



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 650.616.0050

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org

HEALTH PLAN OF SAN MATEO
COMMUNITY ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, April 17, 2024
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Hazel Carrillo, Robert Fucilla, Angela Valdez

Committee Members Absent: Ana Avendano, Ed.D, Marmi Bermudez, Cynthia Pascual, Ligia Andrade-Zuniga.

Staff Present: Megan Noe, Amy Scribner, Keisha Williams, Charlene Barairo, Luarnie Bermudo, Cecille Mortel, Rustica Magat-Escandor, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Scribner at 12:11 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for January 17, 2024:** The minutes from the January 17, 2024, meeting were approved as presented. **Kot/Fucilla MSP**
- 4.0 Consent Agenda:** The consent agenda was approved as presented. **Williams/Kot MSP**
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** Amy Scribner, Chief Health Officer spoke to the group on behalf of Pat Curran, CEO. She spoke about the budget; updated information continues to come from the State. They do not expect any programs or services being cut for Medi-Cal (MC). They do, however, anticipate revisions in May that may impact deficits even more than initially planned but none that should risk funding or member eligibility. She advised the group that HPSM has been selected as one of three plans in California to be in a D-SNP default enrollment pilot program. Which basically means that any member with the MC line of business (LOB) who are newly eligible for Medicare will automatically be enrolled in HPSMs CareAdvantage LOB. The CareAdvantage team is

actively working to bring this pilot to implementation, they have a target date of Fall of 2024. She also updated the committee on HPSM investments. HPSM has been focused on using their financial reserves as investments in many different areas such as funding to providers, funding for innovation and funding for a new community investment plan. Approvals for dollars allocated will go through the San Mateo Health Commission (SMHC), but they will be sharing community investment fund information at the CAC meeting in July for discussion and input.

5.2 CMO Update: There was no update.

5.3 Provider Services (PS): Amy Scribner, Chief Health Officer updated the group on behalf of Director of Provider Services, Luarnie Bermudo. Provider Services (PS) are actively working on building network capacity in key access areas and have completed 20 new provider agreements. They include several new referral providers including an endocrinologist, and other service providers such as home health, a new speech therapy provider called Expressible Speech Language Pathology as well as others. There are 12 new dental providers, including specialty dental, endodontia and primary dental providers. They expanded their agreement with Seton Hospital to include additional capacity for services like dental operating room (OR) time for special needs members. There are 6 new behavioral health providers and one new Community Support (CS) provider - 24 Hour Home Care, they will be doing some of HPSMs personal care assistance. There was a question about how members will know about these new providers. HPSM is no longer automatically sending out the annual provider directory, but they are sending a notice of action form that members can fill out if they still want to receive it. Otherwise, they are encouraging members to use the member portal or to go to the HPSM website to access the provider list. This is recommended as the best way to find this information as the constant changes made to this list makes it difficult to keep hard copies updated.

5.4 Member Services (MS) Report: Keisha Williams, Director of Member Services went over the Q1 Member Services (MS) report. HPSM membership is at 157,000 across all LOBs. Q1 enrollment shows a 3.84% decrease in members. Which means roughly 6,000 members lost coverage for the quarter. Many of these cases could be attributed to the ongoing eligibility process which is still happening. Many members are being termed and then being retroactively added back. There was also a large drop in the ACE expansion. There were approximately 14,000 members that transitioned to full scope

MC and there were some that went to Kaiser. Calls increased in Q1 related to the transitions that occurred. There were many calls about Kaiser, in particular members not understanding the change and unsure how to access their benefits. There were also many questions from members about the ACE transition. The request for proposal (RFP) for the new phone system was approved. The implementation process should commence in late Q2 or early Q3, by Q4 the system should be implemented. Once that occurs, they should be able to report call center metrics again. Member Services recently hired 5 call center representatives. They also have a recent hire for a new position dedicated to training and staff development.

5.5 CareAdvantage (CA) Enrollment and Call Center Report: Rustica Magat-Escandor, Call Center Supervisor provided the Q1 report on behalf of CareAdvantage Manager, Charlene Barairo. As of March 2024, CA membership is 8,498, that is a 1% decrease from January 2024. They enrolled 447 members in Q1, 321 in January alone. In Q1, CA Medicare specialists conducted informational presentations at the San Mateo Senior Showcase in Millbrae, they also did events in Belmont and with Wider Circle in March. 347 members were disenrolled from CA in Q1, the most common reasons for disenrollment is death, enrollment in another plan and loss of MC eligibility. The CA unit continues to review the State MC system and will contact members to remind them about their renewal packets to ensure they maintain their MC eligibility. She noted the importance of obtaining the most up-to-date member contact information. The Medicare open enrollment period runs from January 1st through March 31st. Members can now switch to another Medicare Advantage plan or go back to original fee for service Medicare and join the MC drug plan. Many members are pleased with the new fitness benefit, as well as the no-cost prescription delivery service. The CA Call Center has encountered some challenges with the Kaiser transition, mainly from those who are current CA members who are in the deeming period and want to remain enrolled in CA, and from potential CA members seeking to enroll in CA. They are advised to contact Healthcare Options. The department is currently fully staffed. They hired 3 CA navigators; they have been onboarded and are taking calls. They also filled a bilingual Chinese speaking CA navigator position. This person will be on site full-time to support walk-in members.

5.6 Grievance and Appeals (G&A) Report: Amy Scribner, Chief Health Officer went over the G&A report for Q1. As noted in the MS report overall membership decreased in Q1.

The volume for all grievances and appeals increased from Q1 of 2024. Numbers are going up; this is largely due to a process change that was implemented this year that is now a requirement. Up until recently when a member called to complain about a service, the Call Centers would do what they call a first call resolution, which meant they tried to resolve the issue and then ask if the member wanted to file a grievance. This year all complaints now automatically go to grievance. As a result, they are seeing increases. The rate of complaints per thousand members was within the goal for California Children Services (CCS) and MC. CareAdvantage continues to be outside of the goal and are actually reporting the highest numbers in over a year at about 10%. Healthworx and ACE were slightly above the goal as well, likely due to the transition with ACE. Both ACE and Healthworx have small memberships so one or two members can really skew the results. They have not identified any trends. Overall timeliness was above the goals of 95%, coming in at 98.2%. Behavioral Health Therapy (BHT) has decreased from prior quarters, but the grievance numbers continue to be high as a whole. Ms. Scribner reports that actions steps are ongoing. HPSM meets with Magellan regularly and are in the process of moving from Magellan to the in-house network for these services, they are awaiting DMHC approval before proceeding. They hope to have this completed by September of this year. PCP change requests remain stable and reflective of past quarters. Ms. Scribner provided a breakdown of membership numbers. Grievances for CareAdvantage show that customer service, quality of care (QOC) and billing are the top three, which is what they usually see. On the appeal side prescription drugs continues to be high, followed by durable medical equipment (DME) and Part B drugs. On the MC side, customer service, QOC and access are the top three grievances. For appeals, other service therapy, DME, and imaging were the highest for Q1.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 12:38 pm by Amy Scribner.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission