

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Meeting Minutes
Friday, September 15, 2017 – 11:30 a.m.
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Susy Castoria, Gay Kaplan, Ligia Andrade Zuniga, Sharolyn Kriger, Janet Hogan, Nancy Keegan, Pete Williams

Committee Members Absent: Angie Pratt, Christina Kahn, Lisa Mancini, Teresa Guingona Ferrer, Danilyn Nguyen, and Diane Prosser.

Staff Present: Maya Altman, Margaret Beed, M.D., Chris Baughman, Gabrielle Ault-Riche, and Melora Simon.

Guests Present: Kim Martinez, Wider Circle; Darin Buxbaum, Wider Circle; Craig McCulloh; and, Sasha Martinez

1. Call to Order

The meeting was called to order at 11:45 a.m. by Gay Kaplan.

2. Public Comment

There was no public comment at this time.

3. Approval of Minutes

The minutes for the July 21, 2017 meeting were approved as presented. **M/S/P.**

4. Ombuds Report

Sasha Martinez from Legal Aid reported that they have not been seeing systemic issues. The main issue being experienced stems from earlier in the year related to people being dropped off the MSSP and IHO waivers. The cause is not clear at this point. This affects how spousal impoverishment is calculated.

5. Updates and Discussion

a. Changes in DME – DME Consulting

Dr. Beed gave a report on some of the changes related to Durable Medical Equipment (DME). The health plan has begun a new process for members needing DME equipment using a company called DME Consulting Group. Jim Aguilar the co-founder of this company has worked with the health plan for many years. The arrangement and new process with this vendor will help to streamline processes in determining the appropriate equipment for our members. Dr. Beed walked through the process and how it will benefit HPSM members with the right equipment, avoiding unnecessary delays with improved accuracy in the determination of medical necessity, improved workflow and oversight. This process is very effective especially for the more complex DME needs and is being utilized for

wheel chairs as well. Vendors are required to repair their own equipment. This process was launched in September 2017. Dr. Beed will present more information on this subject in the future.

b. Rates Proposal to DHCS

Ms. Altman reported on the ongoing discussions at the state level around the CCI and CMC programs. The focus in these discussions earlier this year had been around saving CCI because of the poison pill in the state's budget and the threats of shutting down the program. Thankfully, the CCI was extended for two years but the extension excluded IHSS from the program. This has shifted the attention to other options. HPSM has been working on the Community Care Settings Pilot (CCSP) which helps people transition from or prevents being placed into nursing homes, and find alternative housing settings. Ms. Altman talked about a meeting with the Justice in Aging that focused on rates and distributed a handout of the slides from that meeting.

In review of these slides, Ms. Altman touched on:

- The Coordinated Care Initiative Goals to improve quality of care and emphasize community settings as opposed to institutions.
- Spectrum of Care Settings noting the programs that are in CMC and CCI - specifically IHSS, CBAS, MSSP and CPOs (care plan optional services which are not funded by Medi-Cal)
- Access to Assisted Living for Low-Income Individuals: SSI Recipients; and those under the Assisted Living Waiver (not for CMC members)
- Rate structure per member per month and the different risk categories, and how they blend and recast rates.
- Reviewed some of the possible transitions and rate impacts i.e., moving from a nursing facility to assisted living going from an institutional rate to the community well rate but then the member is not eligible for IHSS. She noted that in these instances the health plan has been paying for these services in the assisted living setting using Care Plan Options.
- She reviewed the issues for health plans: plan does not receive reimbursement commensurate with costs; paying as CPO services means expenses are not counted in next rate setting process.
- Conclusion: goal of the advocates is to expand choice and access to less restrictive setting and to make the program sustainable; less complex rate structure and continue to incentivize providing services in home/community settings.

The question was asked about cost savings. Ms. Altman stated that shared savings has been a big topic in the state. Rates are based on experience and trends but if this is not quantifiable they do not count it as savings. She also noted that it takes a couple of years to recalibrate rates so we are always two years behind. This is a big topic as managed care becomes more prevalent.

c. Grievance & Appeals Report – Q1 2017 (not numbered on the agenda)

Ms. Ault-Riche reported on the first quarter of 2017 (January – March 2017):

- Part C Appeals was up from the previous quarter; this time last year was 10 standard level appeals compared to 56 this year. This is due to process changes in UM.
- Grievances have gone down since last quarter which is typical for the second quarter of the year (the first quarter always being the highest of the year), however is up from the 2nd quarter of the previous year.
- Grievances by category showed Customer Services as the largest category which continues to be a good sign that it is not access or quality of care. The percentages by category have remained flat.
- Appeals by type show the distribution of appeals has remained the same from the previous quarter. DME is always the highest and the new process with DME should improve this category going forward.
- Rate of Overturned Appeals: the percentage of medical and prescription drugs has gone. Staff researched this issue and Dr. Beed reported that there has been an increase in authorization requests without clinical information. Staff is addressing these situations with the providers.
- Resolution within 24 Hours of Receipt was down from the previous quarter. Most are related to pharmacy.
- Rate of Complaints per 1,000 members has gone down from the previous quarter but is higher from the previous year this quarter. This is attributed to the increase in appeals.
- Timeliness of Complaint Resolution shows an improvement and meeting goal on all areas.
- Tracking of PCP changes indicates no trends or major issues.

d. CMC Dashboard

Ms. Simon reported on:

- **Performance on DY 2 and 3 Quality Withhold Measures:** she stated that for most measures performance is above target. Of note is the annual flu vaccine; medication adherence for diabetes; encounter data; and, contact by care coordinator which are well above the target.
- **Performance Financial Performance:** she reported this continues to be less than desired. Enrollment is down to 9,241 but added 91 new enrollment in August which is up.
 - Related to Risk Adjustment, the first final year estimate shows an increase of 1.36 that is above our budgeted amount but below our aspirational target.
 - Medical Costs related to inpatient is not complete but this is down from June but still above budget and target. Other medical costs are lower than expected; and pharmacy is lower than budget but above target.
 - Offsets of Pharmacy Rebate information is a lag indicator in that continues to come in.

- **Transition Care 84%:**

A question was asked at the last meeting about what the California average of percentage of members who have an ambulatory care follow up visit after hospitalization and Ms. Simon reported that our rates at about 84% and the California average is about 77%.

A copy of the slides she presented is attached.

e. WiderCircle

Ms. Altman introduced Mr. Darin Buxbaum and Ms. Kim Martinez from WiderCircle which has been working with HPSM members in a pilot project with a sample group of seniors to boost connections with other people and movement in their lifestyle. He explained that research has shown that there is health benefits associated with keeping people connected and involved with activities and that this is a challenge in these assisted living settings. Ms. Altman had recently attended the first graduation of one of their groups.

Mr. Darin Buxbaum and Ms. Kim Martinez of WiderCircle reviewed the attached presentation. In their presentation, they gave an overview of the pilot project and its goals for the 12 group meetings including safely connecting with others, boosting movement and activity. They talked about some of the exercises the members participated in and shared inspiring member stories including a video from the graduation. The participants expressed their gratitude for what the program has given them and how it changed their outlook and attitude in life. The pictures show the story of joyful times spent together, smiling faces and laughter. During these group sessions, the facilitators would share information and used this opportunity for educational purposes such as teaching how to use social media and presenting/discussing patient rights. During these sessions, the members became more familiar with one another and comfortable sharing their experiences.

Some of the outcomes presented were improved mental and physical component scores. Mr. Buxbaum noted that the Net Promoter Score (NPS) the program received was very high (100 for this pilot) and members are actively trying to bring new people into the group. CMS looks favorably at these scores knowing that for every point improvement on NPS there has been a common decrease in overall healthcare expenditures and in inpatient admissions. This also affects CMS STAR ratings.

Next steps they will be working with a Spanish speaking group in Colma that is in the Mid-Peninsula property; and the community dwelling group that will be in the south end of the county.

Ms. Zuniga asked how this program might reach people with physical limitations. Mr. Buxbaum replied that new programs are being developed that meets the needs of populations that may be frailer or have other reasons why it may be difficult for them to get out and about. This new program will still be based on the same science but allows people to connect even if they have physical limitations. In other areas, some of the inclusion/exclusion criteria and as long as people are get to the groups they are able to participate and they help with providing transportation to help.

f. IHSS Update

Ms. Hogan reported:

- IHSS referrals for August were 224 which is up from the month prior.
- Total caseload is up to almost 4,800 for recipients; providers is up to about 5,300
- Because of Homebridge issues with ACPs being available, they are cutting down on the number of referrals going over – August was down to five referrals.
- Homebridge is currently serving a total of 118 cases in August. That has gone down to 111 at this point. Staff is trying to balance out the number HCPs that are available versus the number of contract mode users. The others coming to the registry are hiring their own providers.
- Registry is increasing in referrals, up to about 120 a month.

A question regarding the number of social workers and their average case load per worker was asked. Ms. Hogan stated she could bring this information to future meetings.

g. Other State/CMS Updates

Ms. Simon reported that CMS is sending a postcard to members to remind them to get their flu shot.

Mr. Craig McCulloh from the Commission on Disability reported on a piece of federal legislation called HR620 which changes the way the ADA is enforced and puts the burden on the individual person to provide information on the specific section of the ADA are in violation before they can go to court with a lawsuit. He expects this to have a negative impact on people with disabilities. The Commission on Disability has recommended a opposed position to the Board of Supervisors. Ms. Zuniga added that it is not only the Commission on Disabilities that is opposition, there are a number of civil liberty rights groups and others are really concerned as well.

6. Adjournment

The meeting adjourned at 1:12 p.m.

Next meeting: November 17, 2017 at 11:30 a.m.

Health Plan of San Mateo

801 Gateway Blvd., Suite 100, South San Francisco

Respectfully submitted:

C. Burgess

C. Burgess

Clerk of the Commission

CMC Dashboard

CMC Advisory Committee
September 15, 2017



Today's discussion

Objectives

- Quality withhold update
- MLR dashboard
- Transitions measure

Performance on DY 2 and 3 Quality Withhold Measures

Updated as of 9/15

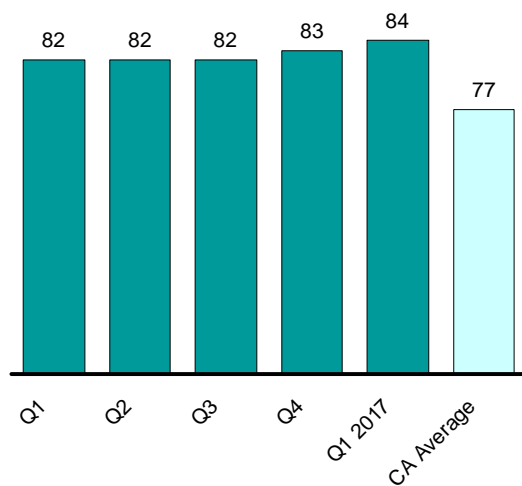
Indicator	Target	2016 Performance	Recent Performance/Notes
CW6 – Plan all-cause readmissions	11%	15.19% overall 10.48% STAR Metric (2016)	14.85% overall for rolling 12 months through 1Q 2017
CW7 – Annual flu vaccine	69%	73% (2016)	77% (2017)
CW8 – Follow-up after hospitalization for mental illness – 30 day	56% Improvement = 40.8%	64.84% (2016)	Quarterly report in process
CW10 – Reducing the risk of falling	55%	77% (2016)	2017 data available in 2018
CW11 – Controlling blood pressure	53%	64.37% (2016)	Medical record based, no interim reporting
CW12 – Medication adherence for diabetes medications	73%	84% (2016)	94% for 2017 to date
CW13 – Encounter Data – monthly	80%	92% submitted within 180 days (2016)	94% for 2017, up to August
Reduction in emergency room use for seriously mentally ill and substance use disorder enrollees	TBD	1075 per 1000 member months (2016)	1071 per 1000 overall for rolling 12 months through Q2 2017
CAW4 - Percentage of members who have a care coordinator and at least one care team contact (CA 1.12)	TBD - Probably 88.4%; Improvement might be 78.2%	76.9% (2016)	88.3% - Rolling 12 months as of 5/31/2017
CAW1 - Number of members with at least one documented discussion of care goals in the individualized care plan (CA 1.6)	TBD - Probably 90%; Improvement might be 29.4%	22.7% (2016)	Monthly report in process
CAW3 – Mental Health Shared Accountability ICP with Primary Mental Health Provider (CA 1.7)	TBD - Highest scoring state plan minus 10 points	Measure suspended for 2014, 2015, and 2016	Development of baseline report in process

Performance on Financial measures

UPDATED 9/15/2017

Category	Proposed Indicator	Budget	Target	Most Recent Performance	Notes
Revenue	Enrollment	9,628	9,628	9,241 as of 9/1	Continue to lose more members than new enrollments <ul style="list-style-type: none"> 91 new enrollments from August report 71/127 regained from deeming as of 9/1
Revenue	RAF (2016 DOS)	1.331	1.365	1.36 as of 9/15 (1.337 as of 8/15)	Based on estimate of final. Only includes RAPS Final RAF for 2016 was 1.3.
Future Revenue	RAF Capture (2017 DOS)	N/A	75%*	34.3% for Q2 (14.6% for Q1)	
Medical cost	Acute Inpatient PMPM	\$383	\$384	\$449 as of 7/31 (\$464 as of 6/30)	Admits per 1000 at 306 (target of 275). Average paid per admission at \$17,595 (target of \$16,921) Overall inpatient at \$565, relative to \$560 in June 2016.
Medical cost	SNF PMPM	\$79	\$78	\$93 as of 7/31 (\$96 as of 6/30)	Days per 1000 at 1,815 (target of 1500) and paid per day at \$615 due to systems issue (target of \$558 per day)
Medical cost	Physician, OP, and Other PMPM	\$530	\$530	\$501 as of 7/31 (\$501 as of 6/30)	Includes Landmark through May \$514 in June 2016
Medical cost	Pharmacy PMPM	\$505	\$446	\$478 as of 7/31 (\$476 as of 6/30)	Cost per scrip at \$115 and utilization at 4.15 Rx PMPM Generic Dispensing rate = 83% \$473 as of June 2016
Offsets	Pharmacy rebates PMPM	\$22	\$43	\$48 PMPM for 2016	Lagging indicator – Q4 2016 not yet complete and data from 2017 being compiled. Q3 2016 was \$63.59 PMPM

Transitions of Care: 84% of our members have an ambulatory care follow-up visit within 30 days of discharge



Source: CA 1.11 – Ambulatory f/u after discharge; CA Average from Q1 2017.

WiderCircle

Connect. For Life.

HPSM Pilot Status September 2017

wider circle

Connect. For Life. comprises twelve group meetings, guided by a coach, centering on boosting connection and movement

Month 1 Connect Safely



Building trust via low social failure risk activities, such as sharing childhood photos



Track emotional and physical health

Month 2 Boost Moving



Light physical activities with peer group, such as guided history walks



Get customized coaching

Month 3 Cement Habits



Increase frequency and autonomy of socializing and mobilizing

Pilot Overview & Goals

Overview

- 50 member pilot
- Inclusion/Exclusion Criteria
 - English or Spanish speaking
 - PHQ9 depression score <14
 - No medical conditions that would limit moderate physical activity
- Up to 3 sites in San Mateo County

Goals

- Self-rated physical and emotional health as measured by the HOS
- Attendance of activities
- Participant attrition
- Increase in social cohesion
- Satisfaction with service

Rotary Plaza Group

- **11 participants**
- **Ages 63 to 79**
- **27% Male / 73% Female**
- **Diverse: from 7 different countries**
- **91% attendance rate**

The people behind the pilot



What Participants are saying when asked: "Has the program changed your views of the Health Plan?"

"I'm so contented with the HPSM because they are really trying to help the elderly people. They are finding ways to uplift our spirits. I'm so happy about it. We feel the care of other people that aren't our relatives."

"I think HPSM is great. I didn't really understand how it works until I was part of the group."

"Like the health plan more. The health plan opened my eyes to Wider Circle."

"I'd give an 11 if I could. . . I think [member A] was very introverted . . .and upset and now he is part of the group and he got to the point where he was looking forward to the meetings because it was better than his depression groups. I saw another [member A] after he participated in this group. I never knew [member b] and then she ended up cooking with me. It was very positive. It made us closer."

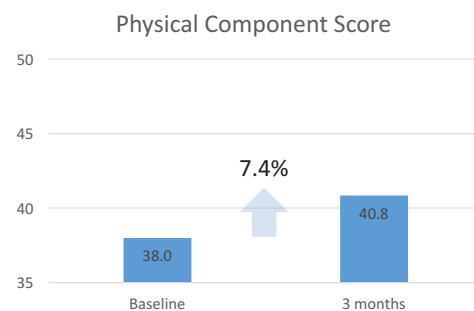
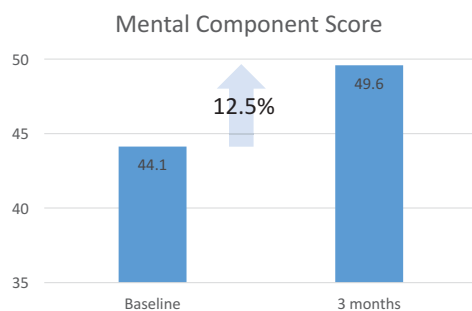
"We want more people to do it so we can make more friends."

Video of Member Testimonials



Members maintaining physical and mental component scores

- This is a small sample (n=11) and characterizes baseline
- Members score around average health for age
- MCS and PCS scores are stable with slight upward trend



WiderCircle dual-Eligible experience matches HPSM baseline



Increasing STAR Bonus & Reducing Cost in Sicker than Average Population

Members are recommending the program

- WiderCircle Program **Net Promotor Score = 100** at 3 Months
 - 11 members surveyed
 - 11 rated the question "Would you recommend WiderCircle to a friend or colleague?" a 9 or 10 on a 0-10 point scal

Not only is the NPS Score currently 100, but more importantly, members are actively trying to bring new people into the group

Next steps

- **Colma group (Mid-Pen)**
- **South San Mateo group**