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Joint San Francisco Health Authority/San Francisco Community Health Authority
Minutes of the Finance Committee
September 1, 2021

Present: Eddie Chan, Pharm D, Reece Fawley, Steven Fugaro, MD, Greg Wagner, and Emily Webb

Staff: Skip Bishop, Rand Takeuchi, John F. Grgurina, Jr., Kaliki Kantheti and Nina Maruyama (note taker)

Absent: None

Guests: None

Reece Fawley, Chair, Finance Committee, chaired the meeting and identified that there were no public guests. Mr. Fawley asked for public comments and there were none.

Due to the COVID-19 public health emergency and in accordance with Governor Newsom's Executive Order N-29-20, San Francisco Health Authority and San Francisco Community Health Authority Finance Committee Members attended this meeting via teleconference. The meeting was closed to in-person public attendance, but the public was provided with the conference line to attend if interested. This precaution was taken to protect members of the Finance Committee, staff, and the public. The Finance Committee members and staff of the San Francisco Health Plan (SFHP) attended the meeting via video conference.

Call to Order and Public Comment on any matters within the SFHA/SFCHA purview

1. Approval of Minutes from June 9, 2021 Finance Committee Meeting

The minutes of the June 9, 2021 Finance Committee meeting were unanimously approved as written.

2. Review and Approval of Year-End 2021-21 Unaudited Financial Statements and Investment Reports

Recommendation: Review and Approval of Year–End 2020-21 Unaudited Financial Statements and Investment Reports.

Rand Takeuchi, Director, Accounting, reviewed the year-end 2020-21 unaudited financial statements for the period ending June 30, 2021.

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1. June 2021 reported a margin of $1,417,000 versus a budgeted loss of ($694,000). After removing Strategic Use of Reserves (SUR) activity, the actual margin from operations was $1,573,000 versus a budgeted loss of ($278,000).

   On a year-to-date basis, we have a margin of $5,431,000 versus a budgeted loss of ($5,707,000). After removing SUR activity, the actual margin from operations is $7,123,000 versus break-even as budgeted.

2. Variances between June actual results and the budget include:

   a. A net decrease in revenue of $29.3 million due to:

      i. $44.8 million less in intergovernmental transfer (IGT) revenue. The budget assumed the IGT funding for the Bridge Period of July 2019 through December 2020 would be received in June. $30.0 million was received in May.
      ii. $8.5 million more in premium revenue due to the delay of the Medi-Cal pharmacy carve-out. The budget assumed the pharmacy carve-out would be effective January 1, 2021, therefore we projected lower revenue due to the transfer of the pharmacy benefit to the State. DHCS built a new pharmacy component into the CY 2021 rates to cover this benefit for as long as the benefit remains in managed care.
      iii. $4.7 million more in Medi-Cal premium revenue due to 1) retroactive membership adjustments related to May members; 2) rate increases effective January 1, 2021; and 3) CY 2021 rate adjustments retroactive to January 2021. Member months were 187 less than budget projections. Adult, Child, and SPD member months were 9,689 less than budget, however Adult Expansion member months were 9,512 more than budget. When netted against each other, the result was additional revenue as the rate for Adult Expansion members is higher than the rates for the Adult and Child categories.
      iv. $1.5 million more in Healthy Workers premium revenue due to a rate increase effective April 1, 2021. The rate increased from $466.00 pmpm to $588.43 pmpm. Within the overall rate change, the pharmacy component increased from $57.67 pmpm to $93.61 pmpm. This increase helps to eliminate approximately $300,000 in monthly losses SFHP was experiencing on the Healthy Workers pharmacy benefit.
      v. $736,000 more in Hepatitis C revenue. The budget did not assume any Hepatitis C revenue as the pharmacy carve-out was expected to happen January 1, 2021.

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vi. $91,000 more in Maternity revenue due to 15 more maternity events.

b. A net decrease in medical expense of $31.5 million primarily due to:

i. $44.8 million less in IGT revenue. The budget assumed the IGT funding for the Bridge Period of July 2019 through December 2020 would be received in June. $30.0 million was received in May.
ii. $8.1 million more in Medi-Cal non-Hepatitis C pharmacy expense. Much like on the revenue side, the budget assumed the pharmacy carve-out would be effective January 1, 2021, therefore we projected lower medical expense due to the transfer of the pharmacy benefit to the State.
iii. $4.2 million more in capitation and hospital fee-for-service claims. This increase was due to 1) $1.0 million more in Healthy Workers capitation expense due to the rate increase effective April 1, 2021; 2) higher capitation expense due to the Medi-Cal membership mix, i.e., more Adult Expansion members and fewer Adult and Child members; and 3) more fee-for-service expense due to membership growth.
iv. $757,000 more in Hepatitis C drug expense. The budget did not assume any Hepatitis C expense for March as the pharmacy carve-out was expected to happen January 1, 2021.
v. $154,000 more in Healthy Workers pharmacy expense. The actual cost was $78.21 pmpm versus a budget of $65.18 pmpm. Although the actual cost was higher than the budget, we had a margin of $183,000 due to the rate increase effective April 1, 2021.
vi. $244,000 more in Non-Specialty Mental Health (NSMH) expense. This additional cost is due to ongoing utilization that has been higher than expected.
vii. $134,000 more in Community-Based Adult Services (CBAS) expense. This increase is due to higher utilization resulting from the implementation of Temporary Alternative Services (TAS), which allows the CBAS centers to submit claims for telephonic and telehealth services provided to Medi-Cal members during the Public Health Emergency (PHE).
viii. $284,000 less in Health Education and Stop Loss expenses after excluding the IGT funding.

c. A net increase in administrative expenses of $40,000 primarily due to:

i. $210,000 less in all administrative expense categories with the exception of TPA services. Compensation and Benefits costs were less than budget due to the impact of discontinuing the bonus accrual (the accrual is fully funded for FY 20-21) and not implementing merit increases in FY 20-21.

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ii. $250,000 more in TPA services. We incurred Pharmacy Benefits Manager (PBM) fees due to the delay in the Medi-Cal pharmacy carve-out. We also experienced higher non-specialty mental health administrative fees due to increases in membership.

Below is a chart highlighting the key income statement categories for June with adjustments for SUR activity in order to show margin or loss from ongoing operations.

	JUN 2021				FYTD 20-21 THRU JUN			
CATEGORY	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)
MEMBER MONTHS	162,666	162,853	(187)	-0.1%	1,829,226	1,843,416	(14,190)	-0.8%
REVENUE	$ 61,095,000	$ 90,364,000	$ (29,269,000)	-32.4%	$ 945,320,000	$ 750,440,000	$ 194,880,000	26.0%
MEDICAL EXPENSE	$ 54,960,000	$ 86,488,000	$ 31,528,000	36.5%	$ 889,997,000	$ 701,209,000	$ (188,788,000)	-26.9%
MLR	91.1%	96.5%			95.0%	94.5%		
ADMINISTRATIVE EXPENSE	$ 4,653,000	$ 4,612,000	$ (41,000)	-0.9%	$ 50,119,000	$ 55,438,000	$ 5,319,000	9.6%
ADMINISTRATIVE RATIO	6.4%	4.3%			4.5%	6.3%		
INVESTMENT INCOME	$ (65,000)	$ 42,000	$ (107,000)		$ 227,000	$ 500,000	$ (273,000)	-54.6%
MARGIN (LOSS)	$ 1,417,000	$ (694,000)	$ 2,111,000		$ 5,431,000	$ (5,707,000)	$ 11,138,000	
ADD BACK: SUR ACTIVITY	$ 156,000	$ 416,000			$ 1,692,000	$ 5,707,000		
MARGIN (LOSS) FROM OPERATIONS	$ 1,573,000	$ (278,000)	$ 1,851,000		$ 7,123,000	$ -	$ 7,123,000	

On a year-to-date basis through June and after the removal of SUR activity, SFHP is reporting a margin of $7.1 million which beats the projected budget of break even.

- After removing Directed Payments and IGT funding, premium revenue is above budget by $75.9 million. This is due to:
  - $48.8 million in pharmacy revenue that was not expected as the pharmacy benefit was to be carved out January 1, 2021.
  - $6.0 million in additional Healthy Workers revenue due to a rate increase effective April 1, 2021 as well as increasing membership.
  - Although we have seen an overall net decrease of 14,190 member months, Adult Expansion member months are 69,752 above budget which has a favorable impact on revenue due to the fact that the premium rate for this category of aid is $388 pmpm compared to $293 pmpm for the Adult 19 category and $112 pmpm for the Child 18 category.
  - A Medi-Cal rate increase effective January 1, 2021.
- After removing SUR activity, Directed Payments and IGT funding, medical expense is above budget by $73.7 million. This increase can be accounted for as follows:
  - Medi-Cal pharmacy costs are up $46.2 million
  - Capitation and FFS expenses are up $20.4 million
  - Prop 56 supplemental payments are up $ 4.3 million

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- Healthy Workers pharmacy costs are up $ 2.5 million
- CBAS expenses are up $ 1.8 million
- Non-specialty mental health costs are up $ 1.6 million
- Health Education costs are down ($ 3.1 million)

Medi-Cal pharmacy costs are up due to the delay in the carve-out. Capitation and FFS expenses are up due to increasing membership as well as Healthy Workers capitation rate increases. Healthy Workers pharmacy costs are higher due to increasing drug costs and associated utilization, however due to the rate increase effective April 1, 2021, SFHP is no longer losing money on the Healthy Workers pharmacy benefit. Proposition 56 supplemental payment activity is higher than anticipated, but this is not an issue as SFHP has received sufficient funding to cover these costs. CBAS costs are up due to greater utilization caused by the ongoing public health emergency. Non-specialty mental health costs are up due to ongoing utilization that has been higher than expected.

Overall administrative expense is below budget by $5.3 million. Actual spending for projects such as CalAIM and CMS Interoperability was less than anticipated. Overall administrative expense savings has been partially offset by PBM TPA fees as we did not expect to have responsibility for the Medi-Cal pharmacy benefit in CY 2021.

PROJECTIONS

Mr. Bishop reviewed the following financial projections through December 2021:

1. Due to the ongoing COVID-19 pandemic, SFHP anticipates continued increases in Medi-Cal membership over the next six months. We projected an increase of approximately 22,000 new members during FY 20-21. Through June, we have added 21,800 new members. These new members were spread across the Adult, Child, and Adult Expansion categories of aid. With the Public Health Emergency expected to end December 31, 2021, SFHP anticipates that membership will gradually decrease during CY 2022.

2. The Medi-Cal pharmacy benefit carve-out scheduled for January 2021 has been delayed to January 2022. SFHP prepared its FY 21-22 budget assuming we would have responsibility for this benefit through December 2021. The State will be responsible for pharmacy as of January 1, 2022, with Magellan as its Pharmacy Benefits Manager (PBM).

3. In April 2021, SFHP received a rate increase for the Healthy Workers pharmacy benefit. The rate increased from $57.67 pmpm to $93.61 pmpm. This delivers approximately $400,000 in additional revenue and eliminates the monthly loss SFHP has been experiencing with this benefit. The new rate is good through June 30, 2022. SFHP, the San Francisco Department of Public Health and the San Francisco Human Services Agency will be reviewing the Healthy Workers

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rate on an annual basis and will seek further increases if/when current rates are no longer adequate to cover costs.

4. Effective January 2021, SFHP received an increase of approximately 4.3% plus the return of the 1.5% Bridge Period rate reduction (1.3% actual). In July 2021, SFHP received an additional increase of 0.4% as the result of building in the Medi-Cal pharmacy rate benefit for all of CY 2021. As SFHP looks ahead to future changes coming to Medi-Cal Managed Care, i.e., Enhanced Care Management/In Lieu Of Services (ECM/ILOS), long-term care and major organ transplants, along with the hospital risk for the San Francisco Community Clinic Consortium (SFCCC) members, we recognize the need for the health plan to rebuild its reserves that have been reduced by several Strategic Use of Reserves (SUR) programs along with retroactive adjustments implemented by DHCS totaling $12.7 million.

5. Beginning in July 2021, hospital risk for 16,000 members enrolled with the SFCCC will transfer from Zuckerberg San Francisco General (ZSFG) to SFHP. SFHP will no longer pay capitation to ZSFG for these members. SFHP will be responsible for all in-network and out-of-network hospital services under a fee-for-service arrangement – All Patient Refined Diagnosis Related Groups (APR-DRG) for inpatient services and 140% of the Medi-Cal Fee Schedule (MCFS) for outpatient facility services. Primary care and specialty care services will remain under capitation. It is estimated that this new risk will cost SFHP approximately $16-$20 million per year. This additional cost is included in the FY 21-22 budget.

6. Proposition 56 – this program will continue for FY 21-22. Proposition 56 provides enhanced payments to medical groups for qualifying physician services, supplemental payments for developmental screenings, adverse childhood experiences screenings, trauma screenings, family planning services and value-based payments related to a variety of health care quality measures.

HIGHLIGHTED IMPACTS TO THE HEALTH PLAN AND/OR PROVIDERS

SFHP is extremely pleased with the financial performance for FY 20-21. An overall margin of $5.4 million ($7.1 million after excluding SUR activity) certainly exceeded budget expectations of break even. The first half of the fiscal year was a bit of a struggle as we had to deal with the impact of the 1.5% rate reduction as well as other retroactivity which pulled revenue away from the Plan. Fortunately, the Plan was able to protect providers by using reserves to cover these retroactive adjustments rather than implementing decreases to provider rates.

The health plan certainly benefited from a Medi-Cal rate increase effective January 2021 as well as an increase in the pharmacy component of the Healthy Workers rate effective April 2021. We would like to thank the Finance Committee and

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Governing Board for their support in allowing the health plan to postpone provider rate increases so the Plan can rebuild its reserves. Strengthening the Plan's reserve balance is an important step to ensure the Plan is ready for changes coming to the Medi-Cal program.

- July 2021 – take hospital risk for SFCCC members
- January 2022 – implement Enhanced Care Management/In Lieu Of Services
- January 2022 – take risk for major organ transplants
- January 2023 – become responsible for long-term care
- January 2026 – potentially establish a Dual Special Needs Plan (D-SNP)

Investment Reports

Mr. Takeuchi briefly reviewed the investment reports that were provided to the Finance Committee in the packet.

The Finance Committee unanimously approved the year-end 2020-21 unaudited financial statements and investment reports ending June 30, 2021, for forwarding to the full Governing Board for approval.

3. Review and Approval of Year-To-Date July 2021 Unaudited Financial Statements and Investment Reports.

Recommendation: Review and Approval of Year-To-Date July 2021 Unaudited Financial Statements and Investment Reports.

Skip Bishop, CFO, reviewed the year-to-date unaudited financial statements for the period ending July 30, 2021. Mr. Takeuchi discussed the following highlights:

1. July 2021 reported a margin of $301,000 versus a budgeted margin of $51,000. After removing Strategic Use of Reserves (SUR) activity, the actual margin from operations was $398,000 versus a budgeted margin of $156,000.

2. Variances between July actual results and the budget include:

    a. A net increase in revenue of $1.7 million due to:
        i. $1.3 million more in Medi-Cal premium revenue due to an additional 2,690 member months along with actual premium rates that were 0.8% higher than what was used for the budget projections.
        ii. $122,000 more in Healthy Workers premium revenue due to an additional 213 member months.
        iii. $214,000 more in Hepatitis C revenue. There were 256 treatment weeks in July versus a budget of 171 treatment weeks.
        iv. $227,000 more in Maternity revenue. We reported 118 maternity events during July versus a budget of 91 maternity events.

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v. $119,000 less in Behavioral Health Treatment (BHT) revenue due to lower than expected utilization.

b. A net increase in medical expense of $1.9 million due to:
   i. $725,000 more in net capitation and fee-for-service expense as the result of having 2,903 more member months than budget projections. This additional cost is offset by the revenue SFHP received for these additional member months.
   ii. $639,000 more in Medi-Cal non-Hepatitis C pharmacy expense. This additional cost is due to having 2,690 more member than anticipated along with a 6.5% increase in the per member, per month cost, i.e., $54.90 versus $51.57. Beginning July 1, 2021, SFHP moved to Magellan for Pharmacy Benefit Management services. July results are showing that Magellan's cost for generic drugs is higher than the pricing SFHP received through PerformRx. On a positive note, the pharmacy MLR for July was 95.6%. SFHP will continue to have responsibility for the pharmacy benefit through December 2021. Beginning in January 2022, the pharmacy benefit will transition to the State.
   iii. $303,000 more in Hepatitis C drug expense. We had 256 treatment weeks versus a budget of 171 weeks, or an increase of 85 weeks. In addition, the budget assumed 39% of the treatment weeks would be under 340B pricing which is lower cost. For July, only 2% of the actual treatment weeks were under 340B pricing.
   iv. Healthy Workers pharmacy expense was in line with budget expectations, i.e., $979,000 in drug costs versus a budget of $992,000. On a pmpm basis, the actual cost was $82.33 versus a budget of $85.00. SFHP receives $93.61 in the Healthy Workers rate for pharmacy.
   v. $233,000 more in Non-Specialty Mental Health (NSMH) expense. This additional cost is primarily due to retroactive adjustments of $102,000 for one of the psychiatric providers going back to 2020. In addition, utilization continues to be higher than expected.
   vi. Community-Based Adult Services (CBAS) expense was in line with budget expectations, i.e., actual cost of $572,000 versus a budget of $564,000.

c. A net decrease in administrative expenses of $343,000 primarily due to:

   i. $403,000 less in all non-compensation administrative expense categories. This difference is primarily due to timing, i.e., it was anticipated that more professional fees/consulting services and system maintenance/infrastructure costs would be incurred in the earlier part of the fiscal year. The expectation is that actual spending will align with the budget as we move further into FY 21-22.

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ii. $60,000 more in Compensation, Benefits and GASB 68 costs. The budget assumed a staff attrition factor of 10%. The actual attrition factor for July was slightly less than 10%.

Below is a chart highlighting the key income statement categories for July with adjustments for SUR activity to show margin or loss from ongoing operations.

	JUL 2021				FYTD 21-22 THRU JUL			
CATEGORY	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)	ACTUAL	BUDGET	FAV (UNFAV)	% FAV (UNFAV)
MEMBER MONTHS	161,859	158,956	2,903	1.8%	161,859	158,956	2,903	1.8%
REVENUE	$ 59,459,000	$ 57,743,000	$ 1,716,000	3.0%	$ 59,459,000	$ 57,743,000	$ 1,716,000	3.0%
MEDICAL EXPENSE	$ 54,967,000	$ 53,094,000	$ (1,873,000)	-3.5%	$ 54,967,000	$ 53,094,000	$ (1,873,000)	-3.5%
MLR	93.5%	93.1%			93.5%	93.1%		
ADMINISTRATIVE EXPENSE	$ 4,297,000	$ 4,640,000	$ 343,000	7.4%	$ 4,297,000	$ 4,640,000	$ 343,000	7.4%
ADMINISTRATIVE RATIO	6.2%	6.9%			6.2%	6.9%		
INVESTMENT INCOME	$ 106,000	$ 42,000	$ 64,000	152.4%	$ 106,000	$ 42,000	$ 64,000	152.4%
MARGIN (LOSS)	$ 301,000	$ 51,000	$ 250,000	490.2%	$ 301,000	$ 51,000	$ 250,000	490.2%
ADD BACK: SUR ACTIVITY	$ 97,000	$ 105,000			$ 97,000	$ 105,000		
MARGIN (LOSS) FROM OPERATIONS	$ 398,000	$ 156,000	$ 242,000	155.1%	$ 398,000	$ 156,000	$ 242,000	155.1%

PROJECTIONS

Mr. Bishop reviewed the following financial projections through January 2022:

1. Beginning in July 2021, hospital risk for 16,000 San Francisco Community Clinic Consortium (SFCCC) members became the responsibility of SFHP. SFHP no longer pays capitation to ZSFG for these members. SFHP will be responsible for all in-network and out-of-network hospital services under a fee-for-service arrangement – All Patient Refined Diagnosis Related Groups (APR-DRG) for inpatient services and 140% of the Medi-Cal Fee Schedule (MCFS) for outpatient facility services. Primary care and specialty care services remain under capitation. It is estimated that this new risk will cost SFHP approximately $16-$20 million per year. This additional cost is included in the FY 21-22 budget. SFHP is currently working with DHCS and Mercer to have this added cost included in the CY 2022 Medi-Cal rate development process.

   SFHP expects the fee-for-service claims cost to exceed the capitation savings by approximately $1.5 million per month. Due to the normal pattern of claims lag, SFHP has increased its Incurred But Not Reported (IBNR) claims reserve in an amount equal to its projected exposure in order to cover the anticipated claims incurred in July but not received as of July 31, 2021.

2. SFHP started the new fiscal year with 2,400 more Medi-Cal members versus what was anticipated in the budget. Due to the ongoing COVID-19 pandemic,

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SFHP anticipates adding another 3,000 to 4,000 members through December 2021. With the Public Health Emergency expected to end December 31, 2021, SFHP anticipates that membership will gradually decrease during the first half of CY 2022.

3. The Medi-Cal pharmacy benefit is scheduled to be carved out effective January 2022. This aligns with how SFHP prepared its FY 21-22 budget, i.e., we would have responsibility for this benefit through December 2021. The long-term plan has been for the State to take on this benefit and has selected Magellan as its Pharmacy Benefits Manager (PBM).

4. Beginning in January 2022, SFHP will take responsibility for Enhanced Care Management (ECM), In Lieu Of Services (ILOS) and major organ transplants. Multiple teams within SFHP have been working for several months to prepare for these new programs. Rates for these programs will be released to the health plans at the end of September 2021.

5. Proposition 56 – this program will continue for FY 21-22. Proposition 56 provides enhanced payments to medical groups for qualifying physician services, supplemental payments for developmental screenings, adverse childhood experiences screenings, trauma screenings, family planning services and value-based payments related to a variety of health care quality measures.

HIGHLIGHTED IMPACTS TO THE HEALTH PLAN AND/OR PROVIDERS

PROPOSITION 56 PROGRAM

In November 2016, voters passed Proposition 56 to support access to health care for low-income Californians covered by the Medi-Cal program. Known as the California Healthcare Research and Prevention Tobacco Tax Act, Proposition 56 raised the tax rate on cigarettes and other tobacco products to fund specific DHCS health care programs including qualifying physician services, supplemental payments for developmental screenings, adverse childhood experiences screenings, trauma screenings, family planning services and value-based payments related to a variety of health care quality measures.

DHCS has directed Managed Care Plans (MCPs) to make enhanced supplemental payments to eligible providers contingent upon the MCPs' receipt of providers' actual utilization for these measures reported through encounter data.

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Since inception of the Proposition 56 program, SFHP has disbursed nearly $26 million to providers who have rendered qualifying services. The Proposition 56 program will continue through FY 21-22.

• FY 17-18	$2,021,000
• FY 18-19	$6,894,000
• FY 19-20	$8,203,000
• FY 20-21	$8,850,000
	$25,968,000

Investment Reports

Mr. Takeuchi reviewed the investment reports that were provided to the Finance Committee in the packet.

The Finance Committee unanimously approved the year-to-date unaudited financial statements and investment reports ending July 30, 2021, for forwarding to the full Governing Board for approval.

4. Review and Approval of FY 20-21 Year-End Staff Bonus

Recommendation: SFHP completed FY 20-21 successfully by achieving an organization score of 100% for all success criteria approved by the Governing Board. It is recommended that the Finance Committee approve the following items:

1. SFHP's FY 20-21 financial position meets the sufficient requirement to pay the staff bonus and bonus funds were budgeted in the year-end statements.

John F. Grgurina, Jr., CEO, will review the FY 20-21 organizational success criteria result of 100% with the full Governing Board. Mr. Grgurina stated that the SFHP FY 20-21 financial year ended with a positive margin of $7.1 million in operations, after removing the Strategic Use of Reserves (SUR) activity.

Given this year-end financial performance, he stated that he believes the FY 20-21 financial position meets the sufficient requirement to pay the staff bonuses that were budgeted for FY 20-21.

Based on these results in FY 20-21, he recommends the following for Finance Committee:

1. FY 20-21 financial position meets the sufficient requirement to pay the staff bonuses that were budgeted for FY 20-21.

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The Finance Committee unanimously approved that the financial position meets the sufficient requirement to pay the FY 20-21 year-end staff bonus.

The Finance Committee Adjourned to Closed Session.

5. Review and Approval of Proposes Contract Change to include Risk Corridor for Zuckerberg San Francisco General Hospital

This item was discussed in closed session.

The Finance Committee Resumed to Open Session.

6. Report by Chair on Closed Session Action Items

Reece Fawley reported that the Finance Committee approved the contract change for Zuckerberg San Francisco General Hospital's contract to establish a risk corridor. Due to potential conflicts of interest, Greg Wagner recused himself from the vote since he is employed by the Department of Public Health.

7. Adjourn

DocuSigned by:
Reece Fawley
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Reece Fawley, Secretary/Treasurer