HEALTH PLAN OF SAN MATEO CONSUMER ADVISORY COMMITTEE MEETING Meeting Minutes Wednesday, January 18, 2023 **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, Angela Valdez, Gloria Flores-Garcia, Robert Fucilla, Marmi Bermudez

Committee Members Absent: Mary Pappas, Hazel Carrillo, Cynthia Pascual, Ortensia Lopez, Judy Garcia

Guests: Ana Avendano, M.D.

Staff Present: Amy Scribner, Megan Noe, Carolyn Thon, Keisha Williams, Karla Rosado-Torres, Charlene Barairo, Luarnie Bermudo, Samareen Shami, Talie Cloud, Sarah Munoz, Chris Esguerra, M.D., Kiesha Williams, April Watson, Richard Moore, M.D., Michelle Heryford

- **1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:00 pm, a quorum was met.
- 2.0 **Public Comment:** There was no public comment, either virtually or via email.
- **3.0** Approval of Meeting Minutes for October 19, 2022: The minutes from the October 19, 2022, meeting was approved by the committee. Fucilla/Flores-Garcia 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/Bermudez second. A roll call vote was unanimous.
- 5.0 HPSM Operational Reports and Updates:
 - **5.1 CEO Update:** Chief Executive Officer, Pat Curran provided an update on the redetermination process for members who have Medi-Cal. Redetermination is

scheduled to commence on April 1, 2023. Members will start to receive letters requiring them to submit documentation for coverage. HPSM is concerned about the impact, though data seems to indicate that up to 15% of members have other health coverage (OTC) which should help to lessen the amount of those who might lose their coverage. He also spoke of a provision starting in January for all eligible California residents aged 26-45 regardless of documentation status, that could be eligible for Medi-Cal. In San Mateo county this could impact about 20K people.

- 5.2 CMO Update: Chief Medical Officer, Dr. Chris Esguerra spoke to the group about the change HPSM recently underwent on January 1st, 2023, which shifted Cal-Mediconnect (CMC) to the D-SNP program. He explained that under CMC, the pharmacy piece was fully integrated even on the Medi-Cal side. As of January 1st, the State will administer it. There have been issues with members not being able to locate their Medi-Cal ID card which is now required. Up until recently CareAdvantage (CA) members were able to use one card issued by HPSM for all their needs. HPSM is doing their best to minimize the disruption. Members are able to call HPSM with any concerns or issues they may encounter. They are also helping members with the new Over The Counter (OTC) benefit and the new Nations grocery benefit, assisting them in activating cards and with any other questions or concerns they may have about this new benefit. There was a question about the Part D pharmacy benefit still being administered by HPSM.
- 5.3 Population Needs Assessment: Population Health Manager, Samareen Shami went over the results of the Population Needs Assessment (PNA) for 2021, which were received in 2022. The survey encompasses the entire HPSM population. The goals are to identify member health needs as well as health disparities. They also strive to make the data meaningful and actionable. They evaluate health education activities, culturally and linguistically appropriate services (CLAS) as well as population health management activities, CalAIM and any other available resources that they feel are important to members. Ms. Shami went over the demographics, the Medi-Cal population largely identifies as Hispanic, Latino and Asian or Pacific islander, the threshold languages for this group are Spanish, Chinese, Mandarin, Cantonese, and Tagalog. CareAdvantage members largely identify as Asian of Pacific Islander, followed by 12% preferring Chinese. The majority of the Members in this population are older, over the age of 75

which is expected from this group. Population Health Specialist, Talie Cloud reviewed results for older persons and those with disabilities. She also spoke briefly about adult preventive health, chronic conditions and social determinants of health and behavioral health within the Medi-Cal membership. Older adults and people with disabilities represent about 12% of HPSM's Medi-Cal population. This population is fairly complex and there's a greater percentage of members that have more than one chronic condition compared to the rest of the population. Chronic conditions include things like diabetes, obesity, asthma, tobacco use, etc. that can lead to a more complex care experience. People with disabilities experience incredibly high incidences of severe and persistent mental illness. Within the persons with disability population, they've been carefully monitoring mental health and behavioral health data to make sure they're providing those members with access to the resources and support they need. They are aware that there are large disparities or health differences when it comes to breast and cervical cancer screenings and are working to remedy that. They are also working on developing additional programming so that they can address the high rates of essential hypertension, obesity, and diabetes. They are also monitoring tobacco use and have access to tobacco cessation resources for Members that are interested. Some of the initiatives they are working on to provide preventive care are reminder letters, phone calls, and home testing solutions. Ms. Shami also pointed out that those identifying as Asian and Pacific Islander who had live births in 2020 and 2021 faced higher rates of gestational diabetes. They would like to add programming that specifically targets that population. There were questions about how they follow up with the information provided in the survey. Ms. Shami went over the efforts made by different departments to address concerns found in the survey; they are also looking at ways to support Providers.

5.4 Health Education Update: Health Promotion Supervisor, Sarah Munoz provided a Health education update on projects they engaged in in 2022. They launched a topic specific newsletter about diabetes and tobacco cessation programs. Newsletters were sent to members and are also available on the website. They continued their COVID-19 communications, and their annual flu campaign which starts in September and includes information about the flu vaccine. Going forward for 2023 they will include cancer screenings and well-visits for babies and teens. Ongoing programs include baby and me, Diabetes prevention, asthma management, diabetes management, hypertension management resources, nutrition services and tobacco cessation resources. This year they will also do an assessment of nutrition support and diabetes management while they look for opportunities for improvement.

- 5.5 Provider Services (PS): Director of Provider Services, Luarnie Bermudo went over recent contracts and services. She announced that last year at this time HPSM had 78 providers in the dental network. They now have 315 dental providers in the network. They will have their second in person on-site hospital and skilled nursing facility (SNF) collaborative coming soon. This is a new iteration of the work that HPSM has been doing with nursing facilities around value-based payment and partnering with hospitals. They also hope to identify measures to not only support Providers, but also to identify metrics in support of the member population. Ms. Bermudo announced two new provider types. Doulas and Community Health workers are brand new benefits to HPSM. More information will come. She also spoke about Non-Emergency Medical Transportation (NEMT). HPSM has recently increased their rates for the Provider network. One of the major NEMT providers recently closed shop due to financial constraints so they are working very closely with the existing network to support them and ensure access to transportation services for HPSM members.
- 5.6 Member Services (MS) Report: Director of Member Services, Kiesha Williams reviewed the Member Services (MS) Call Center and Enrollment Report for Q4. The current enrollment for all LOBs is 172,232. They are expecting a decline once the PHE ends. She did not have metrics for Call Center performance at the moment. They introduced a new cloud-based system last April and are still working out some technical difficulties. The call monitoring goal is 95%, they exceeded that with 98%. Emails met the service level goal of 95% for responsiveness. The Call Center continues to operate remotely. HPSM is experiencing high call volumes. Calls are longer as members have many questions about dental, PCP changes and demo updates. At the end of 2022 they hired 4 new call center representatives. They are currently looking for a Call Center Supervisor and a Call Center Manager.
- 5.7 CareAdvantage (CA) Enrollment and Call Center Report: CareAdvantage Manager Charlene Barairo reviewed the CareAdvantage (CA) Enrollment and Call Center Report. Like the Member Services team they are having problems reporting their call center stats. Last quarter for CA they processed 199 members, 156 new ones and 43 enrolled members. They also dis-enrolled 164 members, the number one reason being death,

followed by a move out of the County. She also shared a table that highlighted the health plans some dis-enrolled members have moved to. All Cal-Mediconnect (CMC) members have transitioned to the D-SNP plan as of 1/1/2023. Call monitoring goals were met at 95% for the year. During the Medi-Cal deeming period they enrolled 93 members into the D-SNP program.

- 5.8 Grievance and Appeals (G&A) Report: Chief Health Officer, Amy Scribner reviewed the Grievance and Appeals (G&A) report. Targets were met for all LOBs except CMC. Timeliness goals for all LOBs were exceeded in Q4. She went over CA appeals and grievances. The top three grievances for the CA line is billing, customer service and quality of care. Most appeals were for prescription drugs, there were also some for durable medical equipment (DME). There is a high number of overturned decisions. They may need to look at the UM side to see why they are so many denied claims. For Medi-Cal the results were similar. This line had the same top three grievances as the CA line. The majority of appeals were for Other Services/Therapy, DME and Imaging. NCQA rates for BH grievances were higher than targeted, access for Behavioral Health Therapy (BHT) was not met. However, rates for all non-BHT were on target. They are working with vendor Magellan to help with access for children. This will be an area of focus for the next quarter. There were 55 Provider changes, which is a decrease from Q3, the top reasons cited are difficulty in obtaining an appointment, and poor service. There was one case of provider and patient incompatibly.
- 6.0 New Business: Director of Population Health, Megan Noe announced that the next CAC meeting scheduled for April 19, 2023, will be held in person at the HPSM Boardroom at 801 Gateway Blvd in South San Franciso. There was a question about there being a virtual option. At the moment there is not, however, HPSM leadership is consulting with County Counsel Kristina Paszek on the matter. Ms. Noe also announced that there will be a new Population Health Program Manager starting soon. They are considering reviewing the current CAC committee recruitment strategy and are looking for suggestions for the committee makeup going forward. They would also like to change the content of the meeting. They discussed sending reports to be reviewed in advance via email instead of providing a full delve at the meeting. This would allow them to free up time for thematic subjects that interest committee members. She shared the thematic subjects with the group and asked them to consider the changes for future meetings. The feedback from the committee was good. The members liked

the idea of sending reports out prior and keeping discussions at meetings about the thematic items she listed. One of the concerns expressed was that more HPSM members need to actively participate on the committee.

7.0 Adjournment: The meeting was adjourned at 1:29 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford Assistant Clerk to the Commission