

HEALTH PLAN OF SAN MATEO
COMMUNITY ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, October 16, 2024
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080

Committee Members Present: Rob Fucilla, Ricky Kot, Ana Avendano Ed.D., Kathryn Greis, Ligia Andrade-Zuniga, Marmi Bermudez

Committee Members Absent: Angela Valdez, Amira Elbeshbeshy, Hazel Carillo

Staff Present: Megan Noe, Amy Scribner, Karla Mendoza-Pina, Charlene Barairo, Luarnie Bermudo, Talie Cloud, Mackenzie Munoz, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Greis at 12:04 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for April 17, 2024, and August 20, 2024:** The minutes for April 17, 2024, and August 20, 2024, were approved as presented. **Andrade-Zuniga/Kot MSP**
- 4.0 Consent Agenda:** The consent agenda was approved as presented. **Andrade-Zuniga/Kot MSP**
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** Chief Health Officer Amy Scribner, reported on behalf of CEO Pat Curran. HPSM staff has been busy completing an audit for the Department of Health Care Services (DHCS) and are awaiting the results. On October 1st, ABA services transitioned from vendor Magellan to HPSM. So far, the transition is going well. Members are getting matched with ABA providers in a timely fashion.
 - 5.2 CMO Update:** There was no report.
 - 5.3 Population Needs Assessment (PNA):** Population Health Program Specialist, Talie Cloud went over the results of the PNA for both the Medi-Cal (MC) and CareAdvantage (CA) lines of business (LOB). She went over membership demographics, reported on

health disparities and the action plan for 2024-2025. She noted the importance of addressing disparities in chronic condition management, cancer screening, and access to care.

Demographics show that membership as of January 2024 is approximately 150K. The most common race and ethnicities are Hispanic along with Asian/Pacific Islander. Threshold languages include Spanish, Chinese, Tagalog, and English. The top non-threshold languages are Portuguese, Russian and Arabic. About 50% of HPSM membership speaks English and 41% speaks Spanish. There are disparities in chronic condition management, which includes diabetes care, and blood pressure control. Younger populations have lower rates of colon cancer screening as well as access and engagement with care. In terms of gender, male members have lower rates of diabetes care management, colon cancer screening and access and engagement with care. The Caucasian population had the greatest volume of disparities. The Black identifying population also has a large number of disparities in blood pressure control, diabetes care, colon cancer screening, and access and engagement with care. There are also some disparities in well-child visits for certain sub-populations for Black identifying members. She also went over disparities by area, they appear to be particularly concentrated in South San Francisco and East Palo. HPSMs disabled membership have lower rates of blood pressure control, diabetes management and lower rates of cervical cancer screening.

She explained how the data is reviewed and used to be most impactful in addressing these disparities. The action plan for 2024-2025 includes perinatal health, child and youth health, adult preventive health, and chronic condition management. She provided example interventions for each of the areas mentioned above. The group discussed problems with access for disabled members. There was a request to provide breakdowns and compositions of the membership in the next survey.

5.4 Member Experience Survey Overview: Program Manager, Member Experience and Engagement Mackenzie Moniz went over the results of the CAHPS, Timely Access, CareAdvantage Member Experience and the Medi-Cal Member Experience surveys that were completed by HPSM members for 2023 and 2024. She highlighted the top

performing measures and the bottom performing areas in each. All of the survey results were sent to committee members in advance.

5.5 Provider Services (PS) Report: Director of Provider Services, Luarnie Bermudo provided an update of the dental collaborative with Sequoia Healthcare District. HSPM is collaborating with eight dental providers who are not yet a part of the network. They are excited about the program and hope to have these providers eventually join the network. PS has onboarded two new endodontists as well as two new general dentists in San Bruno and Redwood City. There are also three new pediatric dentists and an oral surgeon in San Mateo. They are currently processing two Registered Dental Hygienists in Alternative Practice (RDHPs). They are also in talks with Sonrisas to get a mobile unit funded in Pescadero to help increase dental access on the coast.

Behavioral Health Therapy (BHT) services, specifically ABA services for young members with autism, was brought in house on October 1st. Ms. Bermudo noted the addition of Clarity Pediatrics to the network. They contracted with this group specifically for their ADHD behavioral parenting training sessions. Their hope is that in addition to offering training sessions for families impacted by ADHD, they will also support PCPs and offer medication management. PS is also working with some contracted providers to see if there is an opportunity for HPSM to offer one-time capacity funds to build out their workforce in an effort to increase access.

HPSM has contracted with Breathe California, specific to community support (CS) aspects around asthma remediation. Two of HPSMs CBAS providers, Golden Castle and Avenidas, have contracted to provide enhanced care management (ECM) services. HPSM continues to look for non-emergency transportation (NEMT) providers that provide gurney transport, as well as those who can assist members that have more than two steps at their front door. A challenge as these transports require that there be two drivers present. Lastly, Ms. Bermudo noted that San Mateo Medical Center (SMMC) is going through a massive transition and are close to launching Epic, a software system primarily used as an electronic health record (EHR) system. It helps healthcare providers manage patient information, including medical history, appointments, prescriptions, and test results. This centralized system improves efficiency and communication. Their go live date is November 2nd through November 16th. They are expecting a 25% reduction in patient visits at that time as they will be prioritizing urgent visits only. The schedule should be back to normal the week of November 18th.

5.6 Member Services Report: Member Services Manager, Karla Mendoza-Pina went over the Member Services (MS) report for Q3 on behalf of Director of Member Services,

Keisha Williams. She went over membership numbers for all LOBs. There are no call metrics to report this quarter as a new phone system was implemented in September. They hope to share Q4 data at the next meeting. The MS email address has been updated. CA, MS, and G&A now have their own email addresses. They have hired a full-time staff member who can speak Spanish and Portuguese. They have also hired two MS representatives; they will start the second week of November. There are two openings for MS staff as a result of promotions. They hope to fill those positions soon and are looking for a call center supervisor as well.

5.7 CareAdvantage Enrollment and Call Center Report: CA Manager, Charlene Barairo reviewed the CA report for Q3. She went over CA membership which is at 8,367. They enrolled 184 members in Q3, 153 are new and 31 re-enrolled. 261 members were disenrolled. The Medicare annual enrollment period started on October 15th and goes until December 7th. HPSM is holding an event on Saturday, October 19th called “All Aboard CareAdvantage” to help those who are interested in joining CareAdvantage. Any enrollments received during the Medicare enrollment period will be effective January 1, 2025. In 2025 they will go back to monthly enrollment. Enrollment in 2024 was done on a quarterly basis. Default enrollment, formerly known as seamless enrollment, has been postponed as they await approval from Centers for Medicare & Medicaid Services (CMS). This is for HPSM Medi-Cal members who will be newly eligible for Medicare parts A and B. They won’t have to complete an enrollment application; instead, they will be automatically enrolled. They will be notified 60 and 30 days prior and can opt out then if they choose. They can also opt out 90 days after their effective date of enrollment.

The department has fully transitioned to the new phone system and will be able to provide Q4 reports at the next meeting. The top three reasons for member calls in Q3 2024 were balance billing, inquiries on Parts C and D benefits, and supplemental benefit inquiries. There are new benefits for CareAdvantage members starting January 1, 2025, they include a medical alert device, they will also offer transportation to the gym for those who choose to take advantage of the fitness benefit. They are offering 12 one way or 6 round trip rides. There will also be an increase to the OTC benefit, which will go up to \$95 per quarter and the grocery benefit will increase to \$70 per quarter. The OTC and grocery benefit will now roll over if there is a balance at the end of the quarter. They will also remind members to use their balances if they have one. These benefits are only for those with certain chronic conditions.

5.8 Grievance and Appeals Report: Chief Health Officer, Amy Scribner reviewed the G&A report for Q3. Membership is stabilizing, it had been decreasing in prior months. The

volume of G&A has increased, it was noted that complaints going straight to grievance caused a spike and they continue to be on an upward trend. Rates of complaints per thousand members was outside the goal for all LOB's, except for the CCS whole child model. MC was slightly above goal. CA grievances are very high. They have looked into some of the trends around customer service, which tend to be complaints against the staff at provider offices, from front desk staff to medical assistants. Timeliness goals are set at 95%. They were above the goal for pharmacy and medical at 98%. PCP changes have actually decreased from prior quarters of 2024. The top grievances for CA is customer service, quality of care and billing. For CA appeals its prescription drugs, followed by durable medical equipment (DME) and other services/therapy. The top grievances on the MC side is customer service, quality of care and billing. The top three appeals for MC is other service/therapy, DME and specialists. They will continue to look into why there is an increase in G&A's overall.

5.9 2025 Meeting Dates – The proposed meeting dates for 2025 were shared. They will occur quarterly, the dates are January 15, April 16, July 18, and October 15, 2025. Invitations will be sent for the new dates to all committee members.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:38 pm by Ms. Greis.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission