speaking members (in process)
- Childhood Vaccinations for two-year-olds, to address the declining flu rates (in process)

#### Significant Changes to the work plan includes:

- Alignment with Quality and Health Equity Program requirements of the 2024 DHCS contract
- Equity and Performance Improvement sections added
- Flagged items that carry over from prior year
- Increased attention to member experience
- Added approval dates and reporting requirements for the programs

#### Facility Site Review Update FY 23-24 Q4

Quarter 4 - Total of 41 site audits conducted consisting of 12 Facility site Reviews (FSRs), 17 Medical Record Reviews (MRRs) and 12 Physical Accessibility Review Survey (PARS).

##### **SJ County** - 26 PCPs were audited

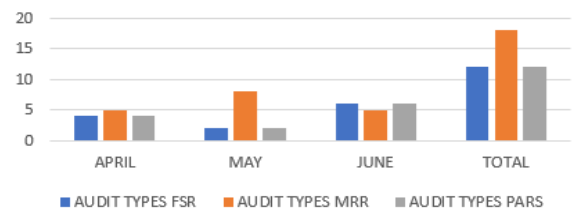
- FSR/MRR CAPs were closed, 2 FSR non-CE and 3 MRR CAPs are still open, due to provider-related factors

##### **ST County** - 4 PCPs were audited

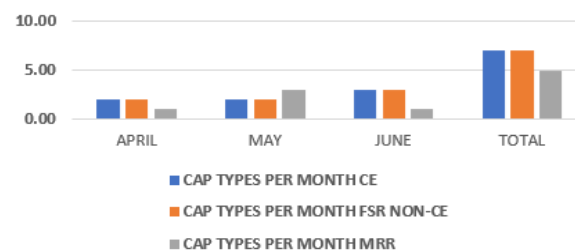
- One MRR CAP is still open by the time of this reporting due to provider-related factors

The FSR Team rendered pre and post audit technical assistance and support to audited providers for the identified deficiencies during their respective sites' review. To sustain improvements: there were interim audits, grievance monitoring, and provider service referrals.

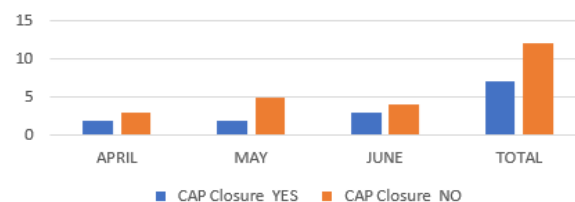
**AUDIT TYPES PER MONTH**



**AUDIT CAPs PLACED PER MONTH**



**CAP CLOSURE PER MONTH**



Appeals, Potential Quality Issues: FY 23-24 Q3

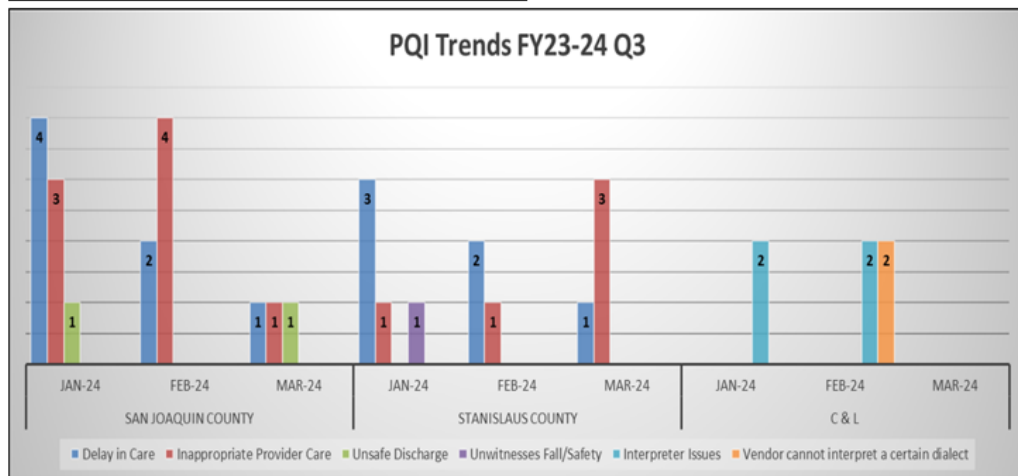
The Grievance & Appeals log is in the Commission Packet with all the QIHEC documents.

FY 23-24 Appeals	Q1	Q2	Q3
San Joaquin County	15	35	32
Stanislaus County	24	30	30
El Dorado County			1
Alpine County			0

**Appeals All Counties: 63**

➤ **Benefits & Coverage: 29**

➤ **Medical Necessity: 34**



**PQI Trends:**

- Delay in Care: 13
- Inappropriate Pvd. Care: 13

**PQI Trends related to C & L:**

- Interpreter issues with understanding/translating: 4

- ❖ 10 out of 35 PQI's were referred internally
- ❖ 25 out of 35 PQI's were opened from a grievance

\* Alpine County received zero appeal requests for FY23-24 Q3.

Member Experience: Medicare Stars- quadruple weighting on Member Experience Measures

The Member Experience Taskforce launched March 20, 2024. This workgroup, reviews various internal processes and topics that impact member experience, including:

- Grievances
- Appeals
- Transportation requests and services
- Marketing
- Cultural and Linguistic Services
- Provider Network Adequacy

Quarterly Member Surveys starting 9/3/24

- Focused on FQHCs that represent the largest provider groups within the network.
- Includes members with recent evidence of services
- Questions are focused on access, coordination of care, & patient-provider relationship

Behavioral Health Member Experience survey. Increase response rate by 3% by 12/31/2024. Q4 Update: add BH supplemental questions to CAHPS

- New survey was developed to target members with behavioral health claims as evidence of service utilization. Survey focuses on access, service, quality and equity

Health Equity Accreditation- May 2025

Six Health Equity accreditation sections that support equity through:

- Human resources and recruitment practices that support diversity. Training individuals on culturally competent care and reducing bias
- Processes that support non-stigmatizing sexual orientation and gender identity (SOGI) and Race, Ethnicity and Language (REaL) data collection honoring members right to privacy. Implementing systems that support data collection and reporting
- Robust language access and interpretation services
- Improved cultural and linguistic congruence between practitioners and members through increased transparency
- Robust cultural and linguistic program documents
- Reducing health disparities identified in quality monitoring and member experience metrics through root cause identification and activities aligned with removing barriers
- *ON TRACK*

*Audits and Oversight Committee – August 6, 2024: Readiness Assessment: Pre-Delegation*

<b>Entity Name &amp; Business Function</b>	<b><u>Dignity Health Medical Foundation (Dignity Health)</u></b> – Offers primary and specialty care virtually and in-person at clinics and hospitals
<b>Intent</b>	To assess capacity to perform Credentialing functions on behalf of Health Plan.
<b>Audit Scope</b>	<ul style="list-style-type: none"> <li>• Credentialing Program Review</li> <li>• Initial Credentialing and Recredentialing File Review*</li> <li>• Medi-Cal Provider Enrollment Verification*</li> <li>• Provider Data Reporting (274-lite Implementation)</li> </ul>
<b>Audit Process</b>	Policy Review, File Review, Interviews, System Walk-Through
<b>Audit Outcome</b>	Entity received one-hundred percent (100%) across all areas following preliminary findings process and received 'Partially Met' for Provider Data Reporting.
<b>Final Recommendation</b>	AOC approved the recommendation to delegate Credentialing to Dignity Health and will continue to work collaboratively to ensure implementation of the 274-lite file.

*cont'd...next page.*



*Audits and Oversight Committee – August 6, 2024: E-Vote Recap*

Entity Name	San Joaquin General Hospital	Integrity Advantage	SJ Centers Service Agency A	Community Medical Center	24-Hour Home Care	St. Mary's Community Services
E-Vote Request Date	06/13/24	06/26/24	07/12/24	07/23/24	07/25/24	07/29/24
Audit Type	Readiness Assessment	Readiness Assessment	Annual Audit	Annual Audit	Baseline Audit	Baseline Audit
Audit Scope	<ul style="list-style-type: none"> <li>•Enhanced Care Management</li> <li>•Community Support Services</li> </ul>	HIPAA, FWA, and IT/Security	Enhanced Care Management	<ul style="list-style-type: none"> <li>•Enhanced Care Management</li> <li>•Community Support Services</li> </ul>	<ul style="list-style-type: none"> <li>•Community Support Services</li> <li>•HIPAA, FWA, and IT/Security</li> </ul>	<ul style="list-style-type: none"> <li>•Enhanced Care Management</li> <li>•Community Support Services</li> <li>•HIPAA, FWA, and IT/Security</li> </ul>
Motion Carried Approve/ Deny	Approved	Approved	Approved	Approved	Approved	Approved

Upon review of Dr. Lakshmi's report, Commissioner Canepa asked what the base line audit is. Dr. Lakshmi responded that baseline audit is conducted once a provider is onboarded and an annual audit is conducted annually.

**ACTION:** With no additional questions or comments, a motion was made (Commissioner Jensen) and seconded (Commissioner Brown-Berchtold) to approve the QIHEC Committee Report for 9/18/2024, QIHETP Program Description FY 2024-2025, and QIHETP Work Plan FY2024-2024 as presented (11/0).

*Peer Review & Credentialing Committee Report- September 12, 2024*

Dr. Dhanvanthari submitted for approval the Peer Review and Credentialing Committee report for September 12, 2024:

- Direct Contracted Providers: 138
  - Initial Credentialed for 3 years = 91
  - Initial Credentialed for 1 year = 3
  - Recredentialed for 3 Years = 40
  - Recredentialed for 1 Year = 3
- Clean File Initial Credentialing Sign Off Approval by CMO: 1
- Clean File Recredentialing Sign Off Approval by CMO: 0

**ACTION:** With no questions or comments, a motion was made (Commissioner Jensen) and seconded (Commissioner Brown-Berchtold), with abstention by Commissioner Herrea to approve the Peer Review and Credentialing Committee report for September 12, 2024, as presented (10/1).

## **INFORMATION ITEM**

### **11. CEO Update**

Lizeth Granados, CEO, stated, due to time constraints, management reports are available in the meeting packet for commissioner's reference, highlighting only on the Auto Assignment Methodology and Implications for Health Plan Membership.

The Department of Health Care Services (DHCS) intends to revise the Auto Assignment Incentive Program methodology. Under the program, higher-performing Medi-Cal plans are rewarded with a larger share of assigned enrollees who do not select a plan. Historically, the Auto Assignment methodology relied on Healthcare Effectiveness Data and Information Set (HEDIS) measures focused on quality, access, and timeliness of care.

Proposed Changes for 2025 would shift from HEDIS data scores to an Accountability and Quality Framework Score. This shift is likely to negatively impact Health Plan enrollment, as the new methodology favors our lower-performing competitors.

Health Plan and our trade association representatives are collaborating with DHCS to advocate for an alternative methodology. Mitigation strategies are needed to address potential fluctuations in auto assignment distribution

### **12. COO Update on Transitional Rent**

Liz Le, COO provided an update on Transitional Rent, noting that this is the first mandatory Community Support service under California Advancing and Innovating Medi-Cal (CalAIM) that will be provided through the Medi-Cal Managed Care Delivery System.

Statewide launch as a Community Support service:

- Optional Coverage 1: 01/01/2025
- Optional Coverage 2: 7/1/2025
- Mandatory Coverage: 01/01/2026
  - HPSJ/MVHP is working towards going live no later than 01/01/26
  - Covers up to 6 months of rent for members experiencing homelessness and meet certain additional eligibility criteria

To be eligible, members must:

- Meet clinical risk factors
- Experience or at risk of homelessness
- Specified transitioning populations (e.g., transitioning out of correctional facility setting, homeless shelter, short-term post hospitalization)
- Members authorized for Transitional Rent will automatically be eligible for Enhanced Case Management (ECM) and Housing-Trio specific Community Supports (Housing Deposits, Housing Tenancy and Sustaining Services, Housing Navigation)

The program goals are to:

- Ensure access to rental support for members with significant behavioral health needs
- Standardize the referral process for rent support by implementing a universal referral template
- Allow County Behavioral Health to directly authorize Transitional Rent for members under their care
- Improve overall health outcomes that have been shown to result from stable housing

Coordination with County Partners:

- Establish connection with the following County agencies to ultimately have the members receive permanent housing supports:
  - Continuums of Care (CoC)
  - Public Housing Agencies (PHA)
  - County Behavioral Health
  - Landlords/Housing Providers
  - Transitional Rent Providers
- Alignment of efforts will be key, including:
  - Intake and documentation process into the Coordinated Entry System and Homeless Management Information System (HMIS) to ensure non-duplication of services
  - Information and data sharing to support members through the transition and reduce any duplication of services and any administrative burden
  - Working together to maximize the uptake of any federally funded housing supports such as housing vouchers
  - Assist members in locating and applying for an apartment unit

Next Steps:

- DHCS:
  - Release finalized CalAIM Transitional Rent Policy Guide
  - Release Model of Care (MOC) template
  - Determine approach on payment methodology
- HPSJ/MVHP:
  - Continue to collaborate with community partners for implementation planning
  - Establish a Transitional Rent Provider Network

Upon review of Ms. Le's presentation, Commissioner Imperial asked if the state have rates or out of fund balance. Ms. Le responded that DHCS is still working on reimbursement structure; haven't received the details of what it will look like as we need to ensure that we are able to adhere to the costs.

13. Compliance Bi-Monthly Report

Sunny Cooper, CCO provided an update on the Compliance Bi-Monthly report, highlighting the following:

FWA Cases June thru August 2024

PIU processed 11 new leads, of which three were converted into actional cases. The three allegations were related to (1) Kickback, (2) Member Fraud, (3) Overutilization. All 3 cases were referred to DHCS timely, i.e., within 10 working days.

Opening Case Count (as of June 1)	28
New Cases Opened	3
Cases Closed	6
Ending Open Case Count (as of Sept 30)	25

### Upcoming 2024 DHCS Regulatory Audit

HPSJ/MVHP received a notification from DHCS for the 2024 annual routine medical survey. The survey is a comprehensive evaluation of Health Plan's compliance with managed care laws and regulations and contractual requirements. The audit covers the following areas:

- 1) Utilization Management
- 2) Case Management and Coordination of Care
- 3) Access and Availability
- 4) Member Rights
- 5) Quality Improvement
- 6) Administrative and Organizational Capacity
- 7) State Supported Services

#### Audit Timeline:

- 1) Audit Period (Lookback Period): 08/01/23 – 07/31/24
- 2) Virtual Audit Interviews & System Demonstrations: 10/28/24 – 11/08/24
- 3) Internal Mock Audits: September and October. Sixteen (16) mock audits scheduled + ad hoc follow-up mock audits based on needs
- 4) Data/Documents Collection: 275+ deliverables, including P&Ps and universe of files, submitted and subsequent 12 categories of case samples (selected from the universe of files) were submitted to DHCS prior to the virtual onsite interviews

### Third Party Audit

Audit & Oversight (A&O) is currently performing annual audits on fifty-three (53) ECM/CSS providers to ensure their ability to perform and adhere to regulatory requirements. Priorities have been given to forty-four (44) Tier 1 & 2 entities. Below are their statuses as of 10/09/24:

- Completed = 13
- In-Progress = 28
- On-Hold = 3\* - \*3 Tier 1 audits are currently on hold due to various issues observed during the audit process which were escalated for mitigation with the Provider Contracting and Operations teams.

#### Carelon Behavioral Health, Inc. (Carelon)

- The Carelon contract termed effective 9/30/2024, and all ongoing oversight activities have been completed
- As of 9/19/2024, all twenty-two (22) CAPs have been closed

### LA Care Settlement with DHCS/DMHC

On October 8, 2024, DHCS/DMHC reached settlement agreements with L.A. Care Health Plan, requiring it to improve operations to ensure timely access to necessary health care for its members.

L.A. Care is required to enhance its operations, including:

- Timely care authorizations,
- Handling member grievances, and
- Ensuring quality care from contracted providers

DHCS/DMHC sanctioned LA Care with \$55 million. L.A. Care is required to:

- Contribute \$28 million to support health equity and behavioral health programs in the Los Angeles County over the next three years
- Pay a financial penalty of \$27 million

14. Legislative Update

*Refer to meeting packet.*

**CHAIRMAN'S REPORT**

Chair Diederich announced that he has accepted the CEO position at Community Medical Centers (CMC) and will be starting on November 15, 2024; this will be his last meeting chairing the Health Commission. The county has appointed Genevieve Valentine as the Interim Director of HSA.

Commissioner Canepa showed his appreciation and thanked Chair Diederich of his service and leadership to the Health Commission.

Vice-Chair Jensen stated, for the past 13 years, Chair Diederich has been instrumental, knowledgeable and is well knitted into the community with his expertise. He has helped HPSJ/MVHP to achieve results in additional membership and thanked him for all that he has done for the health plan and the Health Commission.

Chair Diederich announced, with his and Commissioner Noguera's departure, the following commissioners has been appointed to the following committees:

- Finance and Investment Committee – Commissioner Terry Withrow
- Community Reinvestment Committee – Commissioners Ruben Imperial and Sandy Regalo
- Human Resources Committee – Commissioners Ruben Imperial and Jay Krishnaswamy

**COMMISSIONER COMMENTS**

No comments were forthcoming.

*At this time, the Health Commission adjourned to Closed Session at 6:58 p.m.*

**CLOSED SESSION**

15. Closed Session – Trade Secrets  
Welfare and Institutions Code Section 14087.31  
Title: Quarterly FY 24-25 Corporate Objectives Update

*The Health Commission came out of Closed Session at 7:09 pm.*

**ADJOURNMENT**

Chair Diederich adjourned the meeting at 7:09 p.m. The next regular meeting of the Health Commission is scheduled for December 11, 2024.