HealthPlan OF SAN MATEO
Healthy is for everyone

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 16, 2025
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080

Committee Members Present: Amira Elbeshbeshy, Rob Fucilla, Marmi Bermudez, Ligia Andrade-Zuniga

Committee Members Absent: Angela Valdez, Hazel Carillo, Ana Avendano Ed.D., Kathryn Greis

Staff Present: Megan Noe, Amy Scribner, Kiesha Williams, Luarnie Bermudo, Gale Carino, Nicole Ford, Rustica Magat-Escandor, Mackenzie Munoz, Michelle Heryford, Veronica Alvarez

1.0 **Call to Order/Introductions:** The meeting was called to order by Amira Elbeshbeshy at 12:09 pm, a quorum was met.

2.0 **Public Comment:** There was no public comment.

3.0 **Approval of Meeting Minutes for January 15, 2025:** The minutes for January 15, 2025, were approved as presented. **Andrade-Zuniga/Fucilla MSP**

4.0 **Consent Agenda:** The consent agenda was approved as presented. **Andrade-Zuniga/Fucilla MSP**

5.0 **HPSM Operational Reports and Updates:**

- **CEO Update:** Chief Health Officer Amy Scribner, reported on behalf of CEO Pat Curran. Amy reported ongoing monitoring of federal and state updates, collaboration with Local Health Plans of California and lobbyists to prepare for potential changes. No concrete plans yet.
- **CAC Recruitment:** Update on expanding CAC recruitment to diversify voices. Specific vacancies identified based on state requirements (e.g., foster parent representation). Recruitment efforts include flyers, website interest form, call center integration, digital promotions, and updated compensation policy to reduce barriers (transportation, childcare).
- **Quality Improvement:**
  - **Clinical Quality Review:** Ensuring provider adherence to clinical practice guidelines (including AMB graded guidelines and others focused on specific populations/services). Review process involves quality department, medical directors, and the quality improvement and health equity committee. Posted guidelines available on website.

- **Quality of Care Review:** Investigation of potential quality issues arising from grievances and other sources. Severity levels assigned, corrective action plans developed as needed, and trends tracked.
- **Facility Site Reviews:** Reviews of primary care providers' offices focusing on health and safety, staff training, medication storage, etc. Includes medical record reviews for documentation and appropriate care services.
- **Physical Accessibility Reviews:** Assessments of accessibility for primary care and other high-volume provider offices serving seniors or disabled members. Results noted in provider directory.
- **Measurement Analysis and Reporting:** Annual HEDIS reporting, including MCAS and HEQM sets, focusing on preventive care and chronic disease management. Reporting to NCQA and regulators. Tracking initial health appointments within 120 days for new Medi-Cal members.
- **Quality Improvement Program Management:** Overseeing the overall quality improvement program, including internal and external governance (committees, EQRO reporting). Currently focusing on two performance improvement projects: well-care visits for Hispanic/Latino members and timely follow-up after ED visits for substance use/mental health issues.

- **Integrated Care Management:** Director of Integrated Care Management Gale Carino provided update.

- ICM is a member-facing team comprised of care management specialists (non-clinicians) and clinical care managers.
    - **Core Service Functions:**

        - **Care Coordination:** The team coordinates complex care needs using a population health approach, assessing medical, social, and behavioral needs. They facilitate optimal clinical and functional outcomes.
        - **Benefit Knowledge:** ICM staff are knowledgeable about member benefits and work to optimize benefit utilization.
        - **Multidisciplinary Team Collaboration:** They work with members' PCPs, specialists, and other care management providers.
        - **Care Navigation:** They assist members in navigating their care needs, both within and outside their benefits (e.g., connecting members with transportation, food banks, housing services).
        - **Problem Solving:** They support members in overcoming barriers to care access.

- **Assessment and Screening:** All members receive a service-level screening to identify additional needs. Services are primarily telephonic, except for specific high-risk programs.

- **Risk Stratification and Care Management Programs:**

  - **Members are risk-stratified into three tiers:**

    - **High-Risk (8%):** Multiple conditions, high needs, high hospitalization risk. Programs include Enhanced Care Management (Medi-Cal only), Home Advantage (Care Advantage members), and Clinical Complex Care Management.
    - **Medium-Risk (32%):** At least one chronic condition, potential behavioral health or social needs.
    - **Low-Risk (60%):** Relatively healthy, receive care coordination as needed.

  - **Specific Programs:**

    - **Enhanced Care Management (ECM):** Medi-Cal only, in-person, high-touch care for complex cases.
    - **Home Advantage:** Home-based medical care and high-touch case management for eligible Care Advantage members.
    - **Clinical Complex Care Management:** Primarily telephonic, can be high or moderate touch, provided by clinicians.
    - **Preventive Care Management:** Offered to all members regardless of risk level, focuses on preventing hospitalization and ED utilization.

- **ICM Department Structure:**

  - **Care Coordination Specialists/Care Management Specialists (Non-Clinicians):** First point of contact, manage phone and email requests.
  - **Care Management Staff:** Administer complex care management and preventive care management benefits (divided by Medi-Cal/other insurance and Care Advantage focus).
  - **Clinicians (RNs, LSWs):** Provide care management services, program development, team coaching, and education.
  - **Community Health Workers:** Focus on transition of care services.
  - **Senior Clinical Care Managers:** Provide care management and support program development.

- **Provider Services (PS) Report:** Director of Provider Services, Luarnie Bermudo provided an update.
    - 5 Doula, 5 Behavioral Health, 1 skilled nursing facility (Milpitas Care Center).
    - Dental
        - Locations for new **General Dentist** in HPSM Dental network:
            - Belmont, San Mateo, South San Francisco, Redwood City
        - Locations for new **Pediatric Dentist** in HPSM Dental Network:
            - San Francisco, Pacifica
        - Locations for new **Oral Surgeon** in HPSM Dental Network:
            - Redwood City, Pacifica, San Jose based provider that has privileges at hospitals in SM county for special needs members that need OS
            - Connected more dentists with UCSF Pathology team to have kits sent to office for learning collab: Over 120 members that reside in Sequoia Healthcare District and had no dental history have been matched with participating providers. 9 total participating providers
    - Our Primary Care Grants were launched yesterday
        - Here's a sneak peek at the four grants we'll be offering:
            - **Primary Care Team Expansion Grant:** This funding will help practices hire and integrate new interprofessional team members, enhancing capacity and operational effectiveness.
            - **Core Team Stabilization Grant:** Designed to recruit and retain primary care providers and medical assistants, this grant provides competitive sign-on bonuses to strengthen our teams.
            - **Provider Sabbatical Grant:** Aimed at rewarding long-term providers, this grant offers paid time off to enhance resilience and well-being.
            - **Custom Pilot Grant:** This opportunity supports innovative pilots and programs that improve the capacity, bandwidth, and joy of primary care teams.

    - Onetime Capacity Funding to SMMC for Dental and an Engagement Pilot
        - Expand Dental Capacity-1.6 million, 6 operatories in SSF
        - Innovation Center Pilot-$300K, Understand lack of engagement, specifically with Spanish speaking population. Ethnographic research.

    - We rolled out our first phase of provider rate increases April 1st
        - Increased CA rates to 100% of Medicare
        - Increased professional codes to 175% of Medi-Cal and a subset of E&M codes increased to 350% of Medicare
        - Phase II is in June- Hospital outpatient rate increases

- **Member Services Report:** Director of Member Services, Keisha Williams reviewed the Member Services report for Q1 of 2025. Q1 membership totaled 160,637 across all lines of business, with a

6.5% increase in Medi-Cal members (9,780 new members). Medi-Cal redeterminations are ongoing, but enrollment is expected to remain stable until Q3. New member welcome calls have been reinitiated, reaching 953 members in February. The team is recruiting new customer service representatives and a quality analyst to increase call quality monitoring (from 6 calls per representative to 10). The implementation of a new phone system is underway, including workforce management modules. 94 pediatric health risk assessments (HRAs) were completed in Q1. Outreach for HRAs is lower than the Care Advantage teams. Community engagement activities are increasing, with requests for more outreach.

- **Decisions Made:** To add simple questions to the new member welcome call script to better identify high-needs members (e.g., "Is anyone in your household disabled?").
- **Action Items:** Refine the new member welcome call script to include questions that identify high-need members without placing it only on the member responses

- **CareAdvantage (CA) Enrollment and Call Center Report:** Call Center Supervisor, Rustica Magat-Escandor provided a report on behalf of CareAdvantage (CA) Manager Charlene Barairo. Q1 enrollment: 8,300 members (1.4% increase). 412 new/re-enrolled members; 290 disenrollments (top reasons: death, enrollment in another plan, moving out of area). The top five reasons for member calls remain consistent (billing, education, benefits, demographics, provider network). 197 personal emergency response system orders (169 pendants, 28 smartwatches). A Care Advantage Navigator was promoted, and a replacement is being hired. Two new care plan coordinators joined the MAU team.
    - **Employee Transportation Benefits Discussion:** The discussion centered around transportation benefit options for employees. Two options were considered: 12 one-way rides or 6 round trips. Further clarification of the specific details of these options is needed.
    - **Increased Employee Benefits** An increase in over the counter (OTC) medication and grocery benefits was announced. OTC benefit increased to $95 per quarter. Grocery benefit increased to $70 per quarter. Rollovers of unused OTC and healthy grocery benefit card allowances will be permitted.
- **Grievance and Appeals (G&A) Report:** Chief Health Officer, Amy Scribner reviewed the G&A report for Q1 of 2025. Overall grievance and appeal volume increased in 2025 for Care Advantage but decreased for other lines of business. The most common grievance reasons are customer service, billing, and quality of care. PCP changes decreased significantly (47 in Q1). Prescription drug appeals make up more than half of Care Advantage appeals, with a high overturn rate, mostly due to additional information gathered during the appeal process.
    - **Decisions Made:** To improve the prescription drug appeal form by adding clarifying language and guidance on necessary information.

- **Action Items: Amira & Amy:** Collaborate on improving the prescription drug appeal form.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:31 pm by Amira Elbeshbeshy.