

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Meeting Minutes
Friday, November 17, 2017 – 11:30 a.m.
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Gay Kaplan, Ligia Andrade Zuniga, Lisa Mancini, Janet Hogan, and Christina Kahn.

Committee Members Absent: Susy Castoria, Sharolyn Kriger, Nancy Keegan, Angie Pratt, Teresa Guingona Ferrer, Danilyn Nguyen, Pete Williams and Diane Prosser.

Staff Present: Pat Curran, Chris Baughman, and Melora Simon.

Guests Present: Rachel Kast, and Sasha Martinez

1. Call to Order

The meeting was called to order at 11:30 a.m. by Gay Kaplan.

2. Public Comment

There was no public comment at this time.

3. Approval of Minutes

The minutes for the September 15, 2017 meeting were approved as presented. **M/S/P.**

4. Ombuds Report

Sasha Martinez from Legal Aid reported that they are seeing a lot of terminations for assets for Medi-Cal. Also seeing many clients in need of case management services; others are having trouble getting into Skilled Nursing Facilities due to lack of room and people with cognitive issues are having trouble being placed.

Lisa Mancini asked a question about the terminations issue. Ms. Martinez explained that people can be approved for Medi-Cal and sometime thereafter they may have received some income or a trust is added to their assets and comes up during the renewal process.

Ms. Kaplan asked about the lack of nursing home, long term care facility admissions. Ms. Martinez stated it seems there is not enough room in facilities and the people with cognitive issues need care that this is an added challenge. Ms. Zuniga asked what happens with these people and Ms. Martinez informed they make due with IHSS and Legal Aid recommends them to apply for the IHO waiver. Lisa Mancini added that what they are seeing is while there are SNFs there are not enough locked and secured SNFs that accept Medi-Cal which is a huge need in our County. Mr. Curran added that the commission approved a stipend to Seton Medical Center to open up 39 new beds but they are not secured. We are seeing an increase amount need and started to contract with facilities outside the county to handle these needs.

5. Updates and Discussion

a. CAHPS Results

Ms. Simon reviewed the attached presentation on the 2017 CAHPS survey results:

- CAHPS stands for Consumer Assessment of Healthcare Providers and Systems Survey which is conducted annually for CMC in the first half of year.
- Response rate was 36%
- CareAdvantage CMC overall performance, continue to perform well (score is 87)
- Members feel their doctors communicate well with them (score of 91)
- Members are satisfied with the quality of their care (score of 85)
- Members feel they get the care they need (score of 79 which is down from previous year)
- Members having an easier time getting access to care quickly improved (score of 75)
- Members more consistently reporting care coordination activities from doctor's offices (score of 85)
- Fewer problems getting prescription drugs relative to last year (score of 88)
- Results of improved overall rate of drug plan (score of 85)

Ms. Simon reported on the Quality Withhold measures whereby the state and federal government withhold a percentage of the premium revenue and pay this back to the plan if benchmarks are reached:

- Plan all-cause readmissions metric was met in 2016; recent performance looks good for 2017.
- Annual Flu Vaccine is well above the benchmark in 2016 and 2017
- Follow Up after hospitalization for mental illness passed in 2016
- Reducing the risk of falls target is 55% and 2016 performance was 77%
- Controlling blood pressure is dependent on chart review which cannot be done internally so this will be reported with HEDIS results.
- Medication adherence for Diabetes is up for 2016 at 84%
- She noted that some of the other measures are more difficult to judge as the state has not determined the benchmark is and what some of the guidance is for them: Encounter Data; Reduction in ER use for mental illness and substance abuse disorder; members with care coordination / at least one care team contact; and others.
- Ms. Simon reported on the financial performance and explained the Medical Loss Ratio (MLR):
 - Budgeted MLR was 103%; actual MLR was 98.7% which is better than budgeted due to reduced membership; change of the mix of our members; and medical and pharmacy expenses being less than budgeted.

b. CMC MLR Dashboard:

Ms. Simon reviewed the MLR Dashboard noting that performance continues to be below target for most measures by category: Revenue, Future Revenue, Medical cost, and offsets.

- Enrollment is down due to losing more than enrolling. Staff focusing on regaining members from deeming.
- Risk Adjustment Score is doing well but working on improving.

- Future revenue is related to the diagnosis of members from year to year and at the end of Q2 we have captured 67% of that information.
- Costs: PMPM was above budget driven by utilization; above target on the SNF side; on physician, outpatient services and DME we are doing better than budget; pharmacy is higher than target.
- Pharmacy Rebates are between target and budget and anticipate to be well above for 2016.

c. IHSS Presentation

Ms. Janet Hogan gave a report on the status of the IHSS program:

- Referral count is unpredictable. They are currently down one staff member (screener) and working to keep the process up with 184 for the month of October
- Case Load count continues to go up by 6% a year in IHSS and currently at 4,850 mark for IHSS clients
- They currently have 20 social workers and each carrying a case load of 240 people
- Two social worker positions currently open
- Public Authority’s current focus is on the transition from Homebridge whose contract will end on December 31, 2017. Clients are being transition to an IHSS provider or to the registry. About 30 Homebridge providers transitioned over to IHSS and brought their clients with them.
- To help with anticipated volume needs in the transition, they are bringing on 14 new providers and new social workers in the registry.

d. Other State/CMS Updates

Ms. Simon reported that the plan has submitted a proposal to the state to address how our rates are structured to cover assisted living. We expect to get feedback on that proposal next week as well as an adjustment to the 3-Way contract.

Lisa Mancini reported that the Health System just concluded the state Quality Assurance audit with significant improvement over last year. The state is requiring that health system staff explain to consumers how the state developed their regulations for the hourly task guidelines. This is presenting a challenge. In addition, the state is working on a cap on administrative allocation for IHSS. So at the same time they are putting a cap they are increasing requirements of staff.

6. 2018 Meeting Dates

The dates for 2018 were presented and accepted by the group.

7. Adjournment

The meeting adjourned at 12:35 p.m.

Next meeting: January 19, 2018 at 11:30 a.m.

Health Plan of San Mateo, 801 Gateway Blvd., Suite 100, South San Francisco

Respectfully submitted:

C. Burgess

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Clerk of the Commission