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www.hpsm.org

-Virtual Meeting-

THE SAN MATEO HEALTH COMMISSION
Regular Meeting
August 10, 2022 - 12:30 p.m.
Health Plan of San Mateo
801 Gateway Blvd., South San Francisco, CA 94080

Important notice regarding COVID-19:

In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting of the San Mateo Health Commission will be conducted via teleconference pursuant to AB 361, which was signed by the Governor on September 16, 2021.

Public Participation

The San Mateo Health Commission meeting may be accessed through Microsoft Teams:

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[\(833\) 827-5103,480262135#](tel:(833)827-5103,480262135#) United States (Toll-free)

Phone Conference ID: 480 262 135#

Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Commission or to address an item that is listed on the agenda may do so by emailing comments before 10:00 am, August 10, 2022 to the Clerk of the Board at Corinne.Burgess@hpsm.org with "Public Comment" in the subject line. Comments received will be read during the meeting. Members of the public wishing to provide such public comment may also do so by joining the meeting on a computer, mobile app, or telephone using the link or number provided above and following the instructions for making public comment provided during the meeting.

AGENDA

- 1. Call to Order/Roll Call**
- 2. Public Comment/Communication**
- 3. Approval of Agenda**
- 4. Consent Agenda***
 - 4.1 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
 - 4.2 Consumer Advisory Committee, April 2022
 - 4.3 Physician Advisory Group Minutes, April 2022
 - 4.4 Pharmacy and Therapeutics Committee Minutes, May 2022
 - 4.5 CCS Clinical and Family Advisory Group Minutes, June 2022
 - 4.6 Quality Improvement Committee Minutes, March and June 2022
 - 4.7 Waive Request for Proposal and Approve Amendment to Agreement with Catalyst Clinical and Coding Analytics

~Continued~

- 4.8 Waive Request for Proposal and Approve Amendment to Agreement with Cotiviti
- 4.9 Approval of Revised Conflict of Interest Code
- 4.10 Approval of Agreement with Nations Benefits
- 4.11 Approval of San Mateo Health Commission Meeting Minutes from June 8, 2022

5. Specific Discussion/Action Items

- 5.1 Resolution of Appreciation for Teresa Guingona Ferrer*
- 5.2 Update Presentation on CalAIM
- 5.3 Approval of Amendment to Agreement with Palo Alto Medical Foundation / Sutter Health*

6. Report from Chairman/Executive Committee

7. Report from Chief Executive Officer

8. Other Business

9. CLOSED SESSION

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION (Government Code Section 54956.9(d)(2)) (1 case) *

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION (Government Code Section 54956.9(d)(1))

THC-Orange County LLC d/b/a Kindred Hospital – San Francisco Bay Area v. San Mateo Health Commission d/b/a Health Plan of San Mateo et al. (Case No. 22-CIV-2376, Superior Court for the County of San Mateo) *

10. Report Out on Closed Session

11. Adjournment

**Items for which Commission action is requested.*

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular commission meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Commission. The Commission has designated the Clerk of the San Mateo Health Commission located at 801 Gateway Boulevard, Suite 100, South San Francisco, CA 94080, for the purpose of making those public records available for inspection. Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Clerk of the Commission at least two (2) working days before the meeting at (650) 616-0050. Notification in advance of the meeting will enable the Commission to make reasonable arrangements to ensure accessibility to this meeting and the materials related to

MEMORANDUM

AGENDA ITEM: 4.1

DATE: August 10, 2022

DATE: July 25, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Interim Chief Executive Officer

RE: Approval of Teleconference Meeting Procedures Pursuant to AB 361

Recommendation

In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors has determined that meeting in person would present imminent risk to the health or safety of attendees. The Board of Supervisors has invoked the provision of AB 361 to continue meeting remotely through teleconferencing. The Board of Supervisors also strongly encourages all legislative bodies of the County of San Mateo, such as the San Mateo Health Commission, and its committees which are subject to the Brown Act to make a similar finding and continue to meet remotely through teleconferencing until the risk of community transmission has further declined.

Background and Discussion

On June 11, 2021, Governor Newsom issued Executive Order N-08-21 which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers were to fully sunset on October 1, 2021, legislative bodies subject to the Brown Act had to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board (commission) members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made or adopted by the agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of local public health officials.

At its meeting on September 28, 2021, the San Mateo County Board of Supervisors found that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risks to the health or safety of attendees. The Board of Supervisors accordingly resolved to continue conducting its meetings through teleconferencing, in accordance with AB 361, and encouraged other boards and commissions established by them to avail themselves of teleconferencing until the risk of community transmission has further declined. The San Mateo County Board of Supervisors has renewed its findings, adopting a substantially similar resolution at subsequent meetings since then.

At its meeting on October 13, 2021, and subsequently, the San Mateo Health Commission likewise found that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risks to the health or safety of attendees. In light of that finding, the Commission has been conducting its meetings through teleconferencing. A renewed finding and resolution are needed in order for the Commission to continue to conduct its meetings through teleconferencing.

Fiscal Impact

There is no relative fiscal impact with the continuation of the San Mateo Health Commission meeting by means of teleconferencing in accordance with AB 361.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct its meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
2. The San Mateo Health Commission directs staff to continue to agendize its meetings only as online teleconference meetings; and
3. The San Mateo Health Commission further directs staff to present, within 30 days, an item for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY COUNSEL

DRAFT

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, April 21, 2022
Virtual Teleconference**

**Agenda Item: 4.2
Date: August 10, 2022**

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, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Assistant Clerk to the Commission 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: Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Marmi Bermudez, Gloria Flores-Garcia, Judy Garcia

Committee Members Absent: Robert Fucilla, Mary Pappas, Hazel Carrillo, Cynthia Pascual, Ortensia Lopez

Staff Present: Pat Curran, Gabrielle Ault-Riche, Carolyn Thon, Nicole Ford, Keisha Williams, Karla Rosado-Torres, Justin Cassida, Joshua Gaffud, Theresa Kopp, Sarah Munoz, Samareen Shami, Karen Fitzgerald,

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:04 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment, either virtually or via email.
- 3.0 Approval of Meeting Minutes for January 20, 2022:** The minutes from the January 20, 2022, meeting was approved as presented. **Kot/Flores-Garcia second. A roll call vote was unanimous.**
- 4.0 Approval of Teleconference Meeting Procedures Pursuant to AB 361:** The committee moved to continue the practice of virtual meetings pursuant to AB361 which was signed by Governor Newsom in October 2021. **Kot/Flores-Garcia second. A roll call vote was unanimous.**
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 Medicare CAHPS scores:** Director of Quality Improvement, Nicole Ford provided a presentation on the scores for the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey is conducted annually. To be eligible, you must be enrolled in Medicare for at least 6 months, living in the US and not in an institutionalized setting. The Centers for

Medicare & Medicaid Services (CMS) uses case mixing to get their final results. Response rates have increased thru the years and are better than many of the Medicare-Medicaid Plans (MMPs) in California. Its currently administered in just English and Spanish, they may consider other languages if the need arises. Overall, HPSM is on par and comparative to similar Health Plans in California when it comes to rating of the health plan and rating of health care quality. HPSM tends to do well with the annual flu vaccine though they are not meeting the national average for the pneumonia vaccine. She also reviewed the Pharmacy Measure Results, which had mixed results and the Composite Measure Results, which were all below average. She went over each of the categories and the areas of concern. Customer Service scores have also declined. They are addressing that by working with vendors as well as administering off cycle surveys to better understand exactly where problems exist.

5.2 CEO Update: CEO, Pat Curran provided an update.

- 5.2.1** January 1st was the implementation of the dental program, the pharmacy carve-out and 2 programs with Cal-AIM. HPSM now has a full dental team. Mr. Curran noted they underestimated the challenges with access for adults. One reason may be that many HPSM members were receiving dental care, but it was out-of-pocket and outside the system, so HPSM did not have that data. Access for children has not been problematic.
- 5.2.2** He reports fewer issues with the Pharmacy, but they still exist. He fears there aren't as many issues because the State has lifted requirements for prior authorizations. However, he reminded the group they are planning on putting those requirements back in place which may make it hard to determine if the issues were ever truly resolved.
- 5.2.3** There is a proposed contract with the State and Kaiser, wherein the State would work with Kaiser directly instead of HPSM. Approximately 11K HPSM members are enrolled with Kaiser. HPSM is opposed to this type of contract as it lacks local accountability. If it passes, they will be asking for local accountability to this group, the San Mateo Health Commission and/or the Board of Supervisors. He will keep the committee updated.
- 5.2.4** The State along with HSA will implement coverage for undocumented persons. This includes approximately 6K undocumented HPSM members. It's scheduled to start on May 1, 2022. Many of these members are covered with ACE thru the County. The governor's budget also includes expanding that so all persons without insurance due to documentation status, who would otherwise qualify for Medi-Cal would receive it in January 2024. There is some momentum to pushing that date up to January of 2023. However, there are financial and operation barriers that may make that difficult.

- 5.3 CMO Update:** CMO, Chris Esguerra, M.D., provided an update on Health Services.
- 5.3.1** Dr. Esguerra spoke about the Pharmacy carve-out, there aren't as many issues now. The State and Magellan lifted restrictions around prior authorization which has allowed many medications to go thru. They are expected to put back some of the prior auth requirements by May 1st. Right now, they are seeing small case-by-case issues, unfortunately all they can do is try and help members with the Magellan call centers.
- 5.3.2** Dr. Esguerra credited his team for their work on the transition from the Cal MediConnect (CMC) program to the Dual Eligible Special Needs Plan (D-SNP). They've completed the model of care document and scored 97.5 out of a 100, which gives them approval for three years. They will work on advising members that there won't be much change for them except for enhanced benefits. They will also think about how to promote the Care Advantage program to who may not have HPSMs Medicare. There was a question about messaging for CA members. Dr. Esguerra said they are working on the script and messaging with community partners. They will have more to share at the July meeting.
- 5.4 Provider Services (PS):** Network and Strategy Officer, Colleen Murphy provided a verbal report on behalf of Director of Provider Services, Luarnie Bermudo.
- 5.4.1** HPSM has 80 new providers mainly for dental and behavioral health therapy (BHT) that have been credentialed. There are now over 50 new dental providers. They've added a few providers to Hazel Health Services, which is an online/virtual provider. There are also new pediatricians and an urgent care provider. They are also trying to bring in more physician extenders, such as nurse practitioners and community health workers, which is what they are doing at Mission Neighborhood Health Center. There are also some specialty providers, a new internist for cardiovascular disease, a new rheumatologist, and a registered dietician. They are also focusing on Cal-AIM and Enhanced Care Management (ECM) providers.
- 5.4.2** Provider Services is also partnering with Population Health on cultural awareness training. She reminded the group that Asian Americans and Pacific Islander (AAPI) appreciation month is coming up, they will be sending out information to members about that.
- 5.4.3** They continue to work on COVID vaccinations. They have been speaking with County Health to identify vaccination gaps, with a focus on pediatrics as they gear up for the vaccine to be available to children 6 months – 5 years old. They will be hosting webinars and providing tech support for pediatricians in the network who aren't assigned to be vaccinators yet. The County is offering a model where they can provide

solo practitioners and those that don't have the staff to run vaccinations themselves, staff to help with some of the logistics and maybe even host an event in their office.

5.5 Member Services (MS) & CareAdvantage (CA) Enrollment and Call Center Report: Member Services manager Kiesha Williams went over the enrollment and call center reports for Q1 of 2022. Gabrielle Ault -Riche reviewed the CareAdvantage section of this report on behalf of CareAdvantage Manager, Charlene Barairo who was unable to attend.

5.5.1 HPSM enrollment is at 163,821K across all lines of business (LOB). HPSM continues to see an increase in Medi-Cal membership due to the governor's order suspending terminations except for those due to death, moves out of the county, or voluntary disenrollment. Beginning July 1, 2022, the State will increase the SPD asset limit to \$130,000 per individual, and \$65,000 for each additional household member. Phase II will eliminate the asset test entirely and is expected to be implemented by January 1, 2024. This essentially opens up Medi-Cal to all HPSM seniors, as long as they meet the criteria for immigration status and income. As for redeterminations, once the PHE ends, counties will have 12 months to process all Medi-Cal redeterminations. This means that all CMC members and D-SNP members that started in January will need to fully complete their redetermination packets.

5.5.2 The Member Services (MS) call center performance regulatory standards state that at least 80% of all calls be answered within 30 seconds. Unfortunately, MS did not meet that goal, mainly due to higher than usual call volume around benefit changes and the omicron variant, they were also short-staffed. Overall, the MS staff did very well in terms of monitoring and call quality at 97%, surpassing their goal of 95%.

5.5.3 Goals for the timeliness and quality of email response were met at 100%.

5.5.4 Ms. Ault-Riche reviewed the CareAdvantage portion. They are very concerned about CA enrollment, while it has gone up a bit, HPSM is starting to lose members to disenrollment in other plans, primarily Anthem Medi-Blue and Brand-New Day. They are looking into this, as members are often unaware that they will lose their CA.

5.5.5 The CA Call Center volume, unlike member services, has been pretty steady. They're meeting their goals, answering over 80% of calls within 30 seconds. They're abandonment rate is low and call quality is high at a 97%.

5.6 Grievance and Appeals (G&A): Ms. Ault-Riche went over the G&A report for Q1 of 2022.

5.6.1 Timeliness goals for grievances and the processing of pharmacy appeals continue to be met. Medical appeals dipped slightly, the goal is 95% they received 94%, mostly due to new staff and the learning curve involved.

- 5.6.2** There are significantly less grievances solved by the call center especially around of the Non-Medical Emergency Travel (NEMT) benefit. Issues there appear to be resolved. However, there was an increase in grievances around members receiving bills from providers. There is an interdepartmental group working on this now and regular reporting to identify who are the providers that are repeatedly billing members. The PS team has been great about outreaching to those providers to see why this is occurring. It tends to be the larger providers.
- 5.6.3** On the Medi-Cal side there was an increase in grievances, particularly around customer service and quality of care. 34% of the grievances around customer service were about long hold times at provider offices or unreturned calls and that tended to be from PCP offices and from dental offices. 36% of those customer service grievances were about some type of communication issue at the provider office.
- 5.6.4** There was an increase in quality-of-care grievances from Medi-Cal members, about half of those were around members alleging poor treatment, incorrect diagnosis or not getting the treatment that they asked for. A little under 20% of those were about the provider themselves either being rude or not listening to members concerns. To address this, HPSM has created several interdepartmental work groups to look more closely at those CAHPS scores that Nicole presented on the Medi-Cal and Medicare side and to figure out an action plan for addressing some of those pieces. They also have the Provider Grievance Subcommittee, where they look at very detailed reports to identify the providers that are showing up more frequently so they can address issues with specific providers.
- 5.6.5** Good news on the Kaiser front, HSPM saw a decrease in the appeals from members who are assigned to Kaiser as well as a significant decrease in the number of grievances around care management.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:32 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission



OPEN SESSION-PHYSICIAN ADVISORY GROUP (PAG)

Meeting Minutes

April 12, 2022 7:30 a.m.

Virtual Meeting due to Public Emergency

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, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to Luarnie.Bermudo@hpsm.org in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Voting Committee Members	Specialty	Present (Yes or Excused)
Janet Chaikind, MD, Committee Chair	Pediatrics	Yes
Vincent Mason, MD	Pediatrics	Yes
Leland Luna, MD	Family Practice	Excused
Kenneth Tai, MD	Internal Medicine	Yes
Tom Stodgel, MD	Obstetrics and Gynecology	Excused
Randolph Wong, MD	General Surgery	Yes
Michael Okuji, DDS	Dental Director, DDS	Yes
Carolyn Brown, DDS	Dental Consultant, DDS	Yes
Non-voting HPSM Staff Members	Title	Present (Yes or Excused)
Richard Moore	Medical Director	Yes
Colleen Murphey	Network and Strategy Officer	Yes
Paul de la Cruz	Credentialing Specialist	Yes
Treschere Lowery	Credentialing Specialist	Yes
Luarnie Bermudo	Provider Services Director	Yes
Patrick Curran	Chief Executive Officer	Yes
Karla Rosado-Torres	Medicare Director	Yes
Cynthia Cooper	Medical Director	Yes
Nicole Ford	Director of Quality Improvement	Yes
April Watson	Provider Network Manager	Yes
Scott Fogle	Provider Services Program Specialist	Excused
Stephanie Mahler	Clinical Network Liaison	Yes
Gabrielle Ault-Riche	Director of Customer Support	Yes
Marisa Cardarelli	Dental Benefits Manager	Yes
Clarissa Rivera-Loo	Network Liaison	Yes
Miriam Sheinbein	Medical Director	Excused

	Item(s)	Discussion	Action	Responsible Parties	Due Date
1	Call to Order	Dr. Janet Chaikind called the meeting to order at 7:34 am. A quorum was present.	Quorum was present	J. Chaikind	04/12/2022
2	Public Comment	None	N/A	N/A	N/A
3	Meeting Agenda and Meeting Minutes	Agenda and Minutes disseminated to committee. Agenda for today's meeting and Minutes from the February 2022 PAG Committee Meeting were approved.	Agenda approved; Minutes from February 2022 PAG Approved.	PAG	04/12/2022
4	HPSM Announcements	1. Pat provided updates around 2022 initiatives. CalAIM efforts- effective 1/1/2022, ECM and CS were rolled out. Think of ECM as services delivered by community health works, non-clinical, focus on SDOH. Members need to qualify for these services. Dr. Tai is familiar with Health Homes, and ECM is a continuation of that. About 1000 members involved in ECM. For CS, think of these as community supports such as housing transitions, skilled nursing facility transitions, and being able to help our members live at home. There is a new contract with DHCS starting in 2024 with heightened expectations. More to come on this. Pat mentioned strong focus on health equity, health outcomes, etc. This involves dental implementation impacts as well.	N/A	Pat Curran	04/12/2022

5	Health Services Announcements	1. Dr. Moore mentioned that Upward Health has been selected as the new vendor for the HomeAdvantage program and that the agreement with Landmark has been termed. He also mentioned need for improving home infusion network and pain management.		Dr. Richard Moore	N/A
6	Provider Services Announcements	1. Marisa provided a presentation on the Dental Integration initiatives. Slides were sent out to committee members.	N/A	Colleen Murphey/Lu arnie Bermudo	N/A
7	Adjournment	The meeting was adjourned to the Peer Review Committee (PRC) closed session.	N/A	N/A	N/A

Next Meeting for the Physician Advisory Group: 06/14/2022 at 7:30 am

Dental Integration



Update

	Update
Major accomplishments last 90 days	<ul style="list-style-type: none">• HPSM Dental Benefits went live 1/1/2022• Dental Director Dr. Michael Okuji started on 1/24/2022• Daily/weekly/monthly CAP updates to DHCS• Have successfully processed 17,000 claims to date• First quarter prop 56 payments were mailed to providers• HPSM Dental Benefits Quick Guide mailed to members• We have successfully credentialed over 115 dental providers in over 40 dental groups• Care coordination for HPSM members and successfully help members access dental care needed
Major tasks planned for next 90 days	<ul style="list-style-type: none">• Authorizations for major services will be required starting 7/1/2022• Continue to credential providers, currently over 100 still in process of credentialing• Continue to collect rosters and add more dental providers to network• Credential and contract with at least one Periodontist to satisfy DHCS CAP requirement• Add more specialists to network including Oral Surgeons, Endodontists, and Orthodontists• Solutions for HPSM members with Kaiser that need hospital dentistry• Update dental materials and check in with departments for additional training needed
Potential challenges or barriers to success	<ul style="list-style-type: none">• System issues in setting up authorization criteria• Potential regulatory hurdles with DMHC or DHCS• Building provider network/specialty providers

DRAFT

PHARMACY & THERAPEUTICS (P&T) COMMITTEE
Meeting Summary
Thursday, May 26, 2022 – 7:30am to 9:30am
Health Plan of San Mateo
Virtual Meeting via Microsoft Teams

AGENDA ITEM: 4.4

DATE: August 10, 2022

Important notice regarding COVID-19:

Based on the 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, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comments via email to Kelly.Chang@hpsm.org in advance of the meeting and were also able to access the meeting using the teleconference information provided on the meeting notice.

Members Present: Barbara Liang, Dr. Bryan Gescuk, Dr. Chris Esguerra, George Pon, Niloofar Zabihi, Varsha Gadgil, and Victor Armendariz

Members Absent: Jaime Chavarria, Jonathan Han, Dr. Lena Osher and Rukhsana Siddiqui

Staff Present: Andrew Yau, Biyan Feng, Dr. Cynthia Cooper, Jasmine Le-Thi, Karla Cruz-McKernan, Kelly Chang, Laura Lo, Matthew Lee, and Ming Shen

Staff Absent: Dr. Miriam Sheinbein and Dr. Richard Moore

1. Call to Order

George, P&T interim Chair, started meeting with call to order.

2. Introduction of Dr. Bryan Gescuk to the Committee

George introduced Dr. Bryan Gescuk and officially invited him to join the Committee. The Committee approved with no objections. Dr. Gescuk proceeded to give a short introduction of himself including his role as a rheumatologist in San Mateo County and his history serving HPSM members.

3. Covid-19 Resolution (AB361)

Ming requested that the Committee vote on adopting a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees. The Committee members and HPSM staff present all agreed to continue to meet virtually.

4. Public Comment

None

5. Approval of Meeting Minutes

Niloo motioned for approval of the prior meeting minutes and Barbara seconded.

6. Approval of Agenda

Victor motioned for approval of the meeting agenda and Niloo seconded.

7. Old Business

None

8. New Business

8.1 Pharmacy Department Policy Updates

Andrew presented updates to three policies including the Prior Authorizations and Exceptions Policy, the Member Reimbursement Requests Policy, and the Appeals Policy. The updates made were to remove Medi-Cal as an applicable line of business due to the Medi-Cal pharmacy carve out.

8.2 New Drugs to Market

New Protected Class Drug

Andrew provided a brief overview of four new protected drug class drugs that were recently approved, including Carvykti, citalopram capsules, Opdualag, and Vonjo. The recommendation was made to add Vonjo (new drug for myelofibrosis) to the CareAdvantage and HealthWorx formularies with a prior authorization requirement while maintaining all other drugs non-formulary.

New Non-Protected Class Drugs

Andrew reviewed 10 new non-protected class drugs that were recently launched. The recommendation was made to add Comirnaty (Covid-10 vaccine) and Releuko (biosimilar to Neupogen) to the CareAdvantage and HealthWorx formularies.

George asked about Releuko and how it compared to Neupogen. Andrew responded by saying it was a biosimilar and like all other biosimilars, there are no clinically meaningful differences in safety, purity, or potency based on the FDA. Andrew added that Releuko is not the first biosimilar to Neupogen but rather the third.

Andrew ended by saying all other drugs outside of Releuko were recommended not to be included on the Plan's formulary. Ming stressed that drugs which are non-formulary can still be obtained through the prior authorization process and that their absence from the formulary in no way means that they are excluded from coverage. Andrew added that there are just too many drugs on the market to include all of them onto the Plan's formulary and that HPSM's approach has been to include those which are expected to have high utilization or in the event the Plan wants to favor a certain product over another.

New FDA-Approved Indications

Andrew reviewed new FDA-Approved indications for existing drugs on the market. The recommendation was made to update the prior authorization criteria Fintepla to account for its new indication for Lennox-Gastaut syndrome. In addition, Cabenuva was recommended for formulary addition in response to a handful of requests received under the pharmacy benefit.

George asked about Cabreuva and details surrounding how it is administered. Andrew responded by saying that the drug is administered intramuscularly by a healthcare provider. Victor added that SMMC is billing the drug through the pharmacy benefit and then shipping it to the providers for administration.

8.4 Formulary Considerations

Andrew presented various formulary updates. It was recommended to remove aspirin 81 mg from the HealthWorx formulary due to a new recommendation by the U.S. Preventative Services Task Force which no longer recommends its use for primary prevention of CVD.

Other changes include adding nebivolol, adding tadalafil 5 mg, removing the prior authorization requirement for icosapent ethyl, removing Lantus and favoring insulin glargine (CareAdvantage only), removing Combigan and favoring brimonidine/timolol, removing Alphagan P 0.1% and favoring brimonidine 0.15%, removing Simbrinza (CareAdvantage only), updating the prior authorization criteria for Leukine.

George motioned for approval of all the formulary changes proposed and Niloo seconded with the Committee approving with no objections.

8.5 OTC Drugs | CareAdvantage

Andrew discussed new changes to HPSM's Medicare line of business beginning in 2023 due to the transition from a CMC model to a D-SNP one. This change will impact how HPSM will cover over-the-counter (OTC) medications since OTCs are generally covered under the Medi-Cal benefit which will be carved out to Medi-Cal Rx beginning in 2023 for D-SNP plans. Despite this, HPSM does have the option to continue to cover some OTC medications through its Part D program and financing such coverage through administrative dollars based on rules established by CMS. Ming stated that after careful thought and consideration, the Plan wants to offer coverage of OTCs in order to remain competitive in the D-SNP landscape, minimize member disruption, and improve member experience.

Andrew reviewed the list of OTC drugs that HPSM plans to cover which include various pain medications, drugs used to treat allergies, topical treatments of acne, and eye lubricants. Notably absent from the list are vitamin supplements which HPSM will no longer be able to cover through its pharmacy benefit based on rules established by CMS. Ming added that members can still obtain vitamins and other

products that HPSM will no longer be able to cover through either Medi-Cal Rx or HPSM's new OTC plus program – another program that HPSM will launch beginning in 2023. This program will allow members to obtain certain OTCs through a catalog or possibly at a local brick-and-mortar store. The details of the program are still in the works.

George asked about specifics surrounding how the Plan intends to finance the payment of these OTCs products. Andrew responded by saying it would be financed through the Plan's administrative dollars and would come out the Plan's profit, if any.

8.6 Excluded Drugs | CareAdvantage

Andrew went over HPSM's plan to cover certain excluded drugs beginning in 2023 for similar reasons why it intends to cover OTCs. Excluded drugs are drugs which require a prescription but do not fit the definition of what is traditionally coverable under Part D. Examples include drugs used for weight loss, drugs used for symptomatic relief of cough and cold, and drugs used for the treatment of hair loss or erectile dysfunction.

Andrew reviewed the list of excluded drugs the Plan intends to cover including weight loss medications, prescription cough and cold products, tadalafil 5 mg for erectile dysfunction, folic acid 1 mg, and finasteride 1 mg for hair loss.

Jasmine expressed concerns about the lack of coverage surrounding codeine-based cough suppressants. Andrew responded by saying it was left out intentionally due to concerns about abuse, particularly if members can obtain the drug through two channels (Medi-Cal Rx and HPSM). Victor added that based on Medi-Cal Rx's CDL, codeine-based cough suppressants are covered without a prior authorization requirement. After a brief discussion, it was agreed that HPSM would not cover codeine-based cough suppressants since coverage is anticipated to be available through Medi-Cal Rx.

Niloo motioned for approval of all the formulary changes and George seconded with the Committee approving with no objections.

8.7 Pharmacy Drug Class Reviews

8.7.1 Immunomodulators for Rheumatoid Arthritis

Andrew presented a drug class review on immunomodulators for rheumatoid arthritis. Andrew commented on the safety concerns surrounding JAK inhibitors which have been associated with an increased risk of cardiovascular events, cancer, blood clots or death. Andrew asked Dr. Gescuk if he has made any changes to his practice in response to these concerns. Dr.

Gescuk responded by saying he has stopped prescribing JAK inhibitors for patients over 50 years of age and older with a history of malignancy. He mentioned a European study that showed a significant increase in the rates of malignancy associated with the use of Xeljanz. However, he also noted that the study had limitations since many of the participants were smokers. Andrew asked Dr. Gescuk whether he is now favoring Rinvoq over Xeljanz due to these concerns. Dr. Gescuk responded by saying he still mostly prescribes Xeljanz since it is favored by the institution he currently practices at but would otherwise favor Rinvoq if that wasn't the case.

8.7.2 Immunomodulators for Plaque Psoriasis 1:20

Andrew went over a drug class review on immunomodulators for plaque psoriasis. He highlighted an ICER analysis which indirectly compared agents in this drug class and demonstrated the superior efficacy of Skyrizi, Taltz, and Tremfya relative to other agents. Dr. Gescuk agreed with the analysis and touted the high efficacy of Skyrizi and Tremfya noting their ability to achieve high PASI 90 scores relative to other agents on the market including Humira. Dr. Gescuk also commented on the advantages of using Otezla due to its low immunosuppressive properties and how it was a good option for those patients with limited disease activity. Andrew asked Dr. Gescuk whether he ever prescribes Otezla concurrently with other immunomodulators. Dr. Gescuk responded by saying that he occasionally does, particularly in patients that have both psoriatic arthritis and mild plaque psoriasis.

8.7.3 Immunomodulators for Juvenile Idiopathic Arthritis

Andrew went over immunomodulators used for juvenile idiopathic arthritis.

8.7.4 Immunomodulators for Psoriatic Arthritis

Biyan presented a drug class review on immunomodulators for psoriatic arthritis.

8.7.5 Immunomodulatory Formulary Recommendations.

Andrew recommended various formulary changes including the following:

- For CareAdvantage: Recommend preferring Humira, Enbrel, Rinvoq, Xeljanz, Skyrizi, Otezla, Orencia, Taltz, and Stelara.
- For HealthWorx: Recommend preferring Humira, Enbrel, Rinvoq, Xeljanz, Skyrizi, Otezla, Tremfya, Taltz, and Stelara.

Dr. Gescuk's feedback to the changes were largely positive. However, he did have some concerns surrounding why the Plan preferred Stelara which he felt was an inferior product relative to other agents on the market for the treatment of plaque psoriasis. Andrew responded by saying Stelara has a

favorable position due to rebate implications. Andrew asked Dr. Gescuk whether he has any concerns surrounding the plan to favor Taltz over Cosentyx and whether he felt it was appropriate to transition members from Cosentyx to Taltz. Dr. Gescuk responded by saying that in his view, both drugs are similar and that he does not have any significant concerns switching patients from drug to another if he needed. Ming added that favoring Taltz over Cosentyx was not only based on comparable efficacy and safety between the two products, but also due to new rebates available for Taltz which now makes it the more cost-effective option.

Dr. Gescuk asked about whether the Plan would consider adding Actemra to the CareAdvantage formulary since studies have demonstrated its superior efficacy in those who have failed first-line agents. Andrew responded by saying that there were no plans at this time to do so due to rebate implications but stressed that the drug is still available through the prior authorization process. Dr. Gescuk agreed with this approach.

8.8 Pharmacy Drug Monographs

8.8.1 Eysuvis

Andrew went over Eysuvis, an ophthalmic corticosteroid used short-term for the treatment of dry eyes. The recommendation was made to add it to the CareAdvantage formulary with a prior authorization requirement to limit its use for short term only.

Dr. Gescuk motioned for approval of all the formulary changes proposed and Barbara seconded with the Committee approving with no objections.

9. Other Business/Announcements

Ming gave an update on Medi-Cal pharmacy carve-out. He said that there have been no significant updates since the last Committee meeting. He added that Magellan has continued to lift most of their claim restrictions but plans on instituting them again but in the a “phased” approach rather than all at once. However, they have not provided a timeline as to when this will occur but did state they would provide 90-day notification.

10. Adjournment

George called to order to adjourned at 9:30am.

**RESOLUTION OF THE
PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The Committees of the San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The Pharmacy & Therapeutics Committee hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The Pharmacy & Therapeutics Committee continues to agendize its meetings only as online teleconference meetings; and presents this item, within 30 days, for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the Pharmacy & Therapeutics Committee this 26th day of May 2022 by the following votes:

AYES: Liang, Gescuk, Pon, Zabihi, Gadgil, and Armendariz

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: *Kelly Chang*

K. Chang, Clerk

DRAFT

CCS CLINICAL ADVISORY COMMITTEE
Thursday, June 23, 2022 – 12:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

AGENDA ITEM: 4.5
DATE: August 10, 2022

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.

- Members Present:** Stephanie Smith, Laurie Soman, Michelle deBlank, Lee Sanders, M.D., Yumi Mitsuya, M.D.
- Members Excused:** Carol Elliot, Grace Chen, M.D., Leticia Acevedo, Sofia Verstraete, M.D.
- San Mateo County Members present:** Anand Chabra, M.D., Mitch Eckstein, Susanna Flores, Jenn McLean
- San Mateo County Members Excused:** Marsha Guevara, Lianna Chen, Lizelle Lirio de Luna.
- HPSM Members Present:** Miriam Sheinbein, M.D., Chris Esguerra, M.D., Tejasi Khatri, Michael Okuji, DDS.
- HPSM Members Excused:** Cynthia Cooper, M.D., Amy Scribner

- 1. Call to Order / Introductions:** The meeting was called to order at 12:05 p.m. by Dr. Miriam Sheinbein. Introductions were made.
- 2. Public Comment:** There were no public comments received via email prior to the meeting or made at this time.
- 3. Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees**

Dr. Sheinbein reviewed the requirement to approve the finding to continue meeting virtually. Dr. Chabra motioned to approve the action of meeting virtually as described / Laurie Soman: second. All were in favor. A copy of the resolution is attached.

- 4. Approval of Minutes:** Dr. Lee Sanders motioned to approve the March 24, 2022, minutes as presented / Second: Laurie Soman. All were in favor.
- 5. Youth/Young Adult Advisory Committee Report Out**
Mr. Eckstein reported on behalf of Ms. Chen who was not present for the meeting. They are continuing to outreach to reconvene the Youth Advisory Committee. Ms. Chen has been in the

process of trying to recruit new members for the committee by reaching out to CCS members who are 16 years and will soon age out of the program. Their next meeting will be held Monday, June 27th with the hope they will have enough people to reconvene. The topic for discussion will be CCS Youth Advisory Committee. If anyone has a CCS patient 16 or over who might be interested in participating on this committee, please contact Mr. Eckstein or Ms. Guevara.

Dr. Chabra suggested that Kaiser members might be contacted to see if there is interest. Mr. Eckstein shared a flier that can be sent to interested parties. Ms. Smith stated she would share it with her group within Kaiser.

6. Dental Integration

Michael Okuji, DDS, Dental Director for HPSM gave an update on HPSM's Dental Integration program. He shared some background to HPSM noting innovate pilot programs which now includes Dental Integration. This program replaces Denti-Cal in San Mateo County, and within the rest of California, dental benefits are administered by a separate entity. In San Mateo County, this program fully integrates dental with medical and behavioral health care benefits. HPSM's mission is to increase members knowledge of, access to and use of preventive dental services. He explained how this affects the providers noting that this program increases their reimbursement and streamlines processes with dedicated online services. Claims are paid more quickly, and providers have access online to information regarding claims and authorizations. Being a locally administered program results in better service to our providers since they can contact the health plan directly with any questions. Providers also have more flexibility in the number of patients they wish to see through this program.

Dr. Okuji reported that in the first six months, HPSM has learned:

- More providers for adults and for adults with special needs are needed. Also, more specialists who accept Medi-Cal, and more providers with hospital privileges and operating room days.
- He noted that current resources for members with disabilities and special needs are available through Ravenswood, Sonrisas, local dental schools, Bay Area Dental Surgery, and Siva Cherukuri, DDS but more are to come.

Efforts by staff year to date are:

- Continued recruitment to add to the provider network with general dentists, periodontists, OMFS, endodontists.
- We have mobile dentists in-network, and dentists with hospital privileges
- Related to adult patients, we have reduced limitations for covered services resulting in a 100% increase in denture cases through HPSM compared to Denti-Cal
- For adolescents, we have rolled out our Orthodontic Access pilot with the expectation of increasing access in this area, and staff is working with ten orthodontists who have expressed interest in joining our network. This pilot is a collaboration between San Mateo County Dental Society, Mid-Peninsula Dental Society and the health plan which will allow us to offer increased incentives above our higher rates.
- Next steps include learning more about CCS and the dental care.

Laurie Soman asked what areas of special needs HPSM is focusing on in order to increase access. Dr. Esguerra explained that while staff has been performing case management for this population over the years, our goal in this transition is to improve to make these components part of the normal everyday activity. He stated that getting the network developed will be the first step and then to leverage capabilities.

Dr. Lee explained what their clinics do in providing services and the needs they address already. He asked how the health plan is mapping the population health needs for the kids who need services under anesthesia. Dr. Esguerra talked about the challenges with getting these services set up. He touched on the idea of whether or not these services actually need to be done in the hospital setting. Then the question that remains is whether or not they can get anesthesiologists to help out with this effort as an outpatient service.

Dr. Sanders shared with the group a statewide analysis prepared by one of his fellows of evidence-based techniques to prevent pneumonia in children with special health care needs. He was happy to report that dental care was the only mechanism that came out as a technique for preventing pneumonia.

Dr. Okuji talked about needing to focus on provider education and thinking of ways we can prevent children from needing to go to the OR. He feels this can be done with provider education with ways dentists can see these physically challenged children in their office as a preventive way to treat them.

Dr. Chabra asked if this is a Medi-Cal problem or is it a general problem. Dr. Esguerra stated that it is a general problem because it is still seen on the commercial side with everyone pointing fingers on who should pay for these services. Historically, Medi-Cal does not want to provide the coordination to manage these types of services. This gap has been recognized and now HPSM gets to do something different and then measure it from an outcomes perspective.

Laurie Soman added that there is \$25 million in the State budget for construction needs for dental clinics for people with special needs so they can get access but not on the training end. She stated this is something to keep an eye on. Discussion ensued on the language and implementation challenges of this funding.

Dr. Sanders asked for list of Pediatric dentists that families can call who will see children under sedation or children with special needs, in English or Spanish. Dr. Okuji will bring that back to staff to investigate. Mr. Eckstein shared that there may be a list or weblink for that. He added that staff are referring people to Ravenswood, UEOP and someone in San Jose and UCSF serves some of our clients as well.

7. Other Business

Dr. Sheinbein asked if the group had any questions or information to share regarding COVID vaccines for children under the age of 5. Dr. Chabra shared that from the county perspective, they are referring patients back to their Pediatric provider for numerous reasons. All the big systems represented here in this meeting have all said they will be rolling out their resources for the under 5-6 population in their pediatric departments. Walgreens is only vaccinating 3 years old and up, CVS pharmacies are doing 18 months and older, and the county will do some targeted efforts in smaller areas that have access challenges. Dr. Sanders stated that they started to give vaccinations for the youngest children today at Gardner.

Laurie Soman raised the issue of Medi-Cal pharmacy and the plans to roll back temporary suspension of edits and prior authorizations beginning July. Unfortunately, none of the questions or issues that were submitted to the Department of Health Care Services were responded to and there doesn't seem to be interest to respond though they expressly asked for this information.

Dr. Esguerra added that they seem to be reinstating in a more cautious way so now their system will be tested. The grandfathering of the prior authorizations will also be ending in July. It will be important to pay attention to issues and to escalate them by reporting them to HPSM and to Laurie Soman including wait times on the phone to get through to Magellan, for example.

Dr. Sheinbein asked for agenda topics for future meetings. Dr. Sanders mentioned language and literacy barriers for families and solutions. Dr. Esguerra shared about some of the work being done with iPads related to ASL that is being developed for video support.

Dr. Sheinbein stated that staff is asking for feedback on some of the language and interpreting vendors they are currently using and welcomed any input on that.

Dr. Mitsuya added that she would like to hear about resources for mental health and behavioral health in children. She has a hard time finding resources for children with traumatic or non-traumatic brain injuries. Dr. Esguerra will include Courtney Sage, HPSM's Director of Behavioral Health, for this discussion.

Dr. Chabra asked to have a follow up on dental issues in the future as well.

8. Meetings Dates for 2022

- **September 22, 2022**
- **December 8, 2022**

9. Adjournment/Closing Remarks

The meeting adjourned at 12:53 p.m.

**RESOLUTION OF THE
CCS CLINICAL ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The Committees of the San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The CCS Clinical Advisory Committee hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The CCS Clinical Advisory Committee continues to agendize its meetings only as online teleconference meetings; and presents this item, within 30 days, for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of June 23, 2022 by the following votes:

AYES: Smith, Soman, deBlank, Sanders, Mitsuya.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

DRAFT

CCS FAMILY ADVISORY COMMITTEE MEETING

Thursday, June 23, 2022 – 6:00 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.

Members Present: Marilyn Wendt, Stephanie Gradek, Stephanie Bayless, Miguel Sr. Bejar Arias, Leticia Acevedo, Rocia Salas, Roberta Zarate, Stephanie Smith

Members Excused: Lianna Chen, Faviola Morales, Gladis Gomez, Doris Dablo, Rocio Jimenez, Nyla Dowden, Miguel Sr. and Claudia Pina, Amabilia Espinoza, Esperanza Zamora, Christina Marquez, Bianca Ortiz, Carol Elliot, Sylvia Ixcoy.

San Mateo County Members present: Anand Chabra, M.D., Marsha Guevara, Mitch Eckstein, Jennifer McLean Susana Flores.

San Mateo County Members Excused: Lizelle Lirio de Luna

HPSM Members Present: Pat Curran, Tejasi Khatri, Leslie Wong, Miriam Sheinbein, M.D.,

HPSM Members Excused: Cynthia Cooper, M.D., Michael Okuji, DDS, Gabrielle Ault-Riche, Sophie Boudreau.

Guests: Ron Obregon, Interpreter.

1. Welcome/Introductions: The meeting was called to order at 6:00 p.m. by Tejasi Khatri. Introductions for all in attendance were made.

2. Public Comment: There were no other public comments made at this time.

Youth Advisory Committee

Mr. Mitch Eckstein reported on behalf of Lianna Chen who was not present for this meeting. Mr. Eckstein explained that some of the Youth Advisory Committee members have begun attending college, or for other reasons, are no longer available to attend these meetings. Recruitment of new members is currently underway. Ms. Guevara. Ms. Chen have made several phone calls and now have scheduled a meeting with a new group of members to take place on Monday, June 27th. This committee is for youth ages 16 and above who are open to CCS and HPSM. Mr. Eckstein shared a

flier for those who may know of youth interested in joining this committee. Mr. Guevara added that at this meeting they will be sharing information about CCS. The goal of this group is to help the youth become more informed about their CCS program since up until this time, parents have been the ones to manage their care. This will help them to get more involved in their own care.

3. Adopt a Resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.

Ms. Khatri described the action to be taken to continue this virtual meeting. Discussion ensued around the requirement to approve a resolution finding that meeting in person would present imminent risk to the health or safety of the attendees in order to be in compliance with AB 361, allowing the committee to continue meeting virtually. Ms. Stephanie Bayless moved approval to adopt this resolution, with second by Ms. Stephanie Smith. All present were in favor. A copy of this resolution is attached to these minutes.

4. Approval of Minutes:

Ms. Marilyn Wendt moved approval of the March 24, 2022 meeting minutes / Dr. Anand Chabra, second. The minutes were approved as presented.

5. Grievance & Appeals Report - 2021

Ms. Leslie Wong, HPSM Grievance & Appeals Project Manager verbally reviewed the 2021 CCS G&A Report. This is the year end report for 2021. Her outline covered the rights of CCS families related to grievances and appeals; how the process works; trends identified in 2021; and contact information for the Grievance & Appeals Unit. Ms. Wong touched on the following highlights of the report:

- Medi-Cal and CCS Families have the right to file a complaint if they are not satisfied with the care or benefits received.
- To file an appeal, families can contact their CCS Case Manager or HPSM Member Services
- Appeals must be filed within 60 days of a denial; and, there is no time limit in filing a grievance;
- The health plan has a time-limit in resolving complaints: 30 calendar days on a standard pre-service appeal or grievance; and, 72 hours for expedited grievances or appeals. She explained the definition of “expedited” complaints (CCR. Title 28, Section 1300.68.01) - is when an issue involves imminent or serious threat to the health of a member.
- She reviewed the process of the handling of the complaint including the acknowledging the receipt of the complaint; researching the case; requesting response from provider; request for medical records; informing the member in writing (and telephonically when necessary) of the resolution of the case; and, analyze trends to resolve and avoid repeat issues.
- She explained the “appeals” are to request a review of denials of coverage, payment, member reimbursement or request for continuity of care.
- She explained that a “grievance” is any other complaint that does not include a denial, such as customer service, quality of care, etc.
- Trends identified in 2021:

- Almost all complaints were closed within their deadline throughout 2021
- Appeals in 2021 totaled 20 of which 6 were for Medical Services and 14 Prescription Medication (does not include withdrawn or dismissed cases).
- Grievances in 2021 totaled 12 of which 4 for Customer Service; 3 – Quality of Care; 3 – Billing; and 2 – Access. (does not include withdrawn or dismissed cases).
- Grievances by Provider Type: 2 Behavioral Health; 2 Taxi Services; 1 Specialty Care; and 2 not about the provider
- Complaint Rate per 1,000 was within the goals by line of business throughout the year

A comment was made by member regarding taxi service issue of having made a reservation and then finding out it is not in the system. The question was asked if the Grievance & Appeals Unit is the place to file a complaint about this issue. Ms. Wong confirmed that to file a complaint, a member could contact Member Services or the Grievance & Appeals Unit directly. They would then open a complaint and investigate the issue. There were a number of issues that were described with accessing these services – either the ride has been cancelled or the reservation was never made, then having trouble getting someone to answer the phone and then translation issues. Ms. Wong suggested if they have trouble to call Member Services who can help is scheduling and also file the complaint on these issues.

There was a question of the ranges for the complaints per thousand and Ms. Wong shared the screen in the presentation that showed the breakdown for each line of business of the target goal for each.

Ms. Wong concluded by sharing contact information directly to the Grievance & Appeals Unit.

6. COVID Vaccines for Children Under 5 Years Old

Dr. Chabra reported on the progress being made with vaccines for the youngest children (5 years and under). CDC approved two new vaccines for this age group. One is a Pfizer vaccine ages 6 months to 4 years of age and is a three-dose vaccine. The first two doses are separated between 6-8 weeks and the third is at least 8 weeks after the second dose. The other is a Moderna vaccine for 6 months to 5 years of age and is 2 dose vaccine being given four weeks apart. The expectation is that most families will go to their pediatric provider to receive these vaccinations. There will be some pharmacies that will be able to vaccinate these children. Walgreens will vaccinate children ages 3 years and older. CVS will have three “minute clinics” and will vaccinate children 6 months to 1.5 years of age. San Mateo County is not planning any mass vaccination clinics for this population because they believe it is best to receive this through their own medical provider. There may be some small clinics in certain neighborhoods where access is more limited.

A question what documentation should be brought with them to the pharmacy. Dr. Chabra stated that they should always bring their COVID vaccine card with them when going to the pharmacies. If they don't have it, the pharmacy can look this up in the state vaccine registry.

7. Discussion Topic for Family Feedback – 2023 Medi-Cal Renewals

- i. *Once the end of the public health emergency is announced (possibly around November), HPSM members can lose their Medi-Cal coverage if they:*
 - a. *Don't have their current address on file with San Mateo County Human Services Agency, or*
 - b. *Do not send in all paperwork for their Medi-Cal redetermination.*
- ii. *As a result, HPSM wants to spread the message to Medi-Cal families that it is very important to (1) have a correct address on file with Human Services, and (2) complete their Medi-Cal renewal packet when it comes to the mail from Human Services.*
- iii. *Questions for CCS Families:*
 - a. *How can HPSM best reach families with this message*

Ms. Khatri talked about how the health plan wants to share the message with Medi-Cal families regarding the importance of having their current address of file with the Human Services Agency and to complete the renewal packet when it comes in from Human Services Agency. She opened the floor for feedback on how the health plan can best reach families with these important messages.

One suggestion was to use Facebook or other social media. One mentioned that they submitted their packet in March and wondered if there is another packet they should be expecting. Mr. Eckstein stated that this should only be an annual documentation request so it should be good for one year. Mr. Eckstein added that if members receive something they are unsure about they can call him or Ms. Guevara.

Ms. Wendt asked if the Medi-Cal renewals had been frozen for a period of time. Ms. Khatri confirmed that during the public health emergency, the redetermination process was put on pause. Ms. Wendt felt they continued to receive this request but was not positive. Dr. Chabra added that the State did not disenroll anyone during this period.

- b. *Where do you and other families usually go for information about your child's Medi-Cal coverage?*

One of the members stated they call their representative with their questions. Another stated they would go online to get information. Another member stated they have been receiving emails from Kaiser with information and include a phone number to use when they have any questions.

c. *What are the barriers you have experienced with the Medi-Cal redetermination process and how can HPSM assist?*

One member stated that they just found out that they have not had their Medi-Cal since 2019 and was completely unaware, however, everyone else in their household still is covered. The reason given was that there was other insurance because they pay for dental insurance that they were not informed about but only one in the family was cancelled.

The question about who to contact about these issues was raised. Mr. Curran stated that members would need to contact the Human Services Agency. Dr. Chabra stated that the Health Coverage Unit is another resource since the health plan cannot help with eligibility. Ms. Flores stated she would send the link to the contact information for the Health Coverage Unit via email to the group.

8. Adjournment/Closing Remarks

The meeting was adjourned at 7:14 p.m.

**RESOLUTION OF THE
CCS FAMILY ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE
MEETING PROCEDURES PURSUANT TO AB 361 (BROWN
ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The Committees of the San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The CCS Family Advisory Committee hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The CCS Family Advisory Committee continues to agendize its meetings only as online teleconference meetings; and presents this item, within 30 days, for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the CCS Family Advisory Committee this 23rd day of June 2022 by the following votes:

AYES: Wendt, Gradek, Bayless, Beja-Arias, Acevedo, Salas, Zarate, Smith

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

**QUALITY IMPROVEMENT
COMMITTEE MEETING**

Health Plan of San Mateo
March 16, 2022, 6:00 p.m. – 7:30 p.m.
Microsoft Teams Invite Meeting

AGENDA ITEM: 4.6

DATE: August 10, 2022

Important notice regarding COVID-19: Based on guidelines from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comments via email to Nicole.Ford@hpsm.org in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

QIC Members Present: Dr. Jeanette Aviles, Dr. Jaime Chavarria, Dr. Maria Osmena, and Dr. Kenneth Tai

QIC Member Excused: Dr. Amelia Sattler

HPSM Staff Present: Dr. Cynthia Cooper, Janet Davidson, Dr. Chris Esguerra, Nicole Ford, Rob Lindley, Dr. Michael Okuji, Samareen Shami and Katie-Elyse Turner

1. Call to Order: Meeting was called to order by Nicole Ford/Dr. Kenneth Tai.
2. Public Comment/Communication
No public comment or communication for discussion.
3. Approval of Agenda
Motion to approve. Approved by the Committee members.
4. Consent Agenda:
 - 4.1 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
 - 4.2 QIC Minutes from December 15, 2021
 - 4.3 UMC Minutes from January 24, 2022
 - 4.4 CQC Minutes from February 14, 2022

Motion to approve. Approved by the Committee members.

5. HPSM Announcements:

5.1 Welcome Michael Okuji, DDS, as our Dental Director. Dr. Esguerra also added that Dr. Okuji joined HPSM in the new dental benefit role.

6. Approval of the 2021 QI Program Evaluation, 2022 QI Program Description and 2022 QI Work Plan 2021 QI Evaluation Summary

- Clinical Quality Measures (HEDIS)
 - Medi-Cal
 - 4 measures above HPL (above 90th percentile)
 - 5 measures below MPL (50th percentile)
 - CareAdvantage CMC
 - Plan All Cause Readmissions not quality withhold benchmark
- Member Experience (CAHPS)
 - Collected for both Child and Adult Medi-Cal members as well as CMC members in 2021
 - Performed well for flu and pneumonia vaccine measures
 - Identified areas of improvement are Customer Service, Getting Needed Care, Getting Care Quickly
- Patient Safety and Quality of Care Monitoring
 - Potential Quality issue (PQI) monitoring
 - Facility Site Reviews & Physical Accessibility Reviews recommended mid 2021 after suspension during the public health emergency in 2020
- 2022 QI Program Changes Medi-Cal Pharmacy carve out
 - Health Promotion & Education, Population Health Management, Health Equity, and Culturally and Linguistically Appropriate Services (CLAS) moved out of the QI Program Description to exist in separate program documents
 - Addition of Dental benefit for Medi-Cal members
- Areas of Focus for 2022
 - Cervical Cancer Screening (CCS) – general health promotion to member and added as a MC benchmark P4P payment measure
 - Breast Cancer Screening (BCS) – Health Equity PIP for improve BCS for women who identified as Black or African American targeted telephone outreach to members to encourage screening
 - Well Child Visits (WCV) – PIP on increasing well visits for adolescents: member education and incentive
 - Controlling High Blood Pressure (CBP) – DCHS PDSA focusing on improving blood pressure value capture and continued discussions and effort to make at home BP monitors more accessible for members as well as education to ensure accurate measurement

Comment from Dr. Osmena what was the adolescent member education incentives? Nicole reported that HPSM has a pilot program with Daly City Clinic. Samareen explained that any members who have been seen at the Daly City Clinic (primarily for the population between the ages of 18 to 21) will receive a \$25 gift card for anyone who attends a well visit to ensure the appointment is set up and kept by the member (started January 2022). In addition, the Health Education Dept. has created a flyer explaining what happens at a well visit especially focused on mental health. The well visit flyer has a list of what are discussed in privacy and is a confidential visit for this age group with their PCP.

Comment from Dr. Osmena at Live Well clinic, we will make three phone calls and a letter for every missed appointment whether cost effective or not. With three phone calls along with a letter, we have received a high rate of patients who have kept their appointments. Samareen commented another pilot clinic has experienced staffing issues and particularly with many of the clinics, the scheduling of appointments has been a problem. With COVID-19 and with this age group has been difficult to keep appointments.

Motion to approve. Approved by the Committee members.

2021 Health Outcomes Survey (HOS) Results (Performance Report)

HOS Overview

- Measurement of the change in health status for Medicare beneficiaries over time. Results are collected and publicly reported by Medicare Advantage Organizations (MAO) and used in performance measurement by CMS.
- Self-reported survey of beneficiaries conducted in English, Spanish, Chinese and Russian (starting 2019).
- Cohort study: baseline survey with initial sample of 1,200 and follow-up two years later.
- Responses are case mix adjusted for measure results.

Measures

- Physical Component Summary (PCS) & Mental Component Summary (MCS)
- Chronic medical conditions
- Healthy Days
- Physical Functioning Activities of Daily Living (PFADL)
- Clinical measures (BMI)

HEDIS HOS Measures

- Fall Risk Management
- Management of Urinary Incontinence in Older Adults
- Osteoporosis Testing in Older Adults
- Physical Activity in Older Adults

HOS measures used in CMS Performance Measurement

Physical & Mental Health Summary Measures (Display)

- Improving or monitoring Physical Health measure is the Physical Health Percent Better or Same result
- Improving or maintaining Mental Health measure is the Mental Health Percent Better or Same result
- Physical Functioning Activities or Daily Living (PFADL) change score

HEDIS Measures (STARs)

- Improving Bladder Control measure is the Treatment of Urinary Incontinence rate
- Monitoring Physical Activity measure is the Advising Physical Activity rate
- Reducing the Risk of Falling measure is the Managing Fall Risk rate

Physical/Mental Health

- Trends in Physical Health Results Over Three Cohorts for MAO H7885
 - 2018 – 2020 Cohort 21
 - 2017 – 2019 – Cohort 20
 - 2016 – 2018 – Cohort 19

How members have reported in change of physical health throughout the Cohorts. The performance result is comparison to the national result average.

- Trends in Mental Health Results Over Three Cohorts for MAO H7885
 - 2018 – 2020 Cohort 21
 - 2017 – 2019 – Cohort 20
 - 2016 – 2018 – Cohort 19

Similar pattern in improvements from 2019 to 2020, which is comparatively same as the national result average.

Health Status

- 2018 – 2020 Cohort 21 Performance Measurement Distribution of Beneficiaries with Worse Self-Rated General and Comparative Health Status for MAO H7885, California and HOS Total
 - H7885
 - California
 - HOS Total

More members reported both Baseline and Follow up comparatively with poor health and reported health as worse or much worse. Comparative Physical and Comparative Mental worse or much worse.

Chronic Conditions

- 2018 – 2020 Cohort 21 Performance Measurement Distribution of Beneficiaries with Multiple Chronic Medical Condition for MAO H7885, California and HOS Total
 - H7885
 - California
 - HOS Total

Multiple chronic medical conditions are defined as having two or more conditions.

Healthy Days

- 2018 – 2020 Cohort 21 Performance Measurement Distribution of Beneficiaries with Multiple Chronic Medical Condition for MAO H7885, California and HOS Total
 - H7885
 - California
 - HOS Total

Days reported in the last 30 days – seeing higher proportion of our members Comparatively reporting poor, mental, physical or activities limitation in the last 30 days.

Physical Functioning ADLs

- Measure of percent of function retained by member over two years.
- Higher score is better, indicating little decline in function.
- 2018 – 2020 Cohort 21 Performance Measurement Mean PFADL, Scale at Baseline and Follow up and Change Score Measure Results for MAOs in the state, California and HOS Total
 - H7885
 - California
 - HOS Total

At the National level, the mean PFADL change score is 94.12 with a minimum of 67.59 and maximum of 100.

The top 25% of MAOs had scores of 96.70 or greater, while 25% had scores of 92.72 or lower.

Ten percent of MAOs had scores of 97.98 or higher and 10% had scores of 89.27 or lower.

Clinical Measure (BMI)

- 2018 – 2020 Cohort 21 Performance Measurement Distribution of Beneficiaries in Extreme Categories of the BMI Measures for MAOs in the state, California and HOS Total
 - H7885
 - California
 - HOS Total

BMI categories were modified beginning with the 2017 Cohort 20 Baseline Report. Underweight was changed from <20 to >18.5.

Comment from Dr. Esguerra to Nicole with the comparison of HPSM members versus other Medicare plans involved in the Health Outcome survey, HPSM members have more challenges. Our Plan has DSNP or CMC where this population has more chronic conditions. Typically, Dual Plans don't fair well as we are competing with other standard Medicare Advantage Plans that involve more healthy seniors.

Comment from Nicole that the survey is self-reported with the overall status of our members.

HEDIS HOS Measures

- Management of Urinary Incontinence (MUI)
 - Discussion of Urinary Incontinence
 - Treatment of Urinary Incontinence
 - Impact of Urinary Incontinence

- Physical Activity in Older Adults (PAO)
 - Discussion of Physical Activity
 - Advising Physical Activity
- Fall Risk Management (FRM)
 - Discussion of Fall Risk
 - Managing Fall Risk
- Osteoporosis Testing in Older Women (OTO)
 - Women over 65 – 85 who report ever having received a bone density test

Comment from Dr. Tai with the above measures if there might be a cheat sheet or a reference guide for providers to refer to as a reminder or not.

Comment from Samareen where we are looking at one of the Populations is the Seniors with Disability. HPSM has developed a form (checklist) for older adults, which is a HEDIS measure.

Comment from Dr. Tai if these questions are asked by the state's Healthy Assessment form?

Comment from Dr. Esguerra regarding these health outcome measures can be overwhelming for the members. These questions can be handled by the medical assistant (M.A.) and not by the physician at the appointment.

Comment from Samareen to Dr. Tai that we will continue to work on the survey form and bring back to this committee.

Comment from Dr. Chavarria if HPSM has a comprehensive assessment form for the older adults, which is outlined in Medicare.

Comment from Nicole where there was a form outlining annual Medicare assessment as well as an annual general health assessment packet for members in the past. Some PCPs used this form, but many did not.

HEDIS HOS Trends

- Trends in HEDIS HOS Rates over 3 rounds of data for MAO H7885
- Measures incorporated into the 2022 Medicare Star Ratings include the MAO 2020 Improving Bladder Control (MUI Treat Rate). Monitoring physical activity (PAO Advise Rate) and Reducing the Risk of Falling (FRM Manage Rate).

HEDIS HOS Comparison

- 2020 HEDIS HOS Rates for MAO H7885, California, CMS Region 9, and HOS Total

- Measures incorporated into the 2022 Medicare Star Ratings include the MAO 2020 Improving Bladder Control (MUI Treat Rate), Monitoring Physical Activity (PAO Advise Rate) and Reducing the Risk of Falling (FRM Manage Rate).
- HPSM performed better than comparative groups for all measures except urinary incontinence treatment and osteoporosis testing.

Comment from Dr. Tai where HPSM has played a big role in terms of Population Health focused on urinary incontinence, bone density measures, etc. HPSM could technically be considered a provider to advocate for older adults (65 and older) for case management and could work with other large medical groups for a standing order. Majority of the clinics are overwhelmed, so how can the Plan be more creative to help alleviate some of the burden?

Comment from Samareen to report back to the Population Health team in the women's health initiative measures.

Comment from Dr. Cooper where there is currently a three month wait for bone density scanning/testing at some of the providers perhaps due to COVID-19.

Comment from Dr. Osmena where at our clinic, we provide online and/or by phone for patients for generic questions by an M.A.

Comment from Dr. Aviles where the wait time has also impacted our patients. In addition, there are those patients who struggle with more complex issues who might have difficulty getting connected with a care coordinator for a test screening and supplies.

Comment from Dr. Esguerra this might be a discussion with Provider Services to help identify other sites who might be willing to provide services from a contracting perspective.

Comment from Nicole to the committee if there might be other related QIC business for discussion.

Comment from Dr. Chavarria if we are to continue with virtual meetings, recommend an earlier time or not.

Comment from Dr. Osmena concerning an earlier time could be a problem due to clinic hours.

Comment from Dr. Tai with the current QIC after-hours at 6 pm is fine.

Comment from Nicole if the meetings should go back to in-person, recommend continuing to keep remote participation for staffing purposes. We also need more QIC membership especially with other specialty areas, i.e., behavioral health practitioner and perhaps a dental practitioner in the future. Please contact Nicole Ford if any practitioners might be interested to join QIC.

7. Adjournment: **next meeting June 15, 2022**

**RESOLUTION OF THE
QUALITY IMPROVEMENT COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE
MEETING PROCEDURES PURSUANT TO AB 361 (BROWN
ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The Committees of the San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The QIC hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The QIC continues to agendize its meetings only as online teleconference meetings; and presents this item, within 30 days, for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the QIC on this 16th day of March 2022 by the following votes:

AYES: Aviles, Tai, Osmena, and Chavarria
NOES: -0-
ABSTAINED: -0-

ATTEST:

BY: Janet Biaggi, Clerk

DRAFT

**QUALITY IMPROVEMENT
COMMITTEE MEETING**

Health Plan of San Mateo
June 15, 2022, 6:00 p.m. – 7:30 p.m.

Important notice regarding COVID-19: Based on guidelines from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comments via email to Nicole.Ford@hpsm.org in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Voting Committee Members	Specialty	Present (Yes or Excused)
Kenneth Tai, M.D.	PCP (Internal Medicine)	Excused
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Amelia Sattler, M.D.	PCP (Family Medicine)	Yes
Maria Osmena, M.D.	PCP (Pediatric)	Yes
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Excused
Non-voting HPSM Staff	Title	Present (Yes or Excused)
Cynthia Cooper, M.D.	Medical Director (OBGYN)	Excused
Chris Esguerra, M.D.	CMO (Psy)	Yes
Nicole Ford	QI Director	Yes
Richard Moore, M.D.	Sr. Medical Director (IM)	Excused
Michael Okuji, Dental	Director, Dental	Yes
Janet Davidson	Manager, Utilization Management	Yes
Miriam Sheinbein, M.D.	Medical Director (FM)	Yes
Samareen Shami	QI Program Manager	Yes
Katie-Elyse Turner	Director, Financial Planning & Analysis	Yes
Teresa Kopp	PHM Program Manager	Yes
Talie Cloud	PHM Fellow	Yes
Mykaila Shannon	PHM Specialist	Yes

1. Call to Order

Meeting was called to order by Dr. Jaime Chavarria.

2. Public Comment/Communication

No public comment or communication for discussion for this meeting.

3. Approval of Agenda

Motion to approve. Approved by the Committee members.

4. Consent Agenda:

4.1 Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees

4.2 QIC Minutes from March 16, 2022

4.3 UMC Minutes from April 25, 2022

4.4 CQC Minutes from May 16, 2022

Motion to approve. Approved by the Committee members.

5. HEDIS Results Measurement Year 2021/2022 Reporting Year 2022 Results

Health Effective Data Information Set (HEDIS)

- Performance metrics that assess the effectiveness and access/availability of care.
- Measured and reported annually. (Submitted mid-June for prior calendar year's membership and services).
- All submissions require passing NCQA audit prior to report.
- Compared across health plans nationally.
- Most measures based on claims and pharmacy data (Administrative), some require the use of medical record review as well (Hybrid). Plans can also use supplemental data sources (e.g., laboratory, EMR, registry, and HIE data feeds) with auditor approval to measure evidence of care.

Benchmarks

- CareAdvantage Cal MediConnect (CMC)
 - CMS Core Quality Withhold Measures
 - Can meet benchmark or gap improvement target to “pass” measure (10% improvement)
- Medi-Cal
 - Minimum performance level (MPL) is the lower 50th percentile and High-performance level (HPL) is the upper 90th percentile.
 - Based on prior year's HEDIS reporting from all NCQA's national Medicaid plans
 - DHCS requires plans to perform above MPL for a mandatory set of HEDIS measures

HEDIS MY2021/R2022

- 3 submissions to NCQA: CareAdvantage Cal MediConnect (CMC), Medi-Cal State, Medi-Cal Accreditation
- Added 3 new supplemental data sources: EMR feeds from large volume PCPs
- Collected and reviewed 3,500 medical records
- Reused charts collected from Risk Adjustment Project
- Vendor for data analytics and medical record abstraction, HPSM staffed oversight and project management

MY2021/RY2022 Results Summary

- CareAdvantage CMC →passed all HEDIS quality withhold measures
- Medi-Cal →4 measures above HPL (Childhood Immunization Status – combination 10; Immunizations for Adults – combination 2; Prenatal and Postpartum Care – Postpartum Care; Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%))
- Medi-Cal →3 measures below MPL (Cervical Care Screening; Well-Child Visits in the first 30 months of life; 6 or more well-child visits in first 15 months of life; 2 or more well-child visits in 15 to 30 months of life)

MY2021/RY2022 MCAS – MPL

- Controlling high blood pressure
- Comprehensive diabetes care (HbA1c poor control)
- Childhood immunization status
- Immunization for adolescents
- Weight assessment and counselling for nutrition and physical activity for children/adolescents
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening in women
- Prenatal and postpartum care – postpartum care
- Prenatal and postpartum care – timeliness of prenatal care
- Childhood and adolescent well care visits
- Well-child visits in the first 30 months of life

MY2021/RY2022 MCAS – no MPL

All administratively collected measures

- Ambulatory care emergency dept (ED) visits per 1,000 member months
- Follow up care for children prescribed attention deficit/hyperactivity disorder medications – initiation phase
- Follow up care for children prescribed attention deficit/hyperactivity disorder medications – continuation and maintenance phase
- Plan All Cause Readmission (observed rate – lower is better and observed to expected ratio)
- Metabolic monitoring for children and adolescents on antipsychotics – blood glucose and cholesterol testing
- Asthma medication ratio
- Antidepressant medication management – effective acute phase treatment
- Antidepressant medication management – effective continuation phase treatment
- Diabetes screening for people with Schizophrenia or bipolar disorder who are using antipsychotic medications

Measure new to MCAS for MY2021

- Follow up after emergency department visit for alcohol and other drug abuse on dependence

- Follow up after emergency department visit for mental illness

All administratively collected measures – non-HEDIS measure

- Developmental screening
- Concurrent use of Opioids and benzodiazepines
- Use of Opioids at high dosage in person without cancer
- Screening for depression and follow up plan – age 12 and older
- Contraceptive care: all women ages 15 – 44
- Contraceptive care: postpartum women ages 15 – 44

Well-Child Visits in first 30 months of life

- The percentage of members who had the following number of well-visits with a PCP. Two rates reported (W15: six or more well child visits in the first 15 months. Children who turned 15 months old during the measurement year and W30: two or more well child visits age 15 months – 30 months. Children who turned 30 months old during the measurement year.
- Challenges: full eligible member population measured, decreasing feasibility of chart review for visit collection. Capturing initial well child visits in the first month of life while Medi-Cal and HPSM enrollment is being established.
- Opportunities: linking visits for baby billed under parent's ID to capture initial well child visits. Extending baby + Me Program to encourage regular and timely well child visits.

Comment from Dr. Osmena with the Well-Child measure has been challenging and the most difficult benchmark to meet with getting the data.

Recommended Action Item: Committee would like HPSM to find a better solution and help brainstorm in getting the data. Also, this has been a challenge with getting mothers to come in for the six visits before the 15-month-old visit.

Comment from Ms. Ford for HPSM will continue to look at different ways to capture the data for timeliness.

Comment from Ms. Shami for Well-Child Visit under W15 if the reporting is handled differently throughout the country due to the MPL and the HPL are higher?

Comment from Ms. Ford the Medicaid plans are administered differently throughout the country.

Comment from Dr. Sheinbein whether we have the same problem with our pediatric practices as we do with our family practices as both handle prenatal care and pediatrics. Is there a difference in the data when mother and baby are followed at the same location?

Comment from Ms. Ford we can further review and explore the data.

Cervical Cancer Screening

- Percentage of women ages 21 – 64 with Medi-Cal who received a pap test in the last 3 years or a pap test and HPV test within the last 5 years (if 30+ years of age).
- P4P incentives for PCPs to ensure their assigned members get screened.
- Area of focus for 2022 and 2023, particularly to further investigate and address health disparities in screening rates (i.e., for women with disabilities).

Breast Cancer Screening

- The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.
- Performance Improvement Project (PIP) in 2022 with direct member outreach calls to Black women who had not had a screening in the last two years to decrease the disparity among Black/African American Medi-Cal members.

Diabetes Care

- Percentage of Medi-Cal members 18 – 75 years of age with diabetes who had tests or results within the measure year.
- P4P incentives to PCPs for ensuring that diabetic members have their HbA1C monitored and achieve good control and receive an eye exam.
- Percentage of CMC members 18 – 75 years of age with diabetes who had tests or results with the measurement year.
- P4P incentives to PCPs for ensuring that diabetic members have their HbA1C monitored and achieve control.
- Leveraging other encounters with CMC members to collect and monitor HbA1C and BP through home-based assessments and HomeAdvantage programs.

Controlling High Blood Pressure

- Percentage of members 18 – 85 years of age with hypertension whose blood pressure was controlled during the measurement year.
- CMS Core Measure Benchmark = 71% starting RY2021 (56% prior years)
- Measure rotated: 2020 measure rated, 2019 rate reported for 2020 submission due to COVID19 response
- Measure tends to be highly reliant on medical record review, using only the last BP taken in measurement year
- With RY2021, BP measured with digital monitor by member can be used
- Home digital BP monitors CMC formulary in 2021, and recently added to Medi-Cal Rx as of June 1, 2022

Follow up after hospitalization for mental illness

- Percentage of CareAdvantage CMC mental health discharges with subsequent outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner.
- CMS Core Measure Benchmark for follow up within 30 days – 56%
- Worked with BHRS to report qualifying follow up services to include in HEDIS reporting

- Continue to work with BHRS to collect and incorporate service data to more accurately capture full BH services provided to our members.

Plan All Cause Readmissions

- Percentage of acute inpatient and observation stays with an unplanned acute inpatient and observation stay for any diagnosis within 30 days of the initial hospital discharge for members ages 18 - 64 for Medi-Cal or 18+ for CMC.
- Lower rates are better
- Measure changes for RY2020: admissions from outlier members (4+ admissions) excluded
- CMS Core Measure Benchmark = observed to expected ratio (O/E) <1.0 (risk adjusted)

CMS STAR Ratings Estimate

- HPSM is part of the Medicare/Medicaid plan, which we are not subject to STARS rating. We have our Quality withhold performance measures. However, starting in 2023 will change to D-SNP. With the D-SNP plan, there will be a CMS STARS rating system.

Comment from Dr. Esguerra where these measures are not the totality of all STARS, there are other measures. Specifically, measures of member experience inclusive within HPSM and with providers. There are health care experience and delivery STARS measures as well as pharmacy-related pieces. When we move to D-SNP in January, we will not be measured officially for two years. Starting in the 3rd year, we will have a rating to be reflected in the previous year to be extended in the first year with D-SNP. The reason is when we hit four STARS and above, translates to extra revenue for HPSM to invest and support the health of our members. Significantly, when plans achieve five STARS members can enroll in the plan at any time, not just during open enrollment.

Comment from Dr. Chavarria whether four, five STARS, is it a collective of metrics?

Comment from Dr. Esguerra, yes, it is a total. Previously before D-SNP, HPSM was around 3.2 to 3.5 STARS. With the STARS measures, CMS is striving to focus on member experienced ratings in terms of the weights. Historically weighted on outcomes of around 60% and on member experience was around 40% whereas the weights have flipped.

6. Care of Older Adults Assessment Form

The COA measure is one of the measures that will impact our STAR ratings. Ms. Shami introduced Ms. Cloud, Population Health Fellow. Ms. Cloud has been deeply involved with some of the data for the older adults and persons with disabilities. Primarily, the large focus is on the COA form. The form includes all the basics of the functional status assessment as well as the other care for older adults' measures. The data is primarily related to SDOH factors, which is important to the older adult population. We are open to input and any feedback on the form. The form is not a requirement from

our providers, but a supplementary resource to be posted on the our internet site to be downloaded or integrated into an EMR.

Comment from Dr. Chavarria with some of the questions on the form → medication and medical care assistants needed.

Comment from Ms. Cloud where the plan is for providers to start using the form for reporting. Ideally, the form will be faxed to the Population Health Management Dept.

Comment from Dr. Esguerra where the form is supposed to be done in the provider's office, which will help HPSM with health risk assessment purposes to set up the care plan.

Comment from Ms. Shami and Ms. Ford to send feedback and any comments to Ms. Shami or Ms. Cloud.

7. Adjournment: meeting adjourned at 7:30 p.m.

Next meeting September 21, 2022

**RESOLUTION OF THE
QUALITY IMPROVEMENT COMMITTEE**

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- 1. The QIC hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The QIC continues to agendize its meetings only as online teleconference meetings; and presents this item, within 30 days, for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the QIC on this 15th day of June 2022 by the following votes:

AYES: Osmena, Chavarria, and Sattler

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: Janet Biaggi, Clerk

MEMORANDUM

AGENDA ITEM: 4.7

DATE: August 10, 2022

DATE: July 5, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer

RE: Waive Request for Proposal and Approve Amendment to Agreement with Catalyst Clinical and Coding Analytics

Recommendation:

Waive Request for Proposal (RFP) process and authorize the Chief Executive Officer to execute an Amendment to the Agreement with Catalyst Clinical and Coding Analytics (Catalyst) to extend the agreement for a three year term ending September 30, 2025 for an amount not to exceed \$900,000.

Background:

Diagnosis-Related Group (DRG) is a case-mix complex system for classifying inpatient hospital stays for payment. The groupings and corresponding payment amounts are typically based on diagnosis, procedures, age, sex, geographical location, discharge status and the presence of complications or comorbidities. Because DRG rates are based on predefined assumptions regarding resource allotment, both Medicare and DHCS have incorporated an additional factor to account for unusually high-cost cases. This is referred to as an “outlier payment” and it is added to the base DRG rate when the charges for the inpatient claim significantly exceed baseline expectations for the case mix. Where a claim triggers an outlier payment, the total billed amount impacts reimbursement.

Catalyst is an audit vendor that specializes in auditing inpatient DRG claims paid with an outlier to confirm that the billed charges submitted on the claim are accurate and payable per DHCS and CMS policy. Identified unbillable charges are removed, reducing HPSM’s liability. All findings are shared with the provider for review prior to any payment reductions.

Discussion:

Catalyst is an audit vendor recommended by HPSM’s reinsurance carrier, Starline, that has been assisting HPSM over the past year with auditing high-cost inpatient claims paid with outliers to ensure billing accuracy. This is a new cost containment resource for HPSM. Over the past year, Catalyst has been a tremendous partner working closely with HPSM and our network to rectify billing errors resulting in savings that exceed \$700,000 with no provider abrasion and very few disputes. HPSM is charged a percentage of total savings.

Based on their demonstrated effectiveness in improving payment accuracy over the past year while maintaining good relationships with HPSM's network, staff recommends a three-year agreement with Catalyst and to waive the Request for Proposal process.

Fiscal Impact:

The amendment to the agreement initiates a three-year obligation for an amount not to exceed \$900,000 over this three-year term ending on September 30, 2025. Fees are only assessed when there is a reduction to the payable amount, so the fiscal impact is always net positive.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL TO WAIVE RFP PROCESS
AND APPROVE AN AMENDMENT TO AGREEMENT WITH
CATALYST CLINICAL AND CODING ANALYTICS**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission is responsible for the reimbursement of inpatient claims; and
- B. There is an ongoing need to monitor high cost DRG paid claims for coding accuracy to prevent overpayments; and
- C. The current agreement with Catalyst Clinical and Coding Analytics is due to renew on October 1, 2022. This amendment will extend the agreement through September 30, 2025.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the Request for Proposal process and approves the amendment to Agreement with Catalyst Clinical and Coding Analytics for ongoing audits of high-cost inpatient DRG claims for three years through September 30, 2025 with a not to exceed amount of \$900,000; and
- 2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.8

DATE: August 10, 2022

DATE: July 25, 2022
TO: San Mateo Health Commission
FROM: Pat Curran, Chief Executive Officer
RE: Waive Request for Proposal and Approve an Amendment to the Agreement with Cotiviti for Claims Editing

Recommendation:

Waive request for proposal and approve an amendment to the agreement with Cotiviti, extending the term through July 31, 2024, with the total fiscal obligation not to exceed \$5.2 million; and authorize the Chief Executive Officer to execute said amendment.

Background:

HPSM processes over 1.5 million medical claims annually. Effectively applying the appropriate edits to these claims and reliably monitoring fraud, waste and abuse is critical to avoiding expensive and avoidable problems including higher claims error rates that result in overpayments, penalties for regulatory noncompliance and unnecessary overhead. For these reasons, HPSM utilizes an outside vendor to monitor and support internal efforts to ensure claims are reimbursed accurately before they are finalized.

In 2014, HPSM selected Cotiviti (formerly known as Verscend Technologies) to replace PCG Software (PCG) for claims editing software. Cotiviti was selected through an RFP process that included six proposals. Since going live on January 1, 2015, Cotiviti has continued to provide excellent customer service, accurate and supported findings with very little provider abrasion. Furthermore, Cotiviti's edits have prevented approximately \$13 million dollars in overpaid claims since implementation. In November 2019, the Commission approved a two-year extension extending the agreement with a not to exceed \$4.1 million.

Discussion:

Based on the excellent service, significant savings to HPSM and the results of the RFP conducted in 2014, we are requesting to waive the request for proposal process and approval to extend the current agreement through July 31, 2024, with a not to exceed total of 5.2 million over nine years. An RFP is slated to begin next year for these services. This will increase the previously approved amount by \$1.1 million.

Fiscal Impact:

The fees associated with this agreement are based on a percentage of total savings identified by Cotiviti. The proposed amendment extends the claims editing agreement with Cotiviti to July 31, 2024, with a not to exceed amount of \$5.2 million

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER TO WAIVE REQUEST FOR PROPOSAL AND
APPROVAL OF AMENDMENT TO AGREEMENT WITH COTIVITI**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has an ongoing need for claims editing validation
- B. The San Mateo Health Commission has previously approved an agreement with Cotiviti that is set to expire July 31, 2022
- C. A request for proposal was performed in 2014 for these services that resulted in the selection of Cotiviti

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves an amendment to the agreement with Cotiviti extending the term through July 31, 2024 for an additional amount of \$1.1 million with a new contract maximum of \$5.2 million; and
- 2. Authorizes the Chief Executive Officer to sign this amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.9

DATE: August 10, 2022

DATE: July 15, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, CEO

RE: Approval of Revised Conflict of Interest Code – Biennial Review

Recommendation

Adopt revisions to the Health Plan of San Mateo conflict of interest code to update the position titles on the designated filer list.

Background and Discussion

The San Mateo Health Commission has previously adopted a conflict of interest code for HPSM which includes a list of designated filers who must complete California Form 700, Statement of Economic Interests, upon assuming a position, annually, and when leaving the position.

The County Assessor’s Office requires a biennial review and update of the code. Since the last biennial review in 2020, a number of position titles have changed and new positions have been created, requiring an update of this list of designated filers. Attached is a redlined version of the conflict of interest code indicating the changes required.

Fiscal Impact

There is no fiscal impact related to this action.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF A REVISED
CONFLICT OF INTEREST CODE**

RESOLUTION 2022-

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has adopted a conflict of interest code (COI) for the Health Plan of San Mateo; and
- B. The appendix to the code designates the positions required to complete the California Form 700 – Statement of Economic Interests when assuming office, annually, and when leaving office; and
- C. Changes to position titles, deletion of positions, and additions of newly formed positions requires updates to the list of designated filers.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the revised Conflict of Interest Code as attached, to be submitted for approval to the San Mateo County Board of Supervisors.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

**CONFLICT OF INTEREST CODE OF THE
SAN MATEO HEALTH COMMISSION
COUNTY OF SAN MATEO, STATE OF CALIFORNIA**

Approved by the Code Reviewing Body on the (_____)

The Political Reform Act, Government Code Section 81000, et seq., requires state and local government agencies to adopt promulgated Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation, 2 Cal. Adm. Code Section 18730, which contains the terms of a standard Conflict of Interest Code, which can be incorporated by reference, and which may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings. Therefore, the term of 2 Cal. Adm. Code Section 18730 and any amendments to it, duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and, along with the attached Appendix in which officials and employees are designated and disclosure categories are set forth, constitute the Conflict of Interest Code of the SAN MATEO HEALTH COMMISSION (hereafter “Agency”).

Pursuant to Section 18730 (b) (4) (B) of the Standard Code, all designated employees shall file statements of economic interests with the agency, which shall make and retain a copy and forward the originals to the code reviewing body, which shall be the filing officer.

As directed by Government Code Section 82011, the code reviewing body is the Board of Supervisors for the County of San Mateo. Pursuant to Title 2, division 6 of the California Administrative Code, Section 18227, the County Clerk for the County of San Mateo shall be the official responsible for receiving and retaining statements of economic interests filed with the Board of Supervisors.

**APPENDIX
DESIGNATED OFFICIALS AND EMPLOYEES**

<u>Designated Positions</u>	<u>Disclosure Category</u>
Chief Compliance Officer	1, 2, 3, 4
Chief Executive Officer	1, 2, 3, 4
Chief Health Officer	1, 2, 3, 4
Chief Financial Officer	1, 2, 3, 4
Chief Human Resources Officer	1, 2, 3, 4
Chief Information Officer	1, 2, 3, 4
Chief Operating Officer	1, 2, 3, 4
Chief Medical Officer	1, 2, 3, 4
Chief Performance Officer	1, 2, 3, 4
Claims Director	1, 2, 3, 4
Commissioners	1, 2, 3, 4
Controller	1, 2, 3, 4
Data Analytics Officer	1, 2, 3, 4
Deputy Chief Executive Officer	1, 2, 3, 4
Dental Director	1, 2, 3, 4
Director of Behavioral Health	1, 2, 3, 4
Director of Customer Support	1, 2, 3, 4
Director of Compliance	1, 2, 3, 4
Director of Financial Planning & Analysis	1, 2, 3, 4
Director of Health Services Operations	1, 2, 3, 4
Director of Medicare	1, 2, 3, 4
Director of Pharmacy	1, 2, 3, 4
Director of Provider Services	1, 2, 3, 4
Director of Quality Improvement	1, 2, 3, 4
Facilities Director	1, 2, 3, 4
IT Operations Manager	1, 2, 3, 4
Legal Counsel	1, 2, 3, 4
Medical Director	1, 2, 3, 4
Senior Medical Director	1, 2, 3, 4
Medicare Risk Adjustment Director	1, 2, 3, 4
Network and Strategy Officer	1, 2, 3, 4
Provider Services Manager	1, 2, 3, 4
Consultants*	1, 2, 3, 4

* Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant’s duties, and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code and shall forward a copy of this determination to the San Mateo County Board of Supervisors. Nothing herein excuses any such consultant from any other provisions of the Conflict of Interest Code.

MEMORANDUM

AGENDA ITEM: 4.10

DATE: August 10, 2022

DATE: July 29, 2022
TO: San Mateo Health Commission
FROM: Karla Rosado-Torres, Director of Medicare
RE: Approval of agreement with NationsBenefits

Recommendation:

Approve a three-year agreement with NationsBenefits, to provide a supplemental benefits card program and administration services to Health Plan of San Mateo's (HPSM) members in connection with CalAIM. And, to authorize the Chief Executive Officer to execute this agreement with NationsBenefits.

Background:

In the provision established by DHCS under CalAIM, and with the discontinuation of the Cal MediConnect (CMC) demonstration project, DHCS is looking to create a more standardized approach to comprehensive care coordination. With the end of the CMC demonstration, health plans will transition into a Dual Eligible Special Needs Plan (D-SNP). In preparation for this transition, HPSM evaluated its current benefit package, the market landscape, and all new requirements related to the D-SNP product. As a result, HPSM decided to develop supplemental benefits for its 2023 CareAdvantage contract year in an effort to align with CMS' and DHCS' expectations of care and quality, as well as presenting a competitive product that could increase and retain membership.

Discussion:

In May of 2022, HPSM initiated a Request for Proposal (RFP) process to find a vendor to administer the D-SNP supplemental benefits. HPSM received five responses of which, three were engaged in our demonstrations and finalists' discussions. HPSM staff, involving eight departments, participated in the RFP process, and evaluated vendors based on selection criteria including:

- Ability to meet all minimum business requirements
- Member experience and customer service requirements
- Competitive cost to implement and provide the benefit

NationsBenefits was selected as the finalist upon conclusion of the RFP.

The results of our CMS bid were received this past Friday, July 29, 2022. We were informed at that time that, as a result of HPSM's bid, CMS has allocated additional rebate dollars which increases the

amount of funding to what was initially estimated by HPSM and the actuarial team. After careful debate, HPSM has decided to use those additional rebate dollars to provide more supplemental benefits through Nations. The final cost is still under review with our actuarial and finance team.

In order to begin implementation of this program, staff is requesting approval of the agreement in an amount of \$275,000 for administrative costs for this benefit. The funding from CMS in the amount of approximately \$10 million will begin on January 1, 2023 when members will begin to receive these benefits.

Fiscal Impact:

The fiscal impact of this agreement is \$275,000 over the three year term.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AGREEMENT
WITH NATIONS BENEFITS**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission will be transitioning to the Dual Eligible Special Needs Program (D-SNP) with the discontinuation of the Cal MediConnect Demonstration Program;
- B. The Department of Health Care Services and Centers for Medicare and Medicaid are implementing comprehensive care coordination standards through its CalAIM program which includes supplemental benefits through the D-SNP program; and
- C. Health Plan of San Mateo staff have performed a request for proposal process to identify NationsBenefits as a preferred and qualified provider of D-SNP supplemental benefits.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the agreement with NationsBenefits in the amount of \$275,000 for the three year term, to provide D-SNP supplemental benefits through December 31, 2025; and
- 2. Authorizes the Chief Executive Officer to executed said agreement.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

SAN MATEO HEALTH COMMISSION
Meeting Minutes
June 8, 2022 – 12:30 p.m.

AGENDA ITEM: 4.11

DATE: August 10, 2022

****BY VIDEOCONFERENCE ONLY****

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 or express public comment throughout the meeting and were able to access the meeting using the web and teleconference information provided on the meeting notice.

Commissioners Present: Jeanette Aviles Barbara Miao
Si France, M.D. Kenneth Tai, M.D.
Don Horsley, Chair Ligia Andrade Zuniga
Bill Graham

Commissioners Absent: Michael Callagy, David J. Canepa, George Pon, R. Ph., Vice-Chair.

Counsel: Kristina Paszek

Staff Present: Chris Baughman, Corinne Burgess, Cynthia Cooper, M.D., Pat Curran, Joy Deinla, Trent Ehrgood, Chris Esguerra, M.D., Nicole Ford, Ian Johansson, Colleen Murphey, Amy Scribner, Carl Smith, Jr., Katie-Elyse Turner, April Watson, Keisha Williams, and Eben Yong.

1. Call to order/roll call

The meeting was called to order at 12:31 p.m. by Chair, Commissioner Horsley. A quorum was present.

2. Public Comment

No public comments were received via email or verbally made at this time.

3. Approval of Agenda

Motion to approve the agenda as presented: **Zuniga / Second: Pon**

Verbal roll call vote was taken:

Yes: 7 – Aviles, France, Graham, Horsley, Miao, Tai, Zuniga.

No: 0

4. Approval of Consent Agenda

Motion to approve the Consent Agenda as presented: Zuniga / Second: Pon

Verbal roll call vote was taken:

Yes: 7 – Aviles, France, Graham, Horsley, Miao, Tai, Zuniga.

No: 0

5. Specific Discussion/Action Items

5.1 Health Outcomes Framework Presentation

Mr. Pat Curran introduced Dr. Chris Esguerra, Chief Medical Officer. Dr. Esguerra reviewed this presentation which was included in the meeting materials.

Dr. Esguerra explained that while the health outcome metrics that HPSM must meet over the next five years for the state and CMS are not completely clear, we fundamentally know what we need to accomplish. As an organization, staff is very intentional about how to achieve outcomes for our overall community.

Dr. Esguerra reviewed his presentation, noting the health plan's current status; our case for evolution; and, the new framework related to health outcomes.

Regarding our current state, he talked about how the plan has grown, where we have been, and where we are in the process of achieving health outcomes, noting it has been a somewhat unfocused effort. With the help of the Quality, Population Health Management and Analytics departments, staff reviews data and analysis, reviews results, documents processes and initiates interventions. Then staff works on initiatives to try and achieve the desired outcomes. This process works when there are specific focus areas but is not as optimal as it could be.

Speaking about how health outcomes are evolving, Dr. Esguerra described how in Medicare, for example, the CMC pilot which began in 2014 is sunsetting at the end of 2022, and this population is moving to a Duals Special Needs Program (D-SNP). This D-SNP program is outcomes driven through the Stars ratings system, creating more of a competitive arena. Ratings will be measured through various outcomes and activities related to improved health such as members' receiving timely services and being able to manage their health in ways that will affect outcomes. He noted that the scoring in the Stars system is gauged on a 1-5 rating. Our plan is currently rated at about a 3.5 star level. Plans who reach 4-5 stars will receive financial bonuses from CMS, which in turn will allow those dollars to be invested into what is provided in services to members. Another competitive pressure is the fact that there are other plans competing for this population in San Mateo County and our Star rating is an indicator of the quality of service our plan

provides in comparison to others.

On the Medi-Cal side with CalAIM, there will be an emphasis on equity as well as health outcomes. Discussions are already happening around the equity index based on our outcome measures. This will all have an affect on how we are paid going forward, with more dollars going to plans with higher quality scores. DHCS is moving to a different way of setting rates for health plans, looking at quality and outcomes. In the past, HEDIS score comparisons were based on a percentile cutoff and was more of a measurement of improvement. Going forward, we will be in competition with a goal of achieving specific types of outcomes as we define it and to take advantage of the opportunity to do that from a community perspective.

Internally, staff is working to identify new capabilities with evaluation in mind, continue process improvement and preparing to pivot where necessary. Our goal is to accomplish this in a way that becomes routine. Staff have worked on developing this new framework to achieve our mission's priorities and achieve outcomes in support of our strategic priorities.

Dr. Esguerra reviewed the key components of this framework: defining and setting the course for coordinated planning, incorporating State/CMS priorities, monitoring and evaluating, and continuing the plan-do-study-act (PDSA) design cycle. Important to the framework is attention to evaluation. He concluded that we need the tools to capture the best practices and course correct as we go along. This process will be set now and throughout the next year, paying attention to equity and what matters to the community and the members. Our aim is to broaden beyond just the receiving of services but this framework will allow us to achieve a healthier, happier way of life for our members in ways that are more structured.

Commissioner France thanked Dr. Esguerra for this thoughtful, forward-thinking work. Commissioner Horsley concurred and asked how this will give us a picture of an individual member's experience. Dr. Esguerra responded that in the past we would contact members when their records indicated they may have missed some sort of service or if they were falling under a certain indicator. Conceptually, we would look at this holistically and recognize that the goal is to make sure the member has a great experience in accessing that service and then pay attention how others may have this same struggle so we can address that in process and bathe the community in that kind of messaging.

Commissioner Horsley asked if a navigator is used to help that person through all the processes. Dr. Esguerra stated that is one potential way to approach this and this starts in part with the data to identify different needs. However, there are other ways through partners in the community that can help as well. He talked about Wider Circle, which has created a whole community through social connectedness. This group is very active and

actually support each other through positive peer pressure to get flu shots, for example, and other healthy habits like going walking. These groups have become very mindful of each other and their own health as a result.

Dr. Esguerra explained that we will not see much change in the first year or so because we are just getting started. By the third year we should see our scores improving.

Mr. Curran added that staff will also be focusing on what we've done with primary care. We have had learning collaboratives and developed new payment models. Now we will focus on what investments we can make in primary care. Things are going on outside of the primary care office that they are not aware of and we are thinking of ways to support primary care with data and information. This with the mindset of how we can help the member journey and we have been doing some of this work already.

5.2 Presentation on Diversity, Equity, and Inclusion Efforts

Mr. Curran introduced Janet Williams of Progressive Diversities, who gave a presentation on the efforts surrounding diversity, equity and inclusion with the Health Plan of San Mateo. Mr. Curran thanked Ms. Williams and everyone who has been a part of this work to shape the culture at the health plan. This work is being done with the intensive input of HPSM staff under the direction of Ms. Williams. Ms. Williams reviewed her presentation and is attached to these minutes.

Ms. Williams gave a brief overview of this work and touched on the following points:

- The journey began with the Culturally and Linguistically Appropriate Services Committee (CLAS) that was already in operation at the health plan which focused on members offering language assistance services and extended to cultural awareness education for staff and provider network.
- Ms. William's organization, Progressive Discoveries, began its work with the health plan with assessments with staff and conversations all over the organization through interviews and focus groups, and a digital survey.
- From the data they gleaned qualitative data that was broken down into four buckets: diversity, equity, inclusion and belonging. From this we were able to get a good sense of how people are feeling throughout the organization. This helped us look at how to engage the organization.
- A team was created, a temporary steering committee, who all came from different points of view and experiences. Together, they created a vision on how to move forward based on three C's: Connection, Clarity, and Communication.
- In order to focus these efforts, the group identified the need to put in place actions that create real value that would allow everyone to feel valued within the organization, specific initiatives that would address employee and member concerns, and to have a

way of tracking the progress.

- Initially, the group is focusing on diversity, equity and leadership within the organization. While the culture at HPSM was determined to be good, respectful and positive, at times things are not discussed for the sake of being nice. This is something they are taking a closer look into. Creating an environment where people feel comfortable talking about the areas that need to be addressed and makes it okay for people to express what is on their mind, especially if it will help us move the organization forward.

Ms. Janet Williams introduced Kiesha Williams, Member Services Manager, who is part of the committee. Ms. Keisha Williams touched on the following points:

- The temporary steering committee began with a charge to approach this work with specific focus mandates that included encouraging other employees to join the committee; establish the process and strategies to follow from their learning, communication and governance, decision making; and implementation; create a pathway and materials to share their findings; develop a vision and design to appeal to employee concerns and promote an inclusive and collaborative organization; develop a task force to focus on member related health equity concerns.
- The group divided into teams in order to create a pathway for the organization to participate within the steering committee: an application team, and a communication team.
- The application team designed an application process for an organization wide campaign for staff to express interest in joining.
- Two action-oriented groups were created for the outcomes portion of the committee's discussions: Inclusion Diversity Committee (IDC) which is a long-term committee and will be a permanent chartered body with designated members and roles with a strategic focus and agenda. This committee may have subcommittees depending on initiatives and have routine meetings.
- The second action-oriented group is the Member Focused Task Force that will focus on health equity and member population. This will be a short-term focus committee with a single-issue focus. Staff will be able to suggest topics. Their initial focus will be on health equity in LGBTQ+ community and reproductive rights.

Joy Deinla, Marketing and Communications Manager, gave an update on the efforts through the Communications subcommittee of the IDC and the planned communication efforts related to IDC and the Health Equity Task Forces:

- Communications to date have revolved around keeping HPSM informed. A presentation was delivered to all staff explaining where we are currently in the process while going through top line data about the survey establishing a solid foundation for the IDC's purpose.

- The application link was sent out to all staff. During the application time frame, the group is also running a logo contest for the IDC to encourage staff to become engaged in this process. The originator of the winning logo selected will received a \$250 gift card.
- Recognizing that many are working remotely, we know constant and effective communication is key with information readily available and easy to access. An information page is in its final stages to be include on our intranet for staff to access where all IDC and Task Force information will be found.
- An email address to the IDC groups will be established to centralize communications.
- Over the next few months, the group will be looking into the JEDI employee survey data and following up with some reflection sessions to develop a foundation of what the committee will address.
- Also the selection of the logo will be made, and evaluation of the applications to form the task forces and the IDC.

Commissioner France commended the Ms. Williams and HPSM staff for their inspiring work. HPSM is ahead of the curve in creating an inclusive workplace with structure and asked what some of the insights were from the early listening groups. presenters for all the work. Ms. Williams responded that the most powerful message she heard throughout is that staff feel a powerful sense of belonging at HPSM. Some of the concerns had to do with having shared understanding around what the meaning of diversity and what does that look like, and how is that demonstrated. The same for inclusion and belonging and the varying degrees of awareness of these concepts and opportunities.

Commissioner Horsley touched on the purpose of this work enhances the services we provide to the people that we serve, that they feel heard and that this translates from internal process to our members. Ms. Williams agreed that this is all part of the process.

Commissioner Zuniga asked if commissioners could observe some of the meetings with staff. Ms. Williams agreed this would be a good idea and would welcome the input into the process. Commissioner Zuniga expressed her gratitude for these discussions about diversity and inclusion and for this thoughtful approach.

6. Report from Chairman/Executive Committee

Commissioner Horsley had nothing to report from the Executive Committee.

7. Report from Chief Executive Officer

Mr. Curran reported on the following:

- The new Inclusion and Diversity Committee will also be utilized to help refresh HPSM's value statement. A survey will be sent to the entire organization to get input to refresh this value statement of what it means to work at HPSM.

- The State budget is robust with a focus on one-time incentive funding. Staff is taking a strategic look at some of the funding and there will be more on this at the August meeting with an update on CalAIM program. We will work in conjunction with the county's goal of ending homelessness, linking this to primary care and community organizations in ways that does not put additional burden on the system.
- Regarding Kaiser and the State's proposal for a direct contract with them. HPSM has voiced our opposition to that directly and through the statewide association. The latest development is that at the Assembly hearing and Senate hearing, legislators were receptive to the challenges this arrangement would present in particular to the local safety net. This is the positive development; however, there does not seem to be enough momentum to change the legislation. Over the next couple of weeks, when the budget is finalized, there may be some opportunity for amendments. Because this is in the trailer bill, some of the language may continue to be revised through August.
- The August meeting will focus on presentations on the CalAIM program as an overview of the many components and what it will mean to HPSM over the next six months, year and over the next four to five years.

8. Other Business

No other business was discussed.

9. Adjournment: The meeting was adjourned at 1:32 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct its meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
- 2. The San Mateo Health Commission directs staff to continue to agendize its meetings only as online teleconference meetings; and
- 3. The San Mateo Health Commission further directs staff to present, within 30 days, an item for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

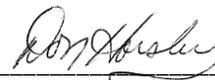
PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of June 2022 by the following votes:

AYES: Aviles, Miao, France, Tai, Horsley, Graham, Zuniga.

NOES: -0-

ABSTAINED: -0-

ABSENT: Callagy, Canepa, Pon.



Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: C. Burgess

C. Burgess, Clerk



Kristina Paszek
DEPUTY COUNTY COUNSEL



A Conversation about DEI-B @HPSM



Not everything that is faced
can be changed, but
nothing can be changed
until it is faced.

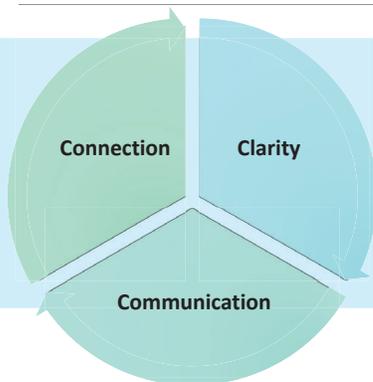


Author James Baldwin

The HPSM DEI-B Journey



Impacts of Steering: Vision



Put in ACTION

- Inclusivity
- Value for Everyone
- Initiatives to Address Employee & Member Concerns

Track & MEASURE Progress

- Diversity & Equity in Leadership & Organization
- Addressing "NICE Culture" Roadblocks
- Initiatives to drive SUCCESS & IMPACT



Steering Committee Mandate

Processes to communicate and welcome employees from the entire organization to apply and join.

Strategies and process the Group(s) will follow for learning, communication, governance, decision-making, implementation and results.

The path and materials to allow the Pulse Check Report to be shared with the entire organization.

The vision and design of the committee(s) to address **employee related** concerns and promote a more inclusive and collaborative HPSM.

The vision and design of the Task Force(s) that will focus on **member related** Health Equity concerns and issues.



The Application Process

	Committee	Task Force
Formation	Org-Wide Campaign & Application Process	
Representation	Cross-Functional/Multi-Departmental Across Hierarchies & Verticals	Individuals with special , interest or expertise on subject matter
Impacts/ Outcomes	Multiple areas of INTERNAL operation	Specific areas of MEMBER Experience
Selection Decisions	Cross-Functional Selection Committee	



Outcomes of Steering: Action-Oriented Groups

Long-Term Committee: IDC

- Permanent, Chartered Body
- Designated Member Roles & Responsibilities
- Long Term Strategic Focus & Agenda
- Subcommittees
- Routine Meetings
- Topics to address will be decided based on Pulse Check Survey Results and other current and pressing work issues.

MEMBER Focused Task Force: Health Equity

- Temporary, Issue-Specific Body
- Each TF functions independently
- Short Term Focus & Agenda
- Single Issue Focus
- Finite Meeting Schedule
- Staff will have an opportunity to suggest topics that will be validated by PHM team through data analysis.
- **Initial Focus:** Health Equity in LGBTQ+ community AND Reproductive Rights



Communication Process & Strategy

- Initial IDC Update to All Staff
Presented very topline survey data
- IDC Application and logo contest - sent on 6/7
Follow up communications to drive engagement to come
- In process of establishing internal communications vehicles for IDC
Information page on HPSM Intranet
Email Address



Future Communications

- Detailed reporting of JEDI employee survey data followed by a series of reflection sessions
- Awarding IDC logo contest winner
To be followed by final creation of logo for committee use
- Evaluation of Committee Applications and final committee appointments



About Progressive Discoveries



Janet Williams

www.progressivediscoveries.com

Our **Diversity, Equity, Inclusion and Belonging (DEI-B) Strategic Consulting** practice, incorporates **Advisory Services, A³** (Assessment, Audits & Analytics) and **Systemic Solutions** to embed sustaining DEI-B behaviors into your DNA. Progressive Discoveries drives breakthrough workforce performance.

Our **VISION** is to create a world that values diverse human experiences and welcomes all people to have a place to thrive.

Our **MISSION** is to walk organizations and people down "*Actionable Pathways*" to definitive processes that weave **DEI-B** into every aspect of who they are and what they do.

"Be brave enough to start a conversation that matters."
Meg Wheatley



DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF ADOPTING A RESOLUTION OF
APPRECIATION – TERESA GUINGONA FERRER**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. Teresa Guingona Ferrer has served on the San Mateo Health Commission as the public member representative of Senior and Minority Communities in San Mateo County since December 2007 with remarkable sensitivity and a strong sense of advocacy for the underserved in San Mateo County;
- B. Teresa Guingona Ferrer has long been a community advocate active in the San Mateo County community through Alliance for Community Empowerment, work with Foster Care Program, and other organizations;
- C. During her years as a Commissioner, Teresa Guingona Ferrer has served with distinction on the Consumer Advisory, Children’s Health Initiative Oversight and Cal MediConnect Advisory Committees of the San Mateo Health Commission; and
- D. Teresa Guingona Ferrer has worked tirelessly to advocate for the well-being of HPSM’s members and the organization.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission and staff wish to express sincere appreciation and gratitude to Teresa Guingona Ferrer for her devotion and commitment to HPSM’s mission, the services it provides and its members; and
- 2. The San Mateo Health Commission wishes to recognize Teresa Guingona Ferrer for her leadership and all her efforts on behalf of the Health Plan of San Mateo and its members.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

AGENDA ITEM: 5.2

DATE: August 10, 2022

**Meeting materials are not included
for Item 5.2 – Update Presentation on CalAIM**

MEMORANDUM

AGENDA ITEM: 5.3

DATE: August 10, 2022

DATE: August 2, 2022

TO: San Mateo Health Commission

FROM: Patrick Curran, Chief Executive Officer

RE: Approval of Amendment to Agreement with Palo Alto Medical Foundation

Recommendation

Approve an amendment to the existing provider services agreement with Palo Alto Medical Foundation (PAMF) to provide enhanced primary care and care management services for HPSM's CareAdvantage members for a term beginning December 1, 2022 and extending through May 31, 2024. The annual program cost will depend on how many CareAdvantage members select PAMF as their primary care provider, and we anticipate program cost will be approximately \$4.5 million for the 18-month period.

Background and Discussion

HPSM has implemented various initiatives in recent years to enhance member care for all our members. This includes the development of a learning collaborative for primary care, which continues, as well as the implementation of a new payment model for Medi-Cal, which continues and evolves each year. For our Medicare members in CareAdvantage, we also implemented in 2016 a program for team-based in-home care called HomeAdvantage. We partnered with Landmark Health initially and transitioned in 2021 to Upward Health as our medical provider partner. The goal of the HomeAdvantage program is to provide high-quality, home-based medical and social care program for HPSM's most vulnerable and complex members in a manner that coordinates care with the member's primary care provider. It helps achieve the strategic goal of ensuring high quality care and services for HPSM members.

HPSM now seeks Commission approval for a new and innovative primary care pilot program that builds on the success of these programs. PAMF and Sutter Health have developed a successful model called GROVE in Northern California. In this model, PAMF primary care providers provide comprehensive team-based care that in many ways is similar to the scope of service in our HomeAdvantage program but is performed by the assigned primary care provider. The GROVE model focuses on members who have complex medical conditions and other conditions that may affect activities of daily living, such as persons living with disabilities.

The measures of success for this pilot will be based on the Triple Aim: (1) Does the program impact total cost of care (TCC) by reducing expensive Emergency Room and Hospital Admissions, as well as reduced admissions and length of stay in Skilled Nursing Facilities;

(2) Does the program increase health outcomes in specifically identified areas as measured by Medicare Star Ratings; and (3) Will the program increase member satisfaction with the plan and providers as measured by a group-specific CAHPS (Consumer Assessment of Health Plan Services) survey.

Based on what we learn from this pilot at PAMF, we can spread to other primary care clinics to achieve the goal of supporting our primary care providers while also providing members with enhanced care management activities to promote independence and continued living at home.

Fiscal Impact

The cost of this GROVE model will be approximately \$1.5 million per year based on the current CareAdvantage membership assigned to PAMF. The care management fee is paid on a per member per month (PMPM) basis, so program costs will increase with more assigned members to PAMF, which is another goal of the program. We anticipate that with member growth over the 18-month term of the program, total cost would approximate \$4.5 million.

The term of the amendment for the case management fee will be 18 months, from December 1, 2022, through May 31, 2024. By March 1, 2024, both parties will review the measures of success and either continue, alter, or discontinue the program on June 1, 2024.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF AN AMENDMENT TO THE AGREEMENT
WITH PALO ALTO MEDICAL FOUNDATION**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has contracted with Palo Alto Medical Foundation to serve HPSM members;
- B. HPSM is committed to developing new programs and services that enhance access to care and improve quality for our members, especially those who have complex medical conditions; and
- C. Palo Alto Medical Foundation offers a proven program to enhance care and member experience for members who are elderly and living with disabilities.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves an amendment to the agreement with Palo Alto Medical Foundation with a term from December 1, 2022, through May 31, 2024, for a payment for care management that, depending on the number of members enrolled, may reach \$4.5 million for the term of the amendment; and
- 2. Authorizes the Chief Executive Officer to execute the amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of August 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 7.0

DATE: August 10, 2022

DATE: August 2, 2022
TO: San Mateo Health Commission
FROM: Patrick Curran
RE: CEO Report – August 2022

Public Health Emergency

The federal government extended the public health emergency (PHE) on July 15th for 90 days. Since there is an upcoming election in November and the federal government has indicated that it will give 60 days advance notice to states (which would be August 15th), it is unlikely that the PHE will end in October. Extending the PHE means that the redetermination process will not begin for more than 14 million Medi-Cal beneficiaries until 2023. This redetermination process, when implemented, will occur over a 14-month timeframe, and beneficiaries will renew coverage on their prior redetermination date.

Kaiser Direct Contract

The Governor signed Assembly bill AB2724, which authorized the state to enter a direct contract with Kaiser for Medi-Cal beneficiaries. This direct contract will begin January 2024. HPSM will work with Kaiser and the state over the next 18 months to ensure a smooth transition for members and mitigate effects on providers to the extent possible.

2024 Medi-Cal Contract

The state is undergoing a procurement process for commercial health plans in two-plan counties and geographic managed care counties. County Organized Health Systems (like HPSM) and other Local Initiative Plans (like San Francisco Health Plan and Santa Clara Family Health Plan) do not participate in this procurement. However, the resulting contract, which goes into effect January 1, 2024, does affect HPSM and includes new contract provisions. We are evaluating the impact of these requirements and will be incorporating them into our 2023 business planning and budgeting process. One example of a new contract provision is implementing a Community Investment Plan, which we will discuss at future Health Commission meetings.

Expanded Medi-Cal Coverage

The recently passed state budget includes a provision to provide Medi-Cal coverage to all remaining age categories (age 26-49) for undocumented California residents. The effective date is January 1, 2024. Medi-Cal already covers children and young adults under age 26 and adults aged 50 and over. This could increase HPSM's Medi-Cal enrollment significantly, as there are approximately 20,000 participants in San Mateo County's Access to Care for Everyone (ACE) program, many of whom may qualify for Medi-Cal coverage.

D-SNP Implementation

We continue the transition of our current Cal MediConnect program, which serves approximately 9,000 dual eligible members, to the Medicare Advantage program, becoming a Dual-Eligible Special Needs Plan (D-SNP). The transition will take place January 1, 2023, and we will discuss in more detail at our September meeting.