

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, January 20, 2022
****Virtual Teleconference****

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor's Office, in order to minimize the spread of the COVID-19 virus, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Assistant Clerk to the Commission in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Marmi Bermudez, Gloria Flores-Garcia, Robert Fucilla, Judy Garcia

Committee Members Absent: Angela Valdez, Mary Pappas, Hazel Carrillo, Cynthia Pascual, Ortensia Lopez

Staff Present: Gabrielle Ault-Riche, Carolyn Thon, Charlene Barairo, Keisha Williams, Karla Rosado-Torres, Justin Cassida, Joshua Gaffud, Theresa Kopp, Sarah Munoz, Samareen Shami, Karen Fitzgerald,

1.0 Call to Order/Introductions: The meeting was called to order by Ms. Elbeshbeshy at 12:00 pm.

2.0 Public Comment: There was no public comment, either virtually or via email.

3.0 Approval of Meeting Minutes for October 28, 2021: The minutes from the October 28, 2021, CAC meeting was approved as presented. **Fucilla/Bermudez second. A roll call vote was unanimous.**

4.0 Approval of Teleconference Meeting Procedures Pursuant to AB 361: The committee moved to continue the practice of virtual meetings pursuant to AB361 which was signed by Governor Newsom in October 2021. **Fucilla/Kot second. A roll call vote was unanimous.**

5.0 HPSM Operational Reports and Updates:

5.1 CEO Update: Interim CEO, Pat Curran provided an update.

5.1.1 He spoke about the newly enacted dental benefit. HPSM now manages and coordinates a dental benefit for members effective January 1, 2022. There is some pent-up demand, and they are seeing some challenges in terms of adult access to care. He is happy to report that they are not hearing about challenges for access for children. They are

working on the referral process and trying to gain access within the network so members don't have to pay but admits that process will take a while so adult access will continue to be a challenge for a bit. There is a new dental director, Dr Michael Okuji, he comes from UCSF and will be starting in late January.

5.1.2 Mr. Curran also spoke briefly about the CalAIM program, which was implemented on January 1, 2022. On that date all members who were in the Whole Person Care (WPC) program through the County transitioned to the new program. At present, their focus is on establishing and continuing the relationships they have with existing providers, the County and other Providers who have helped with these very complex members.

5.1.3 Mr. Curran reminded the group that Maya Altman retired at the end of 2021. The San Mateo Health Commission (SMHC) has appointed Mr. Curran as the Interim CEO while the recruitment effort is underway. There should be word of the new CEO in about a month. He credited the staff for the smooth transition.

5.1.4 Lastly, he informed the committee that Governor Newsom proposed that all residents of California have insurance coverage regardless of documentation status. HPSM is a huge proponent of this measure and will advocate for this to end up in the final budget.

5.2 CMO Update: CMO, Chris Esguerra, M.D., updated the committee.

5.2.1 Dr. Esguerra spoke about the pharmacy carveout, which became effective January 1, 2022. It is now a function of the State of California. While some prescriptions are being filled for routine things, there are significant issues, such as eligibility. Members and pharmacies are reporting that they are no longer eligible in Magellan's system. Unfortunately, this is compounded by the fact that customer service is spotty. Members report long wait times, some waiting from 2-4 hours. There is no guarantee that their problems will be resolved once their call is answered as a high percentage of members say the information received is not actionable or consistent. The State has acknowledged there have been staffing and training issues and they are working on that. Unfortunately, this is causing issues for those in the California Children's Services (CCS) population. HPSM did receive information from SHIELD Health Care, who figured out a way to make nutrition products typically used by the kids in the CCS population. Dr. Esguerra will be sharing that information with the staff. He asked that committee members keep them informed of issues as they come up so that they can make the State aware of them. There was a question of how many individuals are affected by the carve-out. Dr. Esguerra said 14.5M individuals across California will be impacted by this. There was a question about what would happen to members when the transition from Coordinated Care Initiative (CCI) to Dual Eligible Special Needs Plans (D-SNP) occurs. Dr.

Esguerra said since this is under Medicare, HPSM will continue to manage the benefit, it will not be part of the carve out.

- 5.2.2** He commended HPSM staff for their work to ensure a smooth transition into the new year while in the midst of audits, accreditation work and a leadership change.
- 5.2.3** He spoke about the recent COVID surge, specifically the Omicron variant. He encouraged all to get vaccinated and boosted and to continue following all social distancing guidelines.
- 5.2.4** There was a pharmacy related question about data reported in the past for drug denials, appeals and overturn rates. Will Magellan be providing this data going forward? Dr. Esguerra said that he's not sure what they will be getting from Magellan, but he agreed to bring any information they share to the committee.

5.3 Provider Services: Network and Strategy Officer, Colleen Murphy provided a verbal report

- 5.3.1** She reported on surge planning, they have been seeing much higher COVID case rates and a lot of HPSM Providers staff are out with COVID. They are seeing the effects of the vaccines as cases appear to be milder. Transitions teams are effectively moving members thru emergency rooms, which are experiencing bottlenecks this week. They have been working with CFU's and skilled nursing facilities (SNFs) to ensure that members are vaccinated and boosted with great success. Though, they continue to be concerned with outbreaks and are working with Scott Morrow and the County to get the word out about some of the safety practices the SNFs are using for isolating members effectively. They are working with facilities to ensure they have the resources they need, though she warned that resources are tight, finding staffing is very challenging.
- 5.3.2** Director of Provider Services, Luarnie Bermudo provided network updates. They have recently contracted with 7 Bridges, a speech therapy Provider, and have credentialed 7 new therapists from their practice. They will work with PCPs and coordinate with schools to get the word out that 7 Bridges is accepting new patients.
- 5.3.3** Primary Care access continues to be a focus and engagement continues. They've extended their arrangement with Teledoc for 2022, this is for PCPs who don't have access to telehealth.
- 5.3.4** They are excited about the changes that CalAIM provides, like enhanced care management (ECM) and community supports (CS) which will allow them to reimburse HPSM members for important services. They have credentialed and have letters of support with seven different organizations primarily for ECM. The majority are county partners that HPSM has worked with in the past like Institute on Aging (IOA). Services range from housing, retention services to medically tailored meals.

5.3.5 She also announced that they have credentialed and contracted with over 70 new dental providers and have 134 going thru the credentialing process now. She was asked when that information might be available online. She replied that it is an ongoing process. There are 68 noted on the website right now. Information is dependent on when the providers get contracted, it usually takes about 3-4 days.

5.4 Population Needs Assessment (PNA) Results: Teresa Kopp, Program Manager, Health Equity kicked off the presentation.

5.4.1 The timing of this assessment is annual, the focus population is Medi-Cal (MC), which represents 77% of HPSM members. The goals of this assessment are several-fold, but they will start by identifying member health needs and disparities. They will then provide an evaluation of HealthEquity activities, culturally and linguistically appropriate services (CLAS), quality improvement (QI) activities and other available resources. Implementing targeted strategies for HealthEquity, CLAS and QI program services thru an action plan is an important part. She also went over membership and member demographics.

5.4.2 Mykaila Shannon, Population Health Specialist reviewed language, access, and practitioner availability for 2020. Threshold languages are English, Spanish, Cantonese, Mandarin, and Tagalog. They have seen appropriate utilization of the interpreter services thru HPSM staff and provider requests for both telephonic and video services across all threshold languages.

5.4.3 Sarah Munoz, Health Promotion Supervisor went over the disparity overview. They used the Healthcare Effectiveness Data and Information Set (HEDIS) measure data from 2020 to do their analysis. They did find disparities for 2020 in cervical cancer screenings, well-child visits and breast cancer screenings. They have initiatives in place to address the disparity in breast cancer screenings.

5.4.4 Katherine Rodrigues, Health Promotion Program Specialist went over the tobacco analysis. In December of 2019, 5,549 members identified as tobacco, nicotine, or vaping users, this was represented in all lines of business. She broke down some of the racial/ethnicity and language disparities.

5.4.5 Samareen Shami, Program Manager, Quality Improvement spoke about health disparities within the seniors and persons with disabilities (SPD), Perinatal, and Children & Adolescents populations. They are delving deep into the SPD population and have recently hired a fellow to focus specifically on this population. This person will also do an inventory of current programs and services and develop a tool kit for members and caregivers, as well as Providers. They hope to focus on assessing provider network language gaps to ensure that HPSM is meeting the needs of their main language groups.

They also hope to address tobacco and other health education related activities and ensure that HPSM has the resources available for their members and the conditions they face, not only for tobacco cessation but for any related disease or age group.

5.5 MS & CA Enrollment and Call Center Report: Gabrielle Ault-Riche, Director of Customer Support went over the enrollment and call center reports for Q4 of 2021, CareAdvantage Manager, Charlene Barairo reviewed the CareAdvantage section of this report.

5.5.1 HPSM continues to see an increase in Medi-Cal membership due to the governor's order suspending terminations except for those due to death, moves out of the county, or voluntary disenrollment.

5.5.2 The Member Services (MS) call monitoring goal states that at least 95% of all monitored calls meet the quality criteria and receive an overall score of at least 95%.

Unfortunately, MS did not meet that goal in Q4 2021. MS Leadership is looking into additional coaching activities for those who did not meet the 95% goal.

5.5.3 Goals for the timeliness and quality of email response were met at 100%.

5.5.4 Ms. Barairo reviewed the CareAdvantage portion. In Q4, they enrolled a total 272 members. As of December 2021, there are 8,894 active CA members and throughout 2021 they've enrolled an average of 103 members each month. For this period, they disenrolled 215 members. The most common reason is death, followed by a move out of the area and dis-enrollment due to involvement in another plan.

5.5.5 The CA Call Center also has a customer service quality goal of at least 95% quality on monitored calls. The unit has met this goal in Q4 2021. In October 2021, HPSM transitioned to a cloud-based phone system. While the transition of staff to the system went smoothly, there have been difficulties with the reporting functionality. The CA Call Center analysis is therefore unavailable. Call Center leadership continues to work closely with HPSM IT and the phone vendor, and expect to have a solution in Q1, 2022.

5.6 Grievance and Appeals (G&A): Ms. Ault-Riche went over the G&A report for Q4 of 2021.

5.6.1 The rate of complaints per 1,000 members was slightly above goal for CA CMC and ACE. The rate for Healthworx was 3.07 points higher than the goal. Though this represents low overall volumes (around 10 cases per quarter), the G&A Unit will conduct additional review to determine if some of these cases are preventable.

5.6.2 Timeliness goals were met for grievances and appeals at 99% and 100% respectively.

5.6.3 Grievances resolved within 24 hours related to medical services were highest in Q2 and Q4 2021, 97% (73) were related to Customer Service. These spikes are a direct result of challenges HPSM's non-medical transportation (NMT) vendor faced. In Q2 the ride-share company Uber experienced a nationwide shortage of drivers, which impacted HPSM rides. This shortage was compounded by an increased volume of ride requests as

members resumed regular appointments given the decrease in COVID-19 transmission at that time. This trend has since stabilized. The Q4 spike was the result of problems HPSM's NMT vendor was experiencing with their phone system. The issue with the phone system has since been resolved, though the vendor continues to struggle with adequate staffing. Customer Support Leadership explored options for expanding availability through overseas call centers, but these options were abandoned due to concerns about the inability to protect member health information. Given the increase in grievances in 2021, the G&A Unit will conduct further analysis to understand the factors influencing this.

- 5.6.4** The overturn rate increased slightly, from 49% in Q3 to 59% in Q4 for prescription drugs. This may be the result of a decrease in the overall volume of prescription drug appeals. For medical appeals, the rate increased from 50% in Q3 to 53% in Q4.
- 5.6.5** There were no complaints filed with the Complaints Tracking Module (CTM), which are complaints that members file directly with CMS.
- 5.6.6** The volume of grievances increased in the last quarter, from 132 grievances in Q1 to 176 grievances in Q4. The rate of grievances per 1,000 members, however, remained well within goal. The volume of appeals decreased throughout the year, from 132 appeals in Q1 to 103 in Q4. This decrease was primarily within prescription drug appeals, though the decrease is not considered significant.
- 5.6.7** The number of appeals filed with Kaiser by HPSM members decreased significantly in the last two quarters of 2021, from 9-10 appeals in Q1 and Q2 to 3-4 appeals in Q3 and Q4. The reason for this decrease is unknown but does not indicate a trend given the small numbers. No action is proposed.
- 5.6.8** In Q4 a total of 94 members switched away from a total of 31 different PCPs due to dissatisfaction. Of those, 25 were clinics and 6 were individual providers. One of these individual providers had four or more members switching away from their practice; as did four of the clinics.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:12 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission