

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, April 21, 2022
****Virtual Teleconference****

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor's Office, in order to minimize the spread of the COVID-19 virus, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Assistant Clerk to the Commission in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Marmi Bermudez, Gloria Flores-Garcia, Judy Garcia

Committee Members Absent: Robert Fucilla, Mary Pappas, Hazel Carrillo, Cynthia Pascual, Ortensia Lopez

Staff Present: Pat Curran, Gabrielle Ault-Riche, Carolyn Thon, Nicole Ford, Keisha Williams, Karla Rosado-Torres, Justin Cassida, Joshua Gaffud, Theresa Kopp, Sarah Munoz, Samareen Shami, Karen Fitzgerald,

1.0 Call to Order/Introductions: The meeting was called to order by Ms. Elbeshbeshy at 12:04 pm, a quorum was met.

2.0 Public Comment: There was no public comment, either virtually or via email.

3.0 Approval of Meeting Minutes for January 20, 2022: The minutes from the January 20, 2022, meeting was approved as presented. **Kot/Flores-Garcia second. A roll call vote was unanimous.**

4.0 Approval of Teleconference Meeting Procedures Pursuant to AB 361: The committee moved to continue the practice of virtual meetings pursuant to AB361 which was signed by Governor Newsom in October 2021. **Kot/Flores-Garcia second. A roll call vote was unanimous.**

5.0 HPSM Operational Reports and Updates:

5.1 Medicare CAHPS scores: Director of Quality Improvement, Nicole Ford provided a presentation on the scores for the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey is conducted annually. To be eligible, you must be enrolled in Medicare for at least 6 months, living in the US and not in an institutionalized setting. The Centers for

Medicare & Medicaid Services (CMS) uses case mixing to get their final results. Response rates have increased thru the years and are better than many of the Medicare-Medicaid Plans (MMPs) in California. Its currently administered in just English and Spanish, they may consider other languages if the need arises. Overall, HPSM is on par and comparative to similar Health Plans in California when it comes to rating of the health plan and rating of health care quality. HPSM tends to do well with the annual flu vaccine though they are not meeting the national average for the pneumonia vaccine. She also reviewed the Pharmacy Measure Results, which had mixed results and the Composite Measure Results, which were all below average. She went over each of the categories and the areas of concern. Customer Service scores have also declined. They are addressing that by working with vendors as well as administering off cycle surveys to better understand exactly where problems exist.

5.2 CEO Update: CEO, Pat Curran provided an update.

- 5.2.1** January 1st was the implementation of the dental program, the pharmacy carve-out and 2 programs with Cal-AIM. HPSM now has a full dental team. Mr. Curran noted they underestimated the challenges with access for adults. One reason may be that many HPSM members were receiving dental care, but it was out-of-pocket and outside the system, so HPSM did not have that data. Access for children has not been problematic.
- 5.2.2** He reports fewer issues with the Pharmacy, but they still exist. He fears there aren't as many issues because the State has lifted requirements for prior authorizations. However, he reminded the group they are planning on putting those requirements back in place which may make it hard to determine if the issues were ever truly resolved.
- 5.2.3** There is a proposed contract with the State and Kaiser, wherein the State would work with Kaiser directly instead of HPSM. Approximately 11K HPSM members are enrolled with Kaiser. HPSM is opposed to this type of contract as it lacks local accountability. If it passes, they will be asking for local accountability to this group, the San Mateo Health Commission and/or the Board of Supervisors. He will keep the committee updated.
- 5.2.4** The State along with HSA will implement coverage for undocumented persons. This includes approximately 6K undocumented HPSM members. It's scheduled to start on May 1, 2022. Many of these members are covered with ACE thru the County. The governor's budget also includes expanding that so all persons without insurance due to documentation status, who would otherwise qualify for Medi-Cal would receive it in January 2024. There is some momentum to pushing that date up to January of 2023. However, there are financial and operation barriers that may make that difficult.

5.3 CMO Update: CMO, Chris Esguerra, M.D., provided an update on Health Services.

5.3.1 Dr. Esguerra spoke about the Pharmacy carve-out, there aren't as many issues now. The State and Magellan lifted restrictions around prior authorization which has allowed many medications to go thru. They are expected to put back some of the prior auth requirements by May 1st. Right now, they are seeing small case-by-case issues, unfortunately all they can do is try and help members with the Magellan call centers.

5.3.2 Dr. Esguerra credited his team for their work on the transition from the Cal-Mediconnect (CMC) program to the Dual Eligible Special Needs Plan (D-SNP). They've completed the model of care document and scored 97.5 out of a 100, which gives them approval for three years. They will work on advising members that there won't be much change for them except for enhanced benefits. They will also think about how to promote the Care Advantage program to who may not have HPSMs Medicare. There was a question about messaging for CA members. Dr. Esguerra said they are working on the script and messaging with community partners. They will have more to share at the July meeting.

5.4 Provider Services (PS): Network and Strategy Officer, Colleen Murphy provided a verbal report on behalf of Director of Provider Services, Luarnie Bermudo.

5.4.1 HPSM has 80 new providers mainly for dental and behavioral health therapy (BHT) that have been credentialed. There are now over 50 new dental providers. They've added a few providers to Hazel Health Services, which is an online/virtual provider. There are also new pediatricians and an urgent care provider. They are also trying to bring in more physician extenders, such as nurse practitioners and community health workers, which is what they are doing at Mission Neighborhood Health Center. There are also some specialty providers, a new internist for cardiovascular disease, a new rheumatologist, and a registered dietitian. They are also focusing on Cal-AIM and Enhanced Care Management (ECM) providers.

5.4.2 Provider Services is also partnering with Population Health on cultural awareness training. She reminded the group that Asian Americans and Pacific Islander (AAPI) appreciation month is coming up, they will be sending out information to members about that.

5.4.3 The continue to work on COVID vaccinations. They have been speaking with County Health to identify vaccination gaps, with a focus on pediatrics as they gear up for the vaccine to be available to children 6 months – 5 years old. They will be hosting webinars and providing tech support for pediatricians in the network who aren't assigned to be vaccinators yet. The County is offering a model where they can provide

solo practitioners and those that don't have the staff to run vaccinations themselves, staff to help with some of the logistics and maybe even host an event in their office.

5.5 Member Services (MS) & CareAdvantage (CA) Enrollment and Call Center Report: Member Services manager Kiesha Williams went over the enrollment and call center reports for Q1 of 2022. Gabrielle Ault -Riche reviewed the CareAdvantage section of this report on behalf of CareAdvantage Manager, Charlene Barairo who was unable to attend.

5.5.1 HPSM enrollment is at 163,821K across all lines of business (LOB). HPSM continues to see an increase in Medi-Cal membership due to the governor's order suspending terminations except for those due to death, moves out of the county, or voluntary disenrollment. Beginning July 1, 2022, the State will increase the SPD asset limit to \$130,000 per individual, and \$65,000 for each additional household member. Phase II will eliminate the asset test entirely and is expected to be implemented by January 1, 2024. This essentially opens up Medi-Cal to all HPSM seniors, as long as they meet the criteria for immigration status and income. As for redeterminations, once the PHE ends, counties will have 12 months to process all Medi-Cal redeterminations. This means that all CMC members and D-SNP members that started in January will need to fully complete their redetermination packets.

5.5.2 The Member Services (MS) call center performance regulatory standards state that at least 80% of all calls be answered within 30 seconds. Unfortunately, MS did not meet that goal, mainly due to higher than usual call volume around benefit changes and the omicron variant, they were also short-staffed. Overall, the MS staff did very well in terms of monitoring and call quality at 97%, surpassing their goal of 95%.

5.5.3 Goals for the timeliness and quality of email response were met at 100%.

5.5.4 Ms. Ault-Riche reviewed the CareAdvantage portion. They are very concerned about CA enrollment, while it has gone up a bit, HPSM is staring to lose members to disenrollment in other plans, primarily Anthem Medi-Blue and Brand-New Day. They are looking into this, as members are often unaware that they will lose their CA.

5.5.5 The CA Call Center volume, unlike member services, has been pretty steady. They're meeting their goals, answering over 80% of calls within 30 seconds. They're abandonment rate is low and call quality is high at a 97%.

5.6 Grievance and Appeals (G&A): Ms. Ault-Riche went over the G&A report for Q1 of 2022.

5.6.1 Timeliness goals for grievances and the processing of pharmacy appeals continue to be met. Medical appeals dipped slightly, the goal is 95% they received 94%, mostly due to new staff and the learning curve involved.

- 5.6.2** There are significantly less grievances solved by the call center especially around of the Non-Medical Emergency Travel (NEMT) benefit. Issues there appear to be resolved. However, there was an increase in grievances around members receiving bills from providers. There is an interdepartmental group working on this now and regular reporting to identify who are the providers that are repeatedly billing members. The PS team has been great about outreaching to those providers to see why this is occurring. It tends to be the larger providers.
- 5.6.3** On the Medi-Cal side there was an increase in grievances, particularly around customer service and quality of care. 34% of the grievances around customer service were about long hold times at provider offices or unreturned calls and that tended to be from PCP offices and from dental offices. 36% of those customer service grievances were about some type of communication issue at the provider office.
- 5.6.4** There was an increase in quality-of-care grievances from Medi-Cal members, about half of those were around members alleging poor treatment, incorrect diagnosis or not getting the treatment that they asked for. A little under 20% of those were about the provider themselves either being rude or not listening to members concerns. To address this, HPSM has created several interdepartmental work groups to look more closely at those CAHPS scores that Nicole presented on the Medi-Cal and Medicare side and to figure out an action plan for addressing some of those pieces. They also have the Provider Grievance Subcommittee, where they look at very detailed reports to identify the providers that are showing up more frequently so they can address issues with specific providers.
- 5.6.5** Good news on the Kaiser front, HSPM saw a decrease in the appeals from members who are assigned to Kaiser as well as a significant decrease in the number of grievances around care management.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:32 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION
CONSUMER ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The San Mateo Health Commission and its Committees must make such a finding under AB 361 in order to continue to conduct its meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The Consumer Advisory Committee of the San Mateo Health Commission hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
2. The San Mateo Health Commission directs staff to continue to agendize its meetings only as online teleconference meetings; and
3. The San Mateo Health Commission further directs staff to present, within 30 days, an item for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 21st day of April 2022 by the following votes:

AYES: Elbeshbeshy, Kot, Valdez, Bermudez, Garcia, Flores-Garcia

NOES: 0

ABSTAINED: 0

ABSENT:

ATTEST:

BY: *Michelle Heryford*

Michelle Heryford

Assistant Clerk to the Commission