

-Virtual Meeting-

REVISED

THE SAN MATEO HEALTH COMMISSION

Regular Meeting

January 13, 2021 - 12:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd., South San Francisco, CA 94080

Important notice regarding COVID-19:

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Thus, pursuant to Executive Order N-29-20, local and statewide health orders, and the CDC's social distancing guidelines which discourage large public gatherings, the Health Plan of San Mateo offices are no longer open to the public for meetings of the San Mateo Health Commission.

Public Participation

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

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Phone Conference ID: 887 144 736#

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 a.m., January 13, 2021 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.

AGENDA

1. Call to Order/Roll Call

2. Public Comment/Communication

3. Approval of Agenda

4. Consent Agenda*

4.1 Consumer Advisory Minutes, October 2020

4.2 Pharmacy & Therapeutics Minutes, November 2020

4.3 Waive Request for Proposal and Approval of Agreements for Printing Services

4.4 Waive Request for Proposal and Approval of Agreement with Able Engineering Services, Inc.

4.5 Approval of Advisory Group Membership for 2021

4.6 Approval of San Mateo Health Commission Meeting Minutes from December 9, 2020

5. Specific Discussion/Action Items

5.1 Discussion/Action on Election of Officers*

5.2 Approval of Amendment to Agreement with BACS for Recuperative Care*

5.3 Presentation on Population Needs Assessment

- 6. Report from Chairman/Executive Committee**
- 7. Report from Chief Executive Officer**
- 8. Other Business**
- 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.

DRAFT

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Teleconference Meeting
Meeting Minutes
Thursday, October 22, 2020

AGENDA ITEM: 4.1
DATE: January 13, 2021

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, Mary Pappas, Rob Fucilla, Ricky Kot, Angela Valdez, Hazel Carrillo

Committee Members Absent: Cynthia Pascual, Judy Garcia

Staff Present: Gabrielle Ault-Riche, Carolyn Thon, Dr. Richard Moore, Karla Rosado-Torres, Megan Noe, Sarah Munoz, Karen Fitzgerald, Joy Deinla, Mat Thomas, Michelle Heryford

Staff Absent: Charlene Barairo, Kiesha Williams

1.0 Call to Order/Introductions: The meeting was called to order at 12:03 pm by Ms. Elbeshbeshy.

2.0 Public Comment: Ms. Pappas updated the group on HICAP. They are very busy with open enrollment for Part D and Medicare Advantage plans. Those who would like to make changes must do so before Dec. 7th. San Mateo County has multiple Medicare Advantage plans, making this decision very confusing for workers and members. Ms. Elbeshbeshy asked for materials and information to share.

3.0 Approval of Meeting Minutes for July 23, 2020: The meeting summary for the July 23, 2020 meeting was approved as presented. **M/S/P**

4.0 HPSM Operational Reports and Updates

4.1 CEO Update: Ms. Altman started with a report on PG&E’s Public Safety Power Shut-Offs (PSPS). She noted HPSM’s efforts in coordination with the County to reach out to members that could be affected by the shut offs. They have also reached out to congregate facilities both skilled nursing and residential care for the elderly to ensure they are okay at this time. She is happy to see things have settled down a bit with regard to the County statistics related to COVID as

compared to the beginning when there were so many outbreaks. The facilities are now conducting regular testing, particularly on their staff.

Ms. Altman informed the group that Seton Medical Center has a new owner, AHMC, which is a hospital chain from Southern California. HPSM reached agreement with them on a new contract in August. So far they have not heard much about this transition, other than their plans to implement a new electronic medical record system.

She went over the pharmacy carve out, which is coming up in January. HPSM has been working closely with the State and their Pharmacy Benefit Manager (PBM), Magellan, to ensure a seamless transition. However, Ms. Altman noted they are very concerned as this is a big change for providers, pharmacies and members, and there is certain to be a lot of confusion for members who are used to dealing with HPSM directly over pharmacy issues. There will be continuity for prescriptions for the first 6 months, which should help. Ms. Pappas asked if this is just for Medi-Cal, and Ms. Altman confirmed that it is limited to Medi-Cal, Cal-MediConnect is exempt.

Ms. Altman also reported on transitioning Behavioral Health and Recovery Services (BHRS) services from the County to the Plan. They've already assumed responsibilities around managing the network of behavioral health providers that provide mild to moderate services. She remarked that in the short term there may be some pain and confusion, but in the long run, both parties agree it will be a better system.

She informed the committee that the dental program has been delayed. It is expected to start in January 2022. She also spoke about current work on the 2021 budget; she hopes to come back to this group with a list of company initiatives in January. While not drastic, some important changes have been made based on the State's budget. She reminded the committee that HPSM sustained cuts this year and they expect to receive additional cuts next year. HPSM's financial reserves will help cushion the blow.

Mr. Fucilla asked Ms. Altman if HPSM has noticed an increase in demand for mental health services due to the pandemic. Ms. Altman noted isolation is a big problem. She spoke briefly about the programs and outreach HPSM has made to their members to help in this area. She expects they will see an increase in mental health services, but could not provide a quantitative answer at the meeting. She said she would check with Amy Scribner, HPSM's Director of Behavioral Health for the numbers. Colleen Murphey, HPSM's Network and Strategy Officer remarked they have seen an uptick in utilization in BHRS needs overall. She said they are aware about a need for these services, in particular from those in congregate care

settings. It is an active area of focus right now to expand the network of providers who can offer those services in a Residential Care Facility for the Elderly (RCFE) or a Skilled Nursing Facility (SNF). Dr. Moore confirmed there has been a rise, mostly in those already engaged in therapy. He said alcoholism and drug use has gone up too.

4.2 CMO Update: Dr. Moore said while San Mateo County had been faring relatively well with COVID, on this day California recorded the highest death total in nearly a month. On average the numbers are up by 10%. There are 23 COVID patients in San Mateo County, 3 are HPSM members. The Center of Excellence (COE) at Seton Medical Center still remains open but with few patients. The SNFs are experiencing some financial hardship keeping a unit open that is dedicated strictly to COVID patients. They are working on strategies for COVID positive patients that need a SNF.

He also spoke briefly about flu shots and reminded the group that flu shots are part of a comprehensive public health strategy. He noted it's not only to reduce the burden of flu but to preserve healthcare resources for patients with COVID.

Ms. Elbeshbeshy had a question about the demand for testing in the county in light of a possible third wave. Dr. Moore replied there is plenty of testing, there are many drive-in facilities and care facilities are testing on a regular basis. Ms. Altman said she has been in touch with the County. She agreed with Dr. Moore that testing facilities have ramped up testing availability. There is a concern about reaching those who are in high risk communities. They are working on messaging to remedy this. Dr. Moore reported that the Federal government sent test kits to area SNFs but some refused to use them. The package states "a negative result should never be used for decision making" and has a sensitivity rating of about 70%, the State's recommendation is over 90%. Ms. Murphey noted that they are closely tracking the availability of POC tests with higher sensitivity. There are a couple out there that are both fast and accurate.

4.3 Quality Improvement: Sarah Munoz, Health Promotion Program Specialist, informed the committee about HPSM's first ever drive-thru flu clinic. It is scheduled for Saturday, November 7th at the HPSM offices at 801 Gateway Blvd in South San Francisco. Information is on the HPSM website. Ms. Altman noted the importance of getting a flu shot, especially this year. Ms. Munoz asked for feedback on a couple of health education flyers they worked on with the Marketing and Communications Team (Marcom). The first was the flu information card. It is similar to last year's card but the design and pneumonia vaccine information has been updated. They are encouraging members to check with their PCP to see if a pneumonia vaccine is recommended. Ms. Elbeshbeshy

wondered if there should be some mention of COVID in the flyers, as she thinks perhaps more members may be interested. Ms. Munoz welcomed the suggestion. She did add that it is mentioned in their scripting. Mr. Kot asked if the cards will be translated, and Ms. Munoz said they would be translated in all of the threshold languages: Chinese, Spanish, Russian and Tagalog. Ms. Munoz also shared a vaccine mailer which provides a vaccine timetable for members of the Baby and Me program. They will begin to send those out in November.

4.4 Grievance and Appeals: Ms. Rosado-Torres provided a review of the Grievance and Appeals report included in the packet for Q3. She did note that grievances have gone up a bit from Q2 and Q3. This comes as the state prepares to reopen, though it is still lower than the number of grievances they are used to receiving; this goes for the CareAdvantage line as well. There are no significant plans to address this, as it is just a symptom of reopening in the County. There was only 1 Medi-Cal case related to DMHC or State Fair Hearings in Q3. It was a billing case regarding post-acute care and a decision was made to dismiss the case. There was a total of 11 Independent Medical Reviews (IMR's) in Q3. 82 members requested to change their PCP from 29 different PCP's; 20 were clinics and 9 were individual providers.

4.5 Provider Services: Ms. Murphey reported that they have been focusing on the BHRS transition, which went live on October 1, 2020. They are also taking on referral management for mild to moderate (M2M) or primary mental health care services. If a member needs a referral for a M2M provider, their provider can refer them to the BHRS ACCESS call center who can help them make a direct match to a M2M mental health care provider. In the spirit of protecting access and to support providers, they have shared provider training materials and FAQ's with all HPSM providers. They are also beefing up the website with information specifically to help providers get their issues addressed without slowing down access to care.

They are also looking for BHRS providers for members in congregate care settings, and for more virtual options. Network recruitment continues in primary care, speech and occupational therapy and non-emergency medical transportation (NEMT). They recently made a shift with NEMT to a new vendor called Wheel Care Express, which has capacity to serve HPSM members.

The work at the COE and SNFs continues to be a major focus. They are working hard to ensure the COE model stays open, but the volume isn't as high as expected and some are struggling to stay open with low capacity. They are looking for a facility to help with this. She announced efforts to assist SNFs as well

as other facilities with the launch of a virtual session with community health partners to discuss areas and issues of concern. Kati Philips, HPSM's Provider Network Manager, will be leading those discussions. They'd like to focus on shared quality goals, in particular shared priorities for high quality of care. They'd also like to discuss efforts for better engagement with hospital discharge teams. The current discharge process whether to a nursing facility or home can be a bit complicated.

She provided an update on the value based payment and process improvement work. Hospitals are the third tier in this process and they are encouraged by how programs in primary care and the nursing facilities are evolving. They are coming to the close of the measurement period for some of those prioritized quality measures for the primary care and skilled nursing value based payment model. They will calculate the data to see how well these provider's did on shared quality metrics.

4.6 Member Services: Ms. Ault-Riche reported on behalf of Kiesha Williams, starting with the pharmacy carve out. They are concerned about the impact to members and are working to mitigate this transition. She noted that members will need their Client Identification number (CIN), which is located on a card issued from the Department of Healthcare Services (DHCS) called a BIC card. Many received their BIC cards years ago and cannot locate them now. There has been a cross department effort with Marcom to help members, which will include a letter with their CIN number for easy access. If members can't find their card, the letter will have all of the pertinent information.

They have also submitted feedback to DHCS around the appeals process. DHCS is replicating the same appeals and grievance process that they do for fee for service (FFS) Medi-Cal, which is not nearly as strong in terms of members' rights as the Knox-Keene agreement with DHCS. This means the PBM, Magellan, will be held to a much lower standard when it comes to appeals and grievances than HPSM is. One of the concerns is that if a member is denied, the only path to challenge that denial is a State Fair hearing, which is not a good system for a medication appeal. It takes several months and is decided by a judge not a clinician. They did receive confirmation that physicians can submit the same prior auth request over and over, which gives them a chance to include information that may have been missing prior. This may help as denials often occur because physicians fail to submit all pertinent information initially.

Mr. Kot inquired on the role of the Plan and how they will help members, especially those whose medications may no longer be available to them. Ms. Ault-

Riche responded that the member will need to call the PBM and unfortunately if an override is needed in order to process a claim while the member is at the pharmacy, HPSM will no longer be in a position to do that. There will be a few select HPSM staff members who will have access to the Magellan system, and they will be able to see what kinds of decisions were made but they will not be able to do anything in the system. HPSM will also have a contact at Magellan that the clinical staff can call.

She reported on enrollment and the performance of both call centers. Initially after COVID hit, calls decreased dramatically. The volume is now almost back to pre-pandemic levels. Both call centers have been doing very well with their metrics. She reported that Medi-Cal enrollment is stable. The year started with lower enrollment than last, however since April and May enrollment has been steadily increasing. She clarified that the number of new enrollees has not increased significantly. Most of the increase is the result of existing members staying on Medi-Cal and not losing coverage because the State made the decision not to dis-enroll members. The increased enrollment is the cumulative effect of members being able to keep their Medi-Cal coverage.

A section was added to the report for both the Member Services and the CareAdvantage call centers. It will provide details on the quality of the calls in addition to the statistics it currently provides. She briefly explained their Call Monitoring System, a long-standing process used by the department and listed the criteria used to monitor the calls, as well as some of the specifics of the call monitoring forms. The criteria for these calls was met 95% of the time. The CA line has reached this goal 97% of the time. Ms. Elbeshbeshy had a question about employees making these calls while working from home, asking if calls are still able to be recorded. Ms. Ault-Riche replied that calls are recorded on a system through the employees' computer while working from home.

5.0 2021 Meeting Dates: Ms. Ault-Riche went over the proposed CAC meeting dates for 2021. The committee will meet quarterly on January 28, April 22, July 22 and October 28, 2021. The committee approved the dates via roll call. **M/S/P**

6.0 New Business: There was no new business either virtually or via email.

7.0 Adjournment: The meeting was adjourned by Miss Elbeshbeshy at 1:21 pm.

Respectfully submitted:

M. Heryford

M. Heryford
Assistant Clerk to the Commission

DRAFT

PHARMACY & THERAPEUTICS (P&T) COMMITTEE
Meeting Summary
Tuesday, November 17, 2020 - 7:00 am to 9:00 am
Virtual Meeting via Microsoft Teams

AGENDA ITEM: 4.2

DATE: January 13, 2021

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 comment 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: George Pon, Jack Tayan, and Victor Armendariz

Members Absent: Barbara Liang, Jaime Chavarria, Jonathan Han, Dr. Lena Osher, Niloofar Zabihi, Rukhsana Siddiqui, and Varsha Gadgil

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

1. Call to Order

Jack motioned for a call to order.

2. Public Comment

None

3. Approval of Meeting Minutes

George motioned for approval of the agenda and Jack seconded.

4. Approval of Agenda

George motioned for approval of the agenda and Jack seconded.

5. Old Business

None

6. New Business

Jack asked about the Medi-Cal pharmacy carve-out. Ming responded that DHCS has decided to delay the implementation of the pharmacy carve-out citing impacts related to COVID-19. The new effective date is now April 1st, 2021. HPSM will continue to administer the pharmacy benefit for Medi-Cal members until then and Ming did not anticipate any disruptions in service as a result of this delay.

6.1 Pharmacy Department Policy Updates

Jasmine presented changes to the Appeals Policy and the Nutritional Supplements for Medical Conditions Policy. The Appeals Policy was updated to better align with NCQA requirements. The Nutritional Supplements for Medical Conditions Policy was updated to establish new criteria for the approval of total parental nutrition (TPN) request. Jasmine added that the new criteria would not apply to CMC due to regulatory restrictions.

6.2 New Drugs to Market

6.2.1 New Protected Class Drugs

Matt provided a brief overview of 8 new protected class drugs recently approved, all of which were antineoplastics. Except for the IV products, it was recommended to add all of them to the CMC formulary. For Medi-Cal and HealthWorx, none were recommended for formulary addition.

6.2.2 New Non-Protected Class Drugs

Matt provided a brief overview of the 22 new non-protected class drugs recently launched. Formulary addition was recommended for MenQuadfi, a new meningococcal vaccine. Semglee, a new “biosimilar” to Lantus, was also recommended for formulary addition to Medi-Cal and HealthWorx but not CMC due to rebate implications which would have resulted in higher net cost to the Plan.

Andrew added that in light of the pharmacy carve-out, implementation of the Semglee formulary change for Medi-Cal would be placed on hold for now. This is because Semglee may not be on the final fee-for-service (FFS) preferred drug list and the prospect of members needing to switch from Basaglar (*which is currently on the FFS preferred drug list*) to Semglee and then back to Basaglar, all within a 6-month time frame would be too disruptive. For this reason, the Plan is opting to only implement this change in the event the carve-out is canceled or delayed further.

6.3 New FDA-Approved Indications

Matt discussed the new FDA-approved indication for Trelegy, which is now approved for the treatment of asthma. The Plan will update the step requirement for Trelegy in response by adding various formulary ICS-LABA products to the step program.

6.4 CMS Required Formulary Changes

Matt presented prior authorization criteria changes in response to CMS’ review of the Plan’s formulary. These changes include updating the prior authorization criteria for Nexletol and Nexlizet to address their approval as it relates to statin intolerant patients.

6.5 Formulary Considerations

Jasmine presented various formulary changes in response to such factors as prior authorization volume, new clinical guideline recommendations, availability of newly

launched generics, pharmacy claims data, and feedback from providers, members, and staff. Due to feedback from providers, the prior authorization criteria for Nayzilam nasal spray was updated to remove the requirement that a member must try and fail on diazepam rectal first. In addition, the recommendation was made to update the prior authorization criteria for Repatha by removing ezetimibe as a prerequisite requirement due to its lack of mortality benefit when used as monotherapy. Lastly, Basaglar insulin was recommended to be removed from the formulary for both Medi-Cal and HealthWorx in favor of Semglee. As discussed earlier, Andrew stressed that this change would not occur for Medi-Cal at this time due to the pharmacy carve-out and would only be implemented in the event the carve-out is canceled or delayed further.

6.6 HealthWorx Preventative Care Formulary Updates

Andrew presented various recommended formulary changes to HealthWorx as it relates to requirements outlined by the Affordable Care Act. These formulary changes include covering aspirin 81 mg for patients between the ages of 50 and 59 and adding various over-the-counter prenatal vitamins. In addition, copay requirements will be waived for a broad range of preventative care drugs.

6.7 Drug Class Reviews

6.7.1 Rheumatoid Arthritis | Key Focus: Rinvoq

Biyan presented a drug class review on rheumatoid arthritis. The recommendation was made to add Rinvoq and Xeljanz to the formulary as preferred treatment options in patients who have failed on conventional therapies. For Medi-Cal and HealthWorx, Andrew suggested that the Plan favor Olumiant instead due to its similar efficacy and safety relative to Rinvoq and Xeljanz but with lower net cost (*no change for CMC due to rebate implications*). After a brief discussion, the Committee agreed that it made sense to favor Olumiant over Rinvoq and Xeljanz on the Medi-Cal and HealthWorx formularies.

6.7.2 Plaque Psoriasis | Key Focus: Skyrizi

Biyan reviewed drugs used for the treatment of plaque psoriasis. The recommendation was made to add Skyrizi to CMC formulary to provide another treatment option in patients who have failed conventional therapies. For Medi-Cal and HealthWorx, the decision was made to maintain Skyrizi non-formulary in favor of more traditional options such as Humira, Enbrel, and Cosentyx.

6.7.3 Atopic Dermatitis

Andrew presented a drug class review for atopic dermatitis. The recommendation was made to add Eucrisa to the CMC, Medi-Cal, and HealthWorx formularies to provide another topical treatment option. For approval, patients must have tried and failed on at least one generic medium to super-high potency topical corticosteroid and one topical calcineurin inhibitors. In addition, doxepin 5% cream was

recommended to be removed from the formulary for CMC, Medi-Cal, and HealthWorx due to its high cost and lack of efficacy relative to topical corticosteroids and topical calcineurin inhibitors. Lastly, the prior authorization criteria for Dupixent was updated to require that a patient specifically try and fail and on a medium to super-high potency topical corticosteroid rather than just any topical corticosteroid.

Regarding the existing prior authorization criteria for Dupixent as it relates to the treatment of rhinosinusitis with nasal polyposis, Matt proposed that it be updated to specify that a member must have tried and failed on at least two nasal corticosteroids first. Andrew agreed and after a brief discussion, the decision was made to update the prior authorization criteria accordingly.

Dr. Moore expressed concerns surrounding the requirement that a member must try and fail on a medium to super-high topical corticosteroid in the event they have eczema on the face. Biyan responded by saying that the Plan would waive that requirement upon review but would request that the provider consider prescribing a topical calcineurin inhibitor instead.

6.7.4 Eosinophilic Asthma

Andrew reviewed a drug class review on severe eosinophilic asthma. The recommendation was made to prefer Fasentra over Dupixent and Nucala on the CMC, Medi-Cal, and HealthWorx formularies in patients who have failed on conventional therapies due to its favorable efficacy, cost, and dosing. Therefore, approval of Dupixent and Nucala will now require documentation of prior failure on Fasentra therapy with exceptions made for members who are already stable on therapy.

Jack motioned for the approval of all formulary recommendations and George seconded the motion, with the Committee approving with no objections.

7. Other Business/Announcements

None

8. Adjournment

The meeting adjourned at 9:00 am.

MEMORANDUM

AGENDA ITEM: 4.3

DATE: January 13, 2021

DATE: December 29, 2020

TO: San Mateo Health Commission

FROM: Maya Altman, CEO

RE: Partial Waiver of Request for Proposal Process and Agreements for Print and Mailing Services

Recommendation

Approve a partial waiver of the request for proposal (RFP) process and authorize the Chief Executive Officer to execute agreements with HPSM's print and mailing vendors. The agreements will be for a period of two years, from January 1, 2021 through December 31, 2022. The total print and mailing budget to be allocated among the vendors is for a not to exceed amount of \$1,538,300 annually.

Background and Discussion

HPSM performs a large volume of printing and mailing to meet State and the Center for Medicare and Medicaid Services (CMS) requirements for printed hard copies of important informing materials to be mailed to the Plan's 145,000 members and more than 900 providers.

Printing materials include labeled letterhead and envelopes, member and provider notices, and member welcome packets. Recently, the State requirements for new member welcome packets have changed, eliminating some bulky items like member handbooks and provider directories. These items are available online, and hard copies are still available by request. These changes will reduce the quantity of required print items.

HPSM handles the printing, packaging, and mailing of materials through a combination of internal staff resources and contracted vendors. Many years ago, HPSM invested in a small number of large, high-volume printers to handle print jobs that are more efficiently done internally, especially simple letter notices about key program changes. HPSM staff print and process these materials.

HPSM uses multiple print and mailing vendors, allowing flexibility to choose the vendor that best meets timeline and delivery requirements, as well as cost considerations. This approach also permits HPSM to obtain competitive pricing for certain print jobs. In December 2016, the Commission approved a waiver of the RFP process and agreements with four print and mailing vendors for a period of two years beginning January 1, 2017. In December 2018, the Commission approved another waiver for two additional years, beginning January 1, 2019, for the two primary vendors at that time, KPLLC and FolgerGraphics.

HPSM is currently conducting an RFP process specifically for member ID cards and welcome packets. A full reprint of all member ID cards is required due to the pharmacy carveout that becomes effective April 1, 2021. This RFP will add another print vendor to the pool of vendors when it is completed in late January. HPSM will continue to use the existing two print vendors for other print jobs as needed.

Fiscal Impact

HPSM 2021 vendor expenditures for print, processing and postage will total \$1,538,300, including the member ID card reprint project. The agreements for 2021 will be with KPLLC, FolgerGraphics, and a new vendor to be identified through an RFP. The total annual not to exceed amount is \$1,538,300 for the three vendors, for a term of two years beginning January 1, 2021 and ending December 31, 2022.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AGREEMENTS
FOR PRINT AND MAILING VENDORS**

RESOLUTION 2021 -

RECITAL: WHEREAS,

- A. HPSM does a large volume of print and mailing services to meet requirements from the State and the Centers for Medicare and Medicaid Services (CMS) to mail printed hard copies of important informing materials to members and providers; and
- B. Multiple print and mailing vendors give HPSM flexibility to choose the vendor that best fits timeline and delivery requirements as well as cost considerations, and allows HPSM to obtain competitive pricing for certain print jobs; and
- C. In recent years, HPSM has been using KPLLC and FolgerGraphics as the primary vendors and wishes to add a third vendor through an RFP process.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission authorizes the CEO to add a third print vendor from the RFP process for member ID cards and welcome packets, and waives the Request for Proposal process for the agreements with print and mailing vendors KPLLC and FolgerGraphics, for a period of two years beginning January 1, 2021; and for a total print and mailing budget to be allocated among the three vendors in an amount not to exceed \$1,538,300 annually; and
- 2. Authorizes the Chief Executive Officer to execute said agreements.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of January 2021 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

MEMORANDUM

AGENDA ITEM: 4.4

DATE: January 13, 2021

DATE: December 28, 2020

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: Waive the Request for Proposal process and Approve an Agreement with Able Engineering Services, Inc.

Recommendation

Waive the Request for Proposal process and approve an agreement with Able Engineering Services, Inc. (Able), to provide Engineering Services at 801 Gateway from January 1, 2021 through December 31, 2022 in a total amount not to exceed of \$600,000; and authorize the Chief Executive Officer to execute said agreement.

Background

In 2015, HPSM purchased a five-floor building at 801 Gateway, South San Francisco, resulting in the need for new services previously provided by the building owner in HPSM's prior leased space. One such service is engineering and maintenance, including minor repairs for boilers, heater pumps, valves, and compressors; and coordination of building/capital improvements. HPSM also needed a full-time engineer on site. Staff interviewed three companies and compared pricing among the firms, finding that proposed costs were similar. Able Engineering was selected based on reference checks and the fact that Able provided engineering and maintenance services for the previous building owner. The firm knew the building equipment and had relationships with the vendors that supported the equipment. In December 2015, the Commission approved a three-year agreement with Able to provide services in the amount of \$678,000. In March 2018, the Commission approved an amendment extending the agreement through December 31, 2020, increasing the not to exceed amount to \$1,549,740.

Discussion

Staff requests an RFP waiver for several reasons. All Peninsula/San Francisco Union Building Engineers belong to Local 39 and as such the wages paid and benefits provided are the same among firms, who all offer similar pricing. During the pandemic, Able is coordinating and providing building upgrades and safety improvements that will allow safe re-entry at the appropriate time; changing vendors would be costly and interrupt services and current projects. Finally, Able holds 80 percent of the Bay Area market share and is actively involved in local committees such as Building Owners and Managers Association International, Institute of Real Estate Management, Hotel Council, and the International Facility Management Association.

Able has been a consistent and valuable partner for the past five years. The firm has local contacts and discounts with a variety of vendors HPSM uses. Finally, Able's management performs a physical survey of the building annually, making recommendations for capital and building improvements.

Fiscal Impact

The agreement term is January 1, 2021 through December 31, 2022 with a total fiscal obligation of \$600,000. Monies have been approved in the 2021 budget and a request for funds will be made in future budgets for the subsequent years of the agreement.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF A WAIVER OF THE REQUEST FOR PROPOSAL
PROCESS AND APPROVAL OF AN AGREEMENT WITH
ABLE ENGINEERING SERVICES, INC.**

RESOLUTION 2021 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission approved an agreement with Able Engineering Services, Inc. in 2015 to provide engineering services for HPSM at its offices at 801 Gateway Blvd., South San Francisco;
- B. In March 2018, the San Mateo Health Commission approved an amendment to extend said Agreement through December 31, 2020 and to authorize additional funding; and
- C. Staff requests a waiver of the Request for Proposal process and authority to enter into a new two-year agreement with Able Engineering Services, Inc.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission waives the Request for Proposal process and approves an agreement with Able Engineering Services, Inc. for a term beginning January 1, 2021 through December 31, 2022, in an amount not to exceed \$600,000; and
2. Authorizes the Chief Executive Officer to sign said Agreement.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of January 2021 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

MEMORANDUM

AGENDA ITEM: 4.5

DATE: January 13, 2021

DATE: December 28, 2020

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: 2021 Membership - Commission Committees and Advisory Groups

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.

Note that we have commissioner vacancies on the CCS Clinical Advisory and Consumer Advisory committees. Please let me know if you have an interest in serving on either of these committees.

DRAFT

**RESOLUTION OF
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF
COMMITTEE AND ADVISORY GROUP MEMBERSHIP
AND MEMBERSHIP REPRESENTATION FOR 2021**

RESOLUTION 2021 -

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 2021.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of January 2021 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 2021

COMMITTEE/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 - Commissioner

CCS Clinical

Advisory Committee (12)

Staff: Medical Director - CCS

Meets Quarterly

- [Vacant] - HPSM Commissioner
- Michelle deBlank - Legal Aid Society of SM County, Supervising Attorney
- ~~Michelle Blakely - First 5 San Mateo County, Executive Director~~
- Benjamin Mandac, M.D. - Pediatric Rehabilitation
- ~~Sherri Sager Laurie Soman~~ - Lucile Packard Children’s Hospital, CGO
- Grace Chen, M.D. - SMMC, Medical Director/Pediatrics & Adolescent Med.
- Lianna Chen - Youth Representative
- ~~Marilyn Wendt - Parent 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 - Family Health Services~~

CCS Family Advisory Committee (16)

Staff: Director – Customer Support

- ~~Stephanie R. Smith~~ - Kaiser CCS Program Manager
- Carol Elliot - Community 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
[Tricia Berke Vinson/](#)
[Amira Elbesbeshy/](#)Evelina Chang
Lisa Mancini / [Nina Rhee](#)
[Janet Hogan](#) [Sutep Laohavanich](#)
Vacant
Claire Day
Gay Kaplan, Chair
Christina Kahn
Kirsten Irgens-Moller
Art Wolf

Staff: ~~Medicare Risk Adjustment Director~~

- ~~**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

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 Rupp](#)
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*)

Staff: Director of Customer Support

- HPSM Commissioner
- HPSM Member or Consumer Advocate
- HPSM Member or Consumer Advocate
- HPSM Member or Consumer Advocate

- [Vacant] - HPSM Member or Consumer Advocate
- Rob Fucilla - HPSM Member or Consumer Advocate
- Hazel Carrillo (*Member*) - HPSM Member or Consumer Advocate
- [vacant] - HPSM Member or Consumer Advocate
- Cynthia Pascual (*Member*) - HPSM Member or Consumer Advocate
- Angela Valdez - Human Services Agency, County of San Mateo
- ~~Tricia Berke Vinson~~ Amira Elbeshbeshy, Chair - Legal Aid Society Representative
- Ricky Kot - Aging & Adult Services, County of San Mateo
- [vacant] - 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.
- Vanessa de la Cruz, M.D. ~~Hung-Ming Chu, M.D.~~
- Vincent Mason, M.D.
- [vacant]
- Tom Stodgel, M.D.
- Randolph Wong, M.D.
- [vacant]

Staff: Chief Medical 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)

- George Pon, RPh
- Barbara Liang
- [vacant]
- ~~Gary Horne, RPh~~/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

Staff: Chief Medical Officer/Pharmacy Director

- 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.

Staff: Chief Medical Officer/Quality Director

- Commissioner (*Physician*)
- Physician Member (*SMMC Physician-Internal Medicine*)
- Physician Member (*PCP – Family Medicine*)

- | | | |
|---|---|---|
| Jaime Chavarria, M.D. | - | Physician Member (<i>PCP – Family Medicine</i>) |
| Maria Osmena, M.D. | - | Physician Member (<i>PCP – Pediatrics</i>) |
| Vacant Vanessa de la Cruz, M.D | - | Specialist (<i>Psychiatry</i>) |
| [Vacant] | - | Specialist |
| [Vacant] | - | Pharmacist |

(Italics indicates additional information on committee member)

DRAFT

**SAN MATEO HEALTH COMMISSION
Meeting Minutes
December 9, 2020 – 12:30 p.m.**

**AGENDA ITEM: 4.6
DATE: January 13, 2021**

****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 and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Commissioners Present: Jeanette Aviles, M.D. Bill Graham
 Michael Callagy George Pon, R.Ph.
 David J. Canepa Barbara Miao
 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: Gabrielle Ault-Riche, Maya Altman, Chris Baughman, Luarnie Bermudo, Corinne Burgess, Pat Curran, Trent Ehrgood, Robert Fleming, Nicole Ford, Ian Johansson, Francine Lester, Richard Moore, M.D., Colleen Murphy, Kati Phillips, Sophie Scheidlinger, Amy Scribner, Vicki Simpson, Katie-Elyse Turner, Kiesha Williams, and Eben Yong.

1. Call to order/roll call

The meeting was called to order at 12:30 pm by Vice-Chair, Commissioner Horsley. A quorum was present.

[Commissioner Zuniga arrived at this time]

2. Public Comment

There were no public comments.

3. Approval of Agenda

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

Verbal roll call vote was taken:

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

No: 0

4. Approval of Consent Agenda

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

Verbal roll call vote was taken:

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

No: 0

[Commissioner Aviles arrived at this time]**5. Specific Discussion/Action Items****5.1 Discussion/Action on 2021 HPSM Budget**

Ms. Altman introduced Trent Ehrgood, CFO. His presentation was included in the Commission packet. He noted that the Finance and Executive Committee reviewed the budget at its November 30, 2020 meeting and recommended approval.

Mr. Ehrgood first summarized 2020 financial status (as known to date) and the outlook for 2021. Health care costs were lower than anticipated in 2020 due to the pandemic; however, HPSM rate reductions imposed by the State and uncertainty around 2021 health care costs still resulted in 2020 losses as well as higher losses than originally anticipated for 2021. The budgeted revenue for 2021 is based on draft State rates. Updated rates are expected in late December; adjustments will then be made, and a modified final budget will be brought to the Commission for adoption in early 2021. The State's 2020-21 budget deficit put downward pressure on HPSM rates as well. In addition, pharmacy revenue will be reduced with implementation of the Medi-Cal pharmacy carve-out, further worsening financial results since HPSM has recorded a positive margin for the pharmacy benefit in recent years (it was noted that the carve-out has just been delayed by the State for three months, which will also impact the 2021 budget). Lower interest earnings due to the economic downturn have reduced other operating income substantially. However, HPSM is still moving ahead with planned behavioral health and dental integration activities, as well as the CalAIM Medi-Cal reform programs, all of which will incur additional costs as well as bring in more revenue. The hiring freeze will continue into 2021. Although uncertainty will continue through 2021, there is a path toward Medi-Cal rate and cost stabilization in 2022 and beyond.

Mr. Ehrgood then reviewed the proposed 2021 budget at a high level, showing a projected deficit of \$32.6 million. He reviewed 2021 membership assumptions. While Medi-Cal membership has been declining for several years, membership increased by 10% in 2020, due to the pandemic and economic downturn as well as the State's pause in Medi-Cal redetermination requirements. Membership growth is assumed to continue increasing through much of 2021.

Mr. Ehrgood showed a slide comparing the 2020 budget and 2020 forecast to the 2021 proposed budget. The 2020 budget assumed a \$58 million loss, while the 2020 forecast is now projecting a deficit of \$39 million. With a projected loss of \$32 million in 2021, the overall direction of reduced losses is encouraging. The 2021 budget summary by line of business shows that the largest deficits are expected in Medi-Cal and the Medi-Cal expansion populations. There are gains projected for Medi-Cal dual eligibles (costs and revenues are now broken out separately for this category) and the loss for Cal MediConnect is relatively small. The Whole Child Model program loss is small relative to other programs but is still sizable, nearly \$3 million.

Mr. Ehrgood noted HPSM's continued efforts to reduce costs: improved utilization management, especially around post-acute and other facility costs; a focus on efficiency factors associated with lower revenue from the State; medical pharmacy cost containment efforts; and data analytics and the implementation of a population health management approach for care management. He reviewed charts showing inpatient admission trends as well as projections for 2021. In addition, Mr. Ehrgood reviewed trends in historical gains and losses, commenting again on the trend toward stabilization.

General and Administrative costs show a decrease of \$1.2 million, or 2.2%, compared to the 2020 budget. The number of positions for 2021 will remain the same, with a higher vacancy factor assumption. Dental programming staff is not included in the budget except for a program manager; staff will return to the Commission for staffing approvals later in 2021 in anticipation of a 2022 start date. Funding for salary increases has been reduced for 2021. Services and supplies include a 2% inflation factor overall and \$1 million for mandated interoperability software. The administrative budget continues to represent 7.7% of revenue, as in 2020.

Ms. Altman responded to an earlier question from Commissioner Ferrer about costs related to remote work. While there was an increase in the technology budget due to the need for more equipment for staff now working at home (laptops, phones, wireless access, etc.), there have been savings in facility costs that have largely offset these higher equipment costs.

Finally, Mr. Ehrgood reviewed projected Plan reserve levels, showing that current uncommitted equity will be reduced by \$37 million by the end of 2021, if current projections hold. At that point, uncommitted equity will stand at about \$28 million. This is the amount above the Commission's required reserves set aside for two months of operating expenses.

Commissioner France asked how long losses of \$30-\$40 million a year can be sustained. Mr. Ehrgood responded that the Plan can sustain one more year of losses in the range of \$30 million without dipping into reserves that the Commission's policy states we need to maintain. If we reach that point, staff is required to submit a formal plan for achieving cost savings and revenue stabilization to the Commission.

Commissioner Callagy asked about the financial impacts of telehealth. Mr. Ehrgood responded that he believes telehealth is here to stay as an alternative to office visits. He does not believe telehealth will add costs for the Plan. There is some question as to whether the Plan will be able to pay for telehealth at current levels beyond the Public Health Emergency. Mr. Ehrgood also acknowledged that primary care physicians who receive capitation are now being paid as well for telehealth visits. This is a temporary arrangement intended to help physicians and does add some temporary higher costs.

Commissioner Canepa asked about the membership projections for 2021. Mr. Ehrgood explained that we expect to see continued growth in the fourth quarter of 2020 and the first quarter of 2021, with a flattening and subsequent decline by the end of the year. This projection is based on Medi-Cal redeterminations resuming once the public health emergency has ended, likely sometime next year.

Commissioner Canepa then asked about expected changes with the new federal administration. Ms. Altman responded that the administration is more likely to extend the public health emergency, with its associated additional revenues and flexibilities, for a longer time period. She noted that the State is highly dependent on federal revenues, especially for Medi-Cal, which in turn impacts HPSM. Also, the Biden campaign had proposed major investments in home and community-based services with the purpose of providing more alternatives to nursing home care. However, she cautioned that control of the U.S. Senate is still unknown, which will impact the prospects for any large new funding proposals. Commissioner France commended Ms. Altman for her leadership, especially in balance sheet management, ensuring HPSM is in a good financial position during these challenging times.

[Commissioner Zuniga left the meeting at this time]

Motion to approve the HPSM 2021 Budget as presented: **Aviles / Second: France**

Verbal roll call vote was taken:

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

No: 0

5.2 Discussion/Action on Approval of Funding Recommendation for Mission Asset Fund.

Pat Curran, Deputy CEO, and Srija Srinivasan, Deputy Chief, San Mateo County Health, presented the recommendation from the Children’s Health Initiative (CHI), an advisory committee to the Commission.

Mr. Curran explained that CHI is a partnership of public and private organizations that was launched in 2002 to ensure universal health insurance coverage for children in San Mateo County. That goal was achieved through Healthy Kids, a local insurance program. The Healthy Kids population, largely undocumented children, was eventually included in the State’s Medi-Cal program, a major victory and CHI’s long-term goal. The CHI’s nine voting members, including the four major funders -- Peninsula Healthcare District, Sequoia Health Care District, First 5, and San Mateo County – are now collaborating on how best to invest CHI’s remaining reserve funding.

Ms. Srinivasan explained that this reserve totals about \$8 million. The CHI Committee had started looking at ways to invest these funds to address community children’s needs at the beginning of 2020. The goal has been to protect children’s health insurance coverage during an uncertain time, with federal and state changes looming, while looking at new program investments if warranted. However, with the pandemic, Committee members decided its most useful role was to use these resources to help undocumented children and their families, especially since they do not qualify for most State and federal basic assistance programs initiated during the pandemic. Following the lead of the County Manager and the Board of Supervisors, the Committee decided to invest in a local resource for these families called the Mission Assets Fund and target the contribution to the Fund’s immigrant relief services. The recommendation is for a \$2 million contribution, representing about 25% of CHI’s restricted reserves.

Commissioner Callagy thanked Ms. Srinivasan for her dedication and CHI leadership, which has had an impact on so many lives. Commissioner Horsley commented that the Board of Supervisors has allocated \$4 million to the Mission Assets Fund, adding to the \$5 million contributed by a local philanthropist, John Sobrato. This funding provides \$1,000 grants to families ineligible for other programs, to help pay for food, rent, and other necessities. There is currently a waiting list for these grants. The CHI funding will certainly help reduce the waiting list. He commended the remarkable work of the Mission Asset Fund. Commissioner Aviles also commended Ms. Srinivasan for her leadership.

Motion to approve the funding to the Mission Asset Fund in the amount of \$2 million as presented: **France / Second: Callagy**

Verbal roll call vote was taken:

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

No: 0

5.3 Presentation on HEDIS Results

Ms. Nicole Ford, Quality Improvement Director, reviewed the most recent HEDIS results. Her presentation is attached. HEDIS, or the Health Effectiveness Data Information Set, is a set of performance measures developed by the National Committee on Quality Assurance (NCQA), to assess effectiveness, access, and availability of health care. These measures focus mostly on timeliness of care and preventative health care services and are reported annually based on prior year data and experience. HEDIS covers both Medi-Cal and Cal MediConnect (CMC). Starting in 2020, Medi-Cal uses a minimum performance level (MPL) of 50% (compared to plans nationally), while CMC continues to use quality withhold measure benchmarks.

COVID impacted medical record and data collection efforts in 2020:

- CMS suspended requirements for quality reporting by Medicare health plans.
- CMS gave CMC plans a pass or a “met” status for all quality withhold measures.
- NCQA allowed the use of the prior year’s result for hybrid measures.
- While DHCS still required all reporting, the Department did not hold plans accountable for achieving minimum performance levels.
- DHCS did not aggregate scoring and ranking across plans due to the pandemic related changes.
- HPSM halted active pursuit of medical records from physician offices; used remote EMR access for large clinics and provider groups wherever possible; used records collected for CMC risk adjustment efforts; and was able to submit fully audited CMS required measures.

Highlights of findings include:

- Measures for which performance fell below the 50th percentile: Adult BMI Assessment; Asthma Medication Ratio; Adolescent Well-Care Visits; Well-Child Visits in the First 15 Months of Life; Weight Assessment and Counseling.
- Measures showing improvement: Childhood Immunization Status; Adolescent Immunizations; Prenatal Post-Partum Care; Cervical Cancer Screening.

- Asthma Medication Ratio: have improved from prior years but still under the MPL. Continuing to focus on member outreach with direct calls and letters to PCPs. Also promoting recommendation to change the medication guidelines for the global initiative for Asthma to one medication.
- Breast Cancer Screening: has been stable over the years and comparatively ranked 7th across plans statewide. However, significant disparities exist among HPSM Black/African American women. Will focus on this population, first learning about current barriers to screening.

Ms. Ford also discussed telehealth and NCQA recognition of this service delivery mode, including acceptance of some virtual well child visits. For 2021, staff will continue to reduce reliance on medical records by using risk adjustment records. A pilot for a direct data feed to the EMR with one of the network health centers has also begun.

6. Report from Chairman/Executive Committee

Commissioner Horsley had nothing to report from the Executive Committee.

7. Report from CEO

Ms. Altman discussed planning for vaccine distribution. HPSM's focus is supporting County Health to the greatest extent possible. Staff is reviewing the plan recently submitted to the State by Dr. Chabra, which highlighted HPSM's role in outreach to and communications with providers and members, most of whom fall into high-risk groups prioritized for vaccine distribution. We are especially concerned about the skilled nursing facilities; more COVID outbreaks are occurring and residents and workers in these facilities need the vaccine as soon as possible.

Ms. Altman then responded to Commissioner Ferrer's earlier question about staff morale. She and Mr. Curran have been meeting quarterly with each HPSM departments. We continue to be impressed by the teams, their cohesiveness and creativity in supporting each other and the work they do. However, one growing concern with the remote environment is interdepartmental communication. Finally, Ms. Altman noted that this year's employee engagement survey results showed the highest increase in scores ever, with the overall employment engagement score increasing by 14 points.

Commissioner Ferrer expressed appreciation and gratitude to the staff.

8. Other Business

There was no other business discussed at this time.

9. Adjournment

The meeting was adjourned at 2:10 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission



HEDIS



- **Health Effectiveness Data Information Set**
- 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 reporting
- Compared across health plans nationally
- Most measures based on claims, pharmacy and laboratory data (Administrative), some require the use of medical record review as well (Hybrid)

Benchmarks



- CareAdvantage Cal MediConnect (CMC)
 - CMS Core Quality Withhold Measures
 - Can meet benchmark or gap improvement target to “pass” measure (10% improvement or at least 1% rate change)
- 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 (37 in total)

HEDIS in the time of Corona



- CMS
 - Suspended required HEDIS (as well as CAHPs & HOS) reporting for 2020
 - CMC giving all MMP plan a “Met” status for quality withhold measures
- NCQA
 - Allowed hybrid measure rotation (submission of prior year’s results)
- DHCS
 - All MCAS measures still required, but allowed hybrid measure rotation
 - Measures not held to the MPL
 - No aggregate HEDIS performance scoring or ranking across plans
- HPSM
 - Halted active pursuit of records from providers 3rd week of March
 - Accepted and processed records received from initial requests
 - Utilized existing remote EMR access to collect from several large clinics and provider groups
 - Mined records collected for CMC Risk Adjustment for relevant HEDIS data
 - Significant reduction in overall medical record collection (about 40% collection rate)
 - Submitted fully audited MCAS and CMS required measures sets, rotating hybrid measures where appropriate

RY2020 MCAS – MPL



Measure	50th Percentile	RY 2020 Rate	RY 2019 Rate
Adult BMI Assessment*	90.27	85.16	57.57 (A)
Asthma Medication Ratio	63.58	61.35	58.03
Controlling High Blood Pressure*	61.04	(58.78)^	65.69
Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)* (lower is better)	38.52	30.17	39.51
Comprehensive Diabetes Care - HbA1c Testing*	88.55	91.24	87.32
Antidepressant Medication Management - Effective Acute Phase Treatment	52.33	67.02	65.50
Antidepressant Medication Management - Effective Continuation Phase Treatment	36.51	49.37	48.72
Adolescent Well-Care Visits*	54.26	53.28	50.74(A)
Childhood Immunization Status –Combo 10*	34.79	51.58	60.74
Immunizations for Adolescents –Combo 2*	34.43	55.12	52.83
Well-Child Visits in the First 15 Months of Life – 6+ Visits*	65.83	48.18	20.14(A)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*	72.87	81.64	76.01
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI*	79.09	73.97	78.86
Breast Cancer Screening	58.67	65.86	63.05
Cervical Cancer Screening*	60.65	(64.72)^	70.10
Chlamydia Screening in Women	58.34	67.49	64.34
Prenatal and Postpartum Care – Postpartum Care*	65.69	84.18	82.55
Prenatal and Postpartum Care – Timeliness of Prenatal Care*	83.76	87.59	85.67

Measure new to MCAS for RY2020

New MPL = 50th Percentile

*Hybrid measure (chart review + admin & sup data)

(A) Administrative rate only (no sampling or chart review done)

^Rotated measure: RY2019 rate reported (RY2020 measured rate)

RY2020 MCAS – no MPL



Measure Acronym	Measure	RY 2020 Rate	CA MCP Med.
AMB-ED	Ambulatory Care: Emergency Department (ED) Visits per 1,000 member months	49.88	45.98
ADD-Init	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications – Initiation Phase	22.70	39.57
ADD-C/M	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase	N/A	44.52
CAP	Children & Adolescents' Access to Primary Care Practitioners: 12-24 Months	96.84	94.04
CAP	Children & Adolescents' Access to Primary Care Practitioners: 25 Months – 6 Years	89.04	85.74
CAP	Children & Adolescents' Access to Primary Care Practitioners: 7-11 Years	92.68	87.39
CAP	Children & Adolescents' Access to Primary Care Practitioners: 12-19 Years	89.66	85.24
CCW^	Contraceptive Care: All Women Ages 15-44:		
	• Most or moderately effective contraception	24.38	23.27
	• Long Acting Reversible Contraception (LARC)	5.17	5.07
CCP^	Contraceptive Care: Postpartum Women Ages 15-44:		
	• Most or moderately effective contraception – 3 days	15.79	5.61
	• Most or moderately effective contraception – 60 days	42.34	38.45
	• LARC – 3 days	7.54	2.23
	• LARC – 60 days	22.73	11.52

Measure Acronym	Measure	RY 2020 Rate	CA MCP Median
DEV^	Developmental Screening	45.28	32.22
HVL^	HIV Viral Load Suppression	48.39	12.81
COB^	Concurrent Use of Opioids and Benzodiazepines (lower is better)	18.46	13.20
OHD^	Use of Opioids at High Dosage in Persons Without Cancer (lower is better)	10.19	5.82
CDF^	Screening for Depression and Follow-Up Plan: Age 12 and Older	27.03	7.49
PCR	Plan All-Cause Readmissions		
	• Observed rate (lower is better)	10.37	9.44
	• Observed to expected ratio	0.9926	.9898

All administratively collected measures

Measure new to MCAS for RY2020

^Non-HEDIS measure

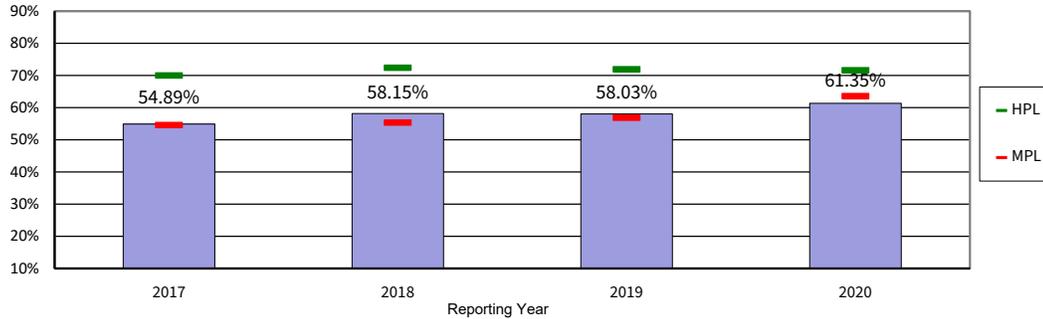
[Adult measure specifications](#)

[Child measure specifications](#)

Asthma Medication Ratio

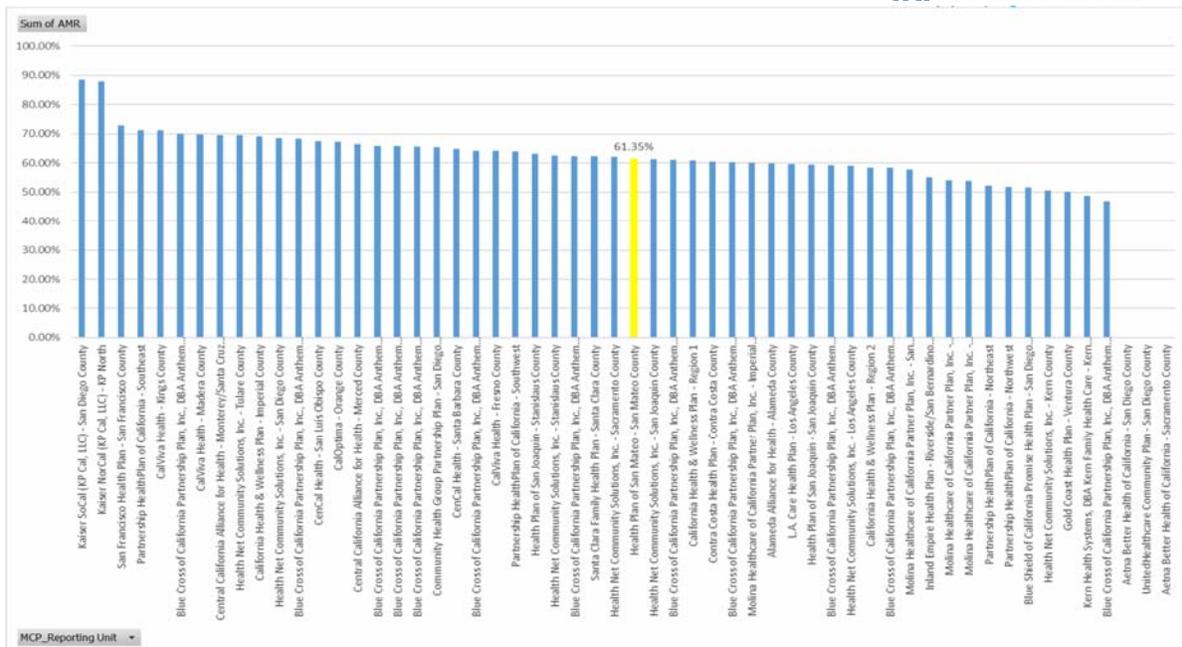


Percentage of Medi-Cal members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year



- Area of focus as our rate under the MPL
- Conducting outreach calls to members with asthma who have few fills of controller medications, providing education and connecting them to their PCP or our Care Coordination team
- Letters to providers that detail asthma medication fill history and ED/admissions for asthma
- Promotion of new recommended medication guidelines by the Global Initiative for Asthma (GINA) to prescribing providers

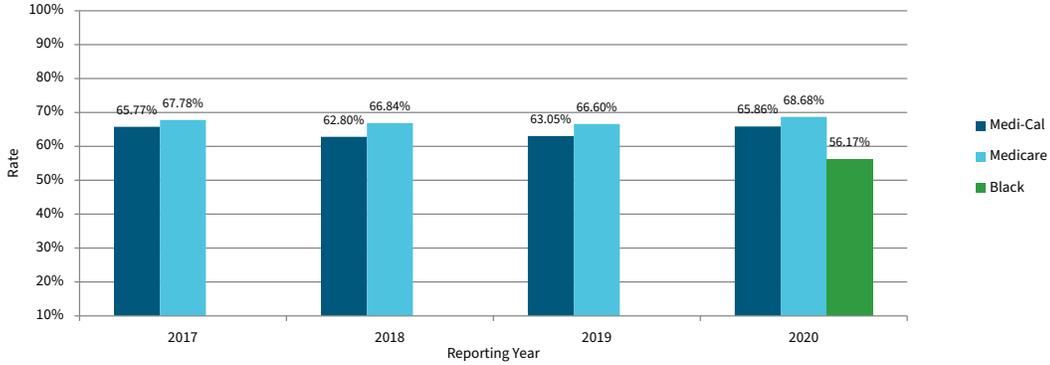
Asthma Medication Ratio



Breast Cancer Screening

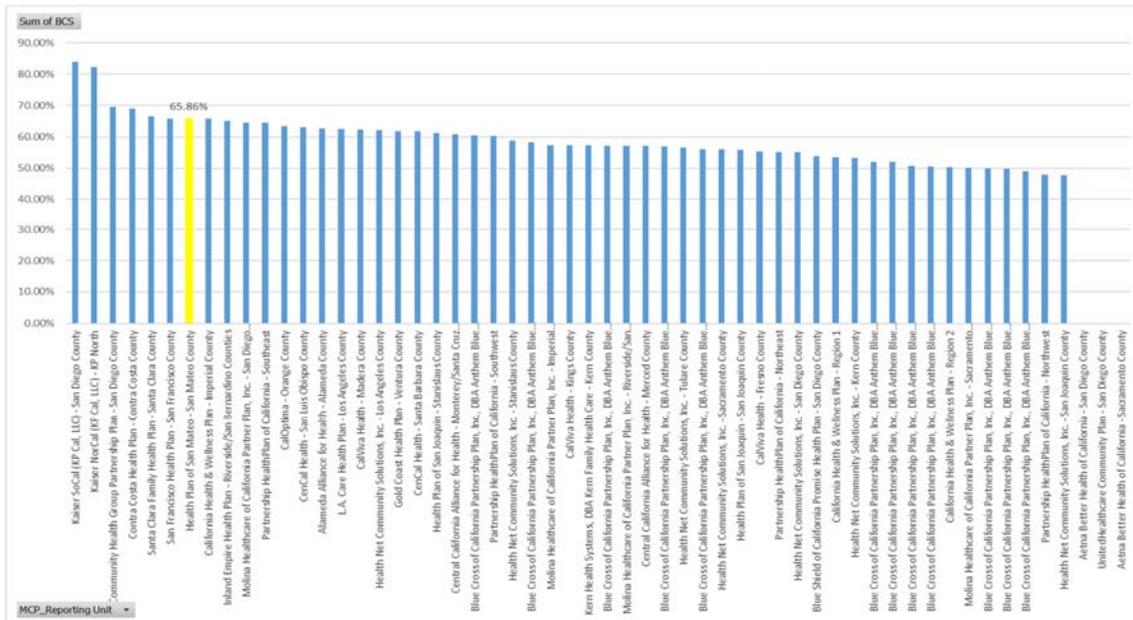


The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.



- Area of focus for decreasing disparity among Black/African American Medi-Cal members.

Breast Cancer Screening



HEDIS MY 2020 / RY 2021



- **Telehealth**
 - Services rendered via telehealth/telemedicine added to 25+ measures (eg. Child Well Visits)
- **Benchmarks?**
 - Significant measure specification changes and inconsistency of plan reporting do not allow for year-to-year or plan-to-plan reporting.
 - Impact of COVID-19 response on utilization in 2020 make measures of 2019 performance unsuitable for benchmarking
- **HPSM**
 - Adding NCQA Plan Accreditation reporting set
 - Reducing medical record collection:
 - “Reusing” charts collected from Risk Adjustment Project
 - Incorporating EMR data feed from an FQHC

Questions?

Nicole Ford

Director of Quality Improvement

Nicole.Ford@hpsm.org

650-616-2169

MEMORANDUM

AGENDA ITEM: 5.1

DATE: January 13, 2021

DATE: December 29, 2020

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: Election of Commission Officers

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 first one-year term as Chair and Vice Chair, respectively. The recommendation is to have Commissioner Zuniga serve another one-year term as Chair and Commissioner Horsley also serve another one-year term as Vice Chair.

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 2021**

RESOLUTION 2021 -

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 Ligia Andrade Zuniga to serve as the Chair and Commissioner Horsley to serve as the Vice-Chair for 2021.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of January 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Ligia Andrade Zuniga, Chair

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 2021**

RESOLUTION 2021 -

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 13th day of January, 2021 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

MEMORANDUM

AGENDA ITEM: 5.2

DATE: January 13, 2021

DATE: December 24, 2020

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Amy Scribner, Director of Care Coordination and Behavioral Health
Dayani Waas, Program Manager

RE: Approval of Amendment to the Agreement with Bay Area Community Services

Recommendation

Authorize the Chief Executive Officer to execute an amendment to the agreement with Bay Area Community Services (BACS), allocating a not to exceed amount of \$993,000 for Recuperative Care Pilot services in 2021, and extending the term of the agreement for an additional year, through December 31, 2021. These services are funded by Whole Person Care and Measure K funding.

Background

People experiencing homelessness have high rates of physical and mental illness, increased mortality, and frequent emergency department visits and hospitalizations. Homeless persons are three to four times more likely to die prematurely than individuals who are in stable housing. These deaths are most often associated with acute and chronic medical conditions exacerbated by life on the streets or in shelters. Frequently, people who are homeless are discharged from hospitals with care instructions that are difficult to follow while living on the streets; moreover, their lack of a stable home environment diminishes the effectiveness of their hospital care. Homelessness exacerbates health problems, complicates treatment, and disrupts continuity of care. Recuperative care is an alternative to discharging patients to the streets while continuing hospital-recommended care and has been shown to reduce inpatient length of stay, emergency department visits, and outpatient clinic visits.

In 2016, HPSM researched the need for recuperative beds, releasing a Request for Information to understand the state of recuperative care within San Mateo County. Findings showed that there was a shortage of 23-25 recuperative care beds across five hospitals and that wrap around medical and supportive services are important for proper recovery and discharge. The largest need was at San Mateo Medical Center (SMMC). In 2018, HPSM released a Request for Proposal (RFP) to identify a recuperative care provider to implement a stand-alone site with support services; Bay Area Community Services was selected as the provider in December 2018. HPSM and BACS began implementation in partnership with SMMC and San Mateo County's Whole Person Care Hub, first locating a site in South San Francisco.

In December 2019, services began at the recuperative care site for homeless members recovering from post-acute medical conditions at SMMC. The site has provided a temporary housing solution for members who are too sick or frail to be housed in emergency homeless shelters, but do not require the full scope of care provided by hospitals.

Discussion

After nearly 12 months of operation, we can report the following results:

- **Established Base-line Program Outcomes:**
 - As of November 2020:
 - Total number of referrals received: 34 referrals
 - Admission rate: 71%
 - Top three referral sources: SMMC (47%), Stanford (26%), WPC Street Medicine team (12%)
 - Average time to admission: 4 days
 - Average Length of Stay: 33 days
 - % fully recovered from admitting diagnosis: 75%
 - Top three discharge locations: Shelter (50%); long-term housing (44%); Other (6%)
- **Developed Strong Referral Partnerships:** With the onset of COVID-19 there were more opportunities to strengthen awareness of recuperative care and increase referral flow. The Pilot has collaborated with several County and community-based organizations that have successfully referred clients to recuperative care.
- **Refined Eligibility Criteria:** In partnership with the Whole Person Care team and BACS, HPSM worked to refine eligibility criteria so that they were broad enough to ensure a low barrier to access but also limited enough to ensure staff were well equipped to respond to members' care needs.
- **Improved Member Experience:** BACS and HPSM have worked to address member feedback, e.g., moving beds to maximize space and comfort for members, establishing medical and administrative extension policies, and establishing a visitor policy. Member satisfaction has been 100% for members who completed the member experience form.
- **Developed Pathway to Housing:** The Project has leveraged existing funding and housing vouchers to provide housing stability for recuperative care clients, with 44% discharged to stable housing (e.g., Board and Care, Scatter-Site Housing, Sober-Living Environments) in a challenging housing environment.
- **Responded Immediately to COVID-19:** BACS and HPSM swiftly established protocols and policies to mitigate risk and exposure for all staff and residents. As a result of these efforts, there have been no Covid-19 exposures or infections.

Fiscal Impact

The total contract maximum for the BACS amendment is \$993,000, and the term is extended for another year, through 2021. Whole Person Care Measure K funds have been allocated to support this project in 2021. In 2022 and beyond, we anticipate that the CalAIM Medi-Cal reform program will support recuperative care programs such as this.

County Counsel will review the amendment prior to execution.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AMENDMENT TO
AGREEMENT WITH BAY AREA COMMUNITY SERVICES**

RESOLUTION 2021 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission previously entered into an agreement with Bay Area Community Services for services related to recuperative care; and
- B. The Commission wishes to continue these services through 2021, including direct housing support, case management, discharge planning, and housing location services needed to support members in recuperative care.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. Pending review by County Counsel, the San Mateo Health Commission authorizes the Chief Executive Officer to execute an amendment to the agreement with Bay Area Community Services extending the term one year, through December 31, 2021; and
- 2. Approves allocating to Bay Area Community Services an additional amount not to exceed \$993,000 for services in 2021.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of January 2021 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

AGENDA ITEM: 5.3

DATE: January 13, 2021

Meeting materials are not included

for Item 5.3 – Presentation on Population Needs Assessment

MEMORANDUM

AGENDA ITEM: 7.0

DATE: January 13, 2021

DATE: January 4, 2021
TO: San Mateo Health Commission
FROM: Maya Altman, Chief Executive Officer
RE: CEO Report

Coronavirus Vaccine Distribution

Last week, nursing home residents and staff in San Mateo County began receiving vaccinations. This is most welcome news as outbreaks in several of HPSM's contracted nursing facilities continue to occur and are spreading widely. We also just learned that the County is preparing to have IHSS workers vaccinated and hope that many of the other individuals that see HPSM members in their homes will receive shots soon as well. HPSM staff continue to work closely with County Public Health on the vaccination roll-out.

Last week, the State Department of Health Care Services (DHCS) also clarified expectations for Medi-Cal managed care plans through the release of an All-Plan Letter (APL). According to the letter:

- Vaccine costs, both the vaccine itself and the cost of administering the vaccine, will be fully covered by Medi-Cal fee for service, mirroring CMS' approach with Medicare Advantage plans;
- DHCS is seeking approval from CMS to pay providers for vaccine administration at the same level as that provided by Medicare;
- Managed Care Plans (MCPs) are expected to support dissemination of public health education materials and provider education resources;
- Plans are also expected to help identify and contact high-risk members who should be prioritized for earlier vaccine receipt, as well as provide transportation if needed and care coordination, including helping to ensure the required number of doses are received timely.
- Finally, plans are encouraged to disseminate information about the administration of COVID-19 vaccines to network providers as well as distribute information from the CDC, DHCS, the California Department of Public Health, and other state departments as it becomes available.

Health Disparities

This agenda includes a presentation on HPSM's recently completed Population Health Needs Assessment for Medi-Cal. DHCS has restructured its needs assessment requirement for health plans to encourage a more in-depth look at populations stratified by ethnicity, race, and other characteristics, to identify health disparities more effectively. The State is also requiring plans to develop appropriate interventions to address health disparities. These are all welcome changes and dovetail nicely with HPSM's planned 2021 initiatives to address health inequities.

HPSM Budget Update

While we had planned to update HPSM's budget at the January Commission meeting, the Finance staff will need more time to analyze the adjusted State capitation rates, received by the Plan in late December. We do know that the added adjustments to our 2021 rates were slightly better than the assumptions incorporated in the preliminary budget approved at the December Commission meeting. However, we expect the overall budget will remain close to what has already been presented, i.e., a \$32M loss, with increases to revenue and expenses due to 1) adding Medi-Cal pharmacy back for the first quarter (due to the delay in the pharmacy carveout; 2) adding a 10% increase for long term care payments for six months, based on the likely extension of the Public Health Emergency through June; and 3) COVID related adjustments, all with minimal changes to the bottom line. A full budget revision will be presented for approval at the March meeting, and to the Finance/Executive Committee prior to that.