

-Virtual Meeting-

THE SAN MATEO HEALTH COMMISSION

Regular Meeting

July 14, 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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[\(833\) 827-5103,885302290#](tel:(833)827-5103,885302290#) United States (Toll-free)

Phone Conference ID: 885 302 290#

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, July 14, 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 Pharmacy & Therapeutics Committee, March 2021
 - 4.2 CMC Advisory Committee, April 2021
 - 4.3 Consumer Advisory Group, April 2021
 - 4.4 Quality Improvement Committee, April 2021
 - 4.5 Waive Request for Proposal and Approve Amendment to Agreement with Toney HealthCare Consulting, LLC.
 - 4.6 Approval of San Mateo Health Commission Meeting Minutes from May 12, 2021

~Continued~

5. Specific Discussion/Action Items

5.1 Announcement of CEO Retirement and Approve Formation of a CEO Search Committee.*

6. Report from Chairman/Executive Committee

7. Report from Chief Executive Officer

8. Other Business

9. Closed Session

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

(Government Code Section 54956.9(d)(1))

-American Medical Response West v. San Mateo Health Commission et al.

(Case No. 20-CIV-3366, Superior Court for the County of San Mateo)

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

(Government Code Section 54956.9(d)(2)) (1 case)

10. Report on Action taken in 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.

PHARMACY & THERAPEUTICS (P&T) COMMITTEE
Meeting Summary
Wednesday, March 10, 2021 - 7:30 am to 9:30 am
Virtual Meeting via Microsoft Teams

AGENDA ITEM: 4.1

DATE: July 14, 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: Barbara Liang, George Pon, Jack Tayan, Dr. Lena Osher, Niloofar Zabihi, Jonathan Han

Members Absent: Jaime Chavarria, Rukhsana Siddiqui, and Varsha Gadgil

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

Guests Present: Victor Armendariz

1. Call to Order

George motioned for a call to order and Dr. Osher seconded.

2. Public Comment

None

3. Approval of Meeting Minutes

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

4. Approval of Agenda

George motioned for approval of the agenda and Barbara seconded.

5. Old Business

Ming gave an update on the Medi-Cal pharmacy carve out which is now delayed indefinitely. DHCS cited the need to review conflict avoidance protocols in light of Centene's acquisition of Magellan as the reason for the delay. DHCS anticipates providing further information in May. Associations representing various groups, such as safety net clinics and primary care in addition to health plan groups have voiced their support and preference for a start date of no earlier than January 1, 2022 to follow the standard renewal cycle and minimize member confusion.

6. New Business

6.1 Pharmacy Department Policy Updates

Karla reviewed the changes made to HPSM Pharmacy department policies.

- RX.002 Prior Authorization and Exceptions Policy (MC, HW, ACE): Updated to specify that the Policy only applies to pharmacy benefits the Plan oversees, ensuring that it remains relevant after the pharmacy carve out.
- RX.004 Member and Provider Communications Policy (CMC, MC, HW, ACE): Updated to describe how the Plan communicates formulary changes for the ACE line of business.
- RX.005 Member Reimbursement Requests Policy (MC, HW, ACE): Updated to specify that the Policy only applies to pharmacy benefits the Plan oversees, ensuring that it remains relevant after the pharmacy carve out.
- RX.008 Formulary File Maintenance and Submission Policy (MC, HW, ACE): Updated to specify that the Policy only applies to pharmacy benefits the Plan oversees, ensuring that it remains relevant after the pharmacy carve out.
- RX.013 Appeals Policy (MC, HW, ACE): The following updates were made:
 - Acknowledging a member's right to submit comments and other information relevant to an appeal.
 - Clarifies that the department that receives the appeal is responsible for verifying eligibility.
 - Clarifies that the clinical pharmacist who conducts the review will not give deference to the original denial decision.
 - Requires same or similar specialty review by a medical director (or other appropriate practitioner).
 - Acknowledging that a HW and ACE appeals submission can be submitted within 180 days (*as opposed to 60 days for Medi-Cal*).
- RX.031 Drug Utilization Review (CMC, MC, HW): New policy established to acknowledge the Plan's DUR program.
- P&T Formulary Change Notification | Job Aid (CMC, MC, HW): Updated to detail how member notifications are performed for generic substitutions.

Dr. Cooper expressed her concern regarding the same or similar specialty review requirement surrounding appeals, saying how difficult it would be to comply. Ming responded by saying that the requirement would only apply to upheld denials only and not

overtaken denials based on NCQA. He said that the Plan would revisit this requirement again to confirm and revise the criteria according. He added that any changes made to the Policy would be brought forth to the Committee for final approval.

George asked about whether pharmacies normally notify members regarding generic substitutions. Andrew responded by saying that pharmacies are required to do so based on CA pharmacy law. He added that the Plan also notifies members and prescribers regarding generic substitutions on the Plan's website. Barbara inquired about how the Plan notifies members regarding non-generic formulary changes. Andrew responded by saying HPSM notifies affected members via mail.

6.2 New Drugs to Market

6.2.1 New Protected Class Drugs

Matt presented on 6 new protected class drugs that were recently approved. Except for the IV products, the recommendation was made to add all of these agents to the CMC formulary. For Medi-Cal and HealthWorx, only Riabni (*a new biosimilar Rituxan*) and Vocabria (*a new oral antiretroviral for HIV*) were recommended for formulary addition.

6.2.2 New Non-Protected Class Drugs

Matt provided a summary of 14 new non-protected class drugs that were recently approved. Nyvepria (*biosimilar to Neulasta*), Vaxelis (*vaccine*), and Xeljanz (*CMC only – for juvenile idiopathic arthritis*) were recommended for formulary addition.

Jack asked about the cost of the Nyvepria relative to the brand Neulasta. Andrew responded by saying it was roughly twenty percent less.

6.3 New FDA-Approved Indications

Matt reviewed the new FDA-approved indications for existing drugs on the market. The prior authorization criteria for Saxenda (*now approved for those 12 years of age and older*), Hetlioz (*now approved for the treatment of nighttime sleep disturbances in Smith-Magenis Syndrome*), and Xolair (*now approved for nasal polyps*) were updated in response to these new indications.

6.4 CMS Required Formulary Changes

Jasmine presented CMS mandated formulary changes which included updates to the prior authorization criteria for dimethyl fumarate (*to address active secondary progressive disease*) and Juxtapid (*to address statin intolerant patients*).

6.5 COVID-19 Vaccine Formulary Updates

Jasmine reviewed the Plan's coverage of COVID-19 vaccinations. She mentioned that HPSM currently covers COVID-19 vaccines for the HealthWorx line of business only as it is carved

out for all other lines of business. This means that providers and pharmacies must bill fee-for-service Medicare or Medi-Cal for the cost associated with administering these vaccines.

6.6 Formulary Considerations

Jasmine presented various changes to the Plan's formularies in response to new clinical guideline recommendations, availability of newly launched generics, pharmacy claims data, and feedback from providers, members, and staff.

6.7 Drug Class Reviews

6.7.1 Antihypertensive

Andrew presented a drug class review on antihypertensives. It was recommended to align all formularies for consistency by preferring the more cost-effective agents while removing those that have high cost and/or little or no utilization.

6.7.2 Testosterone Replacement Therapies

Andrew presented a drug class review on testosterone replacement therapies (TRT). It was recommended to prefer generic Androgel 1.62% gel over all other topical products due to it being the most cost-effective agent on the market.

6.7.3 Colonoscopy Bowel Preps

Biyan presented a drug class review on colonoscopy bowel preps. It was recommended to add brand name Golytely and Nulytely on the Medi-Cal and HealthWorx formularies due to comparable cost relative to the generic formulations. In addition, it was recommended that the Plan add generic Moviprep and Halflytely to all formularies to provide members with a cost-effective low volume bowel prep option.

6.7.4 Menopausal Hormone Therapies

Biyan presented a drug class review on menopausal hormone therapies. It was recommended to add quantity limits to various topical patches and vaginal tablets to prevent fraud, waste, and abuse. In addition, it was recommended to align the Medi-Cal and HealthWorx formularies with the CMC formulary by adding Duavee and removing Elestrin, Climara Pro, and Combipatch.

Dr. Cooper expressed concerns regarding the removal of Climara Pro and Combipatch from the Medi-Cal and HealthWorx formularies. Based on her own experience, women prefer patches over pills, and it may be overly burdensome to require a member to utilize a topical estrogen in combination with an oral progesterone in lieu of a single combination patch. After a brief discussion amongst the Committee members, it was agreed that it would be best to maintain Climara Pro and Combipatch on the Medi-Cal and HealthWorx formularies. In addition, it was recommended to add these two agents to the CMC formulary for similar reasons.

Jack motioned for approval of all the changes outlined between Sections 6.1 to 6.7 and Barbara seconded with the Committee approving with no objections.

7. Other Business/Announcements

No other business or announcements were discussed.

8. Adjournment

The meeting adjourned at 9:25 am.

DRAFT

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, April 23, 2021 – 11:30 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-**

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

Committee Members Present: Art Wolf, Amira Elbeshbeshy, Beverly Karnatz, Claire Day, Gay Kaplan, Ligia Andrade Zuniga, Lisa Mancini, Nina Rhee, Pete Williams, Christina Kahn, Sharolyn Kriger, Sutep Laohavanich, and Kirsten Irgens-Moller.

Committee Members Absent: Diane Prosser, Evelina Chang, Teresa Guingona Ferrer, Nancy Keegan.

Staff Present: Gabrielle Ault-Riche, Maya Altman, Ricky Kot, Pat Curran.

1. Call to Order

The meeting was called to order at 11:32 a.m. by Gay Kaplan.

2. Public Comment

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

3. Approval of Minutes

Motion to approve the minutes for January 15, 2021 were approved as presented: Ligia Andrade Zuniga / seconded: Christina Kahn. Approved unanimously.

4. State/CMS Updates

a. CalAIM

Ms. Altman tabled this discussion for the next meeting.

b. State Budget

Ms. Altman reported that the state revenues have come in well above projection with some one-time funding, however, there are continued concerns of ongoing costs and budget deficits. The American Rescue Act included a 10% increase for home and community based federal financial participation that will be available for these services.

The May revise is expected soon and will contain more information about the Governor's latest budget proposal. CalAIM, the Governor's Medi-Cal reform initiative, is a \$1.1 billion appropriation in the budget with 100 pages of trailer bill language associated with various parts of CalAIM. The budget must be approved by the end of June.

Ms. Altman talked about Senior Focus, which closed at the end of March after decades of service. The health plan and county supervisors are working closely with a potential operator who is excited about offering services in San Mateo County. This is an Orange County family business which operates a number of CBAS centers in Los Angeles. The issue they face is the need for space to provide these services. They have been pre-screened by the California Department of Aging but must have the space identified to get their license. San Mateo County needs these services for its population as there is only one CBAS currently operating in our area. We have arrangements with centers in San Francisco and Santa Clara, but this is a distance for families to go.

5. HPSM Updates

a. Center to Advance Consumer Partnership – Project Update

Ms. Gabrielle Ault-Riche reviewed a presentation to give an update on the work HPSM is engaged in with the Center to Advance Consumer Partnership (CACP). The health plan began this work last year with a consulting group that grew out of Commonwealth Care Alliance, a well-respected community health plan in Boston who uses their experience in member engagement work to teach other health plans. This project focuses on finding ways to integrate member voices and experiences into the plan's decision making and priority setting. This process will help our health plan build an infrastructure to collect information from our members about what is important to them and where their pain points are. She reviewed the demographics of the members who were interviewed by language preferences, utilization, and engagement levels. They interviewed members who were newer to hear about the enrollment process and their experience since it would be fresh in their minds. They also interviewed longer standing members who could share their experience with our programs and staff, having had more time to be engaged with the health plan. The following are highlights of her presentation:

- An assessment by CACP consultants was completed in December 2020 reviewing plan documents around HPSM processes and workflows; interviewing 17 staff; and, 66 members.
- Results of these interviews indicate that members feel supported and cared for by HPSM.

- They trust HPSM to cover their health care costs, which is the most important issue for them.
- They feel confident in calling the CareAdvantage Unit and Care Coordination Unit to get the help they need, to be treated in a respectful manner, receive the correct information, and get help to resolve their issues.
- Members have very positive experiences with the Care Coordination team, but because case management functions are also delegated outside of the plan, member experiences with outside vendors are mixed. Due to the fact that we have multiple vendors involved in case management, members reported being confused about who was responsible for what and who was helping them. As well, they did not understand why they were being contacted by different people asking similar questions. There is an opportunity for improvement in this area for the member experience.
- Members were confused about the purpose of the health risk assessments and care plans and how they are a value for them.
- Only about half of the assumptions the health plan makes in terms of moments that matter to members and the pain points they experience were accurate. This sheds light that the plan has some assumptions that are not correct, which is common for similar organizations doing this work. This is an opportunity for improvement.

Ms. Ault-Riche stated that this is an ongoing project. Next steps include defining HPSM's intended member experience when members interact with HPSM or the health care system generally. Additionally, we need to define the leadership and governance structure including developing a statement of intent that is closely aligned with our mission-vision-values and that all of the processes are in alignment.

Next will be the process of integrating the feedback received from the member interviews. The first two areas are around improving access to interpreter services for members who are in the provider office, and a shift in the dental benefit. The health plan will be taking on dental benefits beginning in January for our CMC and Medi-Cal members. We will have an opportunity to inform this member experience through member focus groups, which is a first step in starting to build a strong infrastructure for members to engage with the plan on an ongoing basis. Examples of other engagement include members submitting feedback online, interacting on social media, and bolstering member participation on our advisory committees.

Questions by committee members:

- Art Wolf asked about the differences in the members' perceptions of pain points compared to those of the health plan. Ms. Ault-Riche stated that the main difference

was around the availability of interpreter services being provided in the provider office setting. Because HPSM pays for these services, we were under the impression that they were being utilized and easy to access for members, but members reported this was not the case. This will be an initial area for improvement.

- Beverly Karnatz asked for a glossary of the acronyms. Ms. Altman stated that we would send this out. Secondly, Ms. Karnatz expressed appreciation for HPSM staff and services. She expressed appreciation for the committee and the connections that are made to help residents through this collaboration. She reported that vaccinations at Rotary Plaza are now completed and the health plan's transportation benefit assisted in this effort.
- Ms. Kahn asked if providers are included in the online feedback. Ms. Ault-Riche explained that this infrastructure has not been built yet but made note about including providers.
- Ms. Krieger talked about the Wheel Care Express Service, which will make it possible for dialysis patients from her facility to get to these appointments. She appreciates being heard when needs are expressed at meetings.
- Ms. Zuniga asked about accessibility issues related to the dental benefit, and Ms. Ault-Riche will connect with her to discuss, explaining that the thought was to work with the CCS Family Advisory Committee and working with other groups to get feedback such as Commission on Disabilities, etc.

b. Enrollment in PG&E's Medical Baseline Program

Ms. Ault-Riche asked the group to spread the word that PG&E has a medical baseline program for people who meet a certain income criterion to receive discounts on their PG&E bill. Participants can also identify a certain emergency contact to be notified in case power is affected. This is particularly important for people who rely on equipment or devices that use power. With fire season approaching, there is the concern of power shut offs. The health plan staff has been trying to work with county partners to identify these people and ensure their safety in this type of situation. The PG&E Medical Baseline Program is a tremendous resource that should be shared. It is easy to find on the web by Googling "PGE medical baseline." People can sign up there with their emergency contact.

6. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbesy reported:

- AB470 focuses on eliminating assets for determining Medi-Cal eligibility and they are strongly supporting this bill.
- AB and SB both focusing on expanding full scope Medi-Cal eligibility to all income eligible adults regardless of immigration status and Legal Aid is also in support of this.

- New Aged and Disabled federal poverty limit increased effective April 1st bringing the limit to \$1,482 for one person and \$2,004 for a couple.
- Effective December, the COFA Medicaid Restoration passed for citizens of Micronesia, the Marshall Islands, and Palau, who will now be eligible for full scope Medi-Cal. Currently this is not automated due to technical issues, so they are relying on advocates to inform this population and assist them.
- The Biden administration introduced an infrastructure plan that includes \$400 billion to improve home and community-based services.
- There has been a lot of advocacy around non-binary gender options in forms across the board with Medi-Cal, Medicare, DHCS and CMS. Legal Aid has had discussions about form improvements and including non-binary options on all materials. DHCS and CMS are aware and are committed to working on this and are awaiting approval from CMS to move forward. It is expected to take at least a year before all forms are updated.
- The Golden Gate Stimulus will not be counted in California as income for either MAGI or non-MAGI Medi-Cal eligibility and will not count as a resource for the 12 month period for non-MAGI.

7. LTC Ombudsperson Report

Ms. Irgens-Moller reported:

- They have had an internal study group on Master Plan for Aging with 12 people in attendance reviewing the legislation.
- Most volunteers are now vaccinated, and PPE trained.
- They are going into facilities to visit and their staff can be used as a resource since they are going into facilities once a month and skilled nursing facilities once a week.
- St. Francis Pavilion and St. Francis Heights has been purchased by new owners and she expressed concern about the transition process. The hope is they will join the collaborative.
- Transition with the purchase of Seton continues. The processes that were in place now have to be rebuilt. Again, the hope is that the collaborative will be the place where standards are established and respected.
- Residents in most facilities are fully vaccinated. There is still concern about breakthrough variance and there have been some cases of staff coming up positive who had been vaccinated though they may be false positives. The next step is to consider how to get new admits vaccinated.

Mr. Curran commented that the collaborative meeting was held the day before and the focus is to continue to expand the network for specific areas and patients. They have some facilities in the East Bay and Santa Cruz. They are broadening the Pay for Performance Program based on quality metrics and continuing this collaborative. Ms. Kriger stated that the feeling is that they are being heard in these meetings and it is truly a collaborative effort.

Mr. Curran explained this is an open forum and would welcome hearing about any access pain points or challenges. Ms. Kriger added that the Ombudsman has been available throughout the pandemic and is back in the building again without missing a beat.

8. Questions about reports distributed prior to meeting.

a. Customer Support: Grievance & Appeals, Enrollment & Call Center

Ms. Ault-Riche opened the floor for any questions on the report that was included in the meeting materials.

- Mr. Wolf asked what process is taken when multiple complaints against a provider are received. Ms. Ault-Riche explained the process. She explained that if there is a trend, it goes from the Provider Services Department to the Peer Review Committee for the appropriate plan of action, if action is needed.
- Mr. Wolf asked about the high percentage of complaints related to quality of care and how the plan looks at the scope of complaints in this area. Ms. Ault-Riche answered that these go through a different review than the rest of the grievances. They are reviewed by a G&A nurse and a Medical Director. Quality of care grievances go through a clinical review and are given a score by the Medical Director based on the level of risk or severity of the issue. This score helps determine next steps. The trending component in this area is currently under review to be strengthened. Anything above a 1 goes to the Peer Review Committee. She explained the medication grievances that are overturned have more to do with the required 24 hour regulatory timeframes for making an approval or denial on decisions. It usually comes down to needing more medical information to approve the authorization.

Ms. Ault-Riche pointed out one of the concerns within CMC on the Enrollment Report is that we are losing more members to enrolling into another health plan. There are a couple of plans that have joined the Medicare market in the past couple of years with aggressive marketing strategies. They post staff onsite at the hospitals to convince people into switching away from CareAdvantage with some appealing benefits such as international coverage that HPSM does not offer. They also have some more extensive vision coverage. The problem is they do not usually have the same provider network or care coordination support. About a quarter of the members who switch away from the Health Plan, switch back within a short period of time. The part that is of major concern is that many times the members do not know they are signing up for a different plan and that by doing so, they are leaving CareAdvantage.

Ms. Kahn was aware of this and, according to Senior Medicare Patrol, the number one marketing abuse is marketing fraud, which some of these plans may be engaging in. This has

been communicated by HPSM to HICAAP regarding a particular broker or agent that is hanging out at a local hospital recruiting patients. This is now under investigation. This is happening within the county system as well. There is another group that is helping people enroll in Kaiser and it seems to be a coalition. Ms. Kahn believes we will see more of this with CalAIM. Ms. Ault-Riche added that they are not making it clear that these other plans are not an integration of the Medi-Cal and Medicare benefits. It is being presented as additional services to CareAdvantage when really it is in lieu of. Ms. Kahn also mentioned that Stanford has hired a consulting firm to help boost their Medicare Advantage plan membership to meet a quota, which is adding to the problem.

Ms. Kahn offered to conduct Duals presentations to clients or residents to anyone in the group and it could be done over Zoom. These presentations were rolled out in November and help explain integration of Medicare and Medi-Cal and what CMC provides. Ms. Ault-Riche will follow up with Ms. Kahn about potentially organizing these presentations for CMC or potential-CMC members.

Ms. Altman explained how those who are Dually eligible can enroll in any Medicare Advantage plan. The problem is there is no coordination between their Medicare and Medicaid benefits which is a problem, particularly if they need long term care. The State under CalAIM is setting up a system called Aligned D-SNP enrollment whereby in 2023, the state will require all D-SNP plans to have a letter approving their operation in California. These will only be given to those who have Medi-Cal because otherwise, it would not be an aligned program if separated. CMS is also cracking down on plans that are called “look-alikes” that enroll a large number of duals, but are a regular Medicare Advantage Plan. The Dual D-SNPs have a number of additional requirements such as the Care Model they use, care coordination, and are monitored with much more scrutiny than regular Medicare plans. This has been a problem that fragments care, and the state and feds are trying to deal with this issue.

Ms. Karnatz noted that she has been noticing that some plans are targeting certain cultural groups. Ms. Kahn talked more about some of the strategies these companies are using. Some of the perks they are presenting are actually already in member’s Medi-Medi coverage, but members are unaware of this.

b. HPSM Dashboards

There were no other questions about the dashboards at this time.

c. IHSS

There were no other comments or questions about the IHSS reports for this quarter.

9. **Group Discussion: Vaccine Update from HPSM and Discussion of Draft Member Materials & Barriers for Older Adults**

Ms. Ault-Riche shared a presentation around vaccine rates and talked about some of the barriers to vaccination and activities in which the health plan has been engaged. She reviewed the vaccination rates and pointed out that HPSM is behind compared to the countywide rates. Our membership has lower vaccination rates in the same areas when compared to the Healthy Places Index zip codes (low HPI zip codes have a higher risk). Staff performed a risk stratification of our members based on their risk of having severe complications of COVID accounting for medical conditions and race/ethnicity. The top tiers in the risk stratification have a higher vaccination rate than the lower tiers. This means we are successfully reaching and prioritizing the highest risk members. Next, she reviewed the breakdown by ethnicity noting the relation of percentages to numbers, since the populations vary in the numbers of people. HPSM is seeing lower vaccination rates in Redwood City, East Palo Alto and Menlo Park.

Some of the barriers include:

- Lack of internet access, comfort level using technology, tech knowledge and access as most of the vaccine signups have been online.
- Language barriers with most sites being in English and some in Spanish.
- Inability to sign up for a vaccination appointment due to supply shortages.
- Physical barriers to accessing the vaccination sites resulting in a program for home visits to provide vaccination to people who are homebound.
- Mobility issues cause a barrier however, members have access to free transportation to get to vaccine appointments but may not know about this benefit.
- Information accuracy is an issue with misconceptions and mistrust around vaccine safety and efficacy.

Activities of the health plan staff:

- The CareAdvantage Unit and Member Services have been receiving record high numbers of calls and helping members sign up for appointments.
- County Health has helped to put together dedicated vaccine supply pathways at Stanford and NEMS with dedicated vaccine for HPSM members.
- Staff has outreached through text messaging to notify members of specific vaccine opportunities.
- Social media, mailings, and our website are ways that we are sharing information and links to sign up to get vaccination appointments.
- A comprehensive communications strategy around vaccinations is being developed.
- A home prevention kit has been developed to help families manage their household with a person with a recent COVID diagnosis. These kits include many items to

protect the household such as masks, hand sanitizer, disinfecting wipes as well as health educational materials. These supplies are geared toward keeping the family members from getting sick.

Ms. Ault-Riche opened the floor to the group to share ideas around barriers, asking about continued barriers for older adults being vaccinated, or ways that HPSM can be a better partner in the county around vaccination:

Gay Kaplan suggested:

- Call clients to make appointments to help those who have technology issues.
- Have someone like community leaders, in a person's own language, explain the importance and pertinence of older people getting vaccinated.
- Extend hours for people who are involved in caregiving that cannot make times between 8am-5pm. Start a clinic at 7-9am and 7-9pm might be helpful.

Nina Rhee commented:

- IHSS has been reaching out to clients with robo calls in Spanish and English, text messaging, mass text messaging, and individual calling. Challenges to these efforts include not reaching people and people not wanting the vaccine or feeling they need to consult with someone else before signing up. Some clients are getting angry because they feel staff is too aggressively promoting getting vaccinated. They have directed staff to be cautious about their approach and that the calls are to be educational and provide opportunity. They are hearing a number of reasons why people are against being vaccinated. There has been success but still there is a large population that are not ready unless they hear directly from their physician.
- The effort will continue with their centralized intake including the hotline and APS, who have access codes for certain clinics giving priority access.

Beverly Karnatz commented:

- Some of the barriers experienced by Rotary Plaza residents was around the need for transportation, then the lack of vaccine, then the inability to effectively schedule appointments. These were frustrations for the residents and staff at that time.

Christina Kahn commented:

- Senior Centers may be a place to help set up vaccination clinics (Fair Oaks – overseen by Peninsula Family Service); East Palo Alto/Menlo Park Senior Centers.
- Adding information with the Second Harvest on brown bags may be a way to get the word out on vaccinations and through the congregate and home delivered meals, as well as through peer counseling.

Sherry Kriger commented:

- The partnership program was great as long as the people were in the building for both injections. Challenges were when they left the building. They brought people back to the facility to have their injections. Now they have to have five or more people that need an injection at the same time in order to get the product into their building.
- She mentioned reaching out through the churches. Ms. Ault-Riche stated the county has had some contact with faith-based organizations in the community.

10. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

DRAFT

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, April 22, 2021

Agenda Item: 4.3

Date: July 14, 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: Ricky Kot, Mary Pappas, Ricky Kot, Judy Garcia, Rob Fucilla

Staff Present: Maya Altman, Pat Curran, Gabrielle Ault-Riche, Colleen Murphey, Dr. Richard Moore, M.D., Karla Rosado-Torres, Kiesha Payne, Charlene Barairo, Michelle Heryford

1.0 Call to Order/Introductions: The meeting was called to order at 12:02 pm by Ms. Elbeshbeshy.

2.0 Public Comment: There was no public comment virtually or via email.

3.0 Approval of Meeting Minutes for February 28, 2021: The minutes from the February 28, 2021, meeting were approved as presented.

4.0 HPSM Operational Reports and Updates

4.1 COVID 19 Vaccine Update- Ms. Ault-Riche presented the vaccine efforts at HPSM. Overall, HPSM members are not only getting vaccinated at lower rates than residents County-wide, but at even lower rates than those in the County who are in lower HPI zip codes. HPI is the Healthy People Index; people in these areas are at greater risk of contracting COVID-19. For HPSM members over 65, only 52% are fully vaccinated and 15% are partially vaccinated. There is a significant discrepancy in these numbers when compared to the County where 60% of adults ages 16+ are vaccinated. HPSM Members ages 16-64 are vaccinated at only 12%; 13% are partially vaccinated. Given that the vaccine only recently opened to that age group, Ms. Ault-Riche expects those numbers to go up soon. However, there is overall concern about slower uptake of the vaccine. HPSM is working with County Health to raise the vaccine rates. HPSM also established internal risk scores to target members with pre-existing conditions that would put them at risk of contracting COVID. They included race/ethnicity data because certain races and ethnicities are at higher risk. Because HPSM focused on these

populations, these groups have higher vaccination rates than those at lower risk. Ms. Ault-Riche reminded the committee increasing vaccination rates is an ongoing effort. She listed the rates by race/ethnicity. American Indian or Alaskan Native and Native Hawaiian rates are very low. While the rates are low, the number of members who identify with those ethnicities is also low. Vaccination rates are also low among speakers of Arabic, Spanish and Portuguese and the cities that are seeing low rates are Redwood City, East Palo Alto, and the Menlo Park/Fair Oaks area.

She went over some of the barriers to vaccination, the big one being access to and comfort with technology. Some HPSM members don't have access to the internet, do not have an email address, or are generally not tech savvy, which is a barrier given that most vaccination appointments require online sign-up. Fortunately, County Health has recently added walk-up clinics, which has helped with this issue. Members also encounter linguistic barriers, since most vaccination sign-ups are in English only, with some offering Spanish. There are also physical barriers, as some members are homebound and lack the ability to physically get themselves to a vaccination site. To address this need, County Health provides in-home vaccination, but this is a slow process. She mentioned that HPSM provides free transportation for those who need it, but some members may not be aware of this benefit. Customer Support and the Marketing Team (Marcom) are working together to raise awareness of this free service. There is also the issue of vaccine hesitancy due to misinformation. There are a lot of misconceptions about the vaccine regarding safety and efficacy.

She shared recent efforts by the Member Services and CareAdvantage Unit Call Centers to address some of these barriers. The call volume has been extremely high recently, and both call centers have provided a lot of one-on-one support to members, answering questions about access to the vaccine and signing members up for vaccine appointments over the phone. This has been very helpful to members who need higher-touch support to overcome the barriers discussed above. HPSM has also been partnering with County Health and as a result has a dedicated supply of vaccines for HPSM members at Stanford and NEMS. HPSM has been sharing a lot of information over social media on Facebook and Instagram as well as the HPSM website. Now that HPSM has worked to get as much information out as possible, the plan is to step back and try to be a little more strategic in their communications. One tactic they are exploring involves supporting smaller primary care providers in sending letters to their patients encouraging them to get the vaccine. HPSM has the infrastructure to do large scale mailings, which is something that some of the smaller providers are not equipped to do. They are also looking for other creative ways to support providers in the community. Finally, she noted that HPSM has assembled a COVID home protection kit for members. The kits include masks, hand sanitizer, disinfecting wipes and thermometers along with health education materials about how to prevent disease spread within the household. Ms. Ault-Riche said they have many kits and urged the group to request one for HPSM members if needed. Simply email or call the Health Education team to request one.

Mr. Fucilla said he was impressed with the efforts thus far. He asked what the realistic goal is, and Ms. Ault-Riche said the goal is to meet the County-wide vaccination rate, which is about 80%. She asked for feedback and if there was anything further HPSM can do to improve these numbers? Dr. Moore said that some younger members feel they will get COVID if they get the vaccine. There is also a pretty vocal group of anti-vaxxers. He noted that several of the COHS are offering incentives. Ms. Ault-Riche said that is something HPSM is looking into.

Ms. Ault-Riche shared some materials they've created about vaccine hesitancy and asked for the committee's feedback before mailing them to members. The committee did not indicate that changes were needed to these materials. HPSM has also partnered with County Health who plan to call higher risk HPSM members who have not been vaccinated yet.

4.2 CEO Update: Mr. Curran provided a report on behalf of CEO Maya Altman. He thanked HPSM staff for all their work on the vaccine front. He said County Health has been very helpful in sharing data and information and have been great partners with whom to collaborate.

He announced that HPSM has a new Chief Medical Officer, Dr. Chris Esguerra. He has worked with HPSM before, most recently as a consultant during the last year. Mr. Curran thanked Dr. Moore for his work as the interim CMO.

Dental integration is scheduled for 2022. HPSM has hired a new Dental Benefits Manager, Marisa Cardarelli. They plan to hire a Dental Director in the fall and will bring this position to the Commission for final approval in August. They will have to go before the Commission in the fall to go over the rates, which they won't receive until the summer.

CalAIM, which has many facets is also scheduled for January 2022. One of the programs that will most affect HPSM members is the transition of the Whole Person Care program into what will be called the Enhanced Case Management (ECM) program. He reminded the group that the State has released the budget and the overall assessment is better than everyone anticipated. Both the budget and tax revenues were better than expected, so they do not anticipate any cuts.

4.3 CMO Update: Dr. Moore gave an update on COVID-19. Presently, HPSM has only two COVID positive members, and there are no COVID positive patients in any of the skilled nursing facilities (SNFs). SNFs have been doing a great job on vaccinations and infection control. There are 5 new skilled nursing facilities. He noted there is even one in Oakland that is a specialty facility that provides neurobehavioral and chronic mental illness services.

The post-acute transfer from Landmark to Vituity has been smooth. They will be working with Core Continuity group another SNFist group and Vituity as well as community members to develop a preferred SNFist provider network. Internally they are working on determining requirements for the preferred status. Dr. Moore is promoting participation in the American Medical Directors Association (AMDA) which is now called the Society of Post-Acute and Long-Term Care medicine. He also reported on AB 749 Medical Director Certification, which reads: “A SNF shall not contract with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director – this covers 22 critical areas of PALTC practice, administration, and leadership; requires ongoing education and must be renewed every 6 years.”

There is a meeting today with the Nursing Facility Learning Collaborative. Topics include the Nursing Facility Quality Payment Program Overview and Eligibility and the Non-Emergency Medical Transportation (NEMT) benefit. HPSM members that had been attending the recently closed Senior Focus CBAS have opted to move to another center. Some have agreed to be referred by the Multipurpose Senior Services Program (MSSP) and others are being care managed by one of HPSMs Care Coordination Case Managers.

4.4 Provider Services: Ms. Murphey spoke briefly about the vaccine efforts at HPSM. They are looking at vaccine equity across the membership. There are higher vaccination rates among HPSM’s older population as early efforts have paid off. They are still lagging behind the County but doing well. They’ve prioritized members with health risks and conditions and have had some dedicated events specifically for HPSM members. Now that vaccine availability has opened across the County their focus has shifted a bit. Part of that is making sure that they continue to direct additional resources to make it easier for members who may face barriers. The other part is working with providers, particularly primary care providers (PCPs) to answer questions about vaccine hesitancy. They are already working with some of the PCPs to address this.

She also provided some network updates. HPSM is working hard to add Behavioral Health providers to the network, noting that the need has really increased lately not just locally but nationwide. HPSM has a couple of new provider groups to address that. They have also been focusing on the SNF facilities. There is a new group that will be rounding at Burlingame Skilled Nursing and Millbrae, called Vituity. They are taking over some of the work Landmark did in the SNFs for post-acute.

They are also continuing their work with hospital partners; they have a meeting coming up with folks who work in the Emergency Departments of the larger hospitals in the County. They will discuss ideas and best practices around care transitions for members leaving the hospital as well as ways to support members when they are at the ED.

4.5 Member Services: Ms. Ault-Riche opened with enrollment. She reported that Medi-Cal enrollments has been steadily increasing but not because there are more new members. The high enrollment is a result of the State's halt on "negative actions" for Medi-Cal coverage. This means that the County Human Services Agency (HSA) is not processing redeterminations for most members because of the public health emergency. It is unknown how re-determinations will be processed once the public health emergency is over. Membership for the ACE line of business is continuing to rise for the same reason. CareAdvantage (CA) enrollment has increased a little in 2020 but not significantly. The top 3 reasons people leave CA are members passing away, moving from the county or members losing their Medi-Cal. What they are seeing now is that considerably more are lost because of members passing, which makes some sense as this is an older population in the midst of a pandemic. She warned the group that HPSM is also losing an increasing number of members because they are enrolling in other Medicare Advantage plans. There are a couple of new plans on the market with aggressive marketing tactics that offer additional benefits like gym memberships, more expansive vision benefits, and international medical coverage. CMC does not offer these benefits. Interestingly, of those that leave, 25% return in a few months. This trend is concerning as it reflects that members are not aware of what they are signing up for. Members don't always realize that they are losing their CMC coverage. They often think their new Medicare Advantage coverage is in addition to their existing CMC coverage. HPSM has notified HICAP of these trends as they may indicate insincere marketing practices by the other health plans.

Regarding call center performance, the CA Unit was unable to meet some of their goals in Q1, mainly because call volume increased 127% over the past year, which is a dramatic turn for this small team. Quality scores, however, were met.

Ms. Williams reported on the Member Services Call Center metrics. Q1 call timeliness goals were not met. As with the CA line, call volume has increased drastically due to questions about COVID and the vaccine. The call abandonment rate, however, was met. They have adopted an all-hands-on deck approach and have enlisted help from the Member Services Program Specialists and Customer Support Float who normally do not cover the phones. Call monitoring quality goals were also not met; the goal is 95% and they achieved a quality score of 92%. Ms. Williams reported that email volume has gone up as well. The team received over 2,000 emails in Q1 and successfully responded in a timely manner to 100% of the time.

4.6 Grievance and Appeals (G&A): Ms. Rosado-Torres reviewed the G&A report. During Q1 most lines of business had a rate of complaint that was within their goal rate; HealthWorx was the only line that did not. However, she noted this line has such low membership that only 11 cases were enough for the goal not to be met. It was a great quarter in terms of timeliness for both the Pharmacy Unit and the G&A Unit, as both met their goal of 95% timeliness. The CareAdvantage (CA) line had a significantly lower number of grievance and appeal cases. The 2nd quarter is not turning out the same, as they are

seeing a lot more cases right now in Q2. The pharmacy appeals overturn rate was 52%, medical appeals was 50%, which comes to 16 and 10 appeal cases, respectively. Overall, they have seen a decrease in percentages in the number of cases for customer service and for quality-of-care grievances. They did not receive any complaints in Q1 from the CMS Complaint Tracking Module (CTM), which records complaints members make directly with Medicare. Medi-Cal had a slightly higher number of appeals; however, grievances are lower. They did not receive any regulatory grievances in Q1. They received 6 Independent Medical Review (IMR) cases in Q1. Four have been in favor of the member and two are still pending a decision. The rate of overturned appeals for medical services in Q1 2021 is 50%, which represents 17 appeals. They did an analysis of 2020 for NCQA and recorded all the quarters to reflect the breakdown of cases received. Grievances and appeals are separated based on whether they are related to Behavioral Health services, and further broken down in the categories NCQA requires. In general, the goal rate of complaints per 1,000 Medi-Cal members is set at 3.09 and the goal rate per 1,000 CCS members is set at 8.61 These goal rates include all grievances and appeals for all services, not only those related to behavioral health. They are also calculated based on enrollment, not utilization of services. Ms. Rosado-Torres said there have been access issues which have been mitigated. 73 members requested PCP changes from 19 different clinics and 7 individual providers.

5.0 New Business: There was no new business.

6.0 Adjournment: The meeting was adjourned at 1:17 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission

QUALITY IMPROVEMENT COMMITTEE MEETING

April 14, 2021, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

Microsoft Teams Invite Meeting

AGENDA ITEM: 4.4

DATE: July 14, 2021

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

QIC Members Present: Dr. Jeanette Aviles, Dr. Vanesa de la Cruz, Dr. Maria Osmena and Dr. Amelia Sattler

QIC Members Excused: Dr. Jaime Chavarria and Dr. Kenneth Tai

HPSM Staff Present: Anne Bentz, Nicole Ford, Rob Lindley, Sarah Munoz, Megan Noe, and Samareen Shami

1. Call to Order by Dr. Jeanette Aviles

2. Approval of Agenda

Motion to approve. Approved by Dr. Jeanette Aviles and seconded by the committee members.

3. Consent Agenda:

3.1 QIC Minutes from December 16, 2020

3.2 UMC Minutes from January 25, 2021

Motion to approve. Approved by Dr. Jeanette Aviles and seconded by the committee members.

4. Approval of QI 2020 Program Evaluation and 2021 QI Program Description and Work Plan

A summary of the QI Program documents was presented by Ms. Shami. Key HEDIS metrics of focus for 2021 include well child visits for infants (0-15 months) as well as adolescents, asthma medication ratio (AMR), and Comprehensive Diabetes Care – HbA1c poor control. Other areas of focus continue to on timeliness of prenatal care, reducing 30 day hospital readmission, controlling high blood pressure and maternal mental health. In addition, ensuring that all members eligible are fully vaccinated against COVID-19 continues to be major area of focus.

Efforts to improve Asthma Medication Ratio (AMR) include continuing member outreach calls, letters to providers, provider education on new asthma medication prescribing guidelines as well

as working with San Mateo County Family Health Services to reinstate and expand the asthma home visiting program.

HPSM's selected Performance Improvement Project (PIP), required by DHCS, is focused on Improving the Well Child Visit (WCV) Rate Among 19-21 year-olds at Sequoia Teen Clinic. The main components of the project are health education and a gift card for the member for completion of a well care visit.

Another PIP is focused on reducing health disparities among HPSM's membership. HPSM conducted a thorough analysis of HEDIS measure performance across the racial and ethnic groups within our Medi-Cal membership as part of population needs assessment. With the assessment, HPSM identified a significant disparity in breast cancer screening rates among member who identify as Black compared to other racial and ethnic groups and the full eligible population. Intervention strategies to improve breast cancer screening rates for this population are currently under development.

Ms. Munoz presented an overview of HPSM's Health Education Program. Major focus areas include effective use of managed healthcare services, risk reduction and healthy lifestyles, and self-care and management of health conditions. In 2020 and continuing in 2021 is a focus on diabetes self-management, particularly in building and expanding community partnership programs and resources for our members with diabetes.

Ms. Munoz also presented an overview of HPMS's Culturally and Linguistically Appropriate Services (CLAS) Program. Key initiatives in 2020 include implementation of a video remote interpreter option, staff training on cross-cultural communications, and conducting a disparities analysis. The focus for 2021 is to develop a health equity strategy that includes assessing for disparities and implementing improvement activities to address identified gaps as well as continue to ensure communications to members are accessible and culturally & linguistically appropriate.

Motion to approve. Approved by Dr. Jeanette Aviles and seconded by the committee members.

Recommended Action: None at this time.

5. Other Business:

Dr. Sattler asked the source of the race/ethnicity data of HPSM's membership presented, as obtaining such data can be challenging. Ms. Ford responded that race/ethnicity data is derived from the enrollment data, where members voluntarily indicate their race/ethnicity on the application along with language preference. This information is retained in the member's profile within our enrollment system.

6. Adjournment

Next Meeting – June 16, 2021

MEMORANDUM

DATE: May 31, 2021
TO: San Mateo Health Commission
FROM: Maya Altman, Chief Executive Officer
Chris Esguerra, MD, Chief Medical Officer
RE: Waive Request for Proposal Process and Approve an Amendment to Agreement with Toney HealthCare Consulting, LLC

Recommendation

Approve a waiver of the RFP process and an amendment to the agreement with Toney HealthCare Consulting, LLC, extending the existing agreement implemented in October 2020 through December 31, 2022, and increasing the total not to exceed amount to \$450,000.

Background and Discussion

Toney HealthCare Consulting provides part-time consultation by trained physicians to perform utilization review services. Due to the stringent regulatory turnaround time requirements and need for efficiency and flexibility, HPSM enlisted the assistance of Toney HealthCare in October 2020 to assist with utilization review services. This arrangement has been beneficial, as HPSM is able to increase or decrease use of the consulting service based on need. In addition, the clinicians in Toney HealthCare are familiar with Medicare and Medicaid regulations, which is a critical element in the review of medical necessity.

HPSM has previously hired part-time medical directors to help serve in this role, and we have found that this service by Toney HealthCare is more effective and efficient, therefore we request to extend the current agreement and waive the RFP process due to the unique and specialized services offered by the physicians in Toney HealthCare.

We will continue to evaluate the cost-benefit of using this consulting service instead of hiring a part-time medical director over the next 12-18 months.

Fiscal Impact

The original scope of work included medical necessity reviews for care services with a total contract amount of \$96,000. This amendment increases the agreement by \$354,000 for a total not to exceed amount of \$450,000 and extends the contract through December 31, 2022.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVE REQUEST FOR PROPOSAL
AND APPROVAL OF AMENDMENT TO AGREEMENT
WITH TONEY HEALTHCARE CONSULTING**

RESOLUTION 2021 -

RECITAL: WHEREAS,

- A. HPSM is required to provide timely clinical determination of medical necessity and appropriateness of care for HPSM members;
- B. HPSM currently uses the service of Toney HealthCare Consulting, LLC, on a part-time basis as needed to assist with the timely review of medical services;
- C. Toney HealthCare is uniquely qualified for this consulting agreement based on the knowledge and experience of their clinicians, as well as their knowledge of Medicare and Medicaid rules and regulations.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Commission waives the request for proposal process and approves an amendment to the agreement with Toney HealthCare Consulting, LLC, to extend the agreement through December 31, 2022; and
- 2. Authorizes the CEO to execute an amendment to add \$354,000 to the agreement with for a contract maximum of \$450,000.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 14th day of July, 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
Meeting Minutes
May 12, 2021 – 12:30 p.m.**

AGENDA ITEM: 4.6

DATE: July 14, 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. George Pon, R.Ph.
 Bill Graham Barbara Miao
 Teresa Guingona Ferrer Kenneth Tai, M.D.
 Don Horsley, Vice-Chair Ligia Andrade Zuniga, Chair

Commissioners Absent: Michael Callagy, David J. Canepa, Si France, M.D.

Counsel: Kristina Paszek

Staff Present: Maya Altman, Chris Baughman, Luarnie Bermudo, Corinne Burgess, Pat Curran, Trent Ehrgood, Karen Fitzgerald, Robert Fleming, Nicole Ford, Ian Johannson, Francine Lester, Colleen Murphy, Amy Scribner, Jim Winkel, and Eben Yong.

1. Call to order/roll call

The meeting was called to order at 12:31 pm 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: **Horsley / Second: Pon**

Verbal roll call vote was taken:

Yes: 7 – Ferrer, Graham, Horsley, Pon, Miao, Tai, Zuniga.

No: 0

Approval of Consent Agenda

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

Verbal roll call vote was taken:

Yes: 7 – Ferrer, Graham, Horsley, Pon, Miao, Tai, Zuniga.

No: 0

4. Specific Discussion/Action Items

5.1 Presentation on HPSM COVID Vaccine Data

Ms. Altman introduced Samareen Shami, HPSM Program Manager, and Colleen Murphey, HPSM Network and Strategy Officer, to provide an update on HPSM COVID vaccine activities. Their presentation is attached.

Ms. Murphey noted HPSM's guiding principles for its role in vaccination efforts: 1) striving for both equity and scale for our members; 2) establishing clear lines of decision-making authority with partners such as the County; 3) maintaining flexibility to learn and adjust as needed given rapidly changing circumstances; and 4) ensuring intentional and consistent communication. Ms. Shami provided information on current member vaccine status and trends:

- As of May 6, 2021, half of HPSM eligible members (56,000) have received at least one vaccine dose and 33% are fully vaccinated, compared to countywide average figures which show that 75% of those eligible have received at least one dose with more than 50% fully vaccinated. However, HPSM membership is heavily comprised of younger member who have only recently become eligible for vaccination.
- Asian/Pacific Islander members have the highest rates of vaccination among HPSM's membership. Blacks and Hispanics show the lowest rates.
- Some language groups lag others. Chinese, Tagalog, and Vietnamese speakers have the highest vaccination rates, while Arabic, Portuguese, and Spanish speakers have the lowest rates.
- HPSM has had some success ensuring members who are at higher risk for COVID due to age have been vaccinated with 73% of members over the age of 65 having received at least one dose of the vaccine. Most younger members still need to be vaccinated and, as they become eligible, we should see these numbers rise.
- HPSM has also had success ensuring those members at higher risk due to medical conditions, disability, or social determinants have been vaccinated. Staff stratified members by risk category and assigned them to tiers. Those in Tier 1, the highest risk level, were the focus of staff outreach and vaccine coordination efforts. Most members in the higher risk tiers have been vaccinated at a higher rate. The lowest risk tier has experienced the lowest vaccination rates and will now be the focus for greater vaccine promotion and education efforts.
- Trends over time show a steady increase in total vaccines received. There has been a decline in vaccine activity through March and April, mirrored in national statistics as well. Staff will continue to develop strategies to overcome barriers to vaccine access.

Ms. Murphey reviewed HPSM vaccine activities over the past few months:

- In December, when the Pfizer vaccine was approved, HPSM began working to ensure members had access to vaccines, beginning with nursing and congregate care facilities. Staff hosted weekly calls with these facilities and worked closely with County Health to prioritize congregate locations.
- As eligibility for the vaccine began to expand, supply was still limited. Staff focused on helping members register for vaccine appointments. We also helped sponsor dedicated vaccination events for HPSM members, working with Safeway, Stanford, County Health and NEMS to reserve appointments.

- Customer support worked through record breaking call volumes and continued to help members to register for appointments.
- Staff experimented with different outreach methods, including member texting, automatic calling, and social media, along with traditional mailers in multiple languages.
- In March, when eligibility expanded to those in high-risk categories, risk stratification helped target outreach to those members in the higher risk tiers.

Ms. Murphey shared case studies to show what has been working to meet the challenges of vaccinating our membership. She emphasized the importance of meeting members where they are and being mindful of barriers that they may face. FQHC providers have been uniquely successful in vaccinating people in the health equity quartiles. Health equity quartiles are census tracks that experience less healthy community conditions and where our members disproportionately reside.

Next phases will continue to focus on meeting members where they are and building vaccine confidence. This means vaccinating in schools, at food distribution sites, or at large congregate living settings. To build confidence, staff is also working to recruit volunteer clinicians to attend vaccine events to answer questions.

Ms. Murphey reviewed the six ways HSPM is supporting vaccination efforts:

- Customer support call scripts, website, text/SMS promotion, and mailers to address lack of information;
- Translated HPSM member and provider content as well as interpreters to ensure language accessibility, including translated materials for providers to send to members;
- Home-based vaccinations through HR Support, a San Mateo County contractor, to help those with mobility issues; HPSM has referred members known to be homebound and 46% have been vaccinated so far.
- Free member transportation to vaccine sites and sharing of data on geo-access with San Mateo County Health to ensure vaccine sites are in areas where access is lagging;
- Assistance with email-to-text, promoting walk up vaccine sites, and phone scheduling help for those members facing technology barriers; and
- Provider resources in multiple languages to guide members with vaccine hesitancy; member mailings, and website content to bolster vaccine confidence.

Commissioner questions/comments:

- Commissioner Zuniga commended staff for all the work around vaccines. She noted that schools are struggling to get youth vaccinated; many are not receptive.
- Commissioner Graham congratulated staff on the great work and appreciates the creative approaches. He asked if there is enough supply for HPSM members? Ms. Murphey responded that supply is adequate now that demand has slowed overall.
- Commissioner Maio concurred with the commendation for a great job working on vaccinations. She asked how we capture information about people who get vaccinated in other places. Ms. Shami responded that all vaccine providers are required to enter information about who is vaccinated in a statewide data base. HPSM receives the data base information about HPSM members from the County, as well as from State and national sources.
- Commissioner Ferrer thanked staff for their work. She asked about the people on Medi-Cal that are with Kaiser and how we compare with vaccination rates. Ms.

Murphey answered that recent data shows Kaiser may be a little behind HPSM. She stated that Kaiser does have a younger Medi-Cal population.

5.2 Discussion/Action on Financial Statements for the Twelve-Month Period Ending December 31, 2020, as audited by Moss-Adams, LLP

Mr. Ehrgood reviewed a presentation, included in the Commission packet, on the audited financial statements that are ready for approval by the Commission. The financial audit has been completed by Moss Adams, LLP.

Mr. Ehrgood reported the audit began in October 2020 and was finalized in March 2021. There were no audit adjustments made by the auditors, but HPSM staff proposed adjustments based on updated information which was incorporated into the financials. Moss Adams presented the details of the audit to the Finance/Executive Committee at its March 22nd meeting. The Committee recommended approval by the Commission.

The Moss Adams communication explains the auditor's role, process, and findings if any. The financial statements including the audit report is where the auditors document their audit opinion and footnotes to the financial statements. These documents were included in the packet for today's meeting. Moss Adams issued an unmodified opinion which means the financial statements were fairly presented in accordance with Generally Accepted Accounting Principles. This is the best opinion an organization can receive.

Mr. Ehrgood reviewed the 2020 Statement of Revenues and Expenses as of the final audit noting a \$14.7 million loss which is lower than was projected earlier in the year. Reserves as of December 31, 2020 stood at \$333 million.

Motion to approve the Financial Statements for the Twelve-Month Period Ending December 31, 2020, as audited by Moss-Adams, LLP. **Zuniga / Second: Graham**

Verbal roll call vote was taken:

Yes: 8 – Aviles, Ferrer, Graham, Horsley, Pon, Miao, Tai, Zuniga.

No: 0

5.3 Annual Compliance Report.

Mr. Johansson reviewed the annual compliance presentation, included in the meeting materials. Many compliance activities were postponed due to COVID. The goal of the compliance program is to help ensure the organization and its employees perform appropriately through education, identification and resolution of compliance risks, and staff engagement.

Last year, the Compliance Committee decided to continue focusing on the risk areas identified in 2019. Compliance staff responded to new guidance from state and federal regulators and ensured critical business functions continued following requirements. 2020 activity included:

- NCQA mock audit/gap analysis in preparation for the 2021 renewal survey.
- DHCS annual audit now expected to occur in August 2021 (postponed in 2020).
- DMHC verification audit occurred, focused on four findings from a prior audit; successfully closed three findings with the fourth nearing completion.
- Implementation of two-factor authentication for HPSM's VPN (virtual private network), the mechanism for staff remote connectivity to the network.

- Modification of privacy policies to include work from home factors.

The incidence of compliance issues decreased in 2020; there was a 26% drop in the total number of issues reported and a 60% drop in issues required to be reported to the Commission. Mr. Johansson reviewed the Compliance Program Effectiveness survey results. The participation rate was over 80%, much improved from the prior year, and all major indicators improved as well.

Commissioner Tai asked how the survey responses are structured, whether they require yes or no answers. Mr. Johansson responded that the survey uses a Likert scale with those fully or partially agreeing counted as positive responses.

6. Report from Chairman/Executive Committee

Commissioner Zuniga had nothing to report from Executive Committee.

7. Report from CEO

Ms. Altman announced the local Master Plan for Aging event on Friday, May 14th at 10:00 a.m., which includes the participation of Commissioners Canepa and Horsley as well as local state legislators from San Mateo County.

Ms. Altman announced the winners of the 2020 Employee of the Year award, HPSM's "First Floor Heroes," IT Operations and Facilities Staff that have ensured the organization could continue to function at a high level throughout the pandemic. IT Operations quickly equipped staff so they could perform their duties remotely. Facilities staff have been in the office every day ensuring mail is distributed and the building is well maintained.

8. Other Business

There was no other business discussed.

9. Closed Session: CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Government Code Section 54956.9(d)(1))

-American Medical Response West v. San Mateo Health Commission et. al.
(Case No. 20-CIV3366, Superior Court for the County of San Mateo)

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

Commissioner Zuniga moved the commission into Closed Session at 1:35 p.m.

10. Report on Action taken in Closed Session

The commission reconvened at 2:12 p.m. and a quorum was re-established. Ms. Kristina Paszek, Counsel for the Commission, reported that the Commission acted in closed session to authorize an agreement with Gibson Dunn for services in an amount not to exceed of \$250,000.

11. Adjournment

The meeting was adjourned at 2:13 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

COVID Vaccinations Update

San Mateo Health Commission

5/12/2021



Agenda



- Our approach to supporting COVID-19 vaccinations
- HPSM vaccination rates and sub-population trends
- Vaccination promotion activities to date and next steps

Guiding principles for our role in vaccinations



Strive for **equity** and **scale**



Clear lines of **decision-making authority**



Nimble, PDSA approach

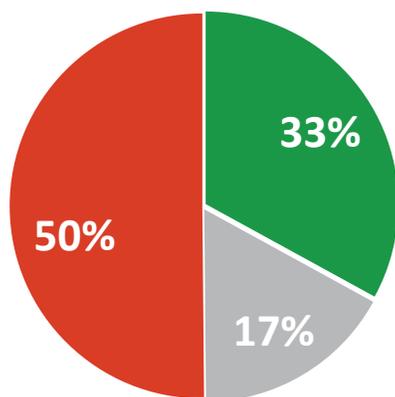


Intentional, regular **communication**

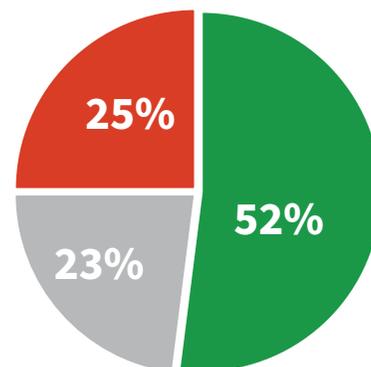
Total Eligible Members Vaccine Status



Vaccine Status for HPSM members



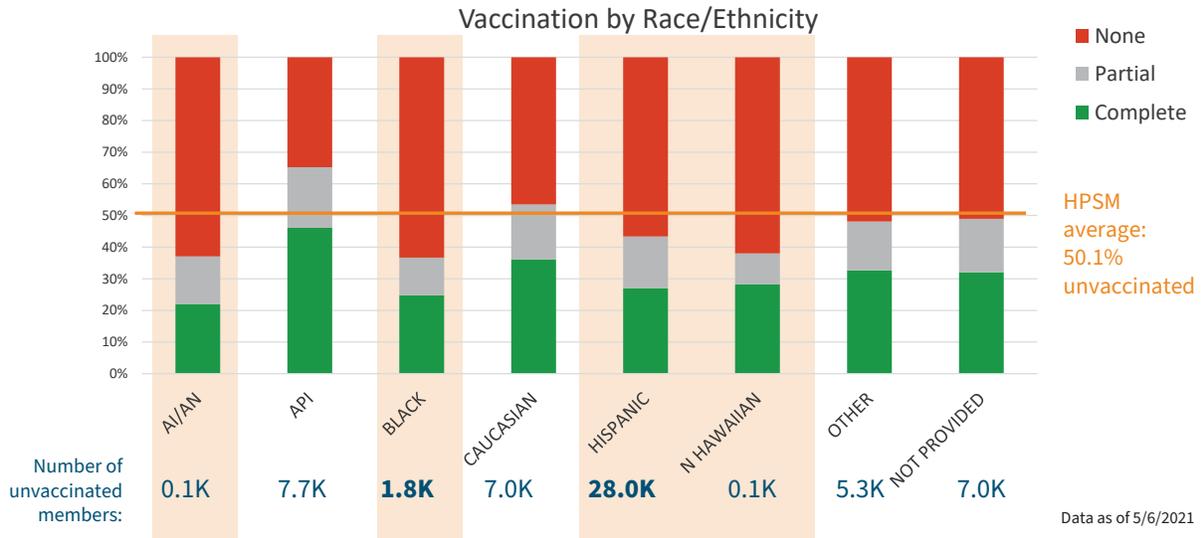
Vaccine status for San Mateo County



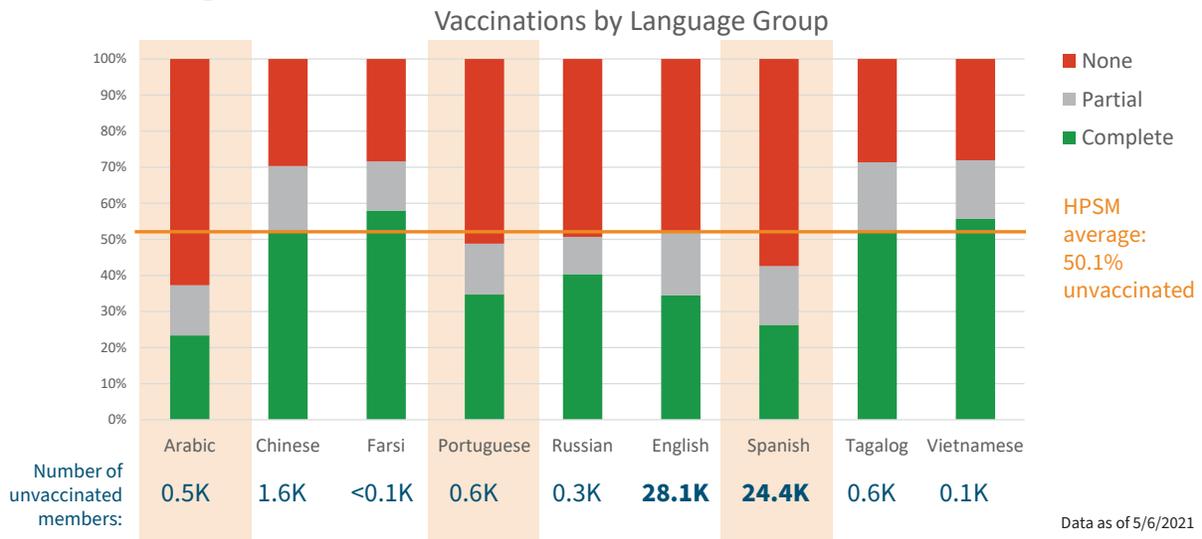
■ Complete
■ Partial
■ None

Data as of 5/6/2021

Our AAPI members lead vaccination rates by race/ethnicity



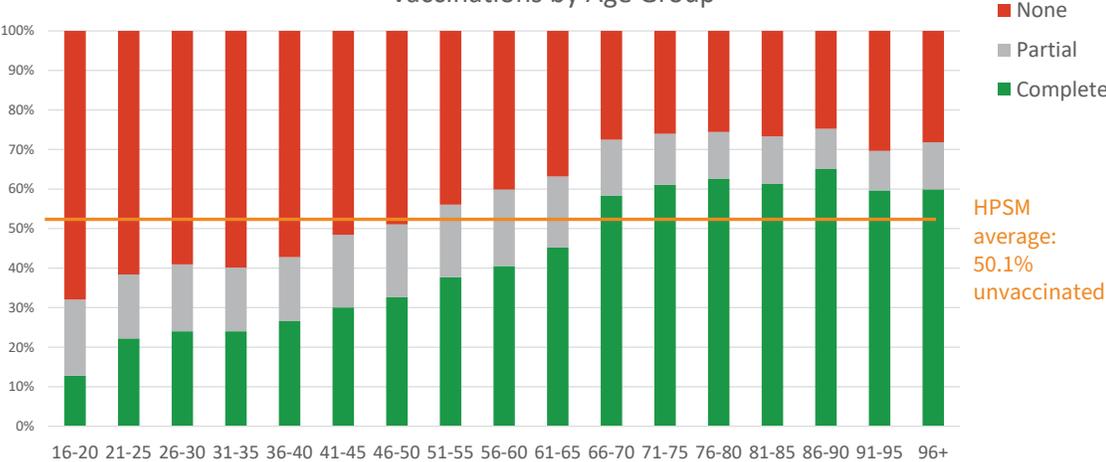
Some language groups lag behind other groups



Successes in vaccinating members at higher risk due to age



Vaccinations by Age Group

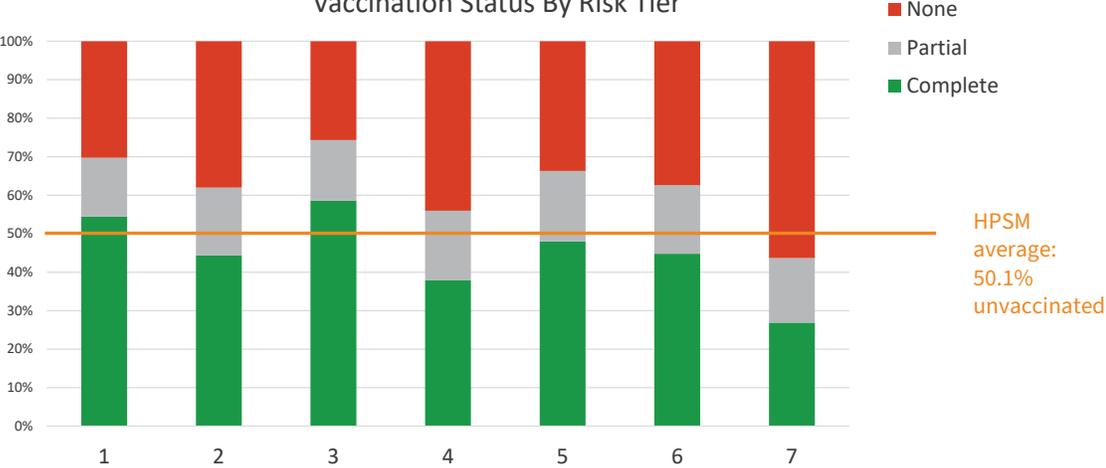


Data as of 5/6/2021

Successes in vaccinating those at higher medical, SDOH risk



Vaccination Status By Risk Tier

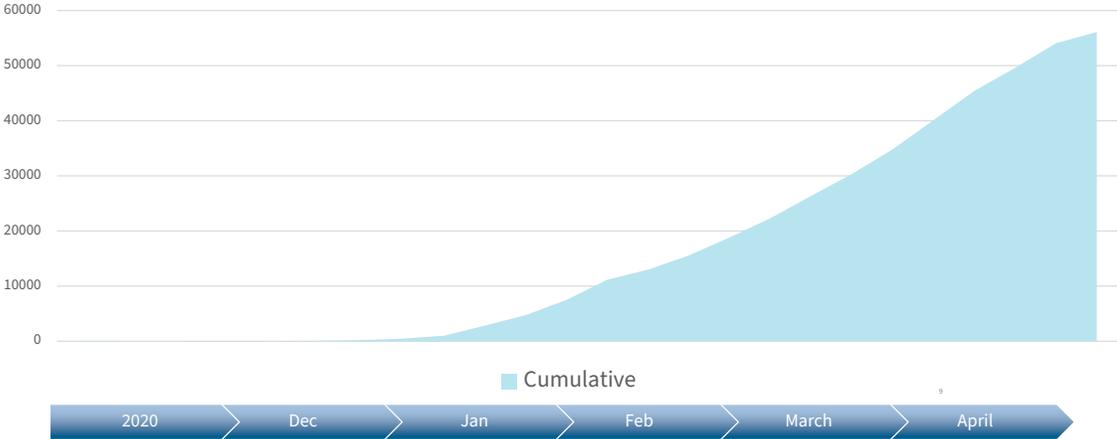


Data as of 5/6/2021

Steady increases in vaccination rates



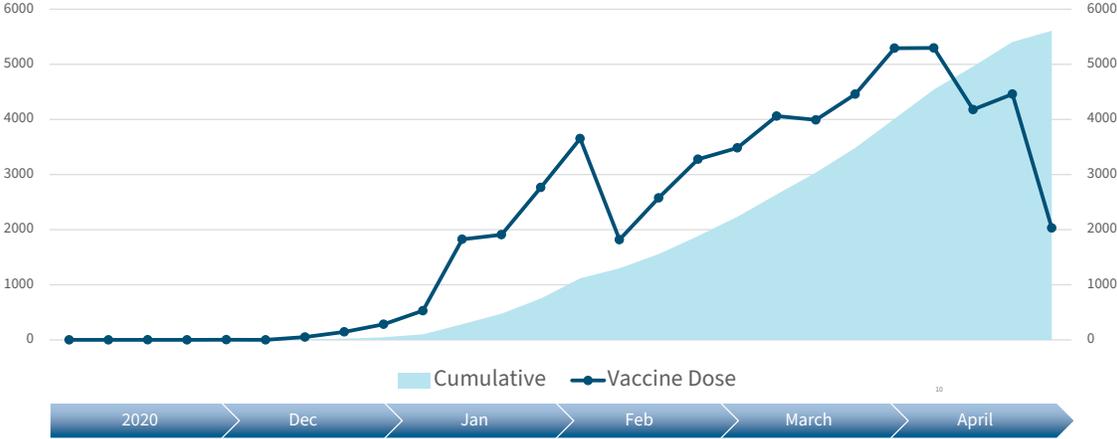
Vaccine Doses Delivered by Week



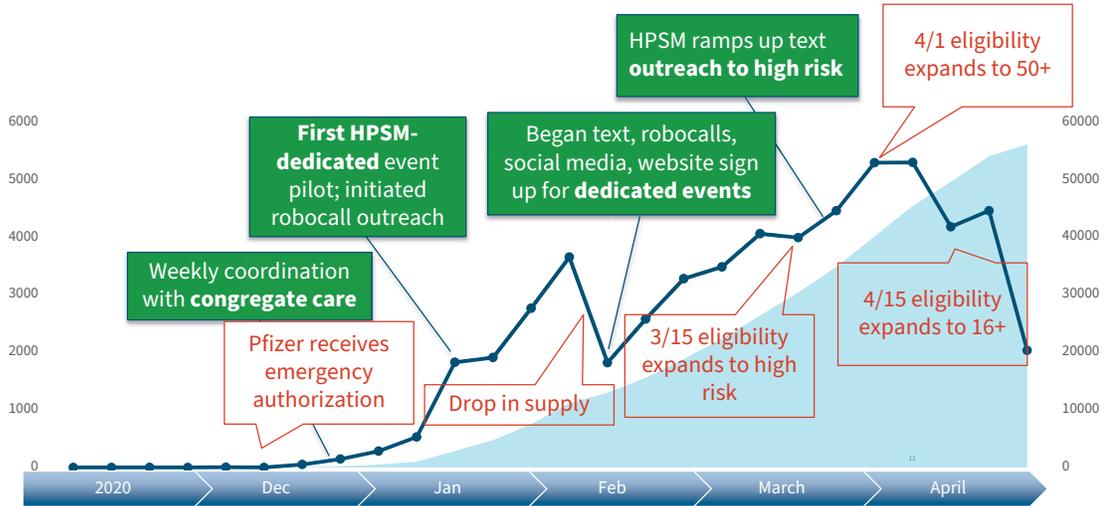
However, recent decline in pace of vaccination



Vaccine Doses Delivered by Week



Our journey to date



The Rule of the Final Inch



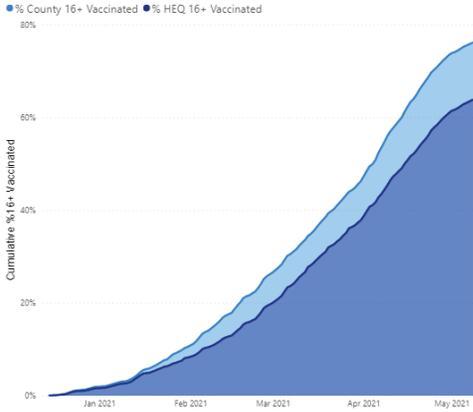
“

The rule of the Final Inch consists in this: not to shirk this crucial work. Not to postpone it...not to mind the time spent on it, knowing that one's purpose lies not in completing things faster but in the attainment of perfection.

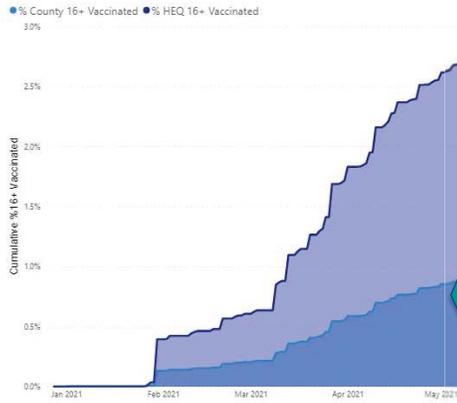
”

Learning from local leaders

County-wide



Ravenswood Family Health Center



Organizations with scale¹ and success vaccinating HEQ:

- SMMC (14K)
- Ravenswood (4.7K)
- Osita Health Clinic (2.3K)
- NEMS (1K)

1 Scale defined as >1K vaccinations

Source: <https://www.smchealth.org/data-dashboard/vaccinations-health-equity-quartile> accessed 5/11/2021

Our focus for this next phase



Meet members where they are



Build vaccine confidence

How HPSM is supporting



Barriers HPSM Approach	 Lacking information Customer Support call scripts, website, text/SM promotion, mailers	 Language accessibility Translated HPSM member & provider content; interpreters	 Mobility barriers Home-based vaccinations (HR Support)
	 Geographic access Provide transportation, share data on geo-access with SMCH	 Technology accessibility Email-to-text; promoting walk ups; phone scheduling	 Vaccine confidence Provider comms packet; member mailings, SM, website content

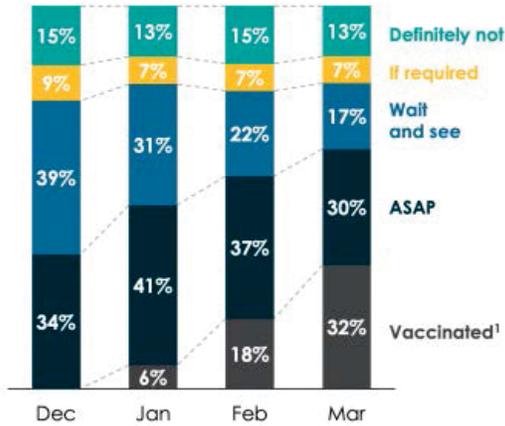
Appendix: Vaccine Hesitancy

Understanding vaccine hesitancy barriers



Vaccine Status of US Population

Dec 2020 - March 2021 N= 1670, March 18 - 25



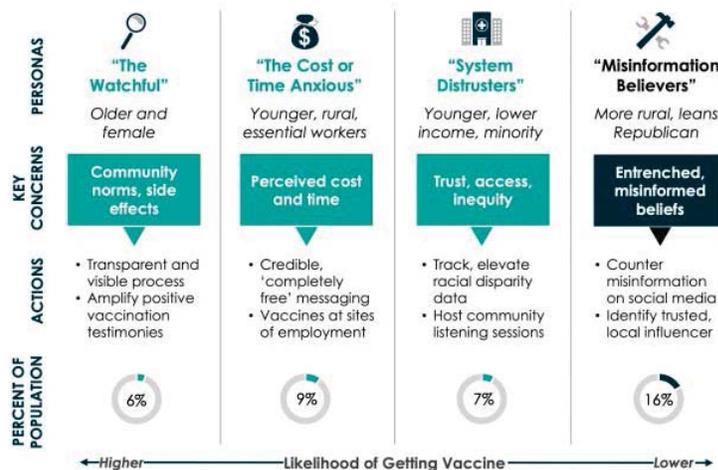
53% of individuals in the “definitely not” group believed or are unsure about three major vaccine myths:

1. Vaccines contain a live virus
2. Vaccines cause infertility
3. You need to pay out-of-pocket for the vaccine

1. Partial or complete

Source: Analysis: Surgo Ventures Projects U.S. COVID-19 Vaccination Rates Will Plateau in Late April— Before We Reach Herd Immunity. Surgo Ventures, 8 Apr. 2021; Lopes, Lunna, et al. “KFF COVID-19 Vaccine Monitor: March 2021.” KFF, 30 Mar. 2021; Gist Healthcare analysis.

Behavioral profiles of those with limited vaccine confidence



N= 1670, March 18 - 25

Source: Analysis: Surgo Ventures Projects U.S. COVID-19 Vaccination Rates Will Plateau in Late April— Before We Reach Herd Immunity. Surgo Ventures, 8 Apr. 2021; Lopes, Lunna, et al. “KFF COVID-19 Vaccine Monitor: March 2021.” KFF, 30 Mar. 2021; Gist Healthcare analysis.

Messages that resonate



Your loved ones need you.

Get the COVID-19 vaccine to make sure you can be there for them.

We have a chance to return to the people and places we love.

Let's get our lives back again. Sign up to get the COVID-19 vaccine.

Doctors and nurses have decided to get the COVID-19 vaccine.

Now, they recommend that you do too. Talk to your doctor to find out more about why it's right for you.

The COVID-19 vaccine was tested with 70,000 people.

Now, more than 14 million people have gotten it. When it's your turn, you can feel confident that it is safe and effective.

These four messages increased vaccine confidence by 5-6% in English and Spanish language testing (N = 20,037 participants).
Source: <https://www.bi.team/blogs/four-messages-that-can-increase-uptake-of-the-covid-19-vaccines/>

MEMORANDUM

AGENDA ITEM: 5.1

DATE: July 14, 2021

DATE: July 7, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: Announcement of CEO Retirement and Formation of a CEO Search Committee

Recommendation:

Accept resignation of HPSM's Chief Executive Officer, effective December 31, 2021, and appoint a committee to oversee the search for a new CEO.

Background and Discussion

As I have already informed the commissioners, I intend to retire at the end of this year. By the time we meet on July 14th, you will have received my formal resignation letter.

I am announcing my retirement now so that the Commission will have several months to conduct a search and identify my successor. At this point, I recommend the formation of a committee with no more than five Commission members (less than a quorum) to facilitate the search for a new CEO. A committee process will protect all candidates' confidentiality as they go through the process and can recommend finalists to be interviewed by the Commission as a whole.

Commissioners may also want to consider appointment of additional committee members who represent other organizations or empower the committee members to consider additional members. For example, because HPSM works so closely with San Mateo County Health, I recommend the Chief or Deputy Chief of County Health also be included on the search committee.

I recommend that the Chair and Vice Chair, as the two Commission officers, be part of the search committee, as well as the County Manager, and that the Commission select volunteers for the other two seats on the Committee. However, to round out representation, the Commission may want to consider appointing a commissioner from a provider organization and another commissioner representing the community.

Finally, I recommend that the County's Human Resources Department administer the search process for a new CEO. First and most important, administration by professionals from an outside entity will ensure objectivity. Second, County HR is well equipped to handle a search and includes an executive recruiter on staff. Commissioner Callagy has kindly offered to support this request.

It has been such an honor to serve in this role for more than 16 years. I want to thank all the commissioners, both those currently serving and those who have served in the past, for their amazing support throughout these many years. This decision has been difficult, and I have mixed emotions about it. However, I believe HPSM is in a strong position to thrive and continue serving our community well in the years ahead.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF THE FORMATION OF A
SEARCH COMMITTEE FOR A NEW
CHIEF EXECUTIVE OFFICER FOR HPSM**

RESOLUTION 2021 -

RECITAL: WHEREAS,

- A. The Chief Executive Officer of the Health Plan of San Mateo has announced her retirement effective by the end of 2021; and
- B. The San Mateo Health Commission must search for and identify a successor for the CEO position.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the formation of a committee to include no more than five commissioners and other members from the community as deemed preferable; and
- 2. Authorizes the committee to oversee the search for a new CEO.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 14th day of July, 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: 7.0

DATE: July 14, 2021

DATE: July 7, 2021
TO: San Mateo Health Commission
FROM: Maya Altman, Chief Executive Officer
RE: CEO Report

State Updates

Final State Budget

The Governor and Legislature reached agreement on a final budget at the end of June. While all details have yet to be revealed (some are pending in trailer bill language) we know about most of the major items. The budget is filled with an astounding number of spending plans – highlights that affect HPSM and Medi-Cal enrollees are summarized below; additional detail about some of these programs is in an attachment to this report.

- CalAIM - the commitment to this Medi-Cal reform remains largely the same as proposed by the Governor, including more than \$500 million for Enhanced Care Management and In Lieu of Service incentive payments. More on CalAIM below.
- Behavioral Health for Youth and Children – nearly \$1 billion in spending is dedicated to mental health and substance use disorder services for this population, much of it focused on providing services to children in schools. Of particular interest to health plans is \$400 million (over multiple years) targeted to Medi-Cal managed care with the expectation that schools, health plans, and county behavioral health departments will partner to enhance early intervention and preventative services in schools.
- Elimination of Optional Benefit Suspensions – this action permanently eliminates the suspension of optional Medi-Cal benefits (audiology and speech therapy, incontinence creams and washes, optician and optical lab services, podiatric services). HPSM has been paying for these optional benefits.
- Elimination of Proposition 56 Payment Suspensions – Prop 56 payments, originally funded by an initiative for using tobacco tax dollars to enhance provider payment, are permanently extended. These payments are made through Medi-Cal managed care plans to physicians, dentists, and other providers.

- Coverage for Undocumented Adults Aged 50+ - there are about 235,000 individuals statewide that will be covered by Medi-Cal managed care plans.
- Elimination of the Assets Test for Medi-Cal Coverage – eliminates the requirement that seniors and persons with disabilities have no more than \$2,000 in assets to qualify for Medi-Cal.
- Establishes 12 Month Continuous Eligibility for Postpartum Services - expands eligibility from 60 days to 12 months for postpartum individuals, effective April 1, 2022.
- Standardizes Benefits Across Medi-Cal Health Plans – while HPSM is already responsible for these benefits as a County Organized Health System (COHS), the budget mandates all health plans assume responsibility for major organ transplants and enrollees who have other health coverage starting in 2022; in 2023, all health plans will also be responsible for long term care and Medi-Cal coverage for dual eligibles.
- Health Equity and Quality – requires DMHC to establish quality measures and equity benchmark standards, including enforcement actions for non-compliance. DHCS is already developing its own equity standards as part of its procurement efforts and the development of a new contract for all health plans.
- Medi-Cal Pharmacy Carve-out – the budget assumes the pharmacy carve-out will occur no sooner than January 2022. Otherwise, it remains silent on whether and when the State will move to implement this change.
- IHSS Restorations and Improvements – permanently eliminates the 7% service hours cut in IHSS; establishes a permanent IHSS emergency backup system.
- SSI/SSP Grants - provides \$225 million in 2021-22 and \$450 million in 2022-23 to restore 50 percent of the remaining 2009 SSI/SSP grant cut and anticipates the remaining 50 percent of the cut will be restored in the 2023-24 budget year. This restoration, combined with Governor’s May Revise proposal, will increase the SSP grant by approximately \$36-\$37 per month for individuals and \$90-\$94 per month for couples on January 1, 2022.
- MSSP - restores the 2,497 statewide slots cut in budget actions taken in 2008 and continues the rate supplement approved in 2019. However, continues to require MSSP carve-out from managed care, including in San Mateo County, where it has been completely integrated into HPSM operations.
- Public Health Infrastructure - approves a minimum of \$300 million ongoing, beginning in 2022-23, to address the state’s public health infrastructure, health equity, and racial justice.

The CalAIM and the behavioral health and youth programs, while exciting and much needed programs, will require a substantial work effort from HPSM, County Health, and other entities in the county over the next few years. Like 2014 (when the Affordable Care Act was implemented), 2022 promises to be a year of much change and demands on health plan resources.

CalAIM

CalAIM, the State's program to reform Medi-Cal over the next several years, has many components. Of immediate concern are two major efforts set to start in January 2022, Enhanced Care Management (ECM) and In Lieu of Services (ILOS). The State Department of Health Care Services (DHCS) intends these two programs to replace counties' Whole Person Care (WPC) programs, which end in December 2021.

ECM is intensive care management provided for only the most vulnerable populations of focus, such as former WPC clients, certain individuals with serious mental illness and other compounding factors (e.g., homelessness), and high utilizers of hospitals and emergency rooms. Plans are encouraged, if not required, to use county and other community-based organizations to deliver ECM with the expectation that effective care management must generally be face-to-face and at locations that are easy and comfortable for clients. ECM will be a Medi-Cal benefit, requiring plans to offer this service to anyone who wishes to receive it and is eligible.

In Lieu of Services (ILOS) are generally non-medical services provided in place of a more costly medical services. For example, many of the services offered by HPSM's Community Care Settings Program (CCSP), are considered ILOS (including services in independent housing or Residential Care Facilities for the Elderly) because they help individuals move from or avoid more costly nursing facilities. ILOS are considered voluntary for both the health plan and recipients; they are not Medi-Cal benefits. While HPSM has been providing many ILOS for several years, they were never reimbursable through the Medi-Cal program until now.

As mentioned, the State intended for ECM and ILOS to replace the WPC program to some extent. However, DHCS has clarified that "replacement" means replacement of specific services provided to individuals engaged in the WPC program. HPSM staff is working with County Health staff to map all WPC services to potential ECM and ILOS services that could be offered by HPSM in 2022. HPSM has also released an RFI to learn if there are other organizations interested in and capable of offering ECM and ILOS services. Staff will present more detail about CalAIM at a future Commission meeting.

Home and Community Based Services – Spending Plan

The American Rescue Plan, signed by the President in March 2021, included a temporary 10 percent increase in federal financial participation for Medi-Cal spending related to home and community-based services. States are required to submit spending plans for approval by CMS. The State of California

intends to submit its plan in early July. DHCS released a draft about a month ago, which included funding for many critical programs. However, since then the Administration and the Legislature have been negotiating the final package to be submitted to the federal government.

Medi-Cal Managed Care Procurement

In June, the State released for comment a draft Request for Proposal (RFP) for Medi-Cal managed care services through commercial health plans (for those counties where commercial plans participate in Medi-Cal). While HPSM is not directly affected since it is the single Medi-Cal plan in San Mateo County, the RFP requirements will evolve into a new contract that all plans will have to execute with the State. Therefore, we will provide extensive comments on the RFP draft through our statewide association for local health plans, Local Health Plans of California (LHPC). The final RFP is scheduled to be released later this year.

Also of note, the State has permitted counties to change their Medi-Cal managed care models. Two counties, Alameda and Contra Costa, have indicated they will develop a COHS model to replace the two-plan model currently operating in these counties (a commercial plan and a local initiative or public plan).

Dental Integration

Planning for dental integration at HPSM is proceeding on schedule. Staff has submitted the required material modification to the Department of Managed Health Care (DMHC) and continues to meet biweekly with State DHCS staff on required readiness materials. DHCS has informed us we should receive payment rate information for dental services in August; we can then present a final recommendation for the Commission's consideration at its September meeting.

Other Updates

Update on COVID Vaccination Efforts

We continue to make slow but steady progress ensuring HPSM's membership vaccination. The most recent data we have is from June 26, 2021. As of that date:

- Nearly 74,000 members had received at least one vaccine dose, almost 60% of eligible members. Nearly 50% were fully vaccinated.
- There was an increase in completed doses for teens and consistent improvement in the other age groups. Nearly 36% of teens aged 12-15 received at least one dose of the vaccine up from 32% two weeks prior. Teens remain the most unvaccinated group. At least 50% of members in other age groups had received at least one dose.

- There were small improvements in vaccination rates for each of the ethnic groups, however, over 50% of members in the Black, Native Hawaiian and the American Indian and Alaskan Native population remained unvaccinated.
- Except for Arabic speakers, half of members in all the non-English language groups received at least one dose.

HPSM staff continue to develop ways to reach our members with effective vaccine messages. Recent activities include:

- Outreach to pediatric primary care providers, especially those with high volumes of members, encouraging them to register as a vaccine provider (much easier to do now than before).
- Hosting a webinar for providers, especially pediatricians, guiding them through the process of registering and administering vaccines.
- Marketing vaccine availability through social media and other means, nudging members to obtain vaccines.
- Development of a comprehensive health education packet that has been field tested to address vaccine hesitancy among members.
- Facilitating vaccine events in certain areas of the county, like Granada on the coast, to reach those members in areas lagging in vaccination rates.

Justice, Equity, Diversity, and Inclusion

HPSM continues to build its program to address health inequities among members. In addition, we have recently engaged a consultant, Janet Williams with Progressive Discoveries, to perform a comprehensive assessment of our internal strengths and weaknesses related to equity and diversity. She has interviewed all members of the Leadership Team and many managers and is now hosting focus groups with HPSM front-line staff. We will share her final report and recommendations with the Commission.

Audits

The latter half of 2021 will be tough for HPSM staff. Several outside agency audits are scheduled with overlap among some of them. Scheduled plan-wide audits include a DHCS medical audit, a DMHC medical audit, the NCQA renewal survey, and a Cal MediConnect Performance Monitoring Validation audit. Two other audits are currently underway and wrapping up soon, a CMS mock audit and a DMHC financial audit. This is happening at the same time as staff is preparing for CalAIM and the dental integration to be implemented in January 2022.

Honoring James Hutchinson, M.D.



Finally, we want to mark the passing of Dr. Jim Hutchinson, who died in May at the age of 98. Below is a tribute sent out to all staff by Colleen Murphey, HPSM's Provider Network and Strategy Officer:

On Wednesday of this week, a longtime member of HPSM's provider network and a leading light in our San Mateo Community, Dr. James Hutchinson, passed away. It is hard to capture in words what he meant to our community and to the practice of medicine. At the age of 98, Dr. Hutchinson was still actively practicing, caring for HPSM members, and inspiring future generations of clinicians.

Much has been said about Dr. Hutchinson's career and his legacy. He was the first African American doctor to open a medical practice in San Mateo County, overcoming steep challenges and racist legal restrictions to do so. Born in Shreveport, Louisiana, Dr. Hutchinson's journey took him to Europe, the Middle East and finally California. He served as President of the San Mateo Branch NAACP, working to establish the NAACP Credit Union. He helped to found Planned Parenthood, the Bay Area Urban League and the substance abuse treatment program Project 90.

He was also a long-time member of HPSM's Physician Advisory Group, helping shape policies and decisions to improve access to healthcare for HPSM's members. On a personal note: I know that I and many of you will deeply miss running into Dr. Hutchinson on a regular basis. Always impeccably dressed, often in a three-piece suit - Dr. Hutchinson always told you exactly what he thought but did so with elegance, wisdom, and a well-honed sense of humor.

In 2019, Dr. Hutchinson published [a collection of essays about his life](#). One excerpt of his writing reflecting on his work with the San Mateo NAACP stands out, as we reflect on his life:

*"Our goals, our tasks may not have been
as formidable or earthshaking as
Birmingham or Little Rock,
but each journey short, long or
successful raises the least of us
to the hills from whence cometh our help.
We have seen the worst and best of America in
these momentous years, and pray that the best is yet to come."*

Dr. Hutchinson will be greatly missed. HPSM has donated the pay for performance incentive funding he earned this past year to the Silicon Valley Community Foundation for a scholarship fund established in his honor.

California State Budget 2021-22: Impacts on HPSM

Timeline

TBD

Student Behavioral Health

Plan Incentive Dollars: Incentive program in managed care, in coordination with county behavioral health and schools, to increase the number of students receiving preventive and early intervention behavioral health services.

- One-time \$400 million (\$200 million GF) distributed over 3 years
- Higher incentives for activities focused on decreasing equity gaps or provided to homeless youth, youth living in transition, or those involved in the foster care system.
- Incentive payments allocated for planning and resource mapping, providing technical assistance to increase coordination and partnerships, and piloting behavioral health wellness programs.
- Funding should be used to build upon existing partnerships between schools, plans, and counties, in addition to establishing new relationships/partnerships.
- DHCS authorized to make modification to incentive program requirements after stakeholder engagement.

Data Sharing and Connectivity: Funding for infrastructure, partnerships, and capacity to increase access to behavioral health services at schools, by expanding access to BH school counselors, peer supports, and BH coaches; building a statewide CBO network; connecting commercial plans and Medi-Cal plans, counties, CBOs, and schools via data sharing systems.

- \$100 million CFRF in 2021-22
- \$450 million CFRF in 2022-23

Evidence-based Behavioral Health Treatment Services: Fund grants to providers, behavioral health systems, Medi-Cal MCPs, CBOs, and others to support implementation of evidence-based BH treatment services for children and youth.

- \$10 million CFRF in 2021-22
- \$429 million CFRF in 2022-23

Benefit Expansion: add dyadic services as a Medi-Cal covered benefit.

- \$200 million (\$100 million GF) ongoing
- Implementation will begin either 1/1/22 or 7/1/22

CalAIM

Enhanced Care Management (ECM) and In-Lieu of Services (ILOS)

Implementation of an enhanced care management benefit in Medi-Cal managed care, to be implemented in phases beginning January 1, 2022.

- \$187.5 million (\$93.7 million General Fund)

Incentives for Medi-Cal managed care plans to expand infrastructure and capacity in support of ECM and ILOS. Incentive dollars distribution methodology is being finalized but number of ILOS services authorized will be correlated to incentive payments.

- \$300 million (\$150 million GF)
- At this time, HPSM has proposed to continue the following WPC services under ILOS: (1) Housing Transition Navigation Services, (2) Housing Deposits, (3) Housing Tenancy and Sustaining Services, (4) Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly & Adult (RCFE) and Adult Residential Facilities (ARF), (5) Community Transition Services/Nursing Facility Transition to a Home, and (6) Meals/Medically Tailored Meals. This list may change in the next several months.

Additional rate component for continuation of ILOS-like services in WPC counties and existing plan services.

- \$47.9 million (\$24.0 million GF)

MSSP

Carves MSSP out of managed care effective January 1, 2022.

Medi-Cal Eligibility and Benefits

Expands full-scope Medi-Cal to adults ages 50 and over, regardless of immigration status, effective no sooner than May 1, 2022.

Expands eligibility from 60 days to 12 months for postpartum individuals, effective April 1, 2022. This will be in effect for up to five years, consistent with the APRA.

Doula benefits added as a Medi-Cal benefit beginning 1/1/22

- \$403,000 (\$152,000 GF) in 2021-22
- \$4.4 million (\$1.7 million GF) annually thereafter

Continuous Glucose Monitors added as a Medi-Cal covered benefit effective January 1, 2022.

- \$10.9 million (\$3.8 million GF)

Reinstates adult OTC cough/cold and acetaminophen as Medi-Cal covered drugs effective July 1, 2021.

- Annual savings of \$21 million (\$7.8 million GF)

Permanently eliminates the suspension of optional benefits (audiology and speech therapy, incontinence creams and washes, optician and optical lab services, podiatric services).

- HPSM has been paying for these optional benefits while they were suspended Medi-Cal benefits