

**HEALTH PLAN OF SAN MATEO**  
**CONSUMER ADVISORY COMMITTEE MEETING**  
**Meeting Minutes**  
**Wednesday, October 19, 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, Angela Valdez, Judy Garcia, Gloria Flores-Garcia

**Committee Members Absent:** Robert Fucilla, Mary Pappas, Hazel Carrillo, Marmi Bermudez, Cynthia Pascual, Ortensia Lopez

**Staff Present:** Amy Scribner, Megan Noe, Carolyn Thon, Keisha Williams, Karla Rosado-Torres, Mykaila Shannon, Theresa Kopp, Sarah Munoz, Clement Chan, Chris Esguerra, M.D., Kiesha Williams, April Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:02 pm, a quorum was not met.
- 2.0 Public Comment:** Chief Health Officer, Amy Scribner announced that former HPSM Customer Support Director, Gabrielle Ault-Riche has ended her employment with HPSM. She and Director of Population Health, Megan Noe, will be overseeing the committee going forward.
- 3.0 Approval of Meeting Minutes for January 20, 2022:** The minutes from the April 21, 2022, meeting was approved by the committee via email.
- 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. This item was approved by the committee via email.
- 5.0 HPSM Operational Reports and Updates:**
  - 5.1 CEO Update:** Ms. Scribner provided an update on behalf of CEO, Pat Curran. Governor Newsom will be lifting the public health emergency (PHE) on February 28, 2023. HPSM is preparing for the 60-day notice in November. This will also affect how meetings are conducted, decisions will need to be made about whether meetings will be held in person, remotely or perhaps a hybrid of both.
  - 5.2 CMO Update:** CMO, Chris Esguerra, M.D., provided an update on Health Services. The CareAdvantage enrollment season officially starts on October 15<sup>th</sup>. There is a mailer going to

members advising them of new benefits that will be starting in January. Because Medicare members are currently receiving information from a variety of sources, they are also sending mailers to those members, to reiterate the benefits they currently receive and new benefits they can also expect in January. Because of the transition they will do a sweep to ensure no members are missed in the process. The last quarter will be from 10/17 to 12/7.

**5.3 Health Education:** Health Promotion Supervisor, Sarah Munoz provided a presentation on health education materials recently sent to HPSM members. Breast cancer mailers are being sent to members who might need a mammogram. The informational flyer notes the importance of early detection and urges members to consult with their PCP if they are due for a mammogram. They also have a new flu mailer that will be sent to members encouraging them to get a flu shot soon in anticipation of flu season. Ms. Elbeshbeshy asked if there was a way in the future to include that flu shots are free for HPSM members. Ms. Munoz said they can do that, and she offered to add that on the HPSM website as well.

**5.4 Health Equity:** Health Equity Program Specialist Mykaila Shannon shared some of the work they are doing in addressing health disparities. At present they are focusing on breast cancer screening and are identifying and providing outreach to African American members who haven't had their screening yet. They have also received feedback from members seeking help scheduling appointments. Ms. Shannon also mentioned there are several health disparities among members identifying as indigenous, it's a small population but they are concerned and would like to get ahead of this. They are also looking to hire someone for the Program manager position.

She shared the results of their iPad pilot program. The goal was to understand whether providing a tablet to office staff would support utilization of interpreter services. 8 providers participated at 10 different provider sites. It ranged from primary care to pediatrics, physical therapy, and behavioral therapy. It was launched in April and is ending in November. Overall utilization increased by 30%, 26 providers increased their utilization, one provider decreased it. They did have some issues with calls being dropped and realized the need to use a sanitary cover when it is used for dental exams. Ms. Flores-Garcia reminded Ms. Shannon and the group that the indigenous population might be higher than they thought as many Latinos also consider themselves indigenous. Ms. Flores-Garcia also said they recently learned about disparities for certain follow up exams after a referral, especially for African American men. Ms. Shannon replied that they are aware that this population has been historically underserved. She said there are definitely things they can do to remedy this, and they will continue to work on that.

**5.5 Provider Services (PS):** Provider Network Manager/Interim Provider Services Director, April Watson, provided a verbal report on behalf of Director of Provider Services, Luarnie Bermudo. She reported on new Providers in the network. Hazel Health is a school-based mental and physical health provider. HPSM has also contracted with Angel palliative care, filling a gap that has existed for a while. PCP and OB-GYN providers were also added through NEMS, which is expanding in the North County. Ms. Watson spoke about a new collaboration with hospitals and nursing facilities, it was created to help members that are transitioning to other facilities by trying to remove challenges and bottlenecks. Ms. Watson also reported that HPSM is contracting with many new dental providers including specialists like endodontists, orthodontists, and prosthodontists.

There was a question about language access and services. Ms. Elbeshbeshy noted seeing clients who should have had an interpreter but did not know that they could ask for one. Though the onus is on the member, they believe greater efforts should be made to inform members that these services are available and free. It should be clear that Providers are obligated to offer these services and that there is no additional charge. HPSM's Health Equity Program Manager, Teresa Kopp, noted that changes have been made in the Provider newsletter and other communications around this subject based on complaints received.

**5.6 Member Services (MS) & CareAdvantage (CA) Enrollment and Call Center Report:** Director of Member Services, Kiesha Williams went over the enrollment and call center reports for Q1 of 2022. CareAdvantage (CA) Manager, Charlene Barairo reviewed the CA section. Ms. Williams reported that HPSM has 169,119K members across all lines of business (LOB). HPSM has seen a 12.6% increase since 2020. They continue to see numbers grow due to the extension of the PHE which Governor Newsom announced will end in February of 2023. To help prepare for that they are working with the San Mateo County Health system. Members who were sent renewal packets are receiving outreach to ensure they are completed and returned on time. In addition, DHCS has extended coverage to the 26-year-old population through January 24<sup>th</sup>, 2022. ACE members 26-49 will be transitioning to full scope Medi-Cal on January 1, 2024.

The Call center is still working with IT to fix the data issues they have been experiencing, as a result, they have no data at the moment. The Member Services team are fully remote. Call volumes have increased as they assist members navigating the system. They are currently looking for member services representatives and a call center supervisor. She reviewed performance metrics, they are compliant in emails but are still working on call monitoring, as goals were not met for Q3.

Ms. Barairo reported that CA enrollment remains steady. In Q3 they enrolled 220 members, of which 162 were new and 58 were re-enrolled. 192 members were disenrolled, the main reason was death for 62 of those members, 49 members moved to another plan and 47 members moved out of the area. An average of 77 members were enrolled each month. Because of the transition to the Dual Eligible Special Needs Plan (D-SNP), CMC members who lost their Medi-Cal eligibility were given a special deeming period which was extended to December 31, 2022. Members were notified at the end of September 2022. If in January, members are still in the deeming period, it will restart and they will be given a 4-month grace period to get their Medi-Cal back on track, otherwise they will be disenrolled in the D-SNP plan.

Ms. Barairo also provided an update on the Qualified Medicare Beneficiary Outreach program (QMB). This program helps beneficiaries pay for their Medicare Part A monthly premium. They partnered with HICAP to help; 923 letters were sent to members. As of October 1, 2022, 152 HPSM members have both Medicare Parts A & B. 53 of those have enrolled in the CA-CMC program and they anticipate more.

Call monitoring surpassed their goal of 95%, they are at 98% for this quarter. Barriers still exist with the phone system. She went over the Medicare annual enrollment period, which will run from October 15<sup>th</sup> to December 2022. There are new requirements issued from the Centers for Medicare & Medicaid Services (CMS) and The Department of Healthcare Services (DHCS). Health Plans are now required to have live customer services agents available Monday through Sunday from 8:00 am to 8:00 pm, including holidays from October 1st to March 31. There is an exception for Thanksgiving and Christmas Day. There was a comment about how the Federal and State PHE deadlines are different. The federal PHE is due to end at the end of January, but the State of California PHE goes until the end of February.

- 5.7 Grievance and Appeals (G&A):** Chief Health Officer, Amy Scribner went over the G&A report. She reviewed the rate of complaints per thousand members for 2022. She also included data from Q1 and Q2 for comparison. They met their goals for the quarter. CA complaints, particularly grievances, are going upward steadily which is concerning. Timeliness of complaint resolution is at 100% for pharmacy appeals, however, medical appeals came in at 92.98, and grievances at 90.53 which means they did not meet their goals. She noted that there were staff that left and some turnover in the department as well as an increase in G&A that contributed to these numbers. They have been actively recruiting and have had some new hires in Q3 and plan to continue that for Q4.

CA appeals went down a bit, but grievances remain steady. Customer service, quality of care and billing issues are the top three grievances by category. Resolutions within 24 hours of receipt did well, they are seeing decreases in both areas. As for appeals, Pharmacy appeals are the largest, durable medical equipment (DME) and other services/Therapy are included in that, however 67% are related to medications. The largest number of complaints under customer service were about communication issues with staff, sometimes staff at the Provider office. Another significant area is around Non-Emergency Medical Travel (NEMT). But the overall number in comparison to the number of rides provided is actually small. HPSM does have a Provider Grievance Subcommittee, they will continue to bring these concerns to that group for any root causes or potential interventions. Grievances related to billing were stable in Q2. However, there was quite a high number of balance billing issues in Q3, they will work with the Claims department to see if additional Provider education is warranted. The volume of appeals and the overturned rate has decreased some too. Most were related to prescription drugs and DME from the last quarter. They are going to take a look to see if any new processes are responsible for this decrease. Ms. Elbeshbeshy offered the services of Legal Aid to work with HPSM in offering training to Providers about balance billing and hospital fair pricing.

Ms. Scribner also reviewed the Medi-Cal side. She reminded the group about the pharmacy carveout effective January 1, 2022, as a result they are seeing some grievances and appeals related to medications. Appeals went down a bit, but grievances increased. Customer service, quality of care, billing, access, and availability are the top concerns.

There were five regulatory agreements with DHMC during Q3. One was closed. The member was delegated to Kaiser. One was withdrawn by the member shortly after filing, one remains open and was related to treatment during a dental procedure. Another was an independent medical review (IMR) that was closed because not enough information was provided. Resolutions completed within 24 hours increased greatly. The top three reasons for appeals by type of service are service/therapy, specialist and DME. For IMR and State Fair Hearing, there was one that was filed in Q3. It's still in progress, it was from a member requesting access to an out of network specialist. The overturn rate on the Medi-Cal side is about 42.3%. The rate of overturned appeals is consistent.

Ms. Scribner went over data collected for the National Committee for Quality Assurance (NCQA). Starting with grievances and appeals. They are separated based on whether they are related to Behavioral Health (BH) Services and further broken down into categories NCQA requires. They did not quite meet their goal for BH grievances. They are within their goal for BH appeals. Goals

were met for non-BH grievances and appeals. They did not meet their goals for the BH complaint rate. They are having the BH team identify trends and potential action. She briefly reviewed numbers for Healthworx, ACE and CCS. There was a dip in Kaiser grievances in Q3, case management and care coordination are the main reasons for current grievances.

In Q3 a total of 73 members requested a change from their PCPs. Members switched from 24 PCPs. 20 were clinics and 4 were individuals, this was a decrease from Q1 and Q2. No clinics had 4 or more or more members. This info was shared with HPSMs Provider Services department to determine if additional action is needed.

**6.0 2023 CAC Meeting Dates:** The committee reviewed the proposed meeting dates for the 2023 calendar year. This item was approved by the committee via email.

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

**8.0 Adjournment:** The meeting was adjourned at 1:18 pm by Ms. Elbeshbeshy.

Respectfully submitted:

*M. Heryford*

M. Heryford

Assistant Clerk to the Commission

**DRAFT**

**RESOLUTION OF THE  
SAN MATEO HEALTH COMMISSION  
CONSUMER ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING  
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

**RECITAL: WHEREAS,**

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The San Mateo Health Commission and its Committees must make such a finding under AB 361 in order to continue to conduct its meetings as online teleconference meetings.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

1. The Consumer Advisory Committee of the San Mateo Health Commission hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
2. The San Mateo Health Commission directs staff to continue to agendize its meetings only as online teleconference meetings; and
3. The San Mateo Health Commission further directs staff to present, within 30 days, an item for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 19th day of October 2022 by the following votes:

AYES: Elbeshbeshy, Kot, Valdez, Garcia, Flores-Garcia

NOES: 0

ABSTAINED: 0

ATTEST:

BY: *Michelle Heryford*

Michelle Heryford

Assistant Clerk to the Commission