HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, March 01, 2018
801 Gateway Blvd. 1st Floor-Boardroom
South San Francisco, CA 94080

Committee Members Present: Danilyn Nguyen, Ricky Kot, Mary Pappas, Angela Valdez
Staff Present: Gabrielle Ault-Riche, Pat Curran, Carolyn Thon, Ed Garcia, Mat Thomas, Jose Santiago, Charlene Barairo
Guests: Wendy Todd, HPSM Consultant

1.0 **Call to Order/Introductions:** Ms. Nguyen called the meeting to order at 12:06 pm.

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

3.0 **Approval of Agenda:** The group agreed to change the order of the agenda, addressing Item 6.0 before 5.0.

4.0 **Approval of Meeting Minutes for January 11, 2018:** The January 11, 2018 Meeting Summary was approved as presented. **M/S/P**

6.0 **New Business: Strategic Planning (presented out of order):** Mr. Curran introduced Wendy Todd, consultant to HPSM. She's helping the Plan form a 3 year Strategic Plan. They are hoping to get as much input from stakeholders outside of the organization as possible. She asked those on the committee who are not employees of HPSM to participate in the discussion and proceeded with a series of questions.
First Question: "**What are HPSM's strengths?"** Danilyn replied that she thought access was a strong point, with members not having a problem finding a suitable provider. Single Payer in SM County was noted by Ricky Kot, he mentioned that it is helpful to his agency. Mary noted that access for members has improved over the years, in prior years members had to find their own provider. Member Services are always available and always responsive, noted Danilyn. Ricky also mentioned how the HPSM services go beyond what is offered by Medi-Cal, like CCSP and some of the dental care.
Second Question: **"What are HPSM's weaknesses?"** Mary noted that share of costs is outdated and has not changed in 30 years. Affordability is a big issue, especially in this county. Danilyn noted that care coordination for those transitioning from a hospital to a LTC or SNF is challenging and should be more of a collaborative effort. She proposes working with community based organizations, local hospitals and social

workers. In many of these cases they are unaware who the "social workers" are representing, and remarked that many may be Care Coordination managers but are often referred to as social workers. She noted the confusion around those in the Plan and using Kaiser. There is often confusion over who covers what and where to go. Often members are confused and the Legal Aid office is often confused as well. Some clarity around that partnership would be beneficial to members. Ricky Kot noted a need for more education for Providers. He feels many could benefit from clarification of services available, especially in the area of DME. Danilyn requested further education around the transportation services offered as many are unaware of that benefit.

Third Question: **"What did you think is the most important benefit to the community?"** Mary noted that HPSM is a safety net for healthcare. Wendy asked for something more specific. Care Coordination was noted. Danilyn noted how successfully the Plan is connected to the community and other organizations in the county. She remarked on how the partnership between the Plan and Legal Aid has enabled them to help those in the community in ways beyond healthcare, for example conservatorships and housing. Mary noted the success of the Navigator program (thru CareAdvantage), she said it is an amazing program that works and HICAP refers people there often.

Final Question: **"If you could wave a magic wand, what would you change?"** Mary noted she'd change the Basic Needs $600 fee. Danilyn noted the procedural complications surrounding the ABA Therapy services program. Mary agreed that access to children's services under ABA is very difficult. Ricky noted that there is a perception that there is a high turnover at HPSM making stabilization of these services difficult. Angela mentioned the challenges surrounding the dental coverage, as members are directed to reach out to the dental provider (Denti-Cal) for assistance, instead of the Plan which they are comfortable dealing with. Mary noted that our members are lucky that we provide dental coverage at all, as many don't. Mental Health services are often hard to access, one must reach out to the County or BHRS, and that is sometimes daunting. Ricky noted the importance of working with Medi-Cal to keep members enrolled and prevent churning. He thinks being more pro-active about member's enrollment dates and reminding them about it will help. Mary mentioned that they have a dedicated person to deal with Medi-Cal at HICAP and that has helped. Ricky mentioned that we need to recruit more committee members to address the concerns of HPSM's members. Wendy ended by inviting the members participating to reach out to her via email if they have anything to add.

5.0 HPSM Operational Reports and Updates

5.1 CEO Update:

Pat Curran gave the CEO report on behalf of Maya Altman. He noted that there haven't been any significant changes at the State or Federal level lately that would impact HPSM or their members.

5.2 Grievance and Appeals:

Ms. Ault-Riche verbally reviewed the submitted Grievance and Appeals Report.

- CareAdvantage/CMC – 2017 was stable, but higher than 2016, especially in Appeals. Though appeals increased in Q3 they are going down.
- Quality of Care grievances are a bit higher this quarter than last. They are unsure why, but are keeping an eye on it.
- DME continues to be the biggest issue in Types of Appeals received.
- The Rate of Overturned Appeals is moving in the right direction. The numbers are low, which reinforces that decisions made initially are correct.
- Medi-Cal grievances and appeals are stable but higher than 2016. Quality of Care grievances are up here as well. Ms. Pappas asked if the Customer Service numbers reflect communications with providers or the Plan. Ms. Ault-Riche said it could be either, but the majority is about providers.
- The biggest Type of Appeal under Medi-Cal continues to be DME and Prescription Drugs.
- Resolutions within 24 hours of receipt, has been stable across quarters but has gone up slightly.
- Unfortunately they are not meeting their goals for Timeliness of Complaint Resolution. The Pharmacy is still doing well at 96% but grievances and medical appeals are presently at 93%; while close it does not meet their goal of 95%. Part of this is due to three new coordinators in Q3, which meant cases due in Q4 was delayed a bit. Ms. Pappas asked why are there so many complaints surrounding the Pharmacy and Prescription Drugs. Ms. Ault-Riche said while these are usually solved within 24 hours, they are often stressful as members are usually at the pharmacy, dealing with eligibility questions in real time. Sometimes it's something as minor as a number being off by one digit, or a member may not have their ID. There are a number of reasons, but they are usually resolved quickly.
- A total of 63 members requested to change their assigned PCP during Quarter 4 due to dissatisfaction. Members switched away from a total of 29 different PCP's. 14 were clinics and 15 were individual providers. For 2 providers, 5 or more Members requested to switch away from their practice. One was a clinic and the other one was

an individual physician. Ms. Murphy noted that they spoke with the individual physician and determined his panel may be too large for the number of slots.

- Danilyn noted that if Medi-Cal members have an erroneous OHC, associated with Access, they can always reach out to the Legal Aid society for assistance. They are often able to help very quickly.

5.3 Provider Services:

Ms. Murphy introduced herself to the group as the new Director of Provider Services. She asked for input on what the group hopes to see from the Provider Services department at upcoming meetings. They are eager to share how they are serving their providers, changes in the network and general information about what they are working on. Danilyn noted that they are interested in Provider Education. She inquired on the information provided to medical professionals. Asking specifically about what they should know and what they do know. Colleen agreed that sharing resources and getting feedback would be helpful for all.

5.4 Member Services:

Mr. Santiago went over the Member Services report. Enrollment is at 147,300+ for all Lines of Business. Member Services received approximately 19,046 calls in Q4. The average speed to answer was 56 seconds, which means they did not meet their goal of answering 80% of calls within 30 seconds. Call times continue to fluctuate due to staffing levels and call volume. Abandonment rates have been steady at 5%. The CareAdvantage unit is within standard with 95% of all calls answered within 30 seconds. There were only 3 complaints in 2017 for Medicare Advantage/Prescription Drug Plans. These complaints are usually related to enrollment/disenrollment and are often resolved within one to two days of receipt. HPSM has received 5 out of 5 starts in the past several years for this measure.

7.0 Adjournment

The meeting was adjourned at 12:57 pm.

Respectfully submitted:

M. Heryford

M. Heryford
Assistant Clerk to the Commission