

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

August 30, 2023

Health Plan of San Joaquin – Community Room

## **COMMISSION MEMBERS PRESENT:**

Greg Diederich, Chair

Brian Jensen, Vice-Chair

Paul Canepa

Michael Herrera, DO

Elyas Parsa, DO

Miguel Villapudua

Jay Wilverding

John Zeiter, MD

## **COMMISSION MEMBERS ABSENT:**

Neelesh Bangalore, MD

Olivia Byron-Cooper

Farhan Fadoo, MD

Christine Noguera

Terry Woodrow

## **STAFF PRESENT:**

Lizeth Granados, Chief Executive Officer

Evert Hendrix, Chief Administrative Officer

Victoria Hurtado, Chief Information Officer

Sunny Cooper, Chief Compliance Officer

Michelle Tetreault, Chief Financial Officer

Dr. Lakshmi Dhanvanthari, Chief Medical Officer

Ildi Rabinowitz, Chief Health Equity 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 5:03 p.m.

Chair Diederich announced that the Health Commission will lose quorum at 6:30pm, and that the agenda has been updated to prioritize presentation of action items requiring Commission approval.

### **PRESENTATIONS/INTRODUCTIONS**

None.

### **PUBLIC COMMENTS**

No public comments were forthcoming.

### **CONSENT CALENDAR**

Chair Diederich presented four consent items for approval:

2. June 28, 2023 SJC Health Commission Meeting Minutes
3. Community Advisory Committee – 08/10/2023
  - a. June 15, 2023 Meeting Minutes
  - b. Stanislaus Women, Infants, and Children (WIC) Presentation
  - c. Local Oral Health Program Focus Group
  - d. HPSJ Women’s Health Materials Focus Group
  - e. HPSJ myRewards Member Incentive Process
4. Human Resources Committee – 08/30/2023
  - a. June 28, 2023 Meeting Minutes

**ACTION:** With no questions or comments, the motion was made (Commissioner Canepa), seconded (Commissioner Villapudua), to approve the three consent items as presented (7/0).

*Commissioner Parsa joined the meeting at this time.*

### **CLOSED SESSION**

*At this time, the Health Commission adjourned to Closed Session at 5:05 p.m.*

5. Closed Session – Trade Secrets  
Welfare and Institutions Code Section 14087.31  
Title: Approval of FY 22-23 Corporate Objectives Outcomes
6. Closed Session – Conference with Labor Negotiator  
Government Code Section 57957.56  
Title: Salaried Non – Exempt Classification
7. Closed Session – Trade Secrets  
Welfare and Institutions Code Section 14087.31  
Title: Health Commission Membership

**ACTION:** Commissioner Herrera recommended to increase the FY 22-23 Corporate Objectives outcomes from 89.5% to 90%, and made a motion, seconded by Commissioner Jensen, and

unanimous to approve for both management and non-represented employees who are eligible to receive an incentive payment based upon the percentage of annual corporate objectives being met at 90%. Represented employees will receive a flat amount of \$1,500 in accordance with SEIU union contract (8/0).

*Commissioner Villapudua left the meeting at this time.*

**ACTION:** A motion was made (Commissioner Jensen), seconded (Commissioner Herrera), and unanimous to approve Option A: SJCHC remains a 13-member body and Stanislaus Supervisors make up to four appointments to SJCHC as the terms of current commissioners expire and seats are vacated in 2024 and beyond (7/0).

*No actions were forthcoming for Closed Session Item #6, and the Health Commission came out of Closed Session at 6:13 p.m.*

## **REPORT ITEMS**

### **8. May and June 2023 YTD Financial Reports**

Michelle Tetreault, CFO presented for approval the May and June 2023 YTD financials, highlighting the following for June 2023 YTD pre-audited financials:

- Net Income is \$230.8M and is \$183.8M favorable to budget
- Premium Revenue is \$120.3M favorable to budget YTD, attributed to:
  - \$89M favorable due to higher than budgeted rates
  - \$79M favorable due to higher than budgeted membership, offset by,
  - (\$37M) unfavorable due to lower than budgeted LTC membership
- Managed care expenses are -\$148k unfavorable to budget YTD, mainly due to:
  - \$42M favorable due to the large amount of low and non-utilizers in our membership
  - \$9M favorable due to contract rate increases less than budgeted
  - \$10M favorable due to contract rate increases less than budgeted
  - Offset by (\$25M) unfavorable due to unbudgeted LTC members in non-LTC aid codes
  - Offset by (\$27M) unfavorable due to unbudgeted mandatory managed care enrolled members
- Other Program Revenues and Expenses (Net) - A total of \$35M in program revenue and \$20M in program expense has been recognized YTD related to various DHCS incentive programs. The net income from these programs is \$13.2M favorable to budget YTD. The variance is primarily due to differences in timing of the program activities compared to budget
- Administrative Expenses are \$1.6M favorable to budget YTD primarily due lower than budgeted personnel costs
- Prior period adjustments are primarily due to changes in estimates made in the prior year for IBNR (\$5M), reserves for disputed claims (\$8M), with potential return of premium for Prop 56 (\$25M)

Upon Ms. Tetreault's report, Chair Diederich stated that this is good news and one of the best financial performance years HPSJ has had. Ms. Tetreault noted the affirmative and stated that HPSJ is looking into investing back into the community as well as tightening up the fiscal year's budget as the next several years are not looking positive.

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

9. Grant for Mobile Mammography Unit

Ms. Tetreault presented to the Commission for approval to fund a grant for a mobile mammography unit from the Community Reinvestment fund in the amount of \$541,257, which includes a fully built mobile clinic vehicle unit, an exam area and required equipment.

In SJC, an average of 454 women are diagnosed with breast cancer per year and despite efforts to diagnose, many breast cancer cases continue to be undiagnosed. Nationally, it is the second leading cause of death for women. Community Medical Centers (CMC) has been providing mobile mammography in partnership with the Health Plan of San Joaquin and Alinea Medical Imaging. CMC utilizes population health management strategies to identify patients who should be screened for breast cancer. CMC’s FY 22-23 outcomes indicate a 40% screening rate from 11,260 eligible women in San Joaquin Count and the need for screenings has been outgrowing the ability to schedule the mammography unit at the frequency required by the community.

Mobile mammography needs have grown and now require the purchase of a mobile mammography unit to increase access to support early detection, quality care, and intervention.

<b>Mobile Mammography: Anticipated Timing &amp; Encounters</b>		
<b>Year 1 (CY 2024)</b>	<b>Year 2 (CY 2025)</b>	<b>Year 3 (CY 2026)</b>
Ramp up period: Jan. – Mar. 2024 Full Capacity: April – Dec. 2024 Total Encounters: 3000	Total Encounters: 4000	Total Encounters:4000
<i>*Total encounters are based on 28 encounters/7 hours, 4 days per week and adjusted for holidays and staffing availability. One day per week will be used for patient follow up and vehicle maintenance</i>		

Upon review of Ms. Tetreault’s proposal, Chair Diederich stated that the mammography unit is fairly new and if HPSJ does not purchase it, someone will, in the end, HPSJ might be paying a higher price for another unit if this opportunity is dismissed.

Commissioner Canepa asked how the 4k encounter is determined and why the company is looking to sell the equipment. Lizeth Granados, CEO, responded that the 4k encounter is assurance on this service for a 3-year commitment; first year is 3k, second and third year is for 4k per year. The unit will be located at a CMC location, and while members are at CMC for their appointment, they can stop in for an exam at the same time without the inconvenience of going to another location. CMC will be utilizing their staff to provide service; HPSJ will be paying CMC. The unit is being sold by an organization in Texas and they are selling this unit as they received a new one as a replacement. Commissioner Jensen and Chair Diederich noted the affirmative and stated that it meets the quality and access requirements, and CMC is a good partner to work with.

Commissioner Canepa also asked what is CMC’s terms and conditions if they are not able to meet HPSJ’s expectations? Ms. Granados responded that the MOU states a claw-back condition on payment if expectations are not met. Ms. Tetreault also noted that HPSJ is building in a total comprehensive and value plan of what the company will be receiving from the services provided.

Commissioner Herrera asked who will manage the follow-up care after mammogram is made, as this is quite costly and where will members go from there and what happens next. Ms. Granados responded that the partnership is made with SJGH. They will manage the follow-up care, specifically the hospital itself and not the OBGYN department. From a quality perspective, HPSJ will help to increase access.

**ACTION:** With no further questions or comments, the motion was made (Commissioner Canepa) seconded (Commissioner Zeiter) and unanimous to approve the purchasing of the mobile mammography unit from the Community Reinvestment fund in the amount of \$541,257 as presented (7/0).

#### 10. QMUM Committee Update – 07/19/2023

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QM/UM Committee meeting report for 07/19/2023, highlighting the following committee meetings, work plans, program descriptions, policies updates and reports that were reviewed and approved:

- Inter-Rater Reliability (IRR) 2022 Action Plan
  - IRR testing is conducted annually. An IRR exam is assigned to UM staff who make medical necessity determinations, including physician consultants and medical directors to ensure that the criteria are applied consistently
  - If the report findings indicate inconsistency, corrective education and individual action plans will be implemented to improve criteria application consistency
  - All staff involved in UM decision-making must pass IRR with a 90% or higher grade. Staff who score less than 90% must undergo re-training and re-audit within six months. Physicians who do not complete the IRR will be removed from the panel
  - Any participants who fail the IRR exam on both attempts (two attempts) will be reported to their manager undergo re-training within three (3) months, and audited in six (6) months
  - 6 clinical staff members underwent retraining and were re-audited until they reached a score of above 90% except for one participant that will be reaudited
  
- Condition Management Program FY 2023
  - HPSJ's Condition Management Program targets members with chronic illness and the case managers work with them to:
    - Improve the member's understanding & adherence with their treatment plan
    - Promote and support self-management of chronic conditions
    - Promote an optimal, realistic level of an individual's wellness and functionality
    - Promote the cost-effective utilization of resources
    - Improve member and practitioner satisfaction with HPSJ
  - Changes/Updates: Stratification and Assessment of Eligible members are stratified using various data sources (i.e., admissions, emergency department visits, encounters, pharmacy, etc.)
  - The Condition management program addresses the following 6 chronic conditions:
    - Depression
    - Diabetes
    - Chronic Kidney Disease (CKD)
    - Congestive Heart Failure (CHF)
    - Asthma
    - Chronic Obstructive Pulmonary Disease (COPD)
  
- QMI Program Description FY 2023-2024 - HPSJ's Quality Management & Improvement Program goals for the upcoming fiscal year, July 1, 2023 – June 30, 2024, were reviewed. The

report outlines the plan's responsibility, goals, and actions for the upcoming fiscal year. The areas covered include the following:

- Quality Improvement Process Model
- Quality Management Improvement Goals
- Quality Management Improvement Objectives
- Members with Complex health needs
- Behavioral Healthcare
- Population Health
- Organizational structure
- Quality Management and Improvement Resources
- Functional Areas and Their Responsibilities
- QM Committees and Subcommittees
- Quality Initiatives
- Annual Quality Management and Improvement Program Evaluation
- Quality Management and Improvement Work Plan
- 2023-2024 updates and changes were made on the following:

- Introduction – minor changes and verbiage updates
- QMI Indicators
- QMI Goals
- QMI Program Objectives
- MCAS
- QM Process methodology (PDSA, SWOT, PIPs)
- NCQA Accreditation
- Quality Management and Improvement Resources
- Cultural & Linguistics
- Health Education
- Behavioral Health
- Key Personnel
- Functional areas and their responsibilities

- Updated Organizational Structure and committee information
- Health Information and Data reporting resources
- Provider Partnership Program
- Population Health Management
- Cal AIM
- Continuity and Coordination of Care
- Member Satisfaction
- Initial Health Appointments
- Provider Engagement
- Annual QI Program Evaluation
- Appendix A - HPSJ's 2023 Comprehensive Quality Strategy

- **Grievances**

- Total number of grievances in SJC County = 622
  - 254 Quality of Care concerns, 29 were resolved in the member's favor, 5 Potential Quality Issues (PQI) were opened
  - 220 Access to Care issues, 74 were resolved in the member's favor
  - 148 Attitude and Service issues, 63 were resolved in the member's favor, 1 Potential Quality Issues (PQI) was opened
- Total number of grievances in Stanislaus = 401
  - 193 Quality of Care concerns, 25 were resolved in the member's favor, 2 Potential Quality Issues (PQI) were opened
  - 124 Access to Care issues, 56 were resolved in the member's favor
  - 84 Attitude and Service issues, 37 were resolved in the member's favor

- **Appeals**

- Total number of appeals in SJC County = 28
  - Prior Auth Denials - 100% (Benefits & Coverage – 15; Medical Necessity - 13)
- Total number of appeals in Stanislaus County = 27
  - Prior Auth Denials - 100% (Benefits & Coverage – 15; Medical Necessity - 12)

- Potential Quality Issues (PQI) – ‘Q3 FY 22-23
  - SJ County- Out of 19 PQI received, 18 were related to Quality-of-Care issues; 1 was related to Access to care issue
  - Stanislaus County - The 8 PQIs were related to Quality-of-Care issues
- Policies Revisions and Subcommittee Reports
  - Pharmacy & Clinical Operations Policies that were revised were reviewed and approved
  - Delegation Oversight Committee Report
    - Pre-Delegation Audit Results
      - Golden Bear – Credentialing
      - SJGH – Credentialing
    - Regular Annual Audit Results
      - HubMD – Credentialing
      - MindPath – Credentialing
      - UCSF – Credentialing
      - VSP – Claims, Credentialing, Network Mgmt., and Provider Enrollment

Pharmacy & Therapeutics Summary – November 18, 2022

- Policy and Procedure Updates
  - PH05 – Prior Authorization Review
  - PH19 – Nutritional Supplements for Medical Conditions in Infants and Children
  - PH23 – Submission of Pharmacy Benefit Prior Authorizations& Claims
- Coverage Policy Updates
  - Dermatology - Psoriasis
  - Endocrine Disorders - Osteoporosis
  - Immunology/Rheumatology – Ankylosing Spondylitis
  - Immunology/Rheumatology – Rheumatoid Arthritis
  - Gastrointestinal Disorders - Acute and Chronic Bowel Disease
  - Neurologic Disorders – Migraines
- Coverage Policy without Changes
  - Endocrine Disorders - Growth Hormone

Upon reviewing Dr. Dhanvanthari’s report, Commissioner Wilverding asked the reason for the drop in grievances around Dec and Jan timeframe for both years. Dr. Dhanvanthari responded that there are no trends with grievances except for possibly the drop is around the holiday season.

**ACTION:** With no further questions, a motion was made (Commissioner Jensen) and seconded (Commissioner Canepa) to approve the QMUM Committee Report for 7/19/2023 as presented (7/0).

Peer Review and Credentialing Committee (PRC) – 07/13/2023

- Direct Contract Providers: 91
  - Initial Credentialed for 3 Years = 42
  - Recredentialed for 1 Year = 3
  - Recredentialed for 3 Years = 45
- Termination – Involuntary: 1

**ACTION:** With no questions or comments, a motion was made (Commissioner Jensen), seconded (Commissioner Canepa) with one abstention (Commissioner Herrera) to approve the Peer Review and Credentialing Committee report for 07/13/2023 as presented (6/1).

*Commissioner Herrera left the meeting at this time.*

## **MANAGEMENT REPORTS**

### 11. CEO Report

CEO Lizeth Granados provided an update on DHCS's visit to HPSJ and the Meet + Greets with commissioners, community partners and county officials.

#### *DHCS Officials Visit San Joaquin County to Meet with HPSJ's Leadership – August 24, 2023*

DHCS has been visiting service areas of several Medi-Cal managed care plans across the state to understand unique regional challenges. The focus of the visit was unique local highlights and challenges HPSJ has and how it is driving health care access and quality for members. During their visit to SJC, HPSJ facilitated a tour for DHCS that included on-site meetings with our leadership and off-site visits with CMC and SJ Health. The team spent the afternoon with HPSJ's leadership as we shared an overview of our strategies to improve health care access, quality, and outcomes through innovative community partnerships.

#### *CEO Meet and Greets*

Several meetings have been coordinated with HPSJ's key community partners since transitioning to CEO. Discussions were focused on mutual priorities and opportunities to further collaborate on building healthy communities. Some of the meetings have included:

- Health Commissioners
- Members of the Boards of Supervisors
- HPSJ's trade associations
- Local community-based organizations
- Network FQHCs, hospitals, and medical groups

## **INFORMATION ITEMS**

### 12. Chief Information Officer Quarterly Information Security Reporting

Victoria Worthy, CIO provided an update on security metrics and program and projects, highlighting the following:

#### *Security Metrics*



Vulnerability Management	Metrics	Values	Overall Grade
We scan our systems for vulnerabilities and correct findings based on severity and risk.	Internal Asset Score	C	B
	Assessment Maturity	A	
	Remediation Maturity	B	
	External Web Presence Score	A	
Process Maturity	Metrics	Values	Overall Grade
We use CIS Maturity Assessment to rate our processes in order to develop and implement our Information Security Program	HPSJ Score	32	B
	Industry Average	25	
M365 Security Score	Metrics	Values	Overall Grade
This is a score calculated by Microsoft based on security configuration in Office 365 tools.	HPSJ Score	75.83	A
	Organizations of similar size	46.82	

HPSJ Phishing Test	Metrics	Values	Overall Grade
Our testing system sends test emails emulating phishing attempts. We measure if our employees are successfully able to recognize these, or if they are prone to be phished.	Total Test emails	6609	A
	Report Percentage	60%	
	Phish Prone Percentage	1.50%	
	Industry Average	5.30%	
24x7 Security Operations Center	Metrics	Values	Overall Grade
Our SOC vendor collects data from all of our system near realtime. This data is analyzed using AI and Machine learning to identify threats and potential security events. Any events identified are investigated for unauthorized actions.	Events Analyzed:	4.1 Billion	A
	Investigations:	837	
	Escalated to HPSJ:	783	
	Average Response Time	< 1 day	
	Average Close Time	< 3 days	

Security Program and Projects

- Information Security Program
  - Working to formalize our Information Security program in order to ensure consistency and compliance
  - Using NIST Cybersecurity Framework and CIS Maturity model to drive improvements across our processes
- Moss Adams Remediation
  - HIPAA Remediation: 89% complete
    - All critical, high and medium severity findings have been remediated
  - FISCAM Remediation: 52%
    - All critical and high severity findings have been remediated
- Identity Governance System Implementation
  - A new Identity Governance system has been implemented to better detect and manage employee access across all of our systems
  - This allows us to better audit employee access, and reduce risk by removing unneeded access
- CIS Device Benchmark Implementation
  - Testing desktop security standards published by CIS, to improve security for all our endpoints

Upon review of Ms. Worthy's updates, Chair Diederich asked if Moss Adams' remediation is working to close the gap. Ms. Worthy responded that work plan efforts include high risk, critical and medium. Currently, the team is looking at low priority issues, with fiscam by the end of this year. HPSJ currently utilizes One Drive, SP Online and TEAMS, which is part of Office365 suite.

### **CHAIRMAN'S REPORT**

No reports were forthcoming.

### **COMMISSIONER COMMENTS**

No comments were forthcoming.

### **ADJOURNMENT**

Chair Diederich adjourned the meeting at 6:52 p.m. The next regular meeting of the Health Commission is scheduled for September 27, 2023.