

**Health Plan of San Mateo**  
**Cal MediConnect Advisory Committee**  
**Friday, July 17, 2020 – 11:30 p.m.**  
**Meeting Summary**  
**-Virtual Meeting via Microsoft Teams-**

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, Health Plan of San Mateo offices were closed for this meeting, and the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Clerk in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

**Committee Members Present:** Gay Kaplan, Ligia Andrade Zuniga, Pete Williams, Sharolyn Kriger, Tricia Berke Vinson, Claire Day, Nancy Keegan, Christina Kahn, Amira Elbeshbeshy, Art Wolf, Sutep Laohavanich, and Kirsten Irgens-Moller.

**Committee Members Absent:** Lisa Mancini, Teresa Guingona Ferrer, Beverly Karnatz, Evelina Chang, Diane Prosser.

**Staff Present:** Maya Altman, Ricky Kot, Nina Rhee, Pat Curran, Katie-Elyse Turner, Ana Ramos, Karen Fitzgerald, Ian Johansson, Kati Phillips

**1. Call to Order**

The meeting was called to order at 11:33 a.m. by Gay Kaplan.

**2. Public Comment**

There were no public comments received via email prior to the meeting or made at this time.

**3. Approval of Minutes**

Motion to approve the minutes for January 17, 2020: Ms. Andrade Zuniga / seconded: Art Wolf.

**Verbal roll call vote was taken:**

Yes: 9 – Elbeshbesy, Kahn, Laohavanich, Day, Zuniga, Williams, Rhee, Wolf, Kaplan.

No: 0

**4. Notification of Compliance Disclosure**

Mr. Ian Johansson, Chief Compliance Officer, explained that staff periodically reviews policies to identify needed improvements. In a recent review it was found that there was a problem with a process related to urgent requests for care. This finding was reported as a Notification of

Compliance Disclosure to the Centers for Medicare and Medicaid (CMS) which is the regulatory agency that oversees Medicare. This notice of disclosure communicates the issue found and the action to be taken to correct the issue. CMS's procedure in this situation is to request evidence and additional details for which the health plan is required to reply. This issue was also reported on February 24, 2020 to the Finance/Executive Committee of the San Mateo Health Commission in accordance with its compliance program.

Mr. Johansson explained that the urgent request for care procedure requires a decision and notice to the provider and member within 72 hours. The CMS minimum performance level is 95% for notification to members and providers and we were performing at 87% in 2019. Several departments within the health plan collaborated to identify the source of the problem and develop solutions that could be put in place to improve the process. Nurses in the utilization management department who are responsible for these calls were retrained on the regulations and additionally, a series of scheduled reports were put in place to track this activity for compliance. The compliance department and utilization review department are now actively tracking this. This correction was put in place in December 2019 and in the past seven months, staff have exceeded this performance level with 97% of communications being made on time. This brings us above the performance level which satisfied CMS.

He talked about the dashboards used within departments to monitor important indicators of compliance across the organization including this specific issue. This was how the issue was identified initially and now continues to be an area that is routinely monitored. If a slight drop in performance becomes apparent, compliance staff will check in with the department.

Art Wolf asked about the dates when the issue was reported and when it was discovered. Mr. Johansson explained that it was discovered in 2019, staff started working internally to address the issue immediately, notification to CMS took place at that time and solution was developed by December 2019.

## **5. Committee Input on HPSM ID Card Proposal**

Ms. Karen Fitzgerald, Director of Marketing and Communications, presented the new ID card and member packet. She explained that the current vendor agreements will expire soon and staff have been considering new vendors and material ideas. In this process they are looking for ways to reduce cost, reduce the volume of packets mailed to members and demonstrate environmentally friendly business practices.

Ms. Fitzgerald shared the current ID and packet which is substantial in size, explaining that they are sent separately and days apart. She added that it is an expensive mailing and at times confusing for members. In order to reach their goal to reduce costs and materials, the plan going forward is to produce a mailing to be sent as one packet consisting of a letter, the ID card, and a small booklet explaining programs and directing members to our HPSM website. On the

website members can get HPSM's formulary, provider directories, and program evidence of coverage. Right now, mailing the hard copy of the provider directory is a requirement however, the health plan is in the process of requesting permission to excluded it which would result in a substantial savings. The proposal is to send this reduced version and provide options to request a hard copy by a phone, business reply card, or online. The information that is provided on the website will be more accurate for members than the hard copies because it is being updated daily. Staff is currently reviewing three vendors and will select one to fulfil this project. Due to the Pharmacy Carve Out, new contact information for pharmacy will need to be provided to members.

Mr. Wolf asked if COVID-19 has interfered with vetting the capacity for these vendors to produce and meet supply needs. Ms. Fitzgerald felt confident that their selection of vendor and their capacity to provide the services has not been hindered. They have full confidence in the vendors they are reviewing with respects to their ability to meet the production needs.

Ms. Kaplan asked about the Medi-Cal Pharmacy change. Ms. Altman explained that the Governor proposed to take over Managed Care Pharmacy administration for Medi-Cal last year to become effective on January 1, 2021. Magellan is the pharmacy benefit manager selected by the state. This is not a move the health plan supports and believes it will fragment care for our members but the state believes it will save money. Cal MediConnect, however, is exempt and most of the drugs are covered under Medicare.

Ms. Zuniga asked if there will be accessibility of the member information for people who are the visually impaired with screen readers. Ms. Fitzgerald confirmed that these considerations have been addressed.

Ms. Fitzgerald stated they are excited about these proposed changes and expecting an improved member experience by reducing the number of mailings and creating more concise messaging. Staff is working on creating a more robust member website landing page and improving navigation. Staff is also now able to enroll members in the CareAdvantage CMC Program telephonically as opposed to going to member's homes.

Ms. Kaplan asked about the languages covered on the website. Ms. Fitzgerald stated that it is in English and PDF documents in other languages. Staff is in the process of improving this. Other plans are using Google translation.

## **6. Questions about distributed reports**

Ms. Katie-Elyse Turner explained that the materials for the following reports was sent out for review:

### **6.a Customer Support: Grievances & Appeals; Enrollment & Call Center**

Ms. Katie-Elyse Turner asked the committee if there were any questions about the reports submitted by Gabrielle Ault-Riche, who could not be present at the meeting today. There were no questions at this time.

### **6.b. HPSM Dashboards, Educational Topics**

Ms. Turner, in the consideration of time did not review in detail the reports she submitted to the committee in the meeting packet but opened the floor for any questions. There were no questions about this material at this time.

### **6c. IHSS**

Ms. Nina Rhee reviewed the chart on caseload counts from 2016-17 thru 2019-20. She stated there was a dip in referrals possibly due to the shelter in place affecting people transitioning around the county and getting different types of support.

She gave an update on the COVID-19 related education support outreach calls that the Aging and Adult Services department made, having made over 6,000 calls to mostly IHSS consumers offering basic information about COVID. They also made sure people knew how to properly social distance, use face coverings, and who to call if they had any questions.

Ms. Ingersoll-Moller asked if we have any goals in terms of how quickly a person can get an IHSS worker when discharged from a skilled nursing as a safe discharge plans. Mr. Laohavanich did not have the information at hand but will follow up to share that with the group in the future.

Ms. Rhee stated that since the time the caseload report which closes out for the year in June, they have seen an increase in referrals and are working toward an online version for referrals. This would allow people to go to a website to enter their information that would be received by the department's intake team as opposed to calling the hotline.

Mr. Wolf asked if there have been any issues since the change from Homebridge vetting providers for clients to the clients now doing this on their own. He expressed concern about those who may be challenged with the process of hiring their own providers. Ms. Rhee says there are a number issues as there are people with behavioral health challenges, people who are more isolated, on the coast for example who are difficult to serve in terms of finding caregivers. We continue to do the outreach and continue to have referrals for the registry even with the shelter in place. The team has done a good job in trying to locate and recruit various new providers. There has been some success assisting those who have cognitive limitations, but it continues to be a struggle. The pay rate creates a challenge especially for those with a lot of cognitive or other needs but there is training available. They also work closely with doctors to see if there are any other ways to support the providers.

Mr. Wolf asked if there were COVID testing requirements for providers who may work for multiple clients. Mr. Laohavanich answered that the public authority is not requiring testing however, they are educating providers and encouraging them to ask the client if there is a potential for exposure, educating them on universal precautions and pointing them to testing locations when they are in need.

Mr. Wolf asked if there had been any positive cases of providers or recipients reported and what is the process for those with a positive test result. Mr. Laohavanich stated there was one case reported to the public authority through the department of public health informing us that one of our providers tested positive. The public health department performs the contact tracing and follow up with individuals at risk. If a provider reports that they may have been exposed, the public authority will leverage the emergency sick leave for the two-week period so that the provider is put on the inactive registry.

Ms. Zuniga asked about the emergency registry that the governor had mandated all public authorities to have for people who were lacking care during COVID. For those on the list, is there protocol for screening for exposure before they are added to the registry. Is there a plan for people on the registry listings to get tested at any point while on the registry. Mr. Laohavanich stated there is not a process in place requiring testing at this time. Regarding the active IHSS case count, Ms. Rhee stated that the caseloads are growing indicating more people need IHSS help. Starting August 4<sup>th</sup>, the social workers will resume home visits for intake for new cases only. As the social workers prepare to perform home visits, they are putting protocols in place and will be asking screening questions before going into the home so client can feel comfortable with providers coming into the home. If a recipient does not have a mask, they will be provided one.

## **7. CCI Ombudsperson Report (Legal Aid)**

Amira Elbeshbeshy provided some legislative updates. She explained that the May revise proposed cuts to bills that were to be implemented such as the EBD expansion which had an implementation date of August 1<sup>st</sup>. In July, an updated budget was released reversing those cancellations which is good news. The bad news is when the revised budget came down in May, CalSAWS immediately stopped programming the system and have not resumed the work. This will result in a delay of the program until May 2021. Legal Aid is asking DHCS to offer retroactive implementation though this may not be beneficial to a lot of our consumers. Another bill proposed to be cut was the Yo-Yo bill. It was also pulled back in the July budget, however, she is not sure about implementation.

Ms. Elbeshbeshy reported that DHCS and CMS have extended the federal public health emergency until October 21<sup>st</sup> which means a suspension on all negative Medi-Cal actions.

## **8. LTC Ombudsperson Report**

Ms. Kirsten Ingersoll-Moller reported that the Ombuds Services has been coordinating with the health plan, department of public health, and CCI over the last three months to help deal with COVID issue, new regulations and new orders for facilities. They have a good list of contacts to communicate quickly with RCFE's and SNF's. The most recent communication was to explain the latest order around visitation. They are receiving complaints about depression and failure to thrive because of the length of time this situation. We are hoping that the new visitation policy can be implemented safely by the facilities.

The health plan invited the RCFE's to the SNF collaborative and this was welcomed and appreciated. We are continuing to talk about setting up for the RCFE's that are a different level from the SNF's in terms of their knowledge. She feels that the chaos is starting to settle down.

Ms. Altman asked about the state allowing the Ombudsman to go into SNF's now. Ms. Ingersoll-Moller said this is true and will be going through an orientation in the follow week to learn how this will happen. The guidelines seem to continue to point to the SNF protocols for each individual facility. They will be allowed to go into one facility per day with full PPE, and this is only paid staff not the field office. This will begin on Monday, July 20<sup>th</sup>. There was discussion about the visitation order and the criteria that needs to be met based on the current county order. Ms. Ingersoll-Moller will send the group the summary they sent out to RCFE's noting that it should not be relied on above the actual order.

## **9. Discussion of COVID-19 Member and Provider Response Efforts**

Ms. Katie-Elyse Turner introduced Kati Phillips, Provider Network Manager. Together, they will present information on what the health plan has been doing in response to the COVID-19 pandemic.

Ms. Turner stated the health plans priorities over the past few months have been to continue to serve members and providers during this pandemic. Immediately, there were a couple of cross functional task forces developed streamlining efforts to understand the status of our provider network in their response, ensure that all our programs were as aligned as possible, staying connected with members, and delivering needed services.

Ms. Phillips talked about the focus and activities in support of our provider community over the past few months as providers shift to providing care virtually. Staff have been involved in the following activities:

- Tracking and establishing reimbursement mechanisms for telemedicine in alignment with the changes that Medicare and Medi-Cal made for their reimbursement policies.
- Supporting providers as they get set up on platforms to provide telemedicine which was not used before this pandemic.
- Communications have been sent updating the provider community, creating a micro-site on our website specific to telemedicine policies

- Connecting outreach to the provider network as things rapidly change in terms of service access, who is open, who is set up for telemedicine. Some clinics have closed temporarily and communicating these changes with staff so they can be prepared to inform members as needed.
- The Nursing Facilities Collaborative was essential in communications having these relationships in place through our work over the past couple of years prior to the public health emergency.
- Regular coalition calls with our facilities including our RCFEs have had a strong focus on operations, regulatory changes around policies, tracking and reporting, as well as testing and retesting strategies
- Coordinating with county public health partners
- Working on reimbursement as it relates to facility needs specific to Corona Virus
- Staff is looking at access solutions around additional data sharing and e-consult platforms; in home supportive service access needs
- Staff has been targeting non-contracted providers for recruitment to increase capacity to the network ,especially in high priority areas such as behavioral health, primary care, and speech therapy.
- Supported county public health in credentialing volunteer staff to ensure adequate staffing available.
- Lastly, staff worked with LA Care to leverage an agreement they had with a provider group called Teledoc to provide virtual primary care resulting in services being provided very quickly at the onset of the shelter in place. This was helpful for members whose providers were not able to provide telemedicine early on or for members who were not already assigned a primary care provider. This avoided unnecessary in person emergency or urgent care visits .

Ms. Turner reported on staff efforts related to members in response to COVID-19 to ensure CMC members receive needed services and connecting them with resources. In March and April, a lot of work took place to identify existing member touchpoints in our programs and partners' programs to make the most of these contacts with members at this time. She walked through different strategies and activities:

- Telephonic wellness checks through existing vendor relationships to organize outreach to members to ensure they have what they need, asking COVID-19 screening questions, checking on their food access and medication needs. At this point, we have connected with over 60% of our CMC members.
- Home Based clinical assessments have continued for CMC through our existing vendor and have confidence in their ability to screen themselves and our members while continuing this program.

- The Medication Therapy Management (MTM) program for CMC members continues to serve members. HPSM has changed the rules to allow easier access to early refills, for 90 day supplies as well as free delivery. The MTM vendor has also expanded their script to help with some of the wellness checks.
- Not related to CMC, the Quality Improvement department expanded their scripts for the Baby + Me program with COVID-19 specific information. We are reaching out to pregnant women and new moms telephonically and through text messaging to communicate information regarding impacts on pregnancy, breastfeeding, hospital delivery protocols, and emphasizing the importance of children's immunizations.
- Similarly, the Asthma Outreach program has expanded their script and outreach strategies with a focus on adherence to asthma medication guidelines, new pharmacy flexibilities, and other COVID-19 related questions.

Additional efforts through the marketing team include:

- Created a dedicated section of the HPSM website to share information about access to medications, eligibility, behavioral health and care coordination, meal delivery and other community resources, telephonic medical advice as well as personal and home safety.
- Developed a text messaging campaign related to COVID-19
- Delivered postcards to members with a link to the website and key contact numbers.

Specific resources the health plan has been connecting members to include:

- Short-term meal delivery program was expanded to target members with complex or chronic health conditions including pregnant women and new moms working by referrals through our care coordination team
- Great Plates program in partnership with San Mateo County Aging & Adult Services delivering three restaurant meals a day to seniors and people experiencing COVID.
- Another program the health plan is exploring is grocery delivery to connect members with local volunteers to have groceries, diapers, household items and medications delivered to them.

Access to Social Support was another area of outreach:

- Wider Circle paused the in person social connections program due to COVID and began Buddy calls, members calling other members using existing social connections, checking in and maintaining those relationships

- HPSM staff from all departments made social outreach calls to members targeting people who are likely to be at higher risk of social isolation and identifying any additional member needs
- A “Dear Neighbor” post card writing campaign focused on members who could not be reached by other means in collaboration with San Mateo County Volunteer Corp and community-based organizations. Blank post cards were printed by HPSM, volunteers wrote hand-written notes to members, and HPSM would then mail these out to the members.

Mr. Wolf asked again about IHSS recipients that may have challenges in being the employer and what assistance was available for them. Ms. Rhee pointed out that the outreach mentioned earlier includes questions about this process of employing their own provider. The social workers are spending more time trying to educate clients and families about authorized representatives, power of attorney who will have the best interest of the client in mind and encouraging them to have those discussions.

Mr. Wolf asked about outcomes for people who have to move to a long-term care facility and what are some of the reasons why. Ricky Kott described what Aging and Adult does through case management services as part of the HPSM model of care for clients who have complex medical needs and behavioral challenges. Social workers have frequent contact with these clients with the goal of maintaining the client in the community for as long as possible with long term care or institutions being the last resort. Currently, they have been successful in assisting clients to stay in the community through coordination with HPSM pharmacy, care coordination, and utilization management teams utilizing the services Medi-Cal provides. There is additional funding from MSSP that provides additional support such as in-home respite and constant communication with family members to support the client staying in the community as long as possible. Ms. Altman suggested we have Amy Scribner come to the next meeting to provide an update on the programs used to keep people out of nursing homes as well as moving people from nursing homes to the community through the community care settings program. Some of these programs are in partnership with IHSS, and some in partnership with other organizations. It is also about having enough personal care, having the right kind and enough which is always an issue in transitions or keeping people out of nursing homes. The other issue is housing. Then, people are reluctant to go into assisted living as it is still congregate.

Ms. Altman talked about a state proposal called Long Term Care at Home that has a lot of problems right now, but stakeholders are all working to shape that. She announced an LTSS stakeholder committee meeting taking place this afternoon at

the Master Plan for Aging stakeholder meeting. The state just released a new revision today of their proposal which is focused on how to decompress the nursing homes, how to keep people from going in, so there is a lot more work to be done.

#### **10. Discussion of COVID-19 Community Experience**

There was no additional discussion outside of the above reporting on this topic.

#### **11. Other State/CMS Updates**

Ms. Altman encouraged the group to check out the Long Term Care At Home program related to the Master Plan on Aging, and to check out the state's latest proposal. Their initial proposal was a medically heavy model using health home agencies and hospice agencies. These agencies would coordinate a lot of services to keep people at home. Many are saying it is not really the medical issues but the social complexities and lack of person care that make it difficult in keeping people in the home. We are trying to get the state to shift its focus a little bit and encouraged the committee to share their thoughts with the state or to send them to her and would represent them to the state. After today, there is one more stakeholder meeting on July 31<sup>st</sup>. The state is trying to move quickly on this because of the COVID crisis but there is concern for the long term as a state-wide benefit that works. And the other perspective stakeholders are trying to impress on the LTSS sub-committee is to use existing programs such as "Money follows the person", CBAS, IHSS and adding flexibilities to these existing programs to provide alternatives to SNFs.

Care in Skilled Nursing Facilities is another hot topic as discussed earlier. There is a real need for nursing home reform. Charlene Harrington, Professor Emeritus, Social Behavioral Science at UCSF, pulled together a team and presented a comprehensive list of reforms to the state. There is some attention being paid in California and across the country at the horrifying impacts of COVID on people in nursing homes and is top of mind in advocacy at the state level.

Katie-Elyse commented on planning for flu season. CMS has highlighted a statement from the CDC director about the cross over between the COVID-19 pandemic and the upcoming flu season. Staff have been thinking about new and existing initiatives and are making plans on how to support flu vaccination efforts with a particular emphasis on the CMC population. An update will be given to the group in October.

#### **12. Adjournment**

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess

Clerk of the Commission