

MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION

March 29, 2023

Health Plan of San Joaquin – Community Room

COMMISSION MEMBERS PRESENT:

Greg Diederich, Chair

Brian Jensen, Vice-Chair

Neelesh Bangalore, MD

Paul Canepa

Michael Herrera, DO

Christine Noguera

Miguel Villapudua

Jay Wilverding

COMMISSION MEMBERS ABSENT:

Farhan Fadoo, MD

Elyas Parsa, DO

John Zeiter, MD

STAFF PRESENT:

Michael Schrader, Chief Executive Officer

Evert Hendrix, Interim Chief Executive Officer

Victoria Hurtado, Chief Information Officer

Sunny Cooper, Chief Compliance Officer

Lizeth Granados, Chief Operations Officer

Michelle Tetreault, Chief Financial Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Priti Golechha, MD, Assistant Chief Medical Officer

Tracy Hitzeman, Executive Director – Clinical Operations

Quendrith Macedo, 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 5:08 p.m.

PRESENTATIONS/INTRODUCTIONS

On behalf of the San Joaquin County Health Commission, Chair Diederich thanked Michael Schrader for his leadership, service to the plan and its members, as CEO of Health Plan of San Joaquin.

Under Mr. Schrader's three years of leadership, HPSJ has partnered within the community and beyond to meet the needs of members throughout the Covid-19 pandemic, which placed unprecedented strain on our health care systems and disproportionately affected residents of our region.

HPSJ partnered to launch the rigorous and ambitious CalAIM initiative, which creates new opportunities for the plan to work across sectors to help address social drivers of health and optimize health equity as well as partnering to expand the service area from San Joaquin and Stanislaus into Alpine and El Dorado, increasing the visibility of HPSJ and strengthens regional collaborations to improve health.

Additionally, under Mr. Schrader's leadership, HPSJ has leveraged resources to help address community homelessness through supportive housing, enhanced care management, and community supports. He helped address safety-net workforce challenges through grants and scholarships and meet the behavioral health needs of children through partnerships with K-12 schools.

Mr. Schrader stated that it was an honor to work at HPSJ and with the Health Commission and leadership team. He noted that the governing commission sets the tone for the plan in thinking of the greater good for the community and coming together as one; a difference that does not exist in every county. He is grateful for the three years of being with HPSJ and stated that the plan is solid with a strong leadership team and excellent group of directors and staff working towards the mission.

PUBLIC COMMENTS

No public comments were forthcoming.

MANAGEMENT REPORTS

1. CEO Report

Evert Hendrix, Interim CEO thanked the Health Commission for the opportunity in giving him a chance to learn, grow and develop during this interim period. He also thanked Mr. Schrader on his mentorship and assisting with the executed leadership transition plan.

CEO Transition

- Internal Leadership Transition Strategy
 - Executing a seamless transfer of responsibilities from outgoing CEO to our interim CEO
 - Notifying key external stakeholders of HPSJ's leadership transition
 - Leveraging expertise from the executive team
 - Continuing HPSJ's reputation for excellence throughout permanent CEO search

- 90-Day Action Plan
 - Finalizing the Fiscal Year (FY) 2023-24 Budget
 - Developing FY 2023-24 Corporate Objectives

- Preparing to serve Alpine and El Dorado Counties
- Supporting service area counties through their processes for redetermining the eligibility of Medi-Cal beneficiaries
- Executing the 2024 Medi-Cal managed care contract with the Department of Health Care Services
- Retaining and recruiting talent for critical roles

Strategic Planning Update

Margaret Tatar of HMA and Mr. Hendrix presented on the draft three-year Strategic Plan, noting that the team will be presenting the final draft for Health Commission approval in April upon final revisions. The Strategic Plan will guide work in HPSJ's current counties and new service areas, reflecting input from HPSJ staff solicited through surveys and All-Staff meeting, qualitative interviews with elected officials, commissioners, and providers, and discussions at ad-hoc committee meetings to identify and distill key themes.

The following were highlighted in the draft plan:

- Approach to developing the FY 23-26 Strategic Plan framework with updates to the four Anchors
- Medi-Cal landscape
- Updates on HPSJ's Mission, Vision, and Values
- Key stakeholder interviews

Upon review of the strategic plan report, Chair Diederich asked under the four pillars, if the subset results will be reflected in the annual corporate objectives. Mr. Hendrix noted to the affirmative and stated that the corporate objectives are the subsets of the four pillars.

Vice-Chair Jensen stated, as part of the ad-hoc committee, he was impressed with the process as it was very thorough and inclusive with the executive team as there was a lot of passion and engagement. He appreciates the incorporation of the stakeholders and staff's feedback.

CONSENT CALENDAR

Chair Diederich presented two consent items for approval:

2. February 22, 2023 SJC Health Commission Meeting Minutes
3. Finance and Investment Committee – 03/22/2023
 - a. February 15, 2023 Meeting Minutes
 - b. Inovalon Implementation Contract

ACTION: With no questions or comments, the motion was made (Commissioner Villapudua), seconded (Commissioner Herrera), to approve the two consent items as presented (8/0).

Commissioner Villapudua left the meeting at this time.

REPORT ITEMS

4. Resolution 2023-02 SJC By-Laws Amendment

Sunny Cooper, Chief Compliance Officer, presented for approval revisions to the By-Laws Article 5, noting that the California Department of Health Care Services proposed contractual agreement to be executed on January 1, 2024 places certain requirements on the Health Plan of San Joaquin to make certain modifications to the impacted committees. The impacted Committee titles in the By-Laws must comply with the Department of Health Care Services contractual requirements; therefore, the Quality Management Utilization Management Committee and Community Affairs Committee are renamed as Quality Improvement and Health Equity Committee (QIHEC), and Community Advisory Committee (CAC).

County Counsel has reviewed and concurred with the proposed revisions to the By-Laws. Upon Health Commission approval, the resolution will be forwarded to the County Board of Supervisors (BOS) for approval.

Chair Diederich stated, in the past five years, the Health Commission has twice submitted to the BOS changes on the county ordinance. Upon Commission approval, he will submit to the BOS for approval on the changes per DHCS' requirement.

ACTION: With no questions or comments, the motion was made (Commissioner Jensen), seconded (Commissioner Herrera), to approve Resolution 2023-02 SJC By-Laws Amendment as presented (7/0).

5. January 2023 YTD Financial Reports

Michelle Tetreault, CFO presented for approval the January 2023 YTD, highlighting the following:

- Net Income is \$115.4M and is \$108.1M favorable to budget
- Premium Revenue is \$19.2M (2.6%) favorable to budget YTD, driven by variation in the mix of membership by category of aid (COA) compared to the mix assumed in the budget
- Membership is favorable to budget by 22,494 which is driven primarily by increased membership in the COAs with higher rates (SPD, Dual, ACA, and Adult), resulting in a more favorable average PMPM revenue than budgeted
- Managed care expenses are \$47.5M (6.9%) favorable to budget YTD, primarily due to favorable variances in institutional and professional categories of service
 - A 3% increase in medical expenses was factored into the current year budget in anticipation of contract changes expected to go into effect during FY23
 - The increase was spread pro-rata through the fiscal year in the budget, however, only a handful of contract revisions have been finalized to date resulting in approximately \$17M of the favorable variance YTD due to timing
 - Approximately \$26M of the YTD favorable variance is due to lower utilization than what was factored into budget
- Other Program Revenues and Expenses (Net) - A total of \$8M in program revenue and \$3M in program expense has been recognized YTD related to various DHCS incentive programs, a net \$5.1M favorable impact to budget. The favorable variance is primarily due to differences in timing of the program activities compared to budget
- Administrative expenses are \$3.6M favorable to budget YTD primarily due to lower than budgeted IT consulting cost of \$1.5M and personnel costs of \$1.5M

- Temporary variances are expected to be reversed later in the current fiscal year
- Prior period adjustments are primarily related to changes in estimates of IBNR of \$8M, and reserves for disputed claims of \$7.5M

Ms. Tetreault also reviewed with the commission, the non-utilizer comparison of budget basis to FY '22 and '23 actuals, on members who have not received a fee for service claim in the last 12-months. She stated, upon the onset of Covid-19, HPSJ had 94k non-utilizers and by June 2020, the plan had just over 98k non-utilizers, continuing to grow from 98k to 127k between 2020-2022. The budget did not anticipate this significant increase in the number of non-utilizers, impacting HPSJ's favorability to budget.

Upon Ms. Tetreault's report, commissioners raised the following questions:

Q: Jensen – Do we have any sense why non-utilizers are non-utilizers? Are they not healthy or not accessing care?

A: Tetreault – Based on the moratorium on redetermination terminations, many of our members may also have other health coverage that they didn't have before the pandemic (likely not utilizing services). Since the definition of non-utilizer is a member without FFS claims in the prior 12 months, there may be primary care services delivered and billed as a zero paid capitation claims. More work is being done to better understand, but that is the biggest impact.

Q: Diederich - For non-utilizers fee-for-service, will this also impact our HEDIS scores (lowering our HEDIS scores)?

A: Tetreault – It may, in looking at subset of these utilizers from a primary care perspective.

ACTION: With no additional questions or comments, the motion was made (Commissioner Jensen) seconded (Commissioner Herrera) and unanimous to approve the January 2023 YTD financial reports as presented (7/0).

6. Provider Recruitment Grant

Lizeth Granados, Chief Operations Officer submitted for health commission approval, the Provider Recruitment Grant (PRG) Program, initiating the program to be effective 07/01/23 to begin network expansion efforts in El Dorado and Alpine Counties in advance of serving members beginning 01/01/24.

HPSJ has developed a three-year Provider Recruitment Program to offer grant funding to contracted FQHCs, FQHC Look-Alikes, American Indian Health Centers and RHCs to recruit individual providers who agree to join HPSJ's network and our members. The purpose of the program is to continue to provide access and comprehensive quality of care and increase access to services for HPSJ members.

Recruited Provider Qualifications

- Providing professional services as a physician at a professional office or clinic within the HPSJ service area
- Be a licensed practitioner
- Must be a new provider to the Plan's network
- Meet and complete credentialing requirements
- Maintain good standing for entire grant term

Provider Recruitment Grant Payment Structure

- \$80k - Hard to recruit Specialist MD, which includes plastic surgery, reconstructive surgery Endocrinology, Rheumatology, Dermatology, Gynecology-Oncology and Psychiatry
- \$60K – All other Specialist MD (e.g., OBGYN)
- \$40 – PCP MD/DO
- \$20k – CPA/PA/NP/MFT/LCSW
- \$5k - Moving Expenses

Grant Payment Distribution

- PRP Payment Distribution Structure - Divided into four (4) equal distributions over a three (3) year period
 - Initial Hiring
 - End of Program Year (PY) 1
 - End of Program Year (PY) 2
 - End of Program Year (PY) 3

Upon review of Ms. Granados' proposal, the following questions were raised by commissioners:

Q: Diederich – Do they have to be employed by an FQHC?

A: Granados – Yes.

Q: Bangalore - Does the grant go to the individual or institution?

A: Granados – The grant goes to the institution as we have agreement with them, but the intent is to be paid out to the person that is being hired.

Q: Wilverding - Is it under HPSJ's payment structure? Payment should be tiered up so that benefits become greater based on length of stay.

A: Granados - For retention purposes, this is how we developed the payment structure based on feedback from the clinics, but always looking for feedback.

Q: Diederich - How long has this program been in place? How is overall network adequacy?

A: Granados - This is a brand-new program that was budgeted through the Quality Program that was recently approved by the Health Commission. As for network adequacy, many of the specialists are needed in areas that we are recruiting for; more providers for the community, which is an added complexity to these two rural counties.

Q: Canepa - What is the total dollar amount?

A: Granados - El Dorado Community Health Centers overall 3-year period would be \$200k based on current structure of how program is today.

Q: Jensen - Is there anything like this currently in Alpine County and what is the outlook for Alpine?

A: Granados – There is only one provider in this county (one county clinic with one provider). The one provider is young and HPSJ is looking to also provide tele-health.

C: Herrera/Bangalore - Afraid that there will not be enough patients to stabilize the cost to have a specialist on-site (not going to be able to get a specialist to go up there). Rather put money towards a tele-health program and think outside the box to serve some of these members.

C: Granados - This is an add-on bonus and not necessarily their salary.

ACTION: With no additional questions or comments, the motion was made (Commissioner Jensen) seconded (Commissioner Herrera) and unanimous to approve the Provider Recruitment Grant as presented (7/0).

7. QMUM Committee Meeting Update – 03/16/2023

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QM/UM Committee meeting report for 03/16//2023, highlighting the following committee meetings, work plans, program descriptions, policies updates and reports that were reviewed and approved:

- Advice Nurse Annual Report
 - This is an evaluation of the Health Reach Program for the FY 2022
 - The 24/7 Advice Line for Health Plan of San Joaquin is a plan benefit available to all members offering access to professional clinical assistance 24 hour a day 365 days a year
 - The Advice Nurse program saw a 28% increase in total call volume and increase in usage from 381 emails in FY 2021 to 742 emails in FY 2022
 - The call abandonment rate stayed under the 5% threshold at 4.48%, despite the huge increase in call counts
 - A measure of the program's effectiveness is the increased use of appropriate health care settings
 - The updated Schmitt and Thompson protocols used by the advice line staff was also approved

- QOC Committee and QM Work Plan – Qtr. 2 FY 2022-2023 Updates
 - Grievance and Appeals Log
 - Grievances in San Joaquin = 616
 - Grievances in Stanislaus = 406
 - Appeals in San Joaquin = 43
 - Appeals in Stanislaus = 47
 - Potential Quality Issue (PQI) FY 21-22 Q2
 - San Joaquin County: Out of 18 PQIs received in San Joaquin County, 16 (8%) or 0.06 per 1000 were related to Quality-of-Care issues, 1 Access to care and 1 was related to billing
 - Stanislaus County: Out of 10 PQIs received in Stanislaus County, 8 (80%) or 0.05 per 1000 were related to Quality-of-Care issues, 2 were was Access to care
 - Facility Site Review (FSR) FY 22-23 Qtr. 1 Updates
 - San Joaquin County 3 periodic FSR/PARS, 4 periodic MRR and 1 annual FSR/MRR was completed, One site scored less than 80% on MRR, provider was placed on a CAP and completed the CAP. All FSR/Medical Record Review (MRR) CAPs for San Joaquin County were completed and closed
 - Stanislaus County 1 periodic FSR and 1 annual FSR was completed. Both the sites scored less than 80% on the audit. Providers were placed on CAPs for both Critical and Non-critical elements. One provider responded to the CAP and the CAP was closed. 1 provider requested extension to respond to the CAP, as per DHCS CAP timelines an extension was provided by the plan
 - Managed Care Accountability Set (MCAS)/Quality Improvement
 - Q2 updates – HPSJ partnership meetings are ongoing. The QI team's goals are being set for the new workplan. Working with providers to improve Adverse Childhood Events (ACEs) screening as well
 - Based on our MCAS performance for CY 2021 DHCS requires us to complete 1 Plan Do Study Act (PDSA) and 1 Strength, Weakness, Opportunity, Threats (SWOT). A Women's Health measure is selected for the PDSA and a Children's Health Measure for the SWOT
 - Reports for Well child check and health disparity for cervical cancer screening Performance Improvement Project (PIP) were sent to DHCS for review

- Behavioral health Interventions continues for Members with substance use or mental health illness getting discharged from Emergency Department
- Member Call Quality Report - October 1, 2022, through December
 - All metrics were met for member call quality
 - Metrics were not met for member call handling include abandonment, service level, and average speed of answer
 - Activities/Highlights: The continued effort to train and update the training material has maintained consistency in the overall quality of the calls
 - Next Steps
 - Continue monitoring calls and coaching Customer Service Representative to improve performance
 - Continue quarterly training in these areas
 - Continue to review and update training material to improve consistency
 - Continue with our recruitment and retention plans for increased New Hire Training and enhanced remedial training for existing staff
- HEDIS Interventions
 - Complete
 - Well visit supplemental database by 12/31/22
 - Opportunities to capture BH provider data in HEDIS feeds by 12/31/22
 - EMR data enhancements with 4 FQHCs by 12/31/22
 - On Track
 - Identify members for HTN class outreach by 6/30/23
 - Lead gap availability on DRE by 6/30/23
 - Distribute 15 provider alerts by 6/30/23
 - Opportunity
 - ADT feed data enhancements by 6/30/23
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Experience of Care and Health Outcomes for Behavioral Health (ECHO/BH)
 - Revamped member newsletter and added information in provider manual
 - Behavioral health survey fielded in Nov- Dec
- Health Education Updates
 - Presented to two groups with native community-based organizations. Shared with other community partners
 - Passport to childhood booklet tested with African American serving CBO partner as part of health disparity project. Updates made. 3 out of 4 local WIC organizations have agreed to use booklets with their participants
 - 4 new CAC members enrolled this quarter
 - Engaged Livingston Health Center for Fluoride varnish training. Three trainings were conducted
- Culture & Linguistics Program
 - Video Remote interpretation & Over-the-Phone - Increased utilization of Video Remote Interpretation/Over the Phone Interpretation project
 - Magnet Campaign
 - Population Needs Assessment (PNA) goal is to increase language assistance for targeted ethnic groups where we find low utilization of interpreter services
 - Rolling out magnet campaign in early 2023 to bring awareness to these groups about our language program
- Delegation Oversight Committee Update
 - Complex case management vendor had three open CAPs but HPSJ has terminated the contract
 - Carenet / MDLive received an audit score of 99%. No findings were cited

- Kaiser received a total of 56 findings across functions, of which 12 were identified by HPSJ
- Golden Bear Physical Therapy pre-delegation audit completed. received three (3) deficiencies and three (3) observations. Golden bear working on meeting the requirements

Upon review of Dr. Dhanvanthari’s report, Chair Diederich asked, the entities that are delegated, with delegation and if Golden Bear is delegated for credentialing. Dr. Dhanvanthari responded that Golden Bear is asking for delegation and credentialing. Our Delegation Oversight team is working with them to ensure they can meet all the delegation standards prior to delegating to them. They conducted a pre-delegation audit. For the larger entities like Kaiser, all functions are delegated and there are other entities such as provider groups that are delegated for credentialing only.

ACTION: With no further questions, a motion was made (Commissioner Jensen) and seconded (Commissioner Canepa) to approve the QMUM Committee Report for 3/15/2023 as presented (7/0).

Peer Review and Credentialing (PRC) Committee – March 9, 2023

Direct Contracted Providers: 117

- Initial Credentialed for 3 years = 36
- Initial Credentialed for 1 year = 2
- Recredentialed for 1 Year = 2
- Recredentialed for 3 Years = 72
- Clean File Initial Credentialing Sign Off Approval by CMO: 5

4th Quarter 2022 Delegated Credentialing

Delegated Entity	Initial	Recredentialed	Terminations
Beacon	0	0	2
ChildNet	12	36	9
Childrens First	5	15	1
Kaiser	25	62	0
UCSF	209	358	0
Community Psychiatry/MindPath Health	4	1	0
MD Live/CareNet	217	79	117
HubMD	0	0	0
VSP	31	66	0
Total	503	617	129

Termination Reason(s):

Children First	(1) VOLUNTARILY RESIGNED
ChildNet	(9) VOLUNTARILY RESIGNED
Beacon	(2) VOLUNTARILY RESIGNED
MD Live/CareNet	(88) VOLUNTARILY RESIGNED
	(26) RECRE LAPSED
	(1) NON-RESPONSIVE
	(1) LICENSE EXPIRED
	(1) DECEASED

ACTION: With no questions or comments, a motion was made (Commissioner Jensen), seconded (Commissioner Canepa) with an abstention by Commissioner Herrera to approve the Peer Review and Credentialing Committee reports for 3/9/2023 as presented (6/1).

INFORMATION ITEMS

8. IT Quarterly Update – Data Exchange Framework

Victoria Hurtado, CIO presented on the Data Exchange Framework, highlighting the following:

- CALHHS/CDII Objective – Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing
- Assembly Bill 133 – signed by Governor Newsom on July 27, 2022 enacted Health Safety Code and put CA on a path to building a health and Human Services Data Exchange Framework that will advance and govern the exchange of electronic health information across the state
- Timeline
- Funding and Grants
- HPSJ's Approach on the Exchange Framework
- Impact
 - Maintain Relationship with San Joaquin HIE
 - Maintain Relationship with Manifest MedEx
 - Maintain Existing Data Sharing Relationships
 - Operational Activities:
 - DxF DSA Policy Adoption and Implementation
 - Development of new data standards
 - Update to existing data standards
 - Establish new data standards
 - Adhere to National and Federal data standards
 - Development of new data exchange processes
 - Update to existing data exchange
 - Establish real time data extract process
 - Integration of data from HIE into Core Systems and Operational Data Structure

Upon review of Ms. Hurtado's presentation, Vice-Chair Jensen stated that there have been a lot of distrust with Manifest MedEx within the hospital system. Ms. Hurtado noted to the affirmative and stated that hospitals are not wanting to disclose their financial information. Based on pushback, the January 2024 forecasted share data date could be delayed.

9. Legislative Report

Brandon Roberts, Government and Public Affairs Manager provided an update on Priority Bills, highlighting the following:

- Priority Bills: Medi-Cal Covered Benefit Expansions
 - AB 85 (Weber) – Social determinants of health: screening and outreach. Would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries
 - AB 586 (Calderon) – Medi-Cal: community supports: climate change remediation. Would add climate change remediation to the list of CalAIM community supports and would define "climate change remediation" as coverage of devices to address health-related factors linked to extreme weather or other climate events, including air conditioners, heaters, air filters, or generators, among other specified devices

- AB 1085 (Maienschein) – Medi-Cal: housing support services. Would require the Department of Health Care Services to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services
- AB 1338 (Petrie-Norris D) – Medi-Cal: community supports. Would add fitness, physical activity, recreational sports, and mental wellness memberships to the list of CalAIM community supports
- AB 1644 (Bonta) – Medi-Cal: medically supportive food and nutrition services. Would, on and after July 1, 2025, make medically supportive food and nutrition services a covered benefit for all eligible beneficiaries under the Medi-Cal program
- Priority Bills: Health Plan Mandates
 - AB 236 (Holden) – Health care coverage: provider directories. Would require a health plan to annually audit and delete inaccurate listings from its provider directory and require a provider directory to be 60% accurate on January 1, 2024, with required percentage accuracy benchmarks increasing to 95% accuracy on or before January 1, 2027
 - AB 719 (Boerner Horvath) – Medi-Cal benefits. Would require Medi-Cal managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator
- Priority Bills: Medi-Cal Landscape
 - SB 282 (Eggman) – Medi-Cal: federally qualified health centers and rural health clinics. Would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, if after the first visit the patient requires additional treatment, or if the patient has a medical visit and either a mental health visit or a dental visit
 - SB 311 (Eggman) – Medi-Cal: Part A buy-in. Would require the Department of Health Care Services to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services
 - SB 870 (Caballero) – Medi-Cal: managed care organization provider tax. Would extend the managed care organization provider tax to an unspecified date and make conforming changes to the timeline of related provisions
- Priority Bills: Universal Health Care Coverage
 - AB 4 (Arambula) – Covered California: expansion. Would seek a federal waiver to expand Covered California access to all Californians, regardless of immigration status
 - AB 1690 (Kalra) – Universal health care coverage. Would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state
 - SB 770 (Wiener) - Health care: unified health care financing. Would pursue a federal waiver with the objective of a unified health care financing system that incorporates medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing

CHAIRMAN'S REPORT

Chair Diederich thanked Mr. Hendrix on his interim role as CEO.

COMMISSIONER COMMENTS

Vice-Chair Jensen provided an update on the CEO search, noting that the ad-hoc committee is going through the recruitment process with Witt Kieffer. In April, the ad-hoc committee will be reviewing selected candidates' profile from Witt Kieffer, with first set of interviews scheduled for the beginning of May.

ADJOURNMENT

Chair Diederich adjourned the meeting at 7:14 p.m. The next regular meeting of the Health Commission is scheduled for April 26, 2023.