

DRAFT

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, September 12, 2019
801 Gateway Blvd. 1st Floor-Boardroom
South San Francisco, CA 94080**

Agenda Item: 4.0

Date: January 9, 2019

Committee Members Present: Tricia Vinson, Robert Fucilla, Judy Garcia, Ricky Kot, Angela Valdez

Committee Members Absent: Mary Pappas, Cynthia Pascal, Hazel Carrillo

Staff Present: Gabrielle Ault-Riche, Pat Curran, Dr. Richard Moore, Karla Rosado-Torres, Charlene Barairo, Rustica Magat-Escandor, Mat Thomas, Kiesha Payne, Amy Scribner, Michelle Heryford, Carolyn Thon

Guests: Amira Elbeshbeshy, Legal Aid of San Mateo

1.0 Call to Order/Introductions: The meeting was called to order by Ms. Vinson at 12:05 pm.

2.0 Public Comment: There was no public comment.

3.0 Approval of Agenda: The agenda was approved as presented. **M/S/P**

4.0 Approval of Meeting Summary for June 6, 2019: The Meeting Summary from the June 6, 2019 meeting was approved as presented. **M/S/P**

5.0 HPSM Operational Reports and Updates

5.1 CEO Update: Mr. Curran provided a report on behalf of Ms. Altman, he notified the group that Jennifer Kent, Director of the State Department of Health Care Services has submitted her resignation effective September 30, 2019. He is not aware of her successor; he will update the group once he gets further information.

Mr. Curran also provided an update on HPSM's dental integration efforts. The dental program, if approved would commence in January of 2021. Recommendation for preliminary approval will be sought from the Finance/Executive Committee at the September 19, 2019 meeting and a formal proposal will be made to the San Mateo Health Commission at the October 9, 2019 meeting. A project plan is currently under way, with a focus on the financial outlook. \$10M to \$20M is the initial funding proposal.

HPSM is holding their fourth Long-Term Care meeting tomorrow, September 13, 2019. This meeting will occur with 11 Skilled Nursing Facilities from San Mateo county at the

HPSM Boardroom. Mr. Curran informed the group about a new payment model effective October 1, 2019 with the LTC facilities in mind. HPSM hopes this will help with their efforts to open access to Medi-Cal members with complex needs, this will also enable them to introduce quality and access metrics. Mr. Curran recognized HPSM staff members Stephanie Mahler and Kati Philips for leading the charge here.

Mr. Curran also addressed the proposed Pharmacy carve out by the State. He reiterated that HPSM is not only opposed but deeply concerned with this controversial proposal. HPSM has brought their concerns to their members. The Plan anticipates it being very problematic, especially for those with emergency needs. HPSM will continue to closely monitor this.

Finally, Mr. Curran reported on anticipated deficits for the upcoming year. He reminded the group that the Plan has the reserves needed to weather this.

5.1.1 BHRS Update: Ms. Scribner reported on the Behavioral Health and Recovery Services transition, she advised the group that HPSM delegated the mild to moderate benefit under the Medi-Cal line of business, this is often for those who need episodic care, often in an outpatient setting. The County is the mental health plan in San Mateo county and they directly contract with the State for those with Severe and Persistent Mental Illness. They also delegate these services to BHRS for the CareAdvantage line of business. There are weekly calls with BHRS as well as monthly collaboration and quarterly joint operation meetings. The managed care functions were also delegated, such as credentialing, contract management and utilization management (UM).

While preparing for the National Committee for Quality Assurance (NCQA) process they recognized that monitoring UM was a challenge for BHRS on the mild-to-moderate side under Medi-Cal. As of May 1, 2019, HPSM has de-delegated the UM function, while BHRS continues to manage the network and provide services. Because they have taken on the utilization review process, they have been able to carefully assess what the level of care should be for HPSM members. HPSM has worked with BHRS to create a tool to help them identify the types of services that are most appropriate for The Plan's members. As a result, they are 100% in compliance with the appropriate reviewer on denials. They have also seen big improvements in turn-around times, BHRS was averaging 18 days on authorizations, they are now complying 100% with the 5-business day turn around requirement.

The unit is now working on process improvements and efficiencies and maximizing organizational strengths as they continue to collaborate with BHRS. Ms. Vinson asked if the de-delegation is only on the Medi-Cal side, Ms. Scribner replied that formally it is just on the Medi-Cal side, however because they have the capability, they have also been doing reviews on the CA side if it is for outpatient therapy and the member does not require the SMI or SPMI service.

- 5.2 CMO Update:** Dr. Moore provided a verbal report on behalf of Dr. Huang. He noted that the attorney general should decide by the end of the month about the Seton purchase. He remarked that a great majority of the senior leadership and original staff is still working and dedicated to the facility, and there were no quality issues reported last quarter. He reminded the group that the census in all hospitals is going down, SNF has also gone down, these changes are seasonal and expected. He did point out however, that the census at Seton is down more compared to other local hospitals. While he can't be sure why, he can only surmise that there may be questions from the public about the quality of care in light of recent ownership changes and the uncertainty that comes with that.

In response to the opioid crisis, PCP's are avoiding prescribing many narcotics and relying on pain management specialists instead. The Medical Board is coming down hard on doctors for proper documentation, use of pain contracts, urine tests, and documented discussions about other forms of treatment for pain such as acupuncture and chiropractor services, homeopathic measures and even Reiki therapy. Doctors are looking at other forms of treatment and/or pain management systems whenever possible for HPSM members. Dr. Moore also spoke about the 6 vaping related respiratory deaths that have recently occurred around the country. He noted that the Trump Administration is proposing a ban on flavored vaping products. He expects there will be a lot of oversight around this issue.

He reminded the group that it's almost flu season, he recommends getting a flu shot. Mr. Kot asked if HPSM has seen an increase in grievances or appeals from members as a result of the imposed restrictions in prescribing opioid drugs. Ms. Ault-Riche and Ms. Rosado-Torres replied that they have not noticed an uptick in grievances around this issue at this point. Ms. Vinson inquired about the entity purchasing Seton. Dr. Moore replied that KPC Group is the buyer. This would be their sixth hospital acquisition to date. They have stated that they are committed to all existing programs; the hospital, the skilled nursing and sub-acute facilities, the Geriatric Psychiatric unit and the Coastside facility, all of which are key to HPSM members. There have also been some proposals for new services, among them an Alzheimer's Research Center at the Seton

campus, a short-term facility similar to the Ronald McDonald house, the development of a Physicians IPA, as well as a medical school. Mr. Curran noted that there were conditions placed when the hospital was purchased by Verity in 2015. He reminded the group that we have not seen the AG instructions yet surrounding the Seton purchase, though he believes it should be similar to the Verity sale.

5.3 Grievance and Appeals: Ms. Rosado-Torres went over the G&A report, some of the highlights: the rate of complaints per members reported an increase. At this point they cannot be sure what specifically is causing the increase, the department will track for trends. “Other services or Therapy” appeals have increased, the unit is researching how appeals are classified here to see why. Behavioral health is meeting their established goals, there were decreases in grievances compared to Q1. There was an increase in appeals however its likely due to changes in the way complaints are classified. 120 members requested to change their Primary Care Physician. Members switched from 39 different PCP’s from 24 clinics, 15 were individual providers.

Mr. Kot had a question about a Medi-Cal graph on Page 13 of the report, specifically why the numbers in Q2 are double from Q1. Ms. Rosado-Torres acknowledged there were more appeals received not only for the medical side but for Prescription drugs as well. When they see spikes like that, they will track trends to see if there is anything specific that occurred to cause this. Ms. Vinson inquired on overturned appeals; her first question was what entity does the overturning? Ms. Rosado-Torres replied HPSM overturns the appeal. Her follow up question was about the rate of overturned appeals that are taken all the way to DMHC. Ms. Rosado-Torres replied that the numbers are so low that the data can appear to be skewed when reporting quarterly. Ms. Ault-Riche agreed that the numbers are quite small and noted that it might be easier to report that on an annual basis. Ms. Vinson said she would prefer a quarterly report to get a full picture of what was upheld or ultimately overturned on a timelier basis. Ms. Ault-Riche said they would work on providing that information. Ms. Vinson also wanted to know if the timeliness goals has affected decision making, does the department feel it is too much pressure? Do the affected parties feel they have enough time to investigate these cases within the time frames noted here? Ms. Rosado-Torres said they typically allow 30 days for these cases to be investigated. They try to take advantage of this time even in cases where there appears to be a quick resolution. They encourage all cases be fully investigated and complete before being closed. The Pharmacy unit has shorter time frames for investigating because of the medication aspect. Mr. Kot asked about the internal expectation for Pharmacy resolutions. Ms. Ault-Riche noted the Pharmacy has 72 hours to process a standard case, if it’s a standard appeal they have up to 7 days, if expedited, 24 hours. Significantly shorter time frames than the medical side. Ms. Elbeshbeshy inquired on Section 5.5 of the

report, noting that the reported number of prescription drug appeals is quite high at 63%. Is this sparking a change in how the initial review is done? No changes are planned here, one big reason is because of the shorter resolution times. Once the provider gets the denial letter that is usually the impetus for action, unfortunately this is the current process.

5.4 Provider Services: Mr. Curran reported that Provider Services is still seeking speech therapy providers. There have been several timely access issues with speech therapy. The main issues appear to be the number of providers and the method by which people are scheduled. Unfortunately, these hurdles that have not been adequately addressed yet. He also went over some of the challenges the Plan is experiencing with non-emergency medical transportation and HPSM's efforts to try and open access. He went over the difference between NEMT members, which are members that require further assistance due to access challenges and NMT which is for curb to curb, non-medical needs. Oftentimes member needs are not addressed with NEMT and fewer organizations are providing this service. Rates for wheelchair access are high. Ms. Garcia asked if a collaboration with Redi-Wheels has been considered? Ms. Ault-Riche said she planned to speak with them soon. Mr. Curran assured the group The Plan is working hard to try and understand member needs and what it would take to open access. They are attempting to reach out to new transportation providers as well.

5.5 Member Services: Ms. Ault-Riche reviewed the Call Center and Enrollment Report from Member Services. Enrollment in Medi-Cal is still decreasing, it's been steady for the last couple of years and continues. Ms. Payne and Ms. Ault-Riche will reach out to members who have lost Med-Cal, first to make them aware of their disenrollment and then to help to get them reinstated if still eligible. As reported at the last meeting, the Healthy Kids program is sunseting and all members will transition to Medi-Cal, except for 20 members who will have Kaiser commercial coverage for one year, which is offered thru the county Children's Health Initiative (CHI) program. This change will be effective October 1, 2019.

The Member Services Call Center is achieving its metrics. The department did a comprehensive evaluation and met with staff for ideas on process improvement. Up until recently the unit was not meeting call center metrics. They identified training gaps and did comparisons with other plans. They have a work plan in place and the team is now meeting their goals. The CareAdvantage unit has met all regulatory metrics, the unit was also call tested by the Centers for Medicare & Medicaid Services (CMS). CMS conducted the call test recently with HPSM, upon completion of the test the unit learned that 98%-99% of questions were answered correctly. UCSF recently did a study on Cal Medi-Connect plans and the CareAdvantage program had the

highest member satisfaction. The CareAdvantage unit will have an event for current and prospective members. The All Aboard CareAdvantage event will provide snacks, flu shots and will include community partners to answer questions and provide resources. This will be held on Saturday, September 28 2019 from 10:00 am - noon at HPSM.

Mr. Kot inquired about public charge and the impact on enrollment for Medi-Cal members. Ms. Vinson said they are getting calls at Legal Aid about that as well. Legal Aid did an in-house training for some HPSM staff on this subject recently. HPSM has not received many calls about this yet, and it was noted that the actual number of HPSM members affected will be quite small. However, the fear around it is having an impact. Education is very important. Ms. Vinson noted that State-Only benefits, Emergency Medi-Cal and Pregnancy Medi-Cal doesn't count here. Ms. Ault-Riche said she hopes to answer questions and inform members thru the phone call campaign she mentioned earlier. Ms. Vinson asked about efforts to reach members to help with the renewal process specifically the SPD population, before they are cut off. Progress has been made in this area, they are getting closer and have made strides on a final version of a Memorandum of Understanding. Ms. Payne is already reaching out to HSA in the hopes of getting information before-hand and they are also making progress with data sharing. Ms. Vinson noted that the UCSF study mentioned earlier also raised concerns about HPSM's staff and those who are readily available to help members who are non-English speaking. Has that been addressed? Ms. Ault-Riche will investigate that for the next meeting.

Mr. Kot shared that PG&E is planning public safety power shut offs. If this happens it may adversely affect HPSM members with DME. PG&E will give notice a week before, then again at 48 hours and 24 hours. He left information and recommended going to the website for further details. Mr. Kot said the county is working on a list of those who may be vulnerable to the power interruption, focusing on members with DME. Ms. Ault-Riche will monitor this and keep the committee updated on any developments.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:04 pm by Ms. Vinson. **M/S/P**

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission