

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Meeting Minutes
Friday, January 17, 2020 – 10:00 a.m.
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Gay Kaplan, Beverly Karnatz, Janet Hogan, Ligia Andrade Zuniga, Pete Williams, Teresa Guingona Ferrer, Sharolyn Kriger, Tricia Berke Vinson, Claire Day, Nancy Keegan, Christina Kahn, Lisa Mancini, Amira Elbeshbeshy, Art Wolf, and Kirsten Irgens-Moller.

Committee Members Absent: Diane Prosser.

Staff Present: Maya Altman, Gabrielle Ault-Riche, Adrienne Lebsack, Ricky Kot, Nina Rhee, Pat Curran, Katie-Elyse Turner

1. Call to Order

The meeting was called to order at 11:35 a.m. by Gay Kaplan.

2. Public Comment

Teresa Guingona Ferrer presented information on the Census 2020 to the group. She explained some of the process and the importance of completing the census.

Ligia Andrade Zuniga reported on activities through CID and partnerships they are working on. They will be looking at how these partners can collaborate on how to better serve people with disabilities. A flier with this information will be finalized soon and sent to this committee when completed.

There were no further public comments at this time.

3. Approval of Minutes

The minutes for the October 25, 2019 meeting were approved as presented with Christina Kahn and Lisa Mancini abstaining from the vote. **M/S/P.**

4. CCI Ombudsman Services Report (Legal Aid)

Ms. Berke Vinson reported what they are seeing in the office related to CMC members:

- Reported on the bill regarding the increase to the aged and disabled federal poverty level to 138% which passed but will likely not be implemented until August 1st.
- The “Yo-Yo” bill was passed but is still awaiting federal approval on implementation.
- AB 683 related to the asset levels for aged and disabled population did not pass but is up again. It is important to support this bill as much as possible. Currently there is no asset limit until people turn 65 or become disabled then there is an asset limit of \$2000 for individuals and \$3000 for couples. This bill would increase the asset level for

individuals to \$10,000 and to \$15,000 for couples and up with additional household members and exempts certain assets such as pensions.

- HSA has received funding for two positions to help people with their Medi-Cal renewal process which will reduce the problem of people dropping off Medi-Cal for paperwork reasons (late or incorrect information).
- MOU between the Health Plan and HSA has been completed which will allow more information sharing and give the plan the ability to reach out to members to help with timely Medi-Cal renewals.
- Reported on the county's ability to take telephonic authorizations for people who want to designate someone as their representative. To resolve this, they are working with the county to improve their explanation to people about verbal authorizations for those that may be unable to physically sign paperwork.

Ms. Vinson noted that she will be retiring, and Amira Elbeshbeshy will be taking her place on this committee.

Ms. Altman reported that there is a new Human Services Director for the County, Ken Cole. He was the director of the housing authority. We have worked with him on housing issues for many years and has worked a lot on homelessness issues.

5. LTC Ombudsperson Services Report

Ms. Kirsten Irgens-Moller reported:

- Seton sale - the buyer has backed out and the staff there are getting nervous. They seem optimistic that there are new buyers in wings.
- Lost an administrator at Millbrae Skilled, a nursing facility, earlier today.
- Working on the Census and reminding the small six-bed board and care facilities, where people would not have their own individual address, to find a person responsible for doing the count in those places. They are giving a training with all their volunteers.
- Skilled Nursing Facilities are having trouble finding psychiatrists for their health plan members.

6. Customer Support Reports

Ms. Gabrielle Ault-Riche reported that we are including an enrollment and call center report for the first time this quarter and that those metrics will be included in this report going forward. She added that if there are any questions or information that committee members would like to see to let her know.

Highlights of the 3rd Quarter of 2019 G&A Report:

- One of our PCP's recently left the network. There had been an increase in CareAdvantage enrollment in the 3rd Quarter however, we have lost over 90 CMC

members in past couple of months due to this. Staff has been doing a lot of outreach to members to explain that transition and to connect them with a new PCP.

- There is a new MOU with Human Services which will allow collaboration in their new Navigators program to outreach. Staff currently calls all CareAdvantage members who lose their Medi-Cal to reinstate them within the two-month deeming period and avoid a disruption to their coverage.
- Call Center metrics indicate 90% of CareAdvantage calls are answered within 30 seconds. The regulatory standard is 80%.
- HPSM is recruiting for Call Center Navigators; Spanish and Chinese speakers, in particular, are needed.
- Grievances and Appeals have seen an increase in both areas in the 3rd Quarter of 2019:
 - Increase in Quality of Care grievances.
 - Increase in Appeals related to DME.
 - Overturned Appeals rate remains low.
 - Timeliness in resolving cases has been between 96-98%.

7. HRA-ICP Improvement Efforts

Adrienne Lebsack, Program Manager for Adult Programs, reviewed the presentation (attached) covering some of the improvement projects going on with Health Risk Assessments (HRAs) and Care Plans (ICPs). She explained what HRAs and ICPs are, the process for each and how they kick off the Interdisciplinary Care Team (ICT) and the cycle of the Care Coordination process that occurs. This process takes place upon enrollment and annually for all CMC and Medi-Cal SPD members or more frequently for those who are at higher risk.

There were questions about the PCPs involvement and what happens if the PCPs are not participating. Ms. Lebsack explained PCPs receive the information and the member is able to bring this to their appointment with the doctor. Ms. Turner added that the ICPs feed the care coordination work and the team helps connect members with needed programs.

A concern was raised about the accuracy of the self-reporting element of the HRAs. Ms. Lebsack reported that she pulls files to compare member self-reported HRA data for accuracy and found that members are reporting accurately. However, duplication in questions has led to the HRA revision project. The team will scrutinize every question to make sure HPSM derives a meaningful response from members and not ask for information we already have.

It was asked if HRAs are completed for people residing in a facility. Ms. Lebsack stated that ILS, the vendor who performs these assessments, needs contact information in order to reach out. Staff is in the process of looking into ways to reach more of these people.

Improvements that are underway are:

- Revising the HRA
- ICT/ICP Improvements (getting the members engaged and getting the providers to engage as well to make this work better to get more meaningful care plan)

- Reducing “Unable to Reach” rate within HRA completion for new members
- Improvement on ICP completion within 90 days of enrollment.

The last two bullets are PIPs (Performance Improvement Plans) goals set by CMS and DHCS. They would like to see the “unable to reach” rate reduced to under 16% and improve ICP completion for the same member group to over 80%.

The HRA revision is targeted to roll out on January 1, 2021. Ms. Turner stated that HPSM will be engaging this committee in developing this. Ms. Altman added that one purpose is to get the members’ personal goals as opposed to medical goals. Ms. Irgens-Moller added that the Long-Term Care Ombudsman could be a resource since they are in the facilities every week. There have been problems with people falling off the plan and not understanding the impact. It would help to get a list of health plan members in the facilities in order to check in with them. Ms. Lebsack said health plan staff are working on this within a couple of facilities.

A question about home visits was asked. Ms. Turner reported on Wider Circle which is a program meant to address social isolation by creating peer groups, creative friendships, and social connections. They do have a community-based presence working in communities and people’s homes. Staff has collaborated with Wider Circle to develop a pilot idea this year to do home based HRAs. There is a small target population to start of people who have asked for home based or non-telephonic assessment and some new members. Ms. Andrade Zuniga suggested partnering with CID. Ms. Day asked about tracking the reasons why people are hard to reach to know the difference between those who have dementia or difficulty understanding, and just not available to talk.

Beverly Karnatz and Christina Kahn spoke about concerns related to provider changes or patients dropping off of CareAdvantage and not realizing the ramifications of this move. Ms. Ault-Riche stated that staff works very hard to explain the benefits of CareAdvantage to members and if they are seeking to disenroll, they are referred to HICAP. Ms. Kahn stated she has seen a shift for the smaller provider offices and was concerned about the providers getting what they need from the health plan. Mr. Curran addressed the difficulty faced by smaller offices. Standards and regulations that must be followed may pose a challenge for smaller offices. The health plan performs a provider survey each year in order to identify ways to support and help providers. Staff has developed a new payment model to incentivize improved outcomes as opposed to volume-based incentives. Next year, a new Practice Coach position will be implemented to work with smaller clinics.

8. Updates and Discussion

Ms. Katie-Elyse Turner deferred the updates and discussion section of the agenda to the next meeting in April. She noted that there were no significant updates to the numbers reported on the dashboard. The educational topics discussed with CMS and DHCS over the last quarter of 2019 were related to the flu vaccine efforts and quality measures. At the next meeting, she will review these topics as well as the IHSS report.

9. Other State/CMS Updates

- Ms. Altman thanked Tricia Berke Vinson for her years of service now that she will be officially retiring from Legal Aid.
- Ms. Altman reported that Ligia Andrade Zuniga has been elected as the chair for the San Mateo Commission.
- Ms. Altman reported on an event that will be taking place in Mountain View next week where she will be speaking for the Alzheimer's Association focusing on the Master Plan. She invited the group to attend to hear Kim McCoy-Wade who is the Director of the Department of Aging who will be presenting, as well as Joe Simitian.
- Ms. Altman reported on Medi-Cal reform previously called CalAIM but being changed to Medi-Cal Healthier California for All. She will report more at the next meeting.
- Ms. Altman reported on the Master Plan for Aging which came out of an executive order from the Governor last year. Ms. Altman has been appointed the stakeholder advisory committee established late last year and is the only health plan representative. She explained some of the work required related to LTSS and includes IHSS. The sub-committees will review all the recommendations and organize the report which will be presented to the full stakeholder advisory committee in February and will either be approved or changed, and then go to the Governor and cabinet for consideration.

The state has rebranded this effort as “Together We EngAGE: Master Plan for Aging”. They have been holding listening sessions around the state for people to attend or call into and all these meetings are open to the public. The LTSS sub-committee is reviewing the hundreds of recommendations submitted to identify the major themes and consolidate them. Of course, not everyone is in agreement making it a challenge to present recommendations that are potentially controversial.

She shared her thoughts on what is important to include regarding IHSS:

- Health and LTSS integration – how do develop more of an infrastructure as many parts of the state have very few services available;
- How to organize state leadership to set intentional targets for rebalancing programs (reduce the use of SNFs to what is absolutely necessary)
- Coordination between IHSS and health, particularly in Managed Care Plans. The state needs to take a stronger role in encouraging coordination among health plans and all counties because IHSS tends to be isolated from health.
- She also brought up the possibility of a pilot which was not really well received – a partial carve-in for people who feel that they cannot direct their own care and for those that want it.

Ms. Kaplan said she would like to see us break down the silos and work through regulations. The issue of not being able to talk to anyone on the team without a written permission impacts continuity of care, continuum of care and quality of care for each agency/worker involved.

Ms. Andrade Zuniga expressed concerns about people who cannot communicate their wants and needs. She stated that whenever we push for policy-change we need to remember that it will affect people's lives and how it will impact the community. She expressed that regulations on IHSS need to change because people are not all the same adding that the amount people are paid also needs to change. Ms. Altman stated that the topic of workforce has risen to the top and housing to some extent.

10. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

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Clerk of the Commission

HRA-ICP Improvement Efforts

CMC Advisory Committee 1/17/2020



Overview for 2020



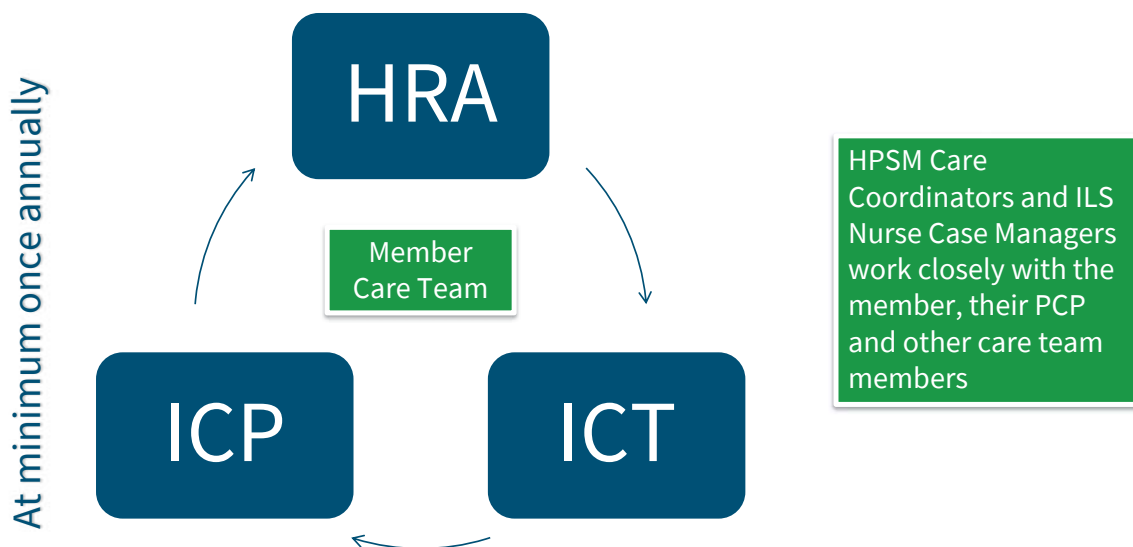
- HRA-ICT-ICP & Care Coordination Processes
- Projects/goals going into 2020
- Plans for projects

HRA-ICT-ICP Process

- **Health Risk Assessment (HRA):** a survey conducted upon enrollment and annually for all CMC and MC-SPD members.
 - 33 questions with some assigned weight by HPSM to generate a risk score (5+ = high risk)
 - Includes 10 LTSS-related questions required by DHCS
 - A “complete” HRA requires response to 15 specified questions
- **Interdisciplinary Care Team (ICT):** upon completion of an HRA, a nurse case manager develops the care plan and invites the member and their PCP to an ICT meeting for further consultation with an advanced practice clinician.
- **Individualized Care Plan (ICP):** finalized post ICT to address health concerns and care coordination efforts; sent to member and PCP.
- **Independent Living Systems (ILS):** vendor contracted to initiate/complete the HRA by phone/mail; also completes the ICT meeting from which the ICP is created by ILS nurse case managers.

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Care Coordination Process



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Projects/Goals going into 2020



- HRA Revisions
 - By using analyses of current adult HRA, we hope to identify opportunities for improvement in question structure/scoring to better inform program(s) usage/enrollment.
- ICT/ICP Improvements
 - There has been challenges with engaging members in the ICT/ICP process, therefore we need to have better follow-up with members and provide better member info in order to have the best chance of contacting the member and PCP.
- PIP – Core 2.1
 - Reducing “unable to reach” rate within HRA completion for new members within 90 days of enrollment. Targeting \leq 16%. Required by CMS/DHCS.
- PIP – Core 3.2
 - Improvement on ICP completion within 90 days of enrollment. Targeting \geq 80% overall ICP completion. Required by CMS/DHCS.

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What are we going to do?



- HRA Revisions
 - Gather stakeholders to make revision decisions
 - Clinical, quality, and population health considerations
 - Technical builds of HRA
 - Materials redevelopment
 - Confirm on revisions and enact plan to roll-out on Jan. 1, 2021
- ICT/ICP Improvements
 - Leverage member touchpoints for engagement opportunities
 - Care team data availability, training and awareness of their role on Care Team and in meeting, participation in ICT

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What are we going to do?

- PIP – Core 2.1 (Goal: improving unable to reach rate for HRA)
 - Ensure all contact information is being routed to ILS and utilized appropriately
 - Opportunities for in-person HRAs (Wider Circle)
 - Leverage touchpoints and communications with new members
 - Oversight of outreach call timing and spread throughout the initial enrollment period
- PIP – Core 3.2 (Goal: improving overall Care Plan completion rate)
 - Current process mandates that an HRA is completed prior to ICP development
 - Oversight of ILS staffing changes with impact to ICP completion queues
 - Regularly reconciling "opened" or "developed" care plans against "completed" (mailed) Care Plans



Thank You