



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](http://www.hpsm.org)

**HEALTH PLAN OF SAN MATEO  
COMMUNITY ADVISORY COMMITTEE MEETING  
Meeting Minutes  
Wednesday, August 20, 2024  
801 Gateway Blvd. – 1<sup>st</sup> Floor Boardroom  
South San Francisco, CA 94080**

**Committee Members Present:** Amira Elbeshbeshy, Ricky Kot, Ligia Andrade-Zuniga

**Committee Members Absent:** Cynthia Pascual, Angela Valdez, Marmi Bermudez, Hazel Carillo, Ana Avendano Ed.D., Rob Fucilla.

**Staff Present:** Chris Esguerra, M.D., Megan Noe, Amy Scribner, Keisha Williams, Luarnie Bermudo, Sarah Munoz, Mackenzie Munoz, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:10 pm, a quorum was not met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for April 17, 2024:** This item will be added to the October agenda.
- 4.0 Consent Agenda:** This item will be added to the October agenda.
- 5.0 HPSM Operational Reports and Updates:**
  - 5.1 CEO Update:** HPSM Chief Health Officer Amy Scribner provided an update on behalf of CEO Pat Curran on the Baby Bonus program. The program was recently approved by the San Mateo Health Commission (SMHC). It is a collaboration between HPSM, First Five, Stanford Hospital and the County Health and Human Services Agency. Stanford will do a randomized controlled trial evaluation for this program. Over the next 18-24 months, there will be 1,200 families enrolled in the program. The families will be randomly placed into three groups. 300 families will receive \$300 a month in guaranteed income for 36 months. They will also receive community health worker services through the duration of the program. The second group will be 300 families as well, this will be the services only group, they will only get the community health

worker. The remaining 600 will be randomized into the control group which will receive services as usual. All participants will be surveyed at various times throughout the study and there will be a stipend for participation. They will be measuring a number of things including health outcomes, well child visits, referrals to services and services occurring. The referrals include items like childcare transportation and other social drivers of health, including behavioral health and substance abuse treatment if needed. Part of the program will be for babies that are born outside of Stanford Hospital. 70%-80 % of babies from HPSM members are born at Stanford Hospital. The rest are at other area hospitals. 100 babies and families from these other hospitals will not be part of the study but they will get \$300 a month for 36 months. Participation in this program will not impact the family's eligibility for Medi-Cal (MC) because this is considered a gift and not income. The program is slated to start in January 2025, because it is an evaluation and a randomized controlled trial, it needs to go through Stanford's IRB process. There is no restriction on how the \$300 is spent.

**5.2 CMO Update:** HPSM CMO, Chris Esguerra, M.D. advised the committee that the State/Medi-Cal has been working consistently towards tying specific quality measures to the financials of health plans. If a health plan does not perform at a certain level, the consequence could be penalties or sanctions. Health plans would need to earn that back based on performance. This is known as the quality withhold. Another issue that does not yet apply but may in the future is a process called auto assignment. This is for counties where there are multiple plans. There is a methodology for members who become eligible for Medi-Cal. It is an assignment based on your quality outcomes as a plan. HPSM is a County Organized Health System (COHS), however Kaiser has a direct contract with the State so there is some work the State needs to do to define this better. He noted the managed care accountability set (MCAS) is over 40 measures, plans are held to perform at a certain level, which is known as the minimum performance level (MPL). HPSM would need to hit the 50<sup>th</sup> percentile. The goals for the State is that all plans perform above the MPL on all of the measures, which is not the case now. Dr. Esguerra and his team gathered all of the outcomes and measures for HPSM members in 2023, focusing on Medi-Cal. They are happy to report that HPSM has no measures below the 50<sup>th</sup> percentile. HPSM is in fact, the only plan in California with no measure below the 50<sup>th</sup> percentile and they actually have 6 measures that are above the high-performance level, which is the 90<sup>th</sup> percentile. Dr. Esguerra and his

team will be reporting this out to the SMHC later in the week. In October they will be able to see what their National Committee for Quality Assurance (NCQA) and Medicare measures look like.

**5.3 Health Promotion:** Health Promotion Manager, Sarah Munoz reviewed new health promotion materials. These are reminders about services available for the Baby+Me, Teen Wellness and Diabetes Prevention programs for MC members. Cancer screening (breast and colorectal) and the fitness membership program for CareAdvantage (CA) members. Tobacco Cessation, Diabetes Management and Hypertension Management services for all members. They've updated the Baby+Me vaccine flyer to include the COVID vaccine. Coming soon is the "Well-Baby" Newsletter and First 5 New parent kits. They've updated the well-visit mailer for members 12-17 and those 18-21 and added a message about the gift cards. The Cancer Screening Program flyer was updated to include the Cinemark prepaid ticket incentive. She also spoke about special edition newsletters on diabetes, quitting tobacco and mental health that are all available on the HPSM website. Printed copies of these newsletters are also available upon request. Ms. Munoz notified the group that they are working on a community engagement strategy to enhance the way they engage with the community and gather input. They will take this information and integrate it into their programs and services. Part of the strategy is to collect an inventory of events occurring in San Mateo County. They are focusing on events for kids and families, older adults, and people with disabilities. She asked committee members to advise HPSM when they learn about any events that might fall into these categories and for their feedback on the materials shared.

**5.4 Provider Services Report:** Director of Provider Services, Luarnie Bermudo updated the committee on new provider contracts and services. Dental services continue to be an organizational priority. HPSM is in the middle of their demonstration project with the State. They kicked off a dental collaborative in partnership with the Sequoia Healthcare District. The goal is to increase the number of primary dental providers in the network. There are 6 new dentists in the collaborative. The idea is for them to serve at least 10 HPSM members. They are working on single case agreements with them with the hope that they will want to contract with HPSM. There is a stipend involved to encourage participation. She also reported that there is a new dental surgeon in Daly City, a new orthodontist in Menlo Park, and a new general dentist in Pacifica. There are also two new home dental providers. One of them has partnered

with some of the skilled nursing and long-term nursing facilities in the network. These providers are equipped to handle persons with disabilities as well.

She also reported that HPSM is in partnership with the Department of Health Care Services (DHCS) and UCSF on a dental evaluation. UCSF will serve as the principal investigators; the process will take about a year. UCSF will be tasked with identifying four main goals that were predetermined by the State.

Ms. Bermudo reminded the committee that BHT has been de-delegated. This is for ABA services targeted to member children with autism. It was previously administered by Magellan; it is now going in house. October 1<sup>st</sup> is the go-live date. HPSM has contracted with 29 BHT providers, there are 10 pending. They are opening up capacity funding for some of the BHT providers and there are at least two who are interested. They are working closely with DMHC on this, as the State needs to approve it. There was a question about ABA services in the schools and if they exist. They do somewhat, but it's not as extensive as what HPSM provides. They will check with Director of Behavioral Health, Courtney Sage, and will get back to the committee with more details. It was noted that there is a new special education director at the San Mateo Union school district who may be interested in these services.

Ms. Bermudo also updated the group on transportation. There are 6 new non-emergency medical transportation (NEMT) providers. They all provide wheelchair transport and two of them offer gurney transport. She also noted that there are some issues with optometry with the pediatric population, in particular infants who are requesting prescription lenses outside of what the California Prison Industry Authority (CALPIA) can produce. They are working with other plan partners to come up with a solution to address these gaps. Ms. Bermudo also noted that Seton is planning on opening their Coastside location at the end of the year, and they are building out additional specialty capacity. They've added a neurologist, an allergist, a breast surgeon, and EP cardiologists. HPSM is looking at ways to share this with their members. She advised the committee that SMMC is having some access issues. The hospital has lost or is anticipating losing a neurologist, a pediatric cardiologist, a musculoskeletal specialist, and an ophthalmologist. This will create access challenges

for the network. The hospital is openly recruiting for these positions. HPSM will work with their leadership to see how they can support them. There was concern about the loss of these important positions. The committee discussed gathering data to see if they can identify trends.

**5.5 Member Services Report:** Director of Member Services, Keisha Williams went over the Q2 Member Services (MS) report. She reported a 4.5 increase in membership. In Q2 ACE membership trickled to about 1,400 members. There are approximately 1,200 members in Healthworx (HW) and 1,200 in CCS. MC membership has remained steady. Call volume has fluctuated. They have seen an increase in calls from members who have transitioned due to age, they are calling to access new benefits and to inquire about the transportation benefit. It has resulted in high call volume, long wait times and long call times. Metrics are on hold as they work on implementing the new phone system which will go live on September 10<sup>th</sup>. Training is happening now for current staff. They are recruiting for the call center and are almost at full staff. They are also looking for a new call center supervisor.

**5.6 CareAdvantage Enrollment and Call Center Report:** There was no verbal report, a printed report for Q2 was sent to committee members prior to the meeting.

**5.7 Grievance and Appeals Report:** Chief Health Officer, Amy Scribner went over the Grievance and Appeals (G&A) report. There was an increase in G&A in Q2. She explained that the process has changed, the State has declared that if a member expresses any dissatisfaction, instead of the issue being resolved at the call center level, as a first call resolution, it automatically goes to grievance. This has resulted in an increase in grievances. The process change occurred in Q1. The rate of complaints per 1,000 members were outside the goal, Healthworx and MC were just a bit over the goal. ACE and CCS were well outside of goal, these LOBs are such a small percentage of overall membership that just a few complaints will affect it negatively. CA continues to be outside the goal even after the goal was changed. BHT grievances and appeals increased as well, some of these were continuity of care (COC) issues with a non-contracted provider. This occurs when a new member has seen a provider through their previous insurance, they come to HPSM and hope to stay with that provider, in this case likely a psychiatrist or therapist. HPSM can start the process of contracting with them but there are times when the providers do not want to contract with HPSM. There were a few of these instances in Q2. When this happens, HPSM will offer two or

three alternate providers. HPSM will try to implement single case agreements, however there is no guarantee that the provider will agree to them regardless of the members' wishes. Ms. Scribner noted that timeliness came in at 98.41%, surpassing the 95% goal. PCP changes remain stable. She shared the rate of complaints per 1,000 members and details of G&A for the CA line. Customer service, quality of care and billing are the top three grievances. Prescription drugs, DME and inpatient hospital are the top three appeals. For the MC line, quality of care, customer service and availability are the top three grievances. Other service/therapy, DME and imaging are the top three appeals. It was noted that customer service G&A may be due to exchanges with the provider or the transportation vendor and not necessarily with HPSM.

**6.0 New Business:** There was no new business.

**7.0 Adjournment:** The meeting was adjourned at 1:14 pm by Ms. Elbeshbeshy.

Respectfully submitted:

*M. Heryford*

M. Heryford

Assistant Clerk to the Commission