

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, August 16, 2023
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Hazel Carrillo, Marmi Bermudez

Committee Members Absent: Mary Pappas, Cynthia Pascual, Ana Avendano, Ed.D, Robert Fucilla.

Staff Present: Pat Curran, Amy Scribner, Megan Noe, Karla Mendoza-Pina, Mackenzie Moniz, Rustica Magat-Escandor, Chris Esguerra, Sarah Munoz, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:05 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for August 16, 2023:** The minutes from the January 18, 2023, and the April 19, 2023, meeting was approved as presented. **Kot/Bermudez MSP**
- 4.0 Approval of Consent Agenda:** The consent agenda was approved as presented.
Kot/Bermudez MSP
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** Chief Executive Officer, Pat Curran provided an update. He focused on the budget, noting that there were no cuts to benefits in the budget this year. However, it should be noted that California is in a fairly significant deficit. All of the CalAIM programs are moving forward. One of the more impactful items in the budget is the addition of those who are undocumented and living in California. If they meet Medi-Cal requirements, they will qualify for medical coverage. This number could be upwards of 18K. The effective date for that is scheduled to be January 1, 2024, Ms. Bermudez noted that they are extending a 60-day grace period to members who need assistance. Mr. Curran spoke briefly about the MCO tax, a complicated financing mechanism, whereby the health plan gets taxed, that money then gets used to leverage federal monies and are later redistributed to enhance benefits and programs for Medi-Cal. The advocacy around these monies is to increase provider rates and provider participation to ensure access for members. It's unclear how this will be implemented. At present there is no

plan on how to distribute these dollars. The initial areas of emphasis will be primary care, maternity care, and behavioral health.

5.2 CMO Update: There was no CMO update.

5.3 CAC Survey Results: Program Manager, Member Experience & Engagement, Mackenzie Moniz reviewed the results of the CAC Survey. She provided some background; the CAC Committee is a requirement by the State. Some of the areas the committee must provide input and advice on include HPSM programs, survey results, marketing materials and campaigns, community resources and information. Responses indicate the committee is satisfied with the productivity and engagement of the meetings, as well as the retention/reporting aspect. Some would like more committee members, particularly those that are actual members of the health plan. Suggestions for a revamp include the creation of a welcome packet with a roles and responsibilities sheet, updates to the Charter and scope of committee and a review of the committee regulations and requirements. There are also plans for the creation of an advisory committee. The plan is to have separate meetings with the group who would then report back to this committee. Ms. Moniz will come back with more information about the advisory group. The committee voted to change the name from the Consumer Advisory Committee to the Community Advisory Committee. **Elbeshbeshy/Bermudez MSP**

5.4 Provider Services (PS): CEO, Pat Curran, provided an update on behalf of Provider Services Director, Luarnie Bermudo. There has been a tremendous increase in dental providers. HPSM has partnered with North East Medical Service (NEMS), who will hire oral surgeons and specialty dentists. HPSM continues to look at additional recruiting and additional capacity development and noted that an area of concern is timely access for adults. Currently the wait for adult preventative services is very long. Children are faring better in this area. Another area of concern is non-emergency medical transportation (NEMT). This is for members who need either a gurney, wheelchair, or some sort of assistance to get to their appointments. It's been a challenge for these businesses, one of the difficulties is the Medi-Cal reimbursement which is not the highest. HPSM has increased their rates but there are still challenges in this area. In other areas of development, HPSM is working with the County CCS program on pediatric speech therapy. They have also been working on autism spectrum services and access to those services with Legal Aid as there have been many grievances and

challenges for a variety of reasons. Areas of positive development include specialty mental health services. More members are receiving mild to moderate behavioral health therapy. The availability of telehealth services has helped tremendously.

5.5 Member Services (MS) Report: Member Services Program Supervisor, Karla Pina-Mendoza provided a report on behalf of Member Services Director, Kiesha Williams. HPSM served a total of 178,865 members across all lines of business. The Medi-Cal renewal process started in April of 2023 for June renewals. The renewal process will be ongoing until June 2024. As of July 2023, 1,316 members show as terminated effective June 30, 2023, with the Medi-Cal LOB. Members have a 90-day cure period to be reinstated. HPSMs outreach efforts include robo-calls to Medi-Cal and CareAdvantage (CA) members, which started on June 12, 2023.

Call Center performance reports continue to be on hold. They have started the request for proposal (RFP) process for a new call center and organizational phone system, however this may take a while. Member Services (MS) did not meet the Q2 call monitoring goal of 95%, coming in at 89%. Representatives were coached with the corrective instructions, guidance, and resources needed to ensure they meet that goal. In Q2 Member Services (MS) received a total of 1,600 incoming emails from members. They met the 95% email goal for timeliness and quality response. In May the call center staff returned to the HPSM offices on a hybrid schedule. Call center staff are onsite and available to assist members Monday-Friday from 8:00 am – 4:00 pm. They continue to recruit for additional bi-lingual Call Center Representatives. There was discussion about the efforts from the County for Medi-Cal renewal. They are texting members to remind them to complete and return their packets and it was also noted that they are encouraging all to file their taxes as that will help to automatically renew the member through an income match. The County is also helping this process by renewing those who they know are getting free Medi-Cal by doing an automatic renewal. There is less chance for the member to be dropped with this method, because once the packet is sent out it must be sent back, or the member will be discontinued. On January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) will waive the inclusion of assets for renewals. Current members of Medi-Cal will not need to report asset information to renew.

- 5.6 CareAdvantage (CA) Enrollment and Call Center Report:** Call Center Supervisor, Rustica Magat-Escandor gave a report on behalf of CA Manager Charlene Barairo. The CA Call Center has experienced an increase in call volume. This can be attributed to many factors, including members receiving their Nations benefit ID card. Members have been well informed about the transition from Cal-Mediconnect to the D-SNP. While call metrics are on hold, they continue to monitor the call center service quality and first call resolution. They are focused on providing continuous training programs, skill developments, and skill enhancement initiatives to empower Call Center staff to handle complex member interactions. CA membership has declined compared to last quarter. HPSMs CA Medicare Specialist, Karen Sturdivant and her team continue to partner with the Enrollment and Disenrollment (EDS) Team to ensure enrollment applications are processed actively and timely. Current CA membership is at 8,602 members. The most common reason for disenrollment is death, of which there were 167 members, 102 members enrolled in another plan, and 47 members moved out of San Mateo County. They have had dedicated staff on site since the office reopening on May 1st, 2023. CA is currently seeking a Spanish speaking navigator and are in the final stages in their search for a CA Coordinator.
- 5.7 Grievance and Appeals (G&A) Report:** Chief Health Officer, Amy Scribner reviewed the (G&A) report. There was a decrease in volume for all G&A. There were also some rate of complaints that were outside of the goal in Q1, they are now within goal. Medi-Cal, CCS and HealthWorx were all within goal. The CA line received a high number of complaints per member, which has been consistent for about a year and a half now. There was a big increase in complaints when the new Nations benefit was unrolled. Goals for timeliness on G&A and pharmacy related appeals are above goal at 97%. There are a high number of grievances for the behavioral health therapy (BHT) benefit, including DMHC related grievances. Last quarter, they implemented steps to help that continued throughout this quarter. They include improved oversight monitoring; they are meeting with Magellan, the BHT delegate, weekly to review all things BHT. HPSM has also added additional care coordination support. There is a new Care Coordinator/Clinical Case Manager. She is bilingual in Spanish and has been very helpful in helping families navigate the process. First time appointments for BHT services are being offered within the regulatory timelines, however time preferences aren't always accounted for. Kaiser grievances related to care coordination continue to be high. There are meetings

scheduled with Kaiser to look into this. PCP changes are stable and continue to be attributed to the larger clinics. The only LOB out of compliance for the rate of complaints in Q2 is the CA line. All other LOBs were within the rate. Customer service, quality of care and billing grievances are the top three reasons for grievances on the CA side. For Appeals, prescription drugs was number one, DME and other service therapy come in second and third, respectively. Grievances on the Medi-Cal side show quality of care, customer service and billing are the top three. Other service therapy, DME and imaging top appeals on the Medi-Cal side. Imaging is not something that has been seen on these lists recently. There was a question about customer service. Does this reflect HPSM customer service or that of the Provider? It depends on how the member files the grievance. Trends do show that the majority are against the provider or pharmacy. Quality of Care grievances are reviewed by HPSMs clinical review nurse and sent over for PQI. There was a question about the percentage of G&A that gets resolved. Ms. Scribner replied that all are resolved. If a member files a grievance or appeal and are not satisfied with the results after the investigation and resolution, there is a process where they can get a State Fair Hearing.

Turnaround times for appeals is 30 days, that goal was met at 99%. There was a question about pharmacy G&A, specifically if numbers have come down now since the implementation of the State carve out. They have and they have been working hard to ensure members know that they need to deal with Magellan for pharmacy concerns, unless they have CA, which is still handled by HPSM. There was a question about Kaiser and Magellan being included in the charts presented. Magellan's info is not included, Ms. Scribner confirmed at the end of the meeting that Kaiser was not included in that information either. Instead, Kaiser provides a quarterly report on their G&A's to HPSMs Compliance team. Ms. Scribner also reported that they recently hired a new G&A manager; she is likely to be at the CAC meeting in October.

- 6.0 New Business:** Marmi noted that there has been a lot of changes that their Medi-Cal consumers have been subjected to, from the HSA transition to a new system, to the construction at the SMMC county health campus as well as program expansion changes. She offered her support to the HPSM teams. Ms. Scribner asked the committee to share topics they wish to hear more about. Some members hoped to hear more about dental providers and efforts to get members seen on a timely basis.

7.0 Adjournment: The meeting was adjourned at 1:09 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission