

**-Virtual Meeting-**

**THE SAN MATEO HEALTH COMMISSION**

**Regular Meeting**

**January 12, 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, January 12, 2022 to the Clerk of the Board at [Corinne.Burgess@hpsm.org](mailto: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 Pharmacy & Therapeutics Committee, September 2021
- 4.3 CCS Clinical and Family Advisory Committee, December 2021
- 4.4 Approval of Advisory Group Membership for 2022
- 4.5 Approval of San Mateo Health Commission Meeting Minutes from December 8, 2021 and January 3, 2022.

**5. Specific Discussion/Action Items**

5.1 Discussion/Action on Election of Officers.\*

**6. Report from Chairman/Executive Committee**

**7. Report from Interim Chief Executive Officer**

**8. Other Business**

**9. CLOSED SESSION\***

Public Employment Appointment (Gov't Code section 54957)  
Chief Executive Officer

**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 it.

## MEMORANDUM

**AGENDA ITEM:** 4.1

**DATE:** January 12, 2022

**DATE:** January 4, 2022  
**TO:** San Mateo Health Commission  
**FROM:** Maya Altman, Chief Executive Officer  
**RE:** Approval of Teleconference Meeting Procedures Pursuant to AB 361

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### **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 12th day of January 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

\_\_\_\_\_  
Ligia Andrade Zuniga, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
C. Burgess, Clerk

\_\_\_\_\_  
Kristina Paszek  
DEPUTY COUNTY COUNSEL

**PHARMACY & THERAPEUTICS (P&T) COMMITTEE**  
**Meeting Summary**  
**Wednesday, Sept 8, 2021 - 7:30 am to 9:30 am**  
**Virtual Meeting via Microsoft Teams**

**AGENDA ITEM: 4.2**  
**DATE: January 12, 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, George Pon, Dr. Lena Osher and Niloofar Zabihi

**Members Absent:** Jack Tayan, Jaime Chavarria, Jonathan Han, Rukhsana Siddiqui, Varsha Gadgil and Victor Armendariz

**Staff Present:** Andrew Yau, Biyan Feng, Dr. Chris Esguerra, Jasmine Le-Thi, Kelly Chang, Dr. Richard Moore, and Ming Shen

**Staff Absent:** Karla Cruz-McKernan, Laura Lo, and Matthew Lee

**1. Call to Order**

George motioned for a call to order and Barbara seconded.

**2. Public Comment**

None

**3. Approval of Meeting Minutes**

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

**4. Approval of Agenda**

Ming brought to attention a last-minute update made to the agenda which now includes a new section on Medical Pharmacy Drug Policies. Barbara motioned for approval of the revised agenda and Niloo seconded.

**5. Old Business**

No old business was discussed.

**6. New Business**

**6.1 Consent Agenda**

**6.1 Annual Review of Medi-Cal & HealthWorx Formularies**

Ming led a discussion on the annual review of the Plan's Medi-Cal and HealthWorx

formularies to ensure that they were comprehensive enough to meet the needs of HPSM members. Committee members were asked to look through the formularies prior to the meeting to identify any issues or concerns. After a brief discussion, the Committee agreed that no immediate changes were required.

## **6.2 Annual Review of Pharmacy Department Policies**

Ming talked about the need to review Pharmacy department policies on an annual basis to ensure that they remain relevant and to identify potential concerns and/or issues. The policies reviewed were the following:

- **P&T Committee (P&P RX.001):** Define the responsibilities of the HPSM Pharmacy and Therapeutics (P&T) Committee in overseeing formulary management at HPSM and of HPSM Pharmacy staff in facilitating the P&T Committee meeting process.
- **Prior Authorizations and Exceptions (P&P RX.002):** Define HPSM's policy on prior authorizations (PA) and formulary exceptions (FE) requests for non-Medicare lines of business (MC-HW-HK-ACE) and outline the process for reviewing such requests.
- **Coverage Determination and Exceptions (P&P RX.003):** Define HPSM's policy on coverage determinations (CD) and formulary exceptions (FE) requests for the Medicare line of business (CMC) and outline the process for reviewing such requests.
- **Member and Provider Communications (P&P RX.004):** Details the Plan's communication to members and providers regarding pharmacy services with the exception of requests for coverage (i.e., coverage determinations, prior authorizations, formulary exception requests, and pharmacy appeals).
- **Member Reimbursement Requests (P&P RX.005):** Outline the policy for processing direct member reimbursements (DMRs) for requests that pertain to the pharmacy benefit.
- **Member Reimbursement Requests (P&P RX.006):** Policy for processing direct member reimbursements (DMRs) for requests that pertain to the Part D benefit.
- **Formulary Review (P&P RX.007):** Outline the approach by pharmacy clinical staff in conducting formulary reviews for consideration and approval by the HPSM Pharmacy and Therapeutics (P&T) Committee. Pharmacy works collaboratively with the Committee to review formulary considerations on a regular basis.
- **Formulary File Maintenance (P&P RX.008):** Outline Pharmacy policy for maintenance and submission of internal/external formulary files, formulary search tools, and published formulary documents for all lines of business on a monthly basis.

- **Mid-Year Formulary Changes (P&P RX.009):** Outline Pharmacy policy for maintenance and submission of formulary updates to the CareAdvantage CMC Part D Formulary (mid-year formulary changes).
- **QA Reporting Pharmacy (P&P RX.010):** Outline how Pharmacy assesses the quality of various services provided through the monitoring and analysis of several reports.
- **Transition Policy (P&P RX.012):** Procedure for providing transition services to eligible members in order to ensure they receive appropriate drug therapies under the Medicare Part D benefit.
- **Appeals (P&P RX.013):** Policy on pharmacy appeal requests for non-Medicare lines of business (MC-HW-HK-ACE) and outline the process for reviewing such requests.
- **Redeterminations (P&P RX.014):** Define HPSM's policy on pharmacy redeterminations requests for Medicare lines of business (CMC) and outline the process for reviewing such requests.
- **Medication Therapy Management Program (P&P RX.015):** Define the responsibilities of the HPSM Pharmacy and Therapeutics (P&T) Committee in overseeing formulary management at HPSM and of HPSM Pharmacy staff in facilitating the P&T Committee meeting process.
- **Non-Formulary Exceptions (P&P RX.017):** Outlines the policy for reviewing non-formulary drug requests.
- **Non-Formulary Exceptions (P&P RX.018):** Outlines the policy for reviewing non-formulary drug requests.
- **Non-Sterile Compounded Medications (P&P RX.020):** Outlines coverage criteria for non-sterile medications.
- **Continuity of Care (P&P RX.021):** Outlines coverage for situations involving the need for drug-related continuity of care.
- **Coverage Duration Effectuations (P&P RX.022):** Outlines coverage durations for effectuation of authorizations.
- **Mental Health Parity (P&P RX.023):** Clarifies the plan's policy regarding the use of drugs for mental health conditions in comparison to the use of drugs for other medical conditions.
- **Early Fills (P&P RX.024):** Outlines the plan's coverage criteria for providing early prescription fills to members for lost, stolen, and/or vacation related requests.
- **Emergency Fills (P&P RX.025):** Outlines the plan's coverage of medications in emergency situations.

- **Pain Management for Terminal Illness (P&P RX.026):** To clarify the plan's policy regarding the coverage of appropriately prescribed pain management medications for terminally ill patients when medically necessary.
- **Utilization Management Exception (P&P RX.027):** Outlines Health Plan of San Mateo's coverage criteria for approval of drugs that do not meet utilization management restrictions such as CODE 1, Prior Authorization, Quantity Limit, or Step Therapy Criteria.
- **Hospital Discharge Supply (P&P RX.028):** Outlines the plan's coverage criteria for providing one time fills in order to facilitate the timely discharge of a patient who currently resides in a hospital or other inpatient facility.
- **Opioid Management (P&P RX.029):** Outlines the plan's approach for administering an opioid management program.
- **Nutritional Supplements for Medical Conditions (P&P RX.030):** Outlines coverage for nutritional supplements related to a medical condition. This includes infant formulas, oral nutritional supplements, and enteral nutritional supplements.
- **Drug Utilization Review (P&P RX.031):** The purpose of this policy is to outline the Plan's approach for conducting drug utilization reviews to help ensure members are getting safe and appropriate care.
- **DMP Program (P&P RX.032):** The purpose of this policy is to outline the Plan's processes for performing activities related to a drug management program for member's at-risk for misuse or abuse of frequently abused drugs.

Changes were recommended to the Member and Provider Communications policy, the Transition Supply policy, the Utilization Management Exception policy, and the Drug Utilization Review policy.

George asked about the change made to the Utilization Management Exception policy which now permit the use of combination products containing a Step 1 drug to satisfy Step Therapy requirements. Ming responded by saying that this was done to address an issue identified during a mock CMS audit. He added that it was appropriate from a clinical standpoint as well. Barbara asked about the update made to the Transition Supply policy, which now states that the Plan will provide a 31-day supply in emergency fills situations in an LTC setting, rather than a 30-day supply. Ming responded by saying this was done to align with CMS requirements and reflects what is currently in place. He added that the 30-day supply was never implemented as it was slated to go into effect in 2022.

Barbara motioned for approval of the annual policy review and George seconded.

## 6.2 Medical Pharmacy Drug Policies

Ming introduced the new Medical Pharmacy Drug policies which were created to facilitate

the Pharmacy department's foray into managing medical injectable drugs billed under the medical benefit. Ming added that as part of this new program, the Pharmacy department would oversee most aspects of medical injectable drug spend including but not limited to, reviewing medical injectable drug prior authorization requests, and developing a medical injectable drug formulary.

The policies presented were the following:

- **Medical Drug Site of Care (RX UM.001):** Defines the Plan's criteria used to determine the medical necessity of drug administration within a specific place of service such as outpatient hospital, physician's office, or home setting.
- **Medical Drug Vial Rounding (RX UM.002):** Defines the Plan's dose rounding requirements pertaining to medical injectable drugs to reduce waste without compromising efficacy.
- **Medical Drug Part B Drug Organization Determinations (RX UM.003):** Defines the Plan's policy on Part B drug organization determinations (OD), including pre-service and payment requests, for the Medicare line of business (CMC) and outline the process for reviewing such requests.
- **Medical Drug Prior Authorizations (RX UM.004):** Defines the Plan's policy for medical drug prior authorization (PA) requests for non-Medicare lines of business (MC-HW-ACE) and outline the process for reviewing such requests. This includes prospective, concurrent, and retrospective medical drug prior authorization (PA) requests.
- **Medical Drug Part B Reconsiderations (RX UM.005):** Defines the Plan's policy for Part B drug reconsideration requests for the Medicare line of business (CMC) and outline the process for reviewing such requests.
- **Medical Injectable Appeals (RX UM.006):** Defines the Plan's policy on medical injectable appeal requests for non-Medicare lines of business (MC-HW-ACE) and outline the process for reviewing such requests.
- **Medical Drug Coverage Duration (RX UM.007):** Defines the Plan's duration of coverage for medical drug requests.
- **Medical Drug Continuity of Care (RX UM.008):** Defines to Plan's policy for medical drug-related continuity of care.
- **Medical Drug Utilization Management Exceptions Policy (RX UM.009):** Defines the Plan's policy for reviewing requests that do not meet the Plan's utilization management requirements such as prior authorization, quantity limit, or site of care when applicable.

George asked about whether this new program would include hospital administered drugs. Ming responded by saying yes (excluding inpatient requests). He added that Pharmacy has

existing experience reviewing medical injectable prior authorization requests and that this aspect of the program will not be new to them. Ming mentioned that other proposed changes that the Plan is looking into include site-of-care restrictions (i.e., home infusion requirement) and shifting utilization to lower cost biosimilars when available. George asked Ming about the anticipated volume of prior authorization requests. Ming responded by saying he did not know at this time.

George motioned for approval of the Medical Pharmacy Drug polices and Barbara seconded.

### **6.3 New Drugs to Market**

#### **6.3.1 New Protected Class Drugs**

Andrew provided a brief overview of the 4 new protected class drugs that were recently approved, all of which were antineoplastics. The recommendation was made to add all the oral agents to the CMC, Medi-Cal, and HealthWorx formularies with a prior authorization requirement, quantity limit, and a non-extended day supply restriction. The IV products were recommended to remain non-formulary since these are usually billed under the medical benefit.

#### **6.3.2 New Non-Protected Class Drugs**

Andrew discussed the 13 new non-protected class drugs that were recently approved. The recommendation was made to add Kloxxado (new Naloxone product) to the CMC and HealthWorx formularies while leaving it off the formulary for the Medi-Cal line of business (naloxone products are carved out to FFS Medi-Cal).

Andrew led a discussion surrounding the implications of adding Kloxxado to the CMC and HealthWorx formularies. He said that doing so would result in rebate implications to Narcan. Barbara commented that Narcan nasal spray is often inadequate for some patients and that having Kloxxado on the formulary would provide another good option for members. Ming added that doing so could also potentially reduce overdose-related ER visits and death. The Committee agreed that adding Kloxxado to the CMC and HealthWorx formularies would be a good idea.

### **6.4 New FDA-Approved Indications**

Andrew reviewed the new FDA-Approved indications for existing drugs on the market. He recommended adding Nurtec ODT to the CMC, HealthWorx, and Medi-Cal formularies with a requirement that members try and fail Ubrelvy first. Other recommended changes include updating the prior authorization criteria for Costenyx (*in response to its new indication for plaque psoriasis*), removing the age requirement for Shingrix (*in response its new indication for use in high-risk adults in patients 18 years of age and older*), and updating the prior authorization criteria for Nucala (*in response to its newly approved indication for nasal polyposis*).

### **6.5 CMS Requirement Formulary Changes**

Andrew reviewed changes to the CMC formulary in response to CMS' concerns. The changes

that were discussed include adding aliskiren, Xermelo, furosemide vial, voriconazole vial, and desmopressin nasal to the formulary. In addition, quantity limits were updated for icosapent ethyl, Xolair, Oxbyrta, fondaparinux, Promacta, and Jatenzo.

## **6.6 Formulary Considerations**

Jasmine reviewed various formulary updates in response to new clinical guideline recommendations, utilization data, and provider/staff feedback. Some of the changes recommended include adding budesonide ec 3 mg to the Medi-Cal and HealthWorx formularies and updating the coverage criteria for Praluent, Repatha, and Dupixent.

## **6.7 Antineoplastic Formulary Updates**

Andrew recommended aligning the Medi-Cal and HealthWorx formularies so that they mirror CMC with regard to antineoplastics to prevent member and provider confusion. The changes recommended include: 1) removing all IV antineoplastics on the formulary, 2) removing all discontinued drugs, and 2) adding most self-administered products to formulary.

## **6.8 CCS Formulary Updates**

Andrew identified the differences between the CCS and Medi-Cal formularies and made the recommendation to align the two for consistency and to prevent member, staff, and provider confusion. He added that any differences that remain should be for the sole purpose of catering to the unique needs of the CCS population (i.e., broad coverage of various brands of diabetic glucose testing supplies).

## **6.9 Drug class Reviews**

### **6.9.1 Oral Agents for Multiple Sclerosis | Key focus: Ponvory**

Andrew presented a drug class review on oral agents used for the treatment of multiple sclerosis. For CMC, the recommendation was made to focus on maximizing rebates on existing utilization rather than trying to shift utilization due to the lack of “new starts” (patients new to therapy) in this patient population. For Medi-Cal and HealthWorx, the recommendation was made to focus on shifting “new starts” to dimethyl fumerate since it is the most cost-effective option available on the market.

### **6.9.2 Anti-Obese Agents**

Andrew went over a drug class review on anti-obesity agents. The recommendation was made to remove the prior authorization requirement for phentermine, Alli OTC, and diethylpropion. Qsymia, Contrave, and Lomaira were recommended as second-line preferred options while Wegovy was recommended as third-line preferred.

Andrew added that due to the shortage on Wegovy, the Plan would cover Saxenda in the interim with approval requirements to mirror that which was proposed for Wegovy (member must try and fail on both Qsymia and Contrave).

### **6.9.3 Topical Corticosteroids**

Biyang presented a drug class review on topical corticosteroids with the recommendation that the Plan favor the most cost-effective options available on the market. Since most of drugs in this therapeutic category are available in generic and already preferred, many of the formulary changes recommended were minor.

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

### **7. Other Business/Announcements**

Ming gave an update on the Medi-Cal pharmacy carve-out which is slated for a January 1<sup>st</sup>, 2022, implementation date. He added that managed care plans have continued to engage with DHCS regarding their concerns regarding how the carve out will impact members.

Ming expressed gratitude to all those who attended the Committee meeting and thanked them for their continued support. He ended by saying that the next P&T meeting is scheduled for December sometime with the exact date forthcoming.

### **8. Adjournment**

The meeting adjourned at 9:44am

**CCS CLINICAL ADVISORY COMMITTEE**  
**Thursday, December 9, 2021 – 12:00 p.m.**  
**Meeting Summary**  
**-Virtual Meeting via Microsoft Teams-**

**AGENDA ITEM:** 4.3  
**DATE:** January 12, 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:** Benjamin R. Mandac, M.D., Michelle deBlank, Laurie Soman, Carol Elliot.
- Members Excused:** Leticia Acevedo, Stephanie Smith, Sofia Verstraete, M.D., Grace Chen, M.D., Lee Sanders, M.D.
- San Mateo County Members present:** Lianna Chen, Mitch Eckstein, Susanna Flores, Jenn McLean
- San Mateo County Members Excused:** Anand Chabra, M.D., Lizelle Lirio de Luna.
- HPSM Members Present:** Maya Altman, Sophie Boudreau, Chris Esguerra, M.D., Karla McKernan, Ming Shen, Tejasi Patel
- HPSM Members Excused:** Amy Scribner, Cynthia Cooper, M.D.

- 1. Call to Order / Introductions:** The meeting was called to order at 12:00 p.m. by Sophie Boudreau. 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**

Ms. Boudreau explained this action is required to continue meetings virtually each month. Dr. Esguerra moved approval of the resolution / Ms. Soman: second. All were in favor. A copy of the resolution is attached.

- 4. Approval of Minutes:** Motion to approve the September 30, 2021, minutes were approved as presented: Dr. Mandac / Second: Dr. Esguerra. All were in favor.

## **5. Youth/Young Adult Advisory Committee Report Out**

Ms. Chen reported that a survey was sent to the Youth Advisory Committee members to find out their topics of interest for future meetings and to determine their availability for next year's meetings. The date of the next meeting is to be determined. They sent them a copy of a page from the monthly resource newsletter for feedback on layout.

## **6. Pharmacy Benefit Update**

Mr. Ming Shen, Director of Pharmacy, and Ms. McKernan, Pharmacy Operations Supervisor presented an update on the Pharmacy Carve Out.

Ms. McKernan explained that the Governor signed an executive order on January 7, 2019, to carve out pharmacy services from the local health plans to transition to the California Department Health Care Services (DHCS) beginning in January 2022.

She explained how the medications obtained through a pharmacy will be managed by the state as fee for service using their pharmacy network through a Pharmacy Benefits Manager, Magellan. Billings, Help Desk / Customer service, authorizations will be transferred to Magellan on January 1, 2022. Medications that are administered at the medical office will continue to be managed by the HPSM. She reviewed some of the changes that will take place related to formulary, prior authorizations and appeals, and member ID Cards. She shared websites for the Medi-Cal pharmacy contract drug list and drug look up tool which will be used by DHCS. Prior authorizations and appeals will no longer be handled by HPSM but will be handled by Magellan. The drug list will also include the requirements related to medications such as prior authorizations or quantity limits and overrides at point of sales. Providers will have a provider portal to use in processing prior authorizations. She explained specifically for CCS, they will be using the numbered letters or the DHCS criteria in their review for approval and, if there are none existing, they will use the EPSDT for approval for prior authorizations and appeals.

HPSM staff have transferred the authorizations already approved to DHCS and Magellan for storage. Requests made after January 1, 2022, will need to go to DHCS for review. DHCS is honoring claims history for 180 days during the transition period, so if a medication has been on the formulary on our side but is restricted on DHCS covered drug list, they will honor this for 180 days while it is under review. Medi-Cal members will receive a new card in the next few weeks that will include their CID number, the new BIN, PCN and group number for Magellan to avoid delays at point of sale. She also shared the links to the provider training where providers can go now who want to learn how to use the portal and provider resources.

Ms. Altman asked what the biggest concerns are for the impact on the CCS kids. Mr. Shen reflected on the concern with Magellan's ability to make this a smooth transition. He stated this is a big automatic switch and staff have been sending claims and authorization data to

help support a smooth transition so DHCS can grandfather in individuals for the first six months. The question is can they will they be able to execute this properly. Their biggest concern are the operational challenges and the complexities around that. He talked about certain medications that may have some limitations by DHCS , the gap between what the plans can cover and what DHCS can cover. Ms. Altman stated that it will be important for providers to document these issues in order to give feedback to the state.

Ms. Soman was glad to hear of the 180 days continuity for existing authorizations and members but is concerned about new prescriptions and new clients. She wonders about the providers ability to know what needs to be provided for Magellan to approve an authorization and their possible needs for additional information. Another concern she raised was making available 72 hours of supplies of medications and how it is not always realistic for families especially on hospital discharge.

Mr. Shen stated talked about the difference between how the health plan was able to deal with denials / appeals and the need for additional information from providers. He explained how the health plan being under Knox-Keene had to follow regulations around member rights and that DHCS does not have to follow the same rights for members leading to an erosion of these rights. However, he explained how operationally they are required to respond in 24 hours and the request can be sent again rather than an appeal and it will need to follow that 24 hour turnaround. Rather than submit an appeal they can send another request. Appeals will follow a different response process.

Ms. Altman talked about how the health plan worked initially when taking on CCS and the changes made in the prior authorization process to relax some of the requirements for medications that were generally needed by these members. She asked if there was anything like this being considered. Mr. Shen said there has been some advocacy around this issue but DHCS has not budged on creating a special formulary around this population. However, he explained the tiered criteria have developed falling back on EPSDT in this process for reviews sounds promising.

Ms. Soman talked about how CRISS has developed common scenarios and questions that will become part of the Magellan training and they will be monitoring this closely. Mr. Shen stated that the restrictions around the 72 hours of supplies is an issue where in real practice they rarely limit it to the 3 days' worth of medications , for example for antibiotics. This could be a problem with Magellan and as an administrator for DHCS they do not have the authority to go outside these restrictions. They can, however, perform an override between DHCS and Magellan if they know how to do that but it is complex and not intuitive. There has been some advocacy around this because of the impracticality of the way they have this laid out. DHCS has to make a decision around this issue and is one the areas that has not yet been decided.

Ms. Soman noted that there is a CCS Advisory Group meeting on January 12, 2022, and CRISS has asked for an update on Medi-Cal pharmacy. This is an opportunity to raise these questions particularly around the 72 hour and she as a member of the advisory group can bring up these questions but she stated that anyone can get on the list to make comment during the public comment period and encouraged others to bring up so it is being heard from a lot of people especially since the leadership of the department is present for this. Ms. Boudreau felt this is important to do and to have a representative of the health plan because there may be some ability to translate some of those and share those at that meeting. Mr. Shen felt it is important for others to bring up these issues so they understand that this is a real issue.

Ms. Altman stated that it will be important for them to hear these potential problems and it would be helpful to strategize on public comment on these issues.

Dr. Esguerra talked about issues around split prescriptions with some being the responsibility of the health plan such as for supplies and for medications that would be the responsibility of Magellan, and the increased burden on providers. Mr. Shen agreed that we are not sure how this will play out between the two organizations and that Magellan has stated they will send it back to HPSM. We are just not sure of their workflows with this as it has not been shared at this point.

## **7. Other Business**

Ms. Soman mentioned about a newly created state advisory group for Children and Youth in CalAIM made up of a broad representation of child advocacy groups like Children Partners and Children Now. She believes the aim at getting representation of those groups that have stake in the populations of the kids mentioned in CalAIM. They will have their first meeting on December 17, 2021 and she has received an invite but not heard much from anyone else on this. Ms. Altman believes that Amy Scribner, our Population Health Officer has been invited.

## **8. Meetings Dates for 2021**

- a. March 24, 2022**
- b. June 23, 2022**
- c. September 22, 2022**
- d. December 8, 2022**

## **9. Adjournment/Closing Remarks**

Ms. Altman thanked this group for the love, care and interest in the CCS program. She has loved working on this project and wished the group well for the future. Ms. Soman and others thanked Ms. Altman for all she has done with this group and her leadership.

The meeting adjourned at 12:48 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 December 2021 by the following votes:

AYES: Mandac, deBlank, Soman, Elliot.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

**CCS FAMILY ADVISORY COMMITTEE MEETING**

**Thursday, December 9, 2021 – 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:** Lianna Chen, Doris Dablo, Faviola Morales, Stephanie Gradek, Gladis Gomez, Stephanie Bayless, Miguel Sr. Bejar Arias, Nyla Dowden.
- Members Excused:** Carol Elliot, Marilyn Wendt, Leticia Acevedo, Rocio Jimenez, Rocio Salas, Roberta Zarate, Esperanza Zamora, Miguel Sr. and Claudia Pina, Christina Marquez, Imelda Aguilar, Amabilia Espinoza, Bianca Ortiz, Sylvia Ixcoy, Christina Marquez, Bianca Ortiz, and Stephanie Smith.
- San Mateo County Members present:** Anand Chabra, M.D., Mitch Eckstein, Jennifer McLean, Susana Flores.
- San Mateo County Members Excused:** Lizelle Lirio de Luna, Marsha Guevara.
- HPSM Members Present:** Pat Curran, Gabrielle Ault-Riche, Sophie Boudreau, Maya Altman, Chris Esguerra, M.D., and Tejasi Patel
- HPSM Members Excused:** Cynthia Cooper, M.D.
- Guests:** Teresa Medivil, Interpreter.

- 1. Welcome/Introductions:** The meeting was called to order at 6:00 p.m. by Gabrielle Ault-Riche. Introductions for all in attendance were made.
- 2. Public Comment:**  
There were no public comments 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.**  
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. Gladys Gomez moved approval to adopt this resolution. All were in favor. A copy of this resolution is attached to these minutes.

#### **4. Approval of Minutes:**

Gladys Gomez moved approval of the September 30, 2021 meeting minutes. The minutes were approved as presented.

#### **5. Discussion of Meeting Length**

Gabrielle Ault Riche proposed extending the length of the meeting to 1.5 hours rather than 60 minutes. This would allow more time for discussion on the family focused topics. After discussion the group agreed to extend the meeting to 1.5 hours.

The start time was discussed and the consensus was it was best to begin the meeting at 6:00 p.m. It was agreed to start the meeting at 6pm and go until 7:30 beginning in 2022. If they find it does not work well, they can go back to 60 minute meetings.

#### **6. Youth Advisory Committee Update**

Lianna Chen reported on a survey sent to the Youth Committee regarding topics of interest for future meetings. Ms. Chen also shared two versions of a page layout to be used in the Housing & Resources Newsletter and asked the group which version would be their preference. After review, they decided version 1 was the preferred layout (copy of version 1 is attached to the minutes).

Ms. Chen presented the discussion around the meetings in the future and the ability to continue to use Teams. The issue of joining by Teams or call in telephonically as an option was discussed. Staff is working on exploring this issue.

#### **7. Medi-Cal Rx Prescription Drug Update**

Ms. Ault-Riche provided an overview of the upcoming pharmacy carve out and asked if committee members had any questions.

Ms. Diablo asked what they as members will need to do and how will this transition affect services. Ms. Ault-Riche stated that there is no action required by the parents. Providers will need to send pre-authorizations to the state for medications instead of HPSM. There was a question if seizure medications would continue to be covered. Dr. Esguerra confirmed this will still be covered. Ms. Dowden asked how long the pre-authorization approvals will take. Dr. Esguerra confirmed the turnaround response for approvals is 24 hours.

Ms. Diablo asked about medications ordered for mail delivery. Ms. Ault-Riche stated that clients should be able to use the same pharmacies used previously. The question was asked if there will be a requirement for members to go through a process of trying different medications on the formulary before approving medications. Dr. Esguerra stated that HPSM has provided Magellan patient history on medication approvals and would expect this to avoid those requirements.

A question was raised about who parents should contact if there are issues with Magellan, and could they contact the CCS RN or HPSM. Ms. Ault-Riche stated they should contact CCS first because they will have someone who can communicate with Magellan.

Committee members had questions about where to file grievances. Ms. Ault-Riche explained that Magellan will be handling this process. Mr. Curran shared the Medi-Cal Pharmacy number: 1-800-977-2273. It was explained that they can still contact HPSM if the grievance is about a provider in our network (for example not prescribing something the family felt like they needed).

## **8. HPSM Dental Update**

Ms. Ault-Riche provided an update on the dental integration and told families to ask their dentist if they are in HPSM's network. If not, she asked them to share their names with HPSM so they can reach out to contract.

## **9. COVID-19 Vaccines for Children**

Dr. Chabra gave an update on the COVID-19 vaccines for children. He reported that:

- a. COVID boosters are now recommended for everyone who received their initial vaccine at least 6 months ago for Moderna and Pfizer. For people who received J&J vaccine, they should get a booster if they received it at least 2 months ago.
- b. All children 5-11 years old are now recommended to get a Pfizer vaccine. In San Mateo County, almost 40% have received at least one dose but we'd like that to be higher, particularly for the CCS kids.
- c. Clients can ask their pediatrician if they are providing the vaccine or can also go to one of 25 pharmacies in SM County or the SM Event Center's clinic and at school locations. If they are having trouble finding a vaccine, please contact your CCS Case Manager for help.
- d. Today the FDA and CDC approved boosters for 16 and 17 years old for Pfizer vaccines.

Ms. Dowden asked if there is a tracking system in place for vaccination of CCS kids. Dr. Chabra stated that while there is a tracking system, it includes all kids in the county. One parent asked how long one would need to wait after being required to quarantine before getting vaccinated. Dr. Chabra informed that they can be vaccinated as soon as they complete the quarantine period.

## **10. Adjournment/Closing Remarks**

Ms. Altman closed the meeting thanking all for their participation. Many expressed their appreciation for Ms. Altman and her hard work, support and leadership over the years.

The meeting was adjourned at 7:01 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 9th day of December 2021 by the following votes:

AYES: L. Chen, D. Dablo, F. Morales, S. Gradek, G. Gomez, S. Bayless, M. Sr. Bejar Arias, N. Dowden.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

**MEMORANDUM**

**AGENDA ITEM: 4.4**

**DATE: January 12, 2022**

**DATE:** January 5, 2022

**TO:** San Mateo Health Commission

**FROM:** Pat Curran, Interim Chief Executive Officer

**RE:** 2022 Membership - Commission Committees and Advisory Groups

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The Commission approves the membership of its standing committees and advisory groups every year at this time. During the year, committee chairs fill vacancies with qualified individuals, and these appointments are confirmed annually by the Commission.

Attached for the Commission's approval is a list of the Commission's current standing committees and advisory groups, including current membership and respective membership representation. Proposed changes have been indicated with strikethrough for deletions and underlining for additions.

DRAFT

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF  
COMMITTEE AND ADVISORY GROUP MEMBERSHIP  
AND MEMBERSHIP REPRESENTATION FOR 2022**

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission has previously established various committees and advisory groups to carry out its business, and appointed members to these committees and groups; and
- B. Membership and representation for these committees is approved annually by the Commission.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

- 1. The San Mateo Health Commission approves the attached list of committees, committee members, and their respective membership representation for its standing committees for 2022.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 12th day of January 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

\_\_\_\_\_  
Ligia Andrade Zuniga, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
C. Burgess, Clerk

\_\_\_\_\_  
Kristina Paszek  
DEPUTY COUNTY COUNSEL

**DRAFT**

**SAN MATEO HEALTH COMMISSION  
COMMITTEES/ADVISORY GROUPS  
Member and Committee Representation List 2022**

**COMMITTEE OR GROUP**

**MEMBERSHIP REPRESENTATION**

**Finance/Executive Committee (5)**

**Staff: CFO/CEO**

*Meets as Scheduled*

Si France, M.D.

- Commissioner

Don Horsley, Chair

- Commissioner

Michael Callagy

- Commissioner

Bill Graham

- Commissioner

~~Vacant~~ [Ligia Andrade Zuniga](#)

- Commissioner

**CCS Clinical**

**Advisory Committee (12)**

**Staff: ~~Pediatric Health Manager~~ [Medical Director](#)**

*Meets Quarterly*

[Vacant]

- HPSM Commissioner

Michelle deBlank

- Legal Aid Society of SM County, Supervising Attorney

Benjamin Mandac, M.D.

- Pediatric Rehabilitation

Laurie Soman

- Lucile Packard Children's Hospital, CGO

Grace Chen, M.D.

- SMMC, Medical Director/Pediatrics & Adolescent Med.

Lianna Chen

- Youth Representative

[vacant]

- Parent Representative

Carol Elliot

- CCS Consumer Advocate (Community Gatepath)

Lee Sanders MD

- Lucile Packard Children's Hospital Physicians

Stephanie R. Smith

- Kaiser CCS Program Manager

~~Helen Phung~~ [Jenn McLean](#)

- CCS MTU Unit Chief Therapist

**CCS Family Advisory Committee (16)**

**Staff: ~~Pediatric Health Manager~~ [Director of Customer Support](#)**

Stephanie R. Smith

- Kaiser CCS Program Manager

Carol Elliot

- Ability Gatepath

Stephanie Gradek

Lianna Chen

Marilyn Wendt

Faviola Morales

Gladis Gomez, Co-Chair

Stephanie Bayless

Miguel Sr. Bejar Arias

Macaria Leticia Acevedo, Chair

Doris Dablo

Nyla Dowden

Miguel Sr. & Claudia Pina

Christina and Raul Marquez

Amabilia Espinoza

Roberta Zarate

Esperanza Zamora

Rocio Salas

## Cal MediConnect (CMC)

### Advisory Committee (18)

Teresa Guingona Ferrer  
Ligia Andrade Zuinga  
Pete Williams  
Diane Prosser  
Beverly Karnatz  
Vacant  
Vacant  
Vacant  
[Nancy Keegan](#)  
Sharolyn Kriger  
Amira Elbeshbeshy/Evelina Chang  
Lisa Mancini / Nina Rhee  
[Sutep Laohavanich \[vacant\]](#)  
Vacant  
Claire Day  
Gay Kaplan, Chair  
[Christina Kahn \[vacant\]](#)  
Kirsten Irgens-Moller  
Art Wolf  
[Darlene Yee](#)

### Staff: Director of Customer Support

- HPSM Commissioner
- HPSM Commissioner, Member
- Member or Family Member
- Member or Family Members
- Affordable Housing Provider
- Member or Family Members
- Commission on Aging
- IHSS Provider
- CBAS Provider (*Senior Focus*)
- Long Term Care Provider
- Legal Aid Society of SM County
- HCBS Services Provider (*SM County AAS*)
- HCBS Services Provider (*SMC Public Authority*)
- Behavioral Health Provider (*SMC BHRS*)
- Alzheimer's Association
- Community Member
- Health Insurance Counseling and Advocacy Program (HICAP)
- Ombudsman Services
- Consumer Advocate
- [SF State University, Professor, Gerontologist](#)

## Children's Health Initiative (CHI)

### Oversight Committee (9)

*Meets as Scheduled*

Teresa Guingona Ferrer  
Cheryl Fama  
Srija Srinivasan  
Emily Roberts/Kitty Lopez  
Deanna Abrahamian  
Manny Santamaria  
[Rayna Lehman](#) [Julie Lind](#)  
[Francine Serafin-Dickson](#)  
Pamela Kurtzman

### Staff: Deputy Chief Executive Officer

- HPSM Commissioner
- Peninsula Health Care District
- County of San Mateo Health System
- County of San Mateo First 5
- County of San Mateo Human Services Agency
- Silicon Valley Community Foundation
- San Mateo County Central Labor Council
- [Hospital Consortium of San Mateo County](#)
- Sequoia Health Care District

### Consumer Advisory Committee (13)

*Meets Quarterly*

[vacant]  
Judy Garcia (*Member*)  
[vacant]  
Mary Pappas (*Commission on Aging*)  
[Vacant]  
Rob Fucilla  
Hazel Carrillo (*Member*)  
[Gloria Flores-Garcia/Ortensia Lopez](#)  
Cynthia Pascual (*Member*)  
Angela Valdez  
Amira Elbeshbeshy, Chair  
Ricky Kot  
[Marmi Bermudez](#)

### Staff: Director of Customer Support

- HPSM Commissioner
- HPSM Member or Consumer Advocate
- Human Services Agency, County of San Mateo
- Legal Aid Society Representative
- Aging & Adult Services, County of San Mateo
- Health System, County of San Mateo

**Peer Review/**

**Physician Advisory Group (12)**

*Meets Bimonthly*

Kenneth Tai, M.D.

Janet Chaikind, M.D., Chair

Leland Luna, M.D.

[vacant]

[vacant]

[James Hutchinson, M.D.](#) [vacant]

[Vanessa de la Cruz, M.D.](#) [vacant]

Vincent Mason, M.D.

[vacant]

Tom Stodgel, M.D.

Randolph Wong, M.D.

[vacant]

**Staff:** ~~Chief Medical Officer~~ **Network and Strategy Officer**

- [maximum of 11 HPSM Contracting physicians]
- Physician Member-Commissioner
- SMMC Physician
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Internal Medicine, Retired*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician Specialist (*Psychiatrist*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician Specialist (*OB/GYN*)
- Contracting Physician Specialist (*Surgeon*)
- Contracting Physician Specialist (*OB/GYN*)

**Pharmacy & Therapeutics Committee (13)**

*Meets Quarterly*

George Pon, RPh

Barbara Liang

[vacant]

Niloofer Zabihi, Pharm.D

Varsha Gadgil, RPh

Jonathan Han, Pharm.D.

Jaime Chavarria, M.D.

Lena Osher, M.D.

[Vacant]

[Vacant]

[Vacant]

[Vacant]

Jack Tayan, Chair [vacant]

**Staff:** Chief Medical Officer/Director of Pharmacy

- Commissioner-Pharmacist Member
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Pharmacist, SMMC
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Physician
- Contracting Physician, Psychiatrist
- Contracting Physician, SMMC
- Contracting Pharmacist/Consultant
- Contracting Physician
- Contracting Physician
- Consultant

**Quality Improvement Committee (8)**

*Meets Quarterly*

Kenneth Tai, M.D.

Jeanette Aviles, M.D.

Amelia Louise Sattler, M.D.

Jaime Chavarria, M.D.

Maria Osmena, M.D.

[Vanessa de la Cruz, M.D.](#) [vacant]

[Vacant]

[Vacant]

**Staff:** ~~Chief Medical Officer~~ **Director of Quality Improvement**

- Commissioner (*Physician*)
- Physician Member (*SMMC Physician-Internal Medicine*)
- Physician Member (*PCP – Family Medicine*)
- Physician Member (*PCP – Family Medicine*)
- Physician Member (*PCP – Pediatrics*)
- Specialist (*Psychiatry*)
- Specialist
- Pharmacist

*(Italics indicates additional information on committee member)*

**DRAFT**

**SAN MATEO HEALTH COMMISSION**  
**Meeting Minutes**  
**December 8, 2021 – 12:30 p.m.**

**AGENDA ITEM: 4.5**

**DATE: January 12, 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                                 Bill Graham  
                                  Michael Callagy   Barbara Miao  
                                  David J. Canepa   George Pon, R. Ph.  
                                  Teresa Guingona Ferrer                                 Kenneth Tai, M.D.  
                                  Si France, M.D.   Ligia Andrade Zuniga, Chair  
                                  Don Horsley, Vice-Chair

Commissioners Absent:   None

Counsel:                     Kristina Paszek

Staff Present:             Maya Altman, Luarnie Bermudo, Chris Baughman, Corinne Burgess, Marisa Cardarelli, Pat Curran, Janet Davidson, Trent Ehrgood, Chris Esguerra, M.D., Karen Fitzgerald, Robert Fleming, Nicole Ford, Ian Johansson, Francine Lester, Richard Moore, M.D., Colleen Murphey, Amy Scribner, Vicki Simpson, and Katie-Elyse Turner.

**1. Call to order/roll call**

The meeting was called to order at 12:30p.m. by Chair, Commissioner Zuniga. A quorum was present.

**2. Public Comment**

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

**3. Approval of Agenda**

Motion to approve the agenda as presented: **Canepa / Second: Horsley**

**Verbal roll call vote was taken:**

Yes: 10 – Callagy, Canepa, Ferrer, France, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

**4. Approval of Consent Agenda**

Motion to approve the Consent Agenda as presented: **Canepa / Second: Horsley**

**Verbal roll call vote was taken:**

Yes: 10 – Callagy, Canepa, Ferrer, France, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

**5. Specific Discussion/Action Items**

**[Commissioner Aviles arrived at this time]**

**5.1 Discussion/Action on Approval of 2022 HPSM Budget**

Ms. Altman reported that the proposed 2022 HPSM Budget was reviewed by the Finance Committee at its November 29, 2021 meeting and that the Committee voted to recommend approval. Mr. Trent Ehrgood, Chief Financial Officer, then reviewed a presentation on the budget, attached to these minutes.

Mr. Ehrgood summarized the financial outlook for 2022. He noted that the pandemic has resulted in health care cost savings due to reductions in physician visits and canceled procedures. Reduced volume in long term care facilities also created savings in 2021. Budgeted revenues for 2022 are based on draft Medi-Cal rates from the State; revisions are expected to occur early next year and perhaps later in the year as well, largely due to the likely extension of the Public Health Emergency past January 31, 2022. Overall, the rates are quite good and should cover costs for the Plan in 2022. Other 2022 budget highlights include:

- Rate reductions due to the Medi-Cal pharmacy carve out effective January 2022, with a corresponding reduction in pharmacy costs;
- Rate increases due to the addition of dental and enhanced care management (ECM) services;
- New revenue for In Lieu of Services, relabeled as Community Supports. HPSM has incurred costs associated with these services in the past without reimbursement; costs for these services will now be recognized in State rate setting;
- Smaller increases in Medicare revenue due to lower visit volume reducing the opportunity for capturing diagnosis codes, which impact risk adjusted revenue;
- Reduced cash earnings due to the economic downturn; and

- While management has kept new positions and administrative costs in 2021 to a minimum, several new positions are proposed for 2022, due to the launch of new programs; Medi-Cal revenue for these new programs will cover the costs of these positions.

Mr. Ehrgood reported that the 2022 budget projects a surplus of \$6.2 million. In recent years, deficits have been projected with the expectation that, over time, the Plan would achieve a breakeven budget. Because of the cost savings due to the pandemic and rate increases in the 2022 Medi-Cal rates, we are reaching a breakeven point sooner than expected.

Mr. Ehrgood then reviewed several categories of revenue and expense in the 2022 budget. He noted membership growth and rate increases for the added dental and ECM benefits. Pharmacy revenues and expenses will decrease due to the pharmacy carveout. Health care costs will increase due to the growth in membership.

HPSM has experienced a 19% increase in Medi-Cal membership since the beginning of 2020. Growth is expected to continue in the early part of next year but at a slower pace and then small declines will occur later in the year as the Medi-Cal redetermination process begins again when the Public Health Emergency ends. Enrollment for Cal MediConnect, HPSM's Medicare program, is expected to hold steady in 2022. In addition, undocumented individuals over the age of 50 will qualify for Medi-Cal beginning in the second quarter of 2022, shifting some members from the County ACE program to Medi-Cal

Commissioner Canepa asked about the number of additional FTEs proposed for the budget and the resulting impact on current reserves. Mr. Ehrgood explained that the budget includes funding for 14 additional FTEs; the expense for these positions are built into the budget and accounted for in the projected \$6 million surplus. The added FTEs are needed for administration of new programs. Commissioner Graham reiterated for confirmation that the FTEs are tied to the operations of new programs that the Commission has approved in the last year, such as the dental program. Mr. Ehrgood confirmed this is correct.

Commissioner Pon asked if the \$60 million pharmacy revenue assumes the pharmacy carve out. Mr. Ehrgood responded that it does; the remaining revenue represents Medicare Part D and pharmacy services for the HealthWorx population. Commissioner Pon also asked about anticipated problems with the carve out and whether any contingency funding is budgeted. Mr. Ehrgood noted that contingency funds are not needed because the carve out is removing the responsibility and reimbursement from the health plan and turning it over to the State as of January 1, 2022. If a Medi-Cal pharmacy claim is received by the health plan, it will be denied with instructions to bill the state.

Commissioner Ferrer, understanding that 10 of the 14 FTEs are designated for the dental program, asked if this is sufficient staffing. Mr. Ehrgood discussed the addition of a Dental Director, Dental Benefits Manager, dental referral coordinators, and a claims representative to deal with the additional claims volume. Staff has carefully analyzed staffing needs and believes staff levels will be adequate. However, we will monitor the situation and propose adjustments as needed.

Mr. Ehrgood reviewed current reserve levels, prior year adjustments, and restated financials that give a more accurate view of each year's financial results. In 2019 and 2020 we experienced losses which reduced reserve levels. Some losses are also expected in 2021 although 2022 is expected to end the year with a small surplus.

Commissioner Tai asked about the Managed Care Organization (MCO) tax. Mr. Ehrgood stated that this tax is an expense but was included in the final rates we received creating a zero net result. Commissioner Tai asked about the State's perspective on the size of HPSM's Tangible Net Equity (TNE) reserve. Mr. Ehrgood responded that the State does not consider the size of a plan's reserve in rate setting. However, when we complained about the rates received in 2019, State officials pointed to the Plan's reserve level and noted that the Plan could withstand one to years of deficits. The current reserve levels are critical to ensure HPSM can withstand the vicissitudes of the annual rate setting process, as well as invest in new programs as needed.

Motion to adopt the 2022 HPSM Budget as presented: **Aviles / Second: Canepa**

**Verbal roll call vote was taken:**

Yes: 11 – Aviles, Callagy, Canepa, Ferrer, France, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

**5.2 Discussion/Action on Resolution of Appreciation for Maya Altman, Chief Executive Officer**

Mr. Curran presented the resolution of appreciation for Ms. Maya Altman for her retirement and presented a plaque in recognition of her years of dedicated service. Mr. Curran shared with the Commission the recognition for Ms. Altman at an All Staff Meeting on December 1<sup>st</sup>, a virtual celebration. It was a wonderful gathering of videos from staff and colleagues including State officials who have worked with Maya over the years.

Mr. Curran read aloud the resolution of appreciation for Ms. Altman. A copy of the resolution is attached.

Commissioners expressed their gratitude to and respect for Ms. Altman.

Motion to approve the resolution of appreciation for Maya Altman, Chief Executive Officer:  
**Graham / Second: Miao**

**Verbal roll call vote was taken:**

Yes: 11 – Aviles, Callagy, Canepa, Ferrer, France, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

**6. Report from Chairman/Executive Committee**

Commissioner Zuniga had nothing additional to report from the Executive Committee.

**7. Report from Chief Executive Officer**

Ms. Altman had nothing to add to her written report.

**8. Other Business**

No other business was discussed.

**9. Closed Session**

Conference with Legal Counsel – Anticipated Litigation (Gov't Code section 54956.9(d)(2) (2 cases)) Action on Government Claim.

Commissioner Zuniga moved the meeting to closed session at 1:49 p.m.

**10. Report on Action taken in Closed Session**

The meeting reconvened at 2:01 p.m. Kristina Paszek, Deputy County Counsel, reported that the Commission approved adding \$250,000 to the existing agreement with Gibson Dunn for legal services. Additionally, the Commission took action to deny a government claim submitted by Kindred Hospital San Francisco Bay Area.

**11. Adjournment**

The meeting was adjourned at 2:02 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess, Clerk of the Commission

# 2022 Operating Budget

HPSM Commission

December 8, 2021



## Financial Summary and Outlook for 2022



- The pandemic continues to cause financial variation, mostly savings in healthcare cost. Reduced physician visits and cancelled procedures in 2020 created the savings in that year. Reduced volume in long-term-care (LTC) facilities created savings in 2021.
- Budget revenue is based on draft Medi-Cal rates, which are expected to be updated with minor changes at a later date. Medi-Cal rate increases for 2022 were pretty good and pushes HPSM back to covering cost again.
- Medi-Cal rates include several adjustments in 2022. Rates will be reduced for the pharmacy carveout but are also being increased for the addition of the Dental benefit and Enhanced Care Management (ECM).
- In Lieu of Services (ILOS) is another area where there is new funding in 2022. This is an area where HPSM has incurred cost in the past with no reimbursement; but now the State is acknowledging this cost in rate setting.

# Financial Summary and Outlook for 2022

Continued . . .



- Medicare revenue is risk adjusted based on the acuity of the member. Medicare revenue is expected to have smaller increases, partly due to the lower visit volume, which reduced opportunities for diagnosis capture.
- Lower earnings on our cash has also contributed to reduced income by about \$6M annually due to the continued economic downturn.
- Management has kept administrative cost down by continuing to scrutinize hiring vacant positions, but new programs and benefits starting in 2022 will result in new positions. Medi-Cal rates include added dollars to fund these new programs.

## Proposed 2022 Budget



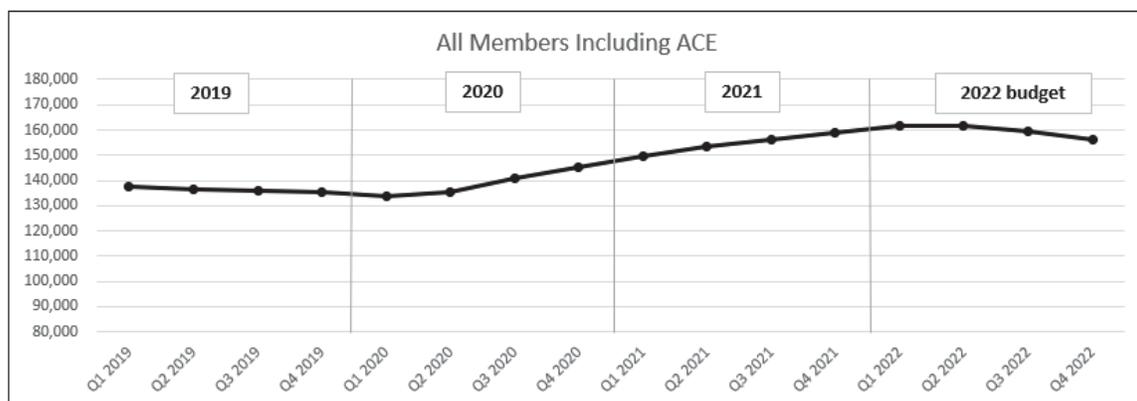
<b>OPERATING REVENUES:</b>	
Capitation & Premium Revenue	\$ 903,665,508
<b>HEALTH CARE EXPENSE:</b>	
Professional & OP Svs FFS	\$ 294,239,090
Inpatient Services	203,919,638
Long Term Care	165,253,991
Pharmacy	60,381,449
Provider Capitation (Incl. Kaiser)	50,933,383
UM / QA Costs	21,010,635
MLTSS (CBAS, MSSP, ECM)	20,594,064
Dental	17,803,262
Provier Incentive Pool	9,215,592
Reinsurance/Other	2,670,893
<b>Total Health Care Expenses</b>	<b>\$ 846,021,997</b>
<b>ADMINISTRATIVE EXPENSES</b>	<b>\$ 55,751,215</b>
<b>MCO Tax</b>	<b>\$ -</b>
<b>Net Gain from Operations</b>	<b>\$ 1,892,296</b>
<b>NON-OPERATING REVENUES:</b>	
Interest	\$ 1,000,000
Rental Income	1,175,881
ACE TPA Fees	2,187,301
<b>Total Non-Operating Revenue</b>	<b>\$ 4,363,181</b>
<b>PROJECTED SURPLUS</b>	<b>\$ 6,255,478</b>

## 2022 Membership Assumptions

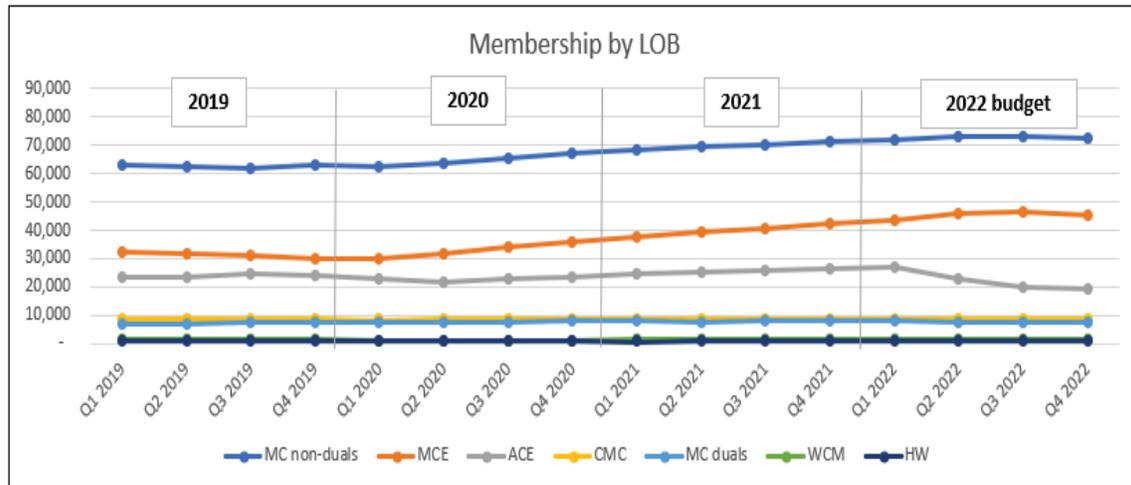


- HPSM has experienced a 19% increase in Medi-Cal membership since the beginning of 2020. This growth in Medi-Cal enrollment is expected to continue in early 2022, but at a slower pace, with small declines starting later in the year after the disenrollment process starts up again.
- CMC enrollment is expected to hold steady into 2022.
- New Medi-Cal eligibility criteria for immigrants over the age of 50 will result in a portion of members shifting from the ACE program to Medi-Cal starting in Q2 2022.

## Membership Trends 2019-2022



# Membership Trends 2019-2022



# 2022 Budget Summary by LOB



	Medi-Cal (non-duals)	Medi-Cal (duals)	MCE	WCM	CMC	HealthWorx	ACE	HPSM *	Total
Operating Revenue	\$276,558 K	\$89,121 K	\$210,032 K	\$34,485 K	\$287,003 K	\$6,466 K			\$903,666 K
Health Care Expense	\$255,051 K	\$82,001 K	\$193,040 K	\$25,371 K	\$284,452 K	\$6,107 K			\$846,022 K
Admin	\$16,149 K	\$3,606 K	\$12,017 K	\$1,672 K	\$19,683 K	\$482 K	\$2,144 K		\$55,751 K
MCO Tax	\$0 K	\$0 K	\$0 K	\$0 K	\$0 K	\$0 K			\$0 K
Other Income							\$2,187 K	\$2,176 K	\$4,363 K
<b>Net Profit/(Loss)</b>	<b>\$5,359 K</b>	<b>\$3,515 K</b>	<b>\$4,974 K</b>	<b>\$7,443 K</b>	<b>(\$17,132 K)</b>	<b>(\$123 K)</b>	<b>\$44 K</b>	<b>\$2,176 K</b>	<b>\$6,255 K</b>

MLR	92%	92%	92%	74%	99%	94%			94%
Average Membership	72,661	7,791	45,416	1,381	8,857	1,228	22,277		159,611
Revenue PMPM	\$ 317.18	\$ 953.20	\$ 385.38	\$ 2,080.94	\$ 2,700.44	\$ 438.85	\$ 8.18		

\* Interest Income & Rent Income

## Focus on Medical Cost

... a few areas of continued effort

- Improve utilization management, especially around inpatient, post-acute care and other facility cost.
- Focus on efficiency factors associated with lower revenue.
- Continue to focus on medical pharmacy utilization.
- Continue improvements on data analytics.
- Implement population health management approach for care management.



## Administrative Budget

2021 to 2022 Change

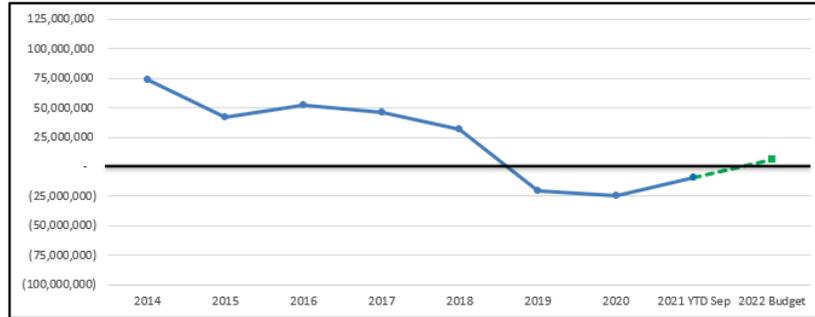


<u>Expense Category</u>	<u>2021 Budget</u>	<u>2022 Budget</u>	<u>Change</u>	<u>% Chng.</u>
Salaries, Benefits, Training, Travel	41,382,680	45,451,750	4,069,070	9.8%
Consulting & Outside Services	17,562,400	16,794,300	(768,100)	-4.4%
Maintenance & Support	5,185,450	5,264,600	79,150	1.5%
Occupancy, Deprec & Amort	4,581,500	4,379,800	(201,700)	-4.4%
Postage, Delivery & Printing	1,552,300	1,799,000	246,700	15.9%
Office	1,403,600	1,519,000	115,400	8.2%
Other Admin Expenses	1,302,940	1,553,400	250,460	19.2%
<b>Sub-Total</b>	<b>72,970,870</b>	<b>76,761,850</b>	<b>3,790,980</b>	<b>5.2%</b>
UM/QA Allocation (to HC Cost)	(19,469,606)	(21,010,635)	(1,541,029)	7.9%
<b>Total Admin Expense</b>	<b>53,501,264</b>	<b>55,751,215</b>	<b>2,249,951</b>	<b>4.2%</b>
<b>FTE's</b>	<b>320</b>	<b>334</b>	<b>14</b>	<b>4.4%</b>

Note: FTE count include out of State employees paid thru agency

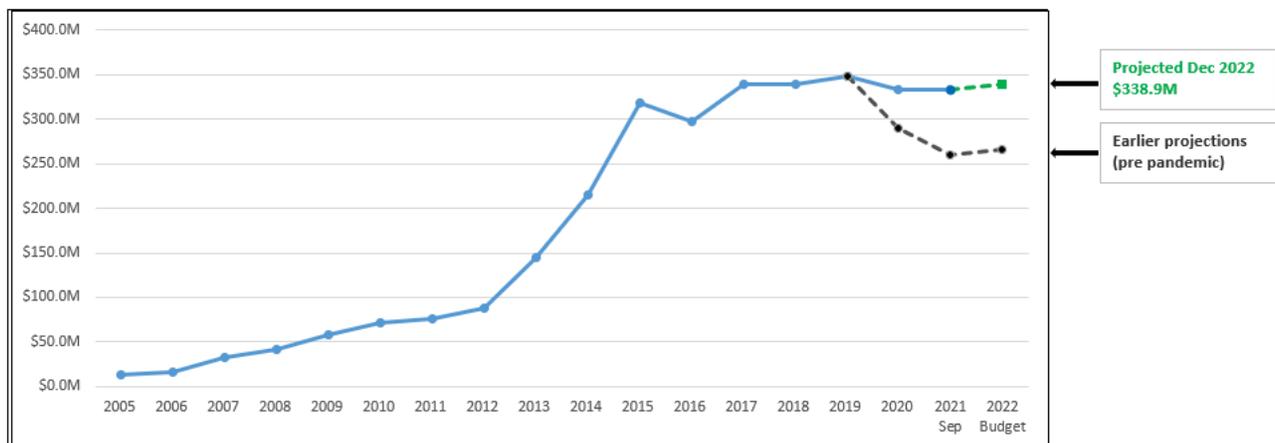
# Historical Net Income/(Loss)

## Eight-year trend – **Restated** w/ 2022 budget



	2014	2015	2016	2017	2018	2019	2020	2021 YTD	2022 Budget
Revenue	\$751,664 K	\$851,603 K	\$871,016 K	\$860,542 K	\$813,329 K	\$767,506 K	\$786,545 K	\$666,572 K	\$903,666 K
Healthcare Cost	\$621,209 K	\$741,544 K	\$738,555 K	\$717,251 K	\$683,735 K	\$719,271 K	\$738,001 K	\$615,815 K	\$846,022 K
Admin Expense	\$33,072 K	\$36,365 K	\$44,589 K	\$46,764 K	\$48,399 K	\$50,566 K	\$48,544 K	\$37,365 K	\$55,751 K
MCO Tax	\$26,648 K	\$35,332 K	\$39,770 K	\$57,351 K	\$60,747 K	\$31,242 K	\$31,144 K	\$25,648 K	\$0 K
Operating Income/(Loss)	\$70,736 K	\$38,362 K	\$48,102 K	\$39,176 K	\$20,448 K	(\$33,574 K)	(\$31,145 K)	(\$12,257 K)	\$1,892 K
Non-Operating Revenue	\$3,376 K	\$3,263 K	\$3,801 K	\$7,390 K	\$11,285 K	\$12,685 K	\$6,903 K	\$3,454 K	\$4,363 K
Net Income/(Loss)	\$74,112 K	\$41,625 K	\$51,902 K	\$46,565 K	\$31,732 K	(\$20,889 K)	(\$24,242 K)	(\$8,803 K)	\$6,255 K

# Projected Tangible Net Equity (TNE)



Thank you



**RESOLUTION OF THE  
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF RESOLUTION OF  
APPRECIATION FOR MAYA ALTMAN**

**RESOLUTION 2021 - 46**

**RECITAL: WHEREAS,**

- A. Maya Altman has served as the Chief Executive Officer for the Health Plan of San Mateo for more than 16 years; and
- B. As such, Maya Altman has led the Health Plan of San Mateo with distinction, developing and implementing innovative new programs, guiding the organization to solid financial stability for members and providers, and improving the quality of life for hundreds of thousands of San Mateo County residents through the years; and
- C. During her years of dedication and vision as the Chief Executive Officer, Maya Altman has placed the Health Plan of San Mateo at the cutting edge of new program development, earning the respect and admiration of health care leaders and stakeholders here in San Mateo County, throughout California, and across the nation; and
- D. Maya Altman's insights, vision and leadership will be missed by the San Mateo Health Commission and staff.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

- 1. The San Mateo Health Commission and the staff of the Health Plan of San Mateo wish to express their sincerest appreciation to Maya Altman for her immeasurable contributions and visionary leadership of the Health Plan of San Mateo; and
- 2. The San Mateo Health Commission extends to Maya Altman sincere wishes for continued success in her future endeavors.

**PASSED, APPROVED, AND ADOPTED** by the San Mateo Health Commission this 8<sup>th</sup> day of December 2021 by the following votes:

AYES: Aviles, Callagy, Canepa, Ferrer, France, Graham, Horsley, Miao, Pon, Tai, Zuniga.

NOES: -0-

ABSTAINED: -0-

ABSENT: -0-

ATTEST:

BY: C. Burgess  
C. Burgess, Clerk

SPA  
Ligia Andrade Zuniga, Chairperson

APPROVED AS TO FORM:

Kristina Paszek  
Kristina Paszek  
DEPUTY COUNTY COUNSEL

**MEMORANDUM**

**AGENDA ITEM:** 5.1

**DATE:** January 12, 2022

**DATE:** January 3, 2022

**TO:** San Mateo Health Commission

**FROM:** Pat Curran, Interim Chief Executive Officer

**RE:** Election of Commission Officers

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The Commission's bylaws call for the election of the Commission's officers for one-year terms at the first meeting of each calendar year. The offices to be filled are: Chair, Vice Chair, Clerk, and Assistant Clerk.

The Commission's custom has been that the Chair and Vice Chair serve two one-year terms. Commissioners Zuniga and Commissioner Horsley have each completed their second one-year term as Chair and Vice Chair, respectively. It has also been the Commission's custom that the outgoing Vice-Chair fill the Chair position when vacated. The recommendation is to have Commissioner Horsley serve as Chair and nominations be made for Vice-Chair position.

I recommend that the position of Clerk continue to be filled by Corinne Burgess and the Assistant Clerk position be filled by Michelle Heryford.

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF  
ELECTION OF COMMISSION OFFICERS FOR 2022**

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission’s Bylaws provide for election of its officers for one (1) year terms at the Commission’s first meeting each year; and
- B. The Chair and Vice-Chair offices are to be filled by Commissioners.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

- 1. The San Mateo Health Commission elects Commissioner \_\_\_\_\_ to serve as the Chair and Commissioner \_\_\_\_\_ to serve as the Vice-Chair for 2022.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 12<sup>th</sup> day of January 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

\_\_\_\_\_  
\_\_\_\_\_, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
C. Burgess, Clerk

\_\_\_\_\_  
Kristina Paszek  
DEPUTY COUNTY COUNSEL

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF ELECTION OF  
CLERK AND ASSISTANT CLERK  
OF THE COMMISSION FOR 2022**

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission’s Bylaws provide for election of its officers for one (1) year terms at the commission’s first meeting each year; and
- B. The Clerk and Assistant Clerk offices are to be filled by non-commissioners.

**NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:**

- 1. The San Mateo Health Commission elects Corinne Burgess as Clerk of the Commission and Michelle Heryford as Assistant Clerk of the Commission.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 12th day of January, 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

\_\_\_\_\_  
\_\_\_\_\_, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
C. Burgess, Clerk

\_\_\_\_\_  
Kristina Paszek  
DEPUTY COUNTY COUNSEL

## MEMORANDUM

**AGENDA ITEM:** 7.0

**DATE:** January 12, 2022

**DATE:** January 4, 2022  
**TO:** San Mateo Health Commission  
**FROM:** Pat Curran, Interim CEO  
**RE:** CEO Report – January 2022

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The new year started out with several program transitions, and the HPSM staff is monitoring each of them closely. We also continue our work on NCQA Accreditation.

### **Medi-Cal Pharmacy Carve-Out**

As of January 1<sup>st</sup>, the state began managing the pharmacy benefit for Medi-Cal members in a program called Medi-Cal Rx that is administered by Magellan. Our Pharmacy Director, Ming Shen, and our pharmacy team kept close watch on pharmacy activity over the holiday weekend and into the first week. Our initial member and provider call volume is not high, but we don't know yet the extent of issues members may be facing, and will have more information as this week unfolds.

### **CalAIM Program Implementation**

HPSM implemented two programs on January 1<sup>st</sup>.

1. Enhanced Care Management (ECM): This program, which is face-to-face intensive care coordination for medically complex members, was implemented through our county partners and other community organizations. The emphasis in this initial phase is to ensure that members who were receiving existing services through the Whole Person Care (WPC) program continue to receive services.
2. Community Supports: This program addresses the broader social needs of members as part of the CalAIM transformation. For January 1<sup>st</sup>, our initial implementation focused on programs we have had in place for housing and long-term care transitions, as well as recuperative care and medically tailored meals.

### **Dental Integration**

We implemented the first-ever integrated Medi-Cal dental benefit on January 1<sup>st</sup>. Staff made extensive preparations for the program launch, and so far, we are addressing member needs and providing access to care during this transition. Members are calling to ask about benefits and provider availability, which is expected, and the call volume is not significant.

**NCQA Accreditation**

Our staff submitted documentation to NCQA in December and we are now addressing questions by the NCQA reviewers. Our next step is to prepare for the file review portion of the process. Staff in many departments have been diligently working on this initiative and we hope to have a status update at the February Health Commission meeting.