801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

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www.hpsm.org

-Virtual Meeting-

THE SAN MATEO HEALTH COMMISSION
Regular Meeting
November 10, 2021 - 12:30 p.m.
Health Plan of San Mateo
801 Gateway Blvd., South San Francisco, CA 94080

Important notice regarding COVID-19:
On June 11, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures addressing Brown Act compliance. In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, and the imminent risk to the health or safety of attendees meeting in person would present, the Health Plan of San Mateo offices will not be open to the public for meetings of the San Mateo Health Commission pursuant to AB 361.

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

Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
(833) 827-5103,,887144736# United States (Toll-free)
Phone Conference ID: 887 144 736#

Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Commission or to address an item that is listed on the agenda may do so by emailing comments before 10:00 am, November 10, 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 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
   - 4.2 Report from Finance, Q3 of 2021
   - 4.3 Consumer Advisory Committee, August 2021
   - 4.4 CCS Clinical and Family Advisory Committee, September 2021
   - 4.5 Quality Improvement Committee, September 2021
   - 4.6 Physician Advisory Group, June and August 2021

~Continued~

4.7 Approval of Amendments to Agreements with San Mateo County Public Authority and City of San Mateo for HealthWorx

4.8 Approval of Amendments to Agreements with San Mateo County Health Services and Lucile Packard Children's Hospital for Whole Child Model

4.9 Approval of Amendment to Agreement with AccessNurse

4.10 Waive Request for Proposal and Approve Amendment to Agreement with Compliance Strategies

4.11 Approval of Second Amended Children's Health Initiative Coalition MOU

4.12 Approval of San Mateo Health Commission Meeting Minutes from October 13, 2021.

5. Specific Discussion/Action Items

5.1 Discussion/Action on Approval of CalAIM Agreements.*

6. Report from Chairman/Executive Committee

7. Report from Chief Executive Officer

8. Other Business

9. CLOSED SESSION

Conference with Legal Counsel – Anticipated Litigation (Gov't Code section 54956.9(d)(2) (2 cases))

Conference with Legal Counsel – Existing Litigation (Gov't Code section 54956.9)
City of South San Francisco v. Health Plan of San Mateo (Case No. 21-CIV-04614)

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

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.

AGENDA ITEM: 4.1

DATE: November 9, 2021

MEMORANDUM

DATE: October 29, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: Approval of Teleconference Meeting Procedures Pursuant to AB 361

Recommendation

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

Background and Discussion

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

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

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

At its meeting on September 28, 2021, the San Mateo County Board of Supervisors found that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-10, meeting in person would preset imminent risks to the health or safety of attendees. The Board of Supervisors accordingly resolved to continue conducting its meetings through teleconferencing, in accordance with AB 361, and encouraged other boards and commissions established by them to avail themselves of teleconference until the risk of community transmission has further declined. A copy of the resolution adopted by the Board of Supervisors, which details the reasons for its findings, is attached. At its meeting on October 19, 2021, the San Mateo County Board of Supervisors renewed its findings, adopting a substantially similar resolution.

At its meeting on October 13, 2021, the San Mateo Health Commission likewise found that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-10, meeting in person would preset imminent risks to the health or safety of attendees. In light of that finding, the meeting was conducted through teleconferencing. A renewed finding and resolution is needed in order for the Commission to continue to conduct its meetings through teleconferencing.

Fiscal Impact

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

RESOLUTION NO. 078447

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * * *

RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY, MEETING IN PERSON WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, on March 4, 2020, pursuant to section 8550, *et seq*., of the California Government Code, Governor Newsom proclaimed a state of emergency related to the COVID-19 novel coronavirus and, subsequently, this Board of Supervisors declared a local emergency related to COVID-19, and the proclamation by the Governor and declaration by this Board remain in effect; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20, which suspended certain provisions in the California Open Meeting Law, codified at Government Code section 54950, *et seq*. (the "Brown Act"), related to teleconferencing by local agency legislative bodies, provided that certain requirements were met and followed; and

WHEREAS, on June 11, 2021, the Governor issued Executive Order N-08-21, which extended certain provisions of Executive Order N-29-20 that waive otherwise-applicable Brown Act requirements related to remote/teleconference meetings by local agency legislative bodies through September 30, 2021; and

WHEREAS, on September 16, 2021, Governor Newsom signed AB 361, which provides that a local agency legislative body may continue to meet remotely without complying with otherwise-applicable requirements in the Brown Act related to remote/teleconference meetings by local agency legislative bodies, provided that a state of emergency has been declared and the legislative body determines that meeting in person would present imminent risks to the health or safety of attendees, and provided that the legislative body makes such finding at least every thirty days during the term of the declared state of emergency; and

WHEREAS, this Board concludes that there is a continuing threat of COVID-19 to the community, and that Board meetings have characteristics that give rise to risks to health and safety of meeting participants (such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to participate fully in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other safety recommendations at such meetings); and

WHEREAS, California Department of Public Health and the federal Centers for Disease Control and Prevention caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, that it may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others, resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html); and

WHEREAS, the County has an important interest in protecting the health and safety of those who participate in meetings of this Board and of the County's various other legislative bodies; and

WHEREAS, this Board of Supervisors and several other County legislative bodies typically meet in-person in public building where other essential governmental functions take place, such that increasing the number of people present in those buildings may impair the safety of the occupants; and

WHEREAS, the COVID-19 pandemic has informed County agencies about the unique advantages of online public meetings, which are substantial, as well as the unique challenges, which are frequently surmountable; and

WHEREAS, in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors finds that meeting in person would present imminent risks to the health or safety of attendees, and the Board will therefore invoke the provisions of AB 361 related to teleconferencing for meetings of the Board of Supervisors, and this Board strongly encourages other County legislative bodies to make similar finding and continue meeting remotely through teleconferencing.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

1. The recitals set forth above are true and correct.
2. The Board of Supervisors finds that meeting in person would present imminent risks to the health or safety of meeting attendees and directs the

Clerk and County Manager to continue to agendize public meetings of the Board of Supervisors only as online teleconference meetings.

3. The Board of Supervisors strongly encourages all legislative bodies of the County of San Mateo that are subject to the Brown Act, including but not limited to, the Planning Commission, the Assessment Appeals Board, the Civil Service Commission, and all other oversight and advisory boards, committees and commissions established by the Board of Supervisors and subject to the Brown Act, to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined, and directs the County Manager to provide necessary support for these legislative bodies to continue teleconferencing procedures when they have adopted such findings.

4. Staff is directed to return to this Board in a public meeting no later than thirty (30) days after the date of adoption of this resolution with an item for the Board to consider regarding whether to make the findings required by AB 361 in order to continue meeting remotely under its provisions.

* * * * * *

RESOLUTION NUMBER: 078447

Regularly passed and adopted this 28th day of September, 2021

AYES and in favor of said resolution:

Supervisors: *DAVE PINE*

CAROLE GROOM

DON HORSLEY

WARREN SLOCUM

DAVID J. CANEPA

NOES and against said resolution:

Supervisors: *NONE*

President, Board of Supervisors
County of San Mateo
State of California

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.

Assistant Clerk of the Board of Supervisors

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

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

RESOLUTION 2021 -

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:
NOES:
ABSTAINED:
ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

AGENDA ITEM: 4.2

DATE: November 10, 2021

M E M O R A N D U M

Date: October 25, 2021
To: San Mateo Health Commission
From: Trent Ehrgood, Chief Financial Officer

Subject: Financial Report for the nine-month Period Ending September 30, 2021

Preliminary 2021 Financial Results All Lines of Business

Q3 2021 preliminary financial results for all lines of business is a loss of $2.2M. This lowers the year-to-date results through September closer to break-even with a deficit of $614K. We are still running much favorable to the YTD budget deficit of $25.6M.

Q3 transactions included several adjustments. Most notably was a reduction to revenue of $6.7M for estimated overpaid revenue related to the CCI risk corridor for 2021 (retro to Jan). We also booked another $4M in favorable prior year adjustments, which was mostly for IBNR adjustments and Medicare Advantage risk adjusted revenue.

Attached is presentation material from our November 1st Finance/Executive meeting. Detailed Statements of Revenue and Expense on a consolidated basis, as well as for every line of business, are provided after the presentation slides.

Agenda Item: 5.0
Date: November 1, 2021

Financial Update

Presentation to Finance/Executive Committee

November 1, 2021

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2021 Budget by Quarter

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	Q1	Q2	Q3	Q4	Total
Capitation revenue	218,098,784	193,628,175	190,577,782	196,496,387	**798,801,128**
Healthcare cost	204,387,904	183,401,179	178,033,037	179,074,579	**744,896,699**
Administrative expenses	12,717,580	13,244,790	13,333,958	14,204,937	**53,501,265**
MCO Tax	8,931,233	9,054,367	9,087,523	9,036,823	**36,109,946**
Income/(loss) from operations	(7,937,933)	(12,072,160)	(9,876,735)	(5,819,952)	**(35,706,781)**
Non-operating revenue	1,406,331	1,408,830	1,410,080	1,410,080	**5,635,320**
Net income/(loss)	(6,531,602)	(10,663,330)	(8,466,656)	(4,409,873)	**(30,071,461)**

Q3 2021 Financial Results

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	Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	YTD Total	YTD Budget	Budget Variance
Capitation revenue	215,828,600	230,964,448	226,210,605	673,003,653	602,304,741	70,698,912
Healthcare cost	199,411,600	206,404,070	208,248,192	614,063,862	565,822,120	(48,241,742)
Administrative expenses	12,792,170	12,287,839	12,285,404	37,365,413	39,296,328	1,930,915
MCO Tax	8,244,090	8,244,090	9,160,100	25,648,280	27,073,123	1,424,843
Income/(loss) from operations	(4,619,260)	4,028,449	(3,483,091)	(4,073,902)	(29,886,830)	25,812,928
Non-operating revenue	937,315	1,278,911	1,243,402	3,459,628	4,225,241	(765,613)
Net income/(loss)	(3,681,945)	5,307,360	(2,239,689)	(614,274)	(25,661,589)	25,047,315
Quarterly budget	(6,531,602)	(10,663,331)	(8,466,656)		(25,661,589)	
Quarterly variance	2,849,657	15,970,691	6,226,967			25,047,315

**Note: $6.7M reduction to revenue recorded in Q3 for CCI member mix risk corridor estimate.*

YTD September 2021 – PY/CY

	YTD by PY/CY			Current Year YTD		
	Prior Year	Current Year	Total	Current Year	Budget	CY Variance
Capitation revenue	6,431,464	666,572,189	673,003,653	666,572,189	602,304,741	64,267,448
Healthcare cost	(1,751,165)	615,815,027	614,063,862	615,815,027	565,822,120	(49,992,907)
Administrative expenses	-	37,365,413	37,365,413	37,365,413	39,296,328	1,930,915
MCO Tax	-	25,648,280	25,648,280	25,648,280	27,073,123	1,424,843
Income/(loss) from operations	8,182,629	(12,256,531)	(4,073,902)	(12,256,531)	(29,886,830)	17,630,299
Non-operating revenue	6,048	3,453,580	3,459,628	3,453,580	4,225,241	(771,661)
Net income/(loss)	8,188,677	(8,802,951)	(614,274)	(8,802,951)	(25,661,589)	16,858,638

Budget Variance by Major Drivers

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		YTD Jun	YTD Sep		Revenue	Expense
1	Prior year adjustments not in the budget	4,212,821	8,188,677			
	Current year variances:					
2	Membership higher than budget	35,015	112,392	<<	3,684,081	(3,571,689)
3	M-Cal pharmacy variance	2,449,827	5,314,889	<<	52,450,287	(47,135,398)
4	Revenue yield PMPM higher than budget	4,230,132	4,138,908			
5	Healthcare cost PMPM lower than budget	6,043,604	4,432,604			
6	Administrative cost under budget	882,361	1,930,917			
7	MCO Tax variance	1,571,557	1,700,589	<<	275,746	1,424,843
8	Non-op revenue (*CY portion) under budget*	(604,969)	(771,662)			
	Total current year	14,607,527	16,858,638			
	Total consolidated budget variance	**18,820,348**	**25,047,315**			

Membership and Revenue PMPM

Variance to Budget

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LOB	Average Actual	Base Capitation Revenue PMPM * Actual	Budget	Variance	% Var	Total Revenue Variance	
Medi-Cal	69,261	$ 244.46	$ 240.70	$ 3.76	1.6%	2,346,451	
Medi-Cal Full Duals	7,909	$ 879.14	$ 907.62	$ (28.48)	-3.1%	(2,027,196)	< $4.7M CCI adj.
Medi-Cal Expansion	39,510	$ 324.52	$ 305.12	$ 19.39	6.4%	6,895,342	
Whole Child Model	1,342	$ 1,512.23	$ 1,504.24	$ 8.00	0.5%	96,627	
Cal Medi Connect	8,756	$ 2,451.95	$ 2,492.24	$ (40.29)	-1.6%	(3,174,862)	< $2.0M CCI adj.
HealthWorx	1,187	$ 439.09	$ 438.86	$ 0.24	0.1%	2,546	
Total	127,964					**4,138,908**	

* Revenue PMPM excludes portion for MC Pharmacy, Directed Pmts, MCO Tax

CCI Member Mix Risk Corridor

Lower mix of institutional COA

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Dual MLTSS (non-CMC)					
	Rate	Rating	Actual Mix		Emerging
COA	Assumption	Mix	Jan 2021	Jun 2021	Mix
Institutional	$ 10,417.08	7.8%	7.0%	6.2%	6.2%
CBAS & MSSP	$ 1,227.52	0.9%	0.9%	0.8%	0.8%
IHSS (no CBAS, no MSSP)	$ 201.85	18.4%	21.7%	22.9%	22.6%
Healthy	$ 117.41	72.9%	70.4%	70.1%	70.3%
		100.0%	100.0%	100.0%	100.0%
	Composite Rate >	$ 947.56			$ 789.41

CMC					
	Rate	Rating	Actual Mix		Emerging
COA	Assumption	Mix	Jan 2021	Jun 2021	Mix
Institutional	$ 9,599.70	4.9%	4.4%	4.0%	4.1%
CBAS & MSSP	$ 1,356.14	2.0%	2.1%	1.9%	2.0%
IHSS (no CBAS, no MSSP)	$ 330.67	25.2%	28.5%	28.5%	28.5%
Healthy	$ 171.16	67.8%	65.0%	65.5%	65.5%
		100.0%	100.0%	100.0%	100.0%
	Composite Rate >	$ 697.67			$ 626.01

CCI Member Mix Risk Corridor

Estimated reserves for partial return of revenue

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Dual MLTSS (non-CMC):	Rating	Emerging	Difference
Composite Rate	$ 947.56	$ 789.41	$ 158.15
Average membership	7,892	7,892	
Months	12	12	
Annual Revenue	$ 89,737,662	$ 74,760,011	$ 14,977,651

CMC:	Rating	Emerging	Difference
Composite Rate	$ 697.67	$ 626.01	$ 71.66
Average membership	8,768	8,768	
Months	12	12	
Annual Revenue	$ 73,406,257	$ 65,866,705	$ 7,539,552

Combined CCI Revenue	Rating	Emerging	Difference	
Annual Revenue	$ 163,143,919	$ 140,626,716	$ 22,517,203	
Portion HPSM pays back >			9,219,034	41%
Portion HPSM keeps >			$ 13,298,169	59%

Healthcare Cost PMPM

Variance to Budget

LOB	Avg Members	Healthcare Cost PMPM * Actual	Budget	Variance	% Var	Total HC Variance
Medi-Cal	69,261	$ 238.51	$ 237.49	$ (1.01)	-0.4%	(631,824)
Medi-Cal Full Duals	7,909	$ 754.13	$ 845.95	$ 91.82	10.9%	6,535,482
Medi-Cal Expansion	39,510	$ 299.65	$ 297.58	$ (2.07)	-0.7%	(736,156)
Whole Child Model	1,342	$ 1,134.97	$ 1,254.53	$ 119.55	9.5%	1,444,461
Cal Medi Connect	8,756	$ 2,388.17	$ 2,365.94	$ (22.23)	-0.9%	(1,751,624)
HealthWorx	1,187	$ 487.22	$ 377.86	$ (109.36)	-28.9%	(1,167,852)
	127,964			Sub-total HC Cost Variance		3,692,487
				UM/QA Variance		740,116
				Total Healthcare Cost Variance		**4,432,604**

* Healthcare Cost PMPM excludes MC Pharmacy cost, Directed Pmts, UM/QA

Healthcare Cost

Detail by Category of Service

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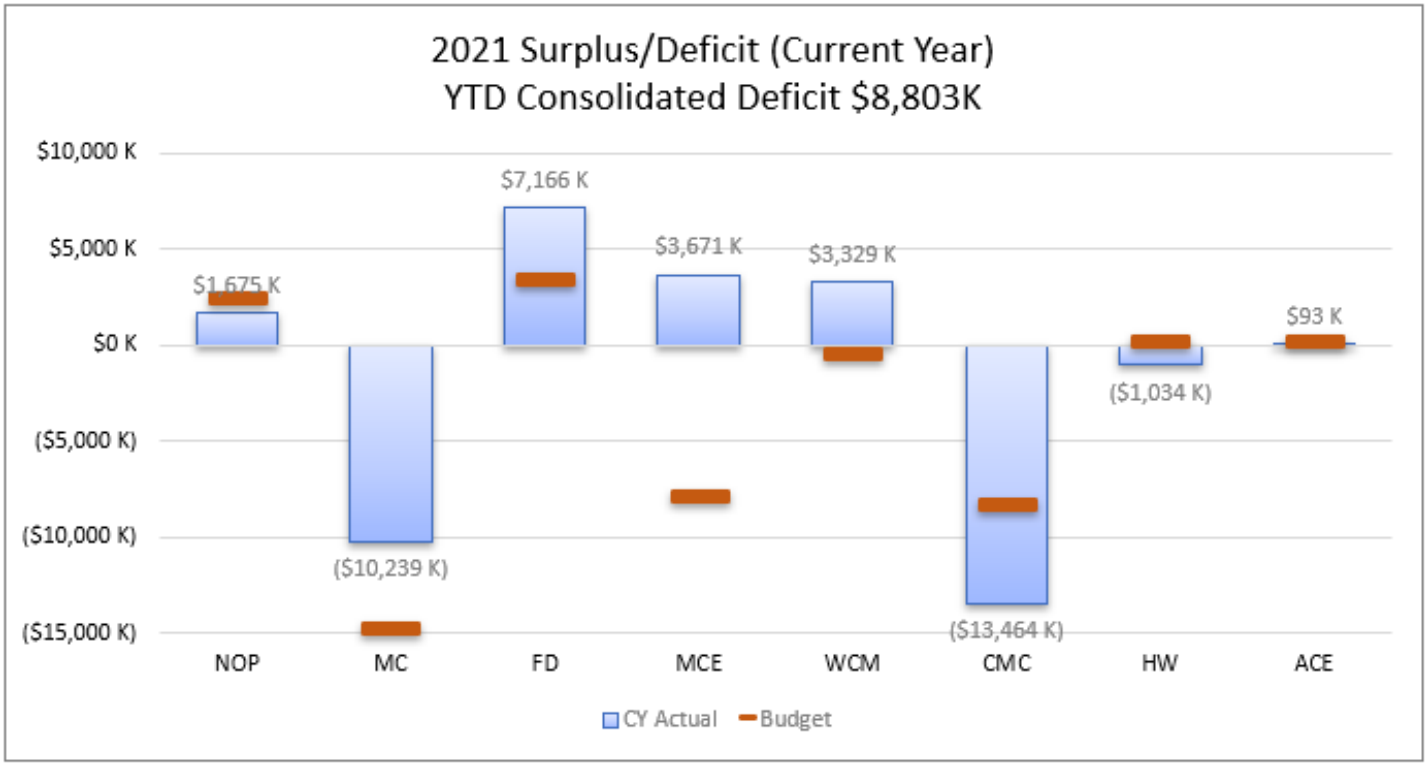
	YTD Actual					
	Total	Prior Year	Current Year	YTD Budget	Variance	*% Var.*
Provider Capitation	38,788,893	610,481	38,178,412	34,841,726	(3,336,686)	-9.6%
Hospital Inpatient	133,000,998	(1,550,000)	134,550,998	134,603,317	52,318	0.0%
Long Term Care	111,981,384	(400,000)	112,381,384	127,986,523	15,605,139	12.2%
Pharmacy	110,265,077	(431,272)	110,696,349	63,048,342	(47,648,007)	-75.6%
Physician FFS	53,128,084	116,610	53,011,473	50,441,627	(2,569,846)	-5.1%
Hospital OP	57,204,588	(23,648)	57,228,235	58,899,544	1,671,309	2.8%
Other Medical Claims	58,117,076	(17,955)	58,135,030	51,972,672	(6,162,359)	-11.9%
Other HC Services	5,638,079	(258,117)	5,896,196	5,939,602	43,406	0.7%
Directed Payments	14,504,758	(1,383)	14,506,141	10,787,716	(3,718,425)	-34.5%
Long Term Support Services	2,401,786	-	2,401,786	2,398,432	(3,354)	-0.1%
Provider Initiatives	6,341,467	1,514,713	4,826,754	4,833,846	7,092	0.1%
Health Care Supplemental Benefits	6,313,486	(8,500)	6,321,986	4,789,957	(1,532,030)	-32.0%
Indirect Health Care Benefits	2,707,372	(1,302,454)	4,009,826	868,246	(3,141,580)	-361.8%
UMQA	13,670,815	360	13,670,455	14,410,571	740,116	5.1%
Total Healthcare Cost	614,063,862	(1,751,165)	615,815,027	565,822,120	(49,992,908)	-8.8%

CY YTD Surplus/Deficit by LOB



Q3 Summary

- We are reporting a loss of $2.2M for the 3rd quarter. This includes $4M in favorable PY adjustments (for IBNR and Medicare risk adjusted revenue), and a $6.7M negative adjustment for the CCI risk corridor estimate. YTD is now close to break-even, compared to the YTD budget deficit of $25.6M.
- The CCI risk corridor adjustment of $6.7M recorded in September is nine months of the full $9.2M estimated total for the year. This represents returning a portion of excess revenue (about 41%) for this population for calendar year 2021.
- Long-term-care cost continues to run lower than budgeted, from members who passed away from COVID outbreaks in LTC facilities earlier in the year, and an increase in hospital discharge to home instead of LTC facilities. This is the primary driver that set in motion the CCI risk corridor.
- Healthcare cost is running a bit higher in Q3, but overall, still running under budget on a PMPM basis.

Health Plan of San Mateo

Fiscal Year 2021

Statistical and Financial Summary
September-21

Month Actual	Month Budget		Month Variance	Operating Margin	Year-to-Date Actual	Year-to-Date Budget		Year-to-Date Variance
73,483,122	63,995,954	▲	$9,487,168	Total Revenue	676,463,280	606,529,982	▲	$69,933,298
70,896,543	59,299,841	▲	$11,596,702	Total Health Care Costs	614,063,862	565,822,120	▲	$48,241,742
4,353,995	4,254,385	▲	$99,610	Total Operational Admin Expenses	37,365,411	39,296,328	▼	($1,930,917)
3,053,367	3,029,174	▲	$24,193	Total MCO & AB78 Tax	25,648,280	27,073,123	▼	($1,424,843)
(4,820,783)	($2,587,446)	▼	($2,233,337)	Total Current Year Surplus (Deficit)	($614,273)	($25,661,589)	▲	$25,047,316
6.2%				Admin Costs as a % of Revenue	5.7%			

Month Current	Month Prior	Month Variance	Membership	Year-to-Date Current MM's	Year-to-Date Budget MM's	Year-to-Date Variance
119,443	118,757	686	Medi-Cal	1,050,009	1,039,467	10,542
8,824	8,813	11	CareAdvantage CMC	78,891	78,585	306
1,366	1,353	13	CCS	12,083	11,916	167
1,214	1,214	0	HealthWorx	10,677	10,188	489
26,217	26,064	153	ACE **	227,074	219,912	7,162
157,064 *	156,201 *	863	Total*	1,378,734 *	1,360,068 *	18,666

* Total does not include Medi-cal CMC members, who in theory are the same as the CA CMC membership

Health Plan of San Mateo
Consolidated Balance Sheet
September 30, 2021 and August 31, 2021

	Current Month	Prior Month	As of 12/31/20
ASSETS			
Current Assets			
Cash and Equivalents	$ 251,910,272	$ 249,603,963	$ 198,967,209
Investments	178,838,656	178,838,656	177,733,400
Capitation Receivable from the State	78,072,701	112,195,594	111,237,296
Other Receivables	58,300,882	55,541,681	80,111,991
Prepaids and Other Assets	7,067,251	7,654,429	7,143,591
Total Current Assets	574,189,761	603,834,322	575,193,486
Capital Assets, Net	63,438,776	63,623,690	64,961,168
Net Pension Asset	1,463,514	1,463,514	1,463,514
Assets Restricted As To Use	300,000	300,000	300,000
Total Assets	639,392,051	669,221,526	641,918,168
Deferred Outflows of Resources	3,279,910	3,279,910	3,279,910
Total Assets & Deferred Outflows	$ 642,671,961	$ 672,501,436	$ 645,198,078
LIABILITIES			
Current Liabilities			
Medical Claims Payable	80,704,633	84,871,930	108,382,082
Provider Incentives	5,196,754	5,050,094	4,870,000
Amounts Due to the State	131,676,748	124,926,748	116,444,159
Accounts Payable and Accrued Liabilities	89,018,090	116,756,146	78,811,827
Total Current Liabilities	306,596,225	331,604,917	308,508,069
Net Pension Liability	-	-	-
Deferred Inflows of Resources	3,420,747	3,420,747	3,420,747
Total Liabilities & Deferred Inflows	$ 310,016,972	$ 335,025,664	$ 311,928,816
NET POSITION			
Invested in Capital Assets	63,438,776	63,623,690	64,961,168
Restricted By Legislative Authority	300,000	300,000	300,000
Unrestricted			
Stabilization Reserve	171,390,400	175,696,100	154,945,080
Unrestricted Retained Earnings	97,525,813	97,855,982	113,063,015
Net Position	332,654,989	337,475,772	333,269,262
Total Liabilities & Net Position	$ 642,671,961	$ 672,501,436	645,198,078
Change in Net Position	$ (614,273)	$ 4,206,510	0

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Health Plan of San Mateo
Consolidated Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	YTD Actual	YTD Budget	YTD Variance	% Var
OPERATING REVENUE							
Capitation and Premiums							
Medi-cal (includes MCE & Offsets)	$ 145,833,100	$ 117,499,660	$ 28,333,440	$ 439,562,383	$ 381,075,993	$ 58,486,390	15.3%
HealthWorx	1,599,205	1,490,357	108,848	4,689,095	4,471,070	218,025	4.9%
Whole Child Model	9,451,953	6,260,984	3,190,969	29,625,540	21,375,000	8,250,540	38.6%
CA Cal MediConnect	50,899,436	46,907,000	3,992,436	144,217,044	140,176,023	4,041,021	2.9%
MC Cal MediConnect	18,426,910	18,419,781	7,130	54,909,590	55,206,654	(297,064)	-0.5%
Total Operating Revenue	226,210,605	190,577,782	35,632,822	673,003,653	602,304,741	70,698,911	11.7%
OPERATING EXPENSE							
Healthcare Expense							
Provder Capitation	12,804,924	11,770,353	(1,034,571)	38,788,893	34,841,726	(3,947,168)	-11.3%
Hospital Inpatient	45,212,648	45,210,535	(2,113)	133,000,998	134,603,317	1,602,318	1.2%
Long Term Care	37,336,875	40,257,890	2,921,015	111,981,384	127,986,523	16,005,139	12.5%
Pharmacy	37,388,964	13,465,040	(23,923,924)	110,265,077	63,048,342	(47,216,735)	-74.9%
Medical	65,933,925	58,010,071	(7,923,854)	188,592,584	178,041,160	(10,551,424)	-5.9%
Long Term Support Services	811,514	822,583	11,069	2,401,786	2,398,432	(3,354)	-0.1%
Provider Incentives	1,610,632	1,621,290	10,659	6,341,467	4,833,846	(1,507,621)	-31.2%
Health Care Supplemental Benefits	1,662,004	1,681,544	19,540	6,313,486	4,789,957	(1,523,530)	-31.8%
Indirect Health Care Expenses	1,045,186	290,894	(754,291)	2,707,372	868,246	(1,839,126)	-211.8%
UMQA, Delegated and Allocation	4,441,521	4,902,837	461,316	13,670,815	14,410,571	739,756	5.1%
Total Healthcare Expense	208,248,192	178,033,037	(30,215,155)	614,063,862	565,822,120	(48,241,743)	-8.5%
Administrative Expense							
Salaries and Benefits	10,003,450	10,373,257	369,808	29,587,170	30,185,362	598,193	2.0%
Staff Training and Travel	17,690	87,792	70,102	153,053	280,917	127,864	45.5%
Contract Services	3,041,660	4,191,475	1,149,815	11,218,910	12,887,325	1,668,415	12.9%
Office Supplies and Equipment	1,600,098	1,619,771	19,673	4,668,358	4,675,504	7,146	0.2%
Occupancy and Depreciation	1,076,446	1,149,600	73,154	2,959,362	3,435,000	475,638	13.8%
Postage and Printing	505,033	384,325	(120,708)	1,215,039	1,120,642	(94,398)	-8.4%
Other Administrative Expense	481,038	430,575	(50,463)	1,230,075	1,122,150	(107,925)	-9.6%
UM/QA Allocation	(4,440,011)	(4,902,837)	(462,826)	(13,666,555)	(14,410,571)	(744,016)	-5.2%
Total Admin Expense	12,285,403	13,333,958	1,048,555	37,365,411	39,296,328	1,930,917	4.9%
Premium Taxes	9,160,100	9,087,523	(72,577)	25,648,280	27,073,123	1,424,843	5.3%
Total Operating Expense	229,693,695	200,454,517	(29,239,177)	677,077,553	632,191,570	(44,885,983)	-7.1%
Net Income/Loss from Operations	(3,483,090)	(9,876,735)	(6,393,645)	(4,073,901)	(29,886,829)	(25,812,928)	13.6%
NON-OPERATING REVENUE							
Interest Income, Net	288,777	500,000	(211,223)	786,996	1,500,000	(713,004)	-47.5%
Rental Income, Net	291,814	285,330	6,485	893,868	855,989	37,879	4.4%
Third Party Administrator Revenue	662,796	624,750	38,046	1,778,748	1,869,252	(90,504)	-4.8%
Miscellaneous Income	15	-	(15)	15	-	15	-
Net Non-operating Revenue	1,243,402	1,410,080	(166,677)	3,459,627	4,225,241	(765,613)	-18.1%
Net Income/(Loss)	$ (2,239,688)	(8,466,656)	6,226,968	$ (614,273)	$ (25,661,588)	$ 25,047,315	97.6%
Admin exp as % of Net Rev (adj for Tax)	*5.66%*	*7.35%*		*5.77%*	*6.83%*		
Medical Loss Ratio (adj for Tax)	*93.67%*	*97.45%*		*92.62%*	*96.49%*		

Health Plan of San Mateo
HPSM Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Total Health Care Expense	-	-	-	-	-	-	-	-
Total Operating Expense	-	-	-	-	-	-	-	-
NON-OPERATING REVENUE								
Interest, Net	288,777	500,000	(211,223)	-42.2%	786,996	1,500,000	(713,004)	-47.5%
Rental Income, Net	291,814	285,330	6,485	2.3%	893,868	855,989	37,879	4.4%
Miscellaneous Income	15	-	15	-	15	-	15	-
Total Non-Operating	580,606	785,330	(204,723)	-26.1%	1,680,879	2,355,989	(675,109)	-28.7%
Net Income/(Loss)	$ 580,606	$ 785,330	(204,723)	-26.1%	$ 1,680,879	$ 2,355,989	$ (675,109)	-28.7%
Medical Loss Ratio (adj MCO)	-	-			-	-		
Member Counts	-	-	-	-	-	-	-	-

Health Plan of San Mateo
Medi-Cal Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	$ 93,313,535	$ 55,071,976	$ 38,241,559	69.4%	$ 260,638,421	$ 179,747,235	$ 80,891,186	45.0%
Supplemental Capitation	2,439,463	2,049,827	389,636	19.0%	5,440,390	6,149,480	(709,090)	-11.5%
BHT Capitation	1,791,171	1,595,239	195,932	12.3%	5,642,375	4,785,718	856,657	17.9%
HepC Capitation	193,927	-	193,927	-	401,764	111,390	290,374	260.7%
MC Cap Offset	(25,760,018)	(2,750,494)	(23,009,524)	836.6%	(60,167,771)	(8,208,830)	(51,958,940)	633.0%
Total Operating Revenue	71,978,078	55,966,549	16,011,530	28.6%	211,955,180	182,584,993	29,370,187	16.1%
OPERATING EXPENSE								
Provider Capitation	5,729,395	5,658,919	(70,476)	-1.2%	16,893,516	16,762,005	(131,511)	-0.8%
Hospital Inpatient	15,653,289	14,709,728	(943,561)	-6.4%	43,346,082	43,823,755	477,673	1.1%
Long Term Care	7,474,543	7,807,628	333,085	4.3%	21,590,696	24,773,694	3,182,998	12.8%
Pharmacy	10,235,997	-	(10,235,997)	-	31,743,402	11,054,695	(20,688,706)	-187.1%
Physician Fee for Service	6,095,613	6,032,726	(62,888)	-1.0%	17,921,214	17,699,297	(221,917)	-1.3%
Hospital Outpatient	6,941,218	6,437,669	(503,549)	-7.8%	18,231,370	18,908,073	676,703	3.6%
Other Medical Claims	5,682,280	4,853,172	(829,108)	-17.1%	16,390,097	14,250,264	(2,139,833)	-15.0%
Other HC Services	1,814,383	1,837,851	23,468	1.3%	5,610,425	5,424,235	(186,191)	-3.4%
Directed Payments	3,113,990	697,532	(2,416,459)	-346.4%	9,229,163	6,863,140	(2,366,023)	-34.5%
Long Term Support Services	154,502	197,283	42,781	21.7%	429,178	555,922	126,743	22.8%
Provider Incentives	1,119,923	1,101,127	(18,796)	-1.7%	4,022,041	3,286,914	(735,127)	-22.4%
Health Care Supplmntl Benefits	464,889	473,480	8,591	1.8%	1,568,783	1,361,983	(206,800)	-15.2%
Indirect Health Care Expenses	1,142,004	125,487	(1,016,517)	-810.1%	1,395,742	374,585	(1,021,157)	-272.6%
UMQA (Allocation & Delegated)	1,039,503	1,356,467	316,964	23.4%	3,134,877	3,986,971	852,094	21.4%
Total Health Care Expense	66,661,530	51,289,069	(15,372,461)	-30.0%	191,506,586	169,125,534	(22,381,052)	-13.2%
G&A Allocation	4,017,994	4,186,861	168,867	4.0%	11,260,072	12,339,041	1,078,969	8.7%
Premium Tax	5,641,362	5,347,419	(293,943)	-5.5%	15,110,278	15,962,291	852,013	5.3%
Total Operating Expense	76,320,886	60,823,349	(15,497,537)	-25.5%	217,876,935	197,426,866	(20,450,070)	-10.4%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (4,342,808)	$ (4,856,800)	513,993	10.6%	$ (5,921,756)	$ (14,841,873)	$ 8,920,117	60.1%
Medical Loss Ratio (adj MCO)	105.44%	102.74%			102.07%	105.86%		
Member Counts	210,172	207,667	2505	1.2%	623,346	619,895	3,451	0.6%

Health Plan of San Mateo
Full Duals Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	$ 23,205,008	$ 22,622,924	$ 582,085	2.6%	$ 69,492,235	$ 67,834,051	$ 1,658,184	2.4%
MC Cap Offset	(4,690,000)	-	(4,690,000)	-	(4,690,000)	-	(4,690,000)	-
Total Operating Revenue	18,515,008	22,622,924	(4,107,915)	-18.2%	64,802,235	67,834,051	(3,031,816)	-4.5%
OPERATING EXPENSE								
Provider Capitation	5,939	-	(5,939)	-	103,746	-	(103,746)	-
Hospital Inpatient	491,830	508,914	17,084	3.4%	1,221,327	1,525,122	303,795	19.9%
Long Term Care	13,903,699	16,554,638	2,650,939	16.0%	43,827,529	52,742,971	8,915,442	16.9%
Pharmacy	54,848	-	(54,848)	-	106,060	135,988	29,928	22.0%
Physician Fee for Service	227,526	284,686	57,160	20.1%	898,985	883,521	(15,464)	-1.8%
Hospital Outpatient	152,563	193,829	41,266	21.3%	412,257	611,190	198,933	32.5%
Other Medical Claims	1,754,821	1,696,380	(58,441)	-3.4%	4,912,044	5,204,760	292,716	5.6%
Other HC Services	(555)	-	555	-	(2,173)	-	2,173	-
Directed Payments	-	3,635	3,635	100.0%	-	10,894	10,894	100.0%
Long Term Support Services	183,301	-	(183,301)	-	551,227	-	(551,227)	-
Health Care Supplmntl Benefits	262,527	149,039	(113,488)	-76.1%	1,559,193	433,354	(1,125,839)	-259.8%
Indirect Health Care Expenses	-	12,611	12,611	100.0%	-	37,795	37,795	100.0%
UMQA (Allocation & Delegated)	280,099	87,666	(192,433)	-219.5%	950,151	257,670	(692,481)	-268.7%
Total Health Care Expense	17,316,597	19,491,398	2,174,801	11.2%	54,540,346	61,843,265	7,302,919	11.8%
G&A Allocation	(19,916)	270,589	290,505	107.4%	862,919	797,449	(65,470)	-8.2%
Premium Tax	243,466	624,026	380,559	61.0%	1,743,140	1,870,145	127,005	6.8%
Total Operating Expense	17,540,147	20,386,012	2,845,865	14.0%	57,146,405	64,510,859	7,364,454	11.4%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ 974,861	$ 2,236,912	(1,262,050)	-56.4%	$ 7,655,830	$ 3,323,192	$ 4,332,638	-130.4%
Medical Loss Ratio (adj MCO)	94.77%	88.62%			86.49%	93.77%		
Member Counts	23,809	24,234	(425)	-1.8%	71,179	72,627	(1,448)	-2.0%

Health Plan of San Mateo
HealthWorx Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
HealthWorx Premium	1,599,205	1,490,357	108,848	7.3%	4,689,095	4,471,070	218,025	4.9%
Total Operating Revenue	1,599,205	1,490,357	108,848	7.3%	4,689,095	4,471,070	218,025	4.9%
OPERATING EXPENSE								
Provider Capitation	23	-	(23)	-	63	-	(63)	-
Hospital Inpatient	463,484	178,290	(285,194)	-160.0%	1,259,913	569,537	(690,376)	-121.2%
Pharmacy	608,267	582,206	(26,061)	-4.5%	1,834,593	1,734,372	(100,221)	-5.8%
Physician Fee for Service	353,967	241,116	(112,851)	-46.8%	931,697	713,160	(218,537)	-30.6%
Hospital Outpatient	308,621	215,646	(92,975)	-43.1%	812,337	636,750	(175,587)	-27.6%
Other Medical Claims	109,929	59,430	(50,499)	-85.0%	289,351	173,196	(116,155)	-67.1%
Other HC Services	0	-	0	-	0	-	0	-
Health Care Supplmntl Benefits	271	509	238	46.7%	1,014	1,528	515	33.7%
Indirect Health Care Expenses	29,054	7,019	(22,035)	-313.9%	65,594	21,057	(44,537)	-211.5%
UMQA (Allocation & Delegated)	32,075	38,321	6,246	16.3%	101,878	112,633	10,755	9.5%
Total Health Care Expense	1,905,692	1,322,537	(583,155)	-44.1%	5,296,439	3,962,234	(1,334,205)	-33.7%
G&A Allocation	132,199	118,280	(13,919)	-11.8%	418,343	348,582	(69,761)	-20.0%
Total Operating Expense	2,037,891	1,440,818	(597,073)	-41.4%	5,714,782	4,310,815	(1,403,967)	-32.6%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (438,686)	$ 49,539	(488,225)	-985.5%	$ (1,025,687)	$ 160,255	$ (1,185,942)	-740.0%
Medical Loss Ratio (adj MCO)	119.16%	88.74%			112.95%	88.62%		
Member Counts	3,649	3,396	253	7.4%	10,679	10,188	491	4.8%

Health Plan of San Mateo
Healthy Kids Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Pharmacy	(2)	-	2	-	(16)	-	16	-
Other HC Services	-	-	-	-	9,726	-	(9,726)	-
Indirect Health Care Expenses	12	-	(12)	-	12	-	(12)	-
Total Health Care Expense	11	-	(11)	-	9,722	-	(9,722)	-
Total Operating Expense	11	-	(11)	-	9,722	-	(9,722)	-
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (11)	-	(11)	-	$ (9,722)	-	$ (9,722)	-
Medical Loss Ratio (adj MCO)	-	-			-	-		
Member Counts	-	-	-	-	-	-	-	-

Health Plan of San Mateo
CareAdvantage Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Total Health Care Expense	-	-	-	-	-	-	-	-
Total Operating Expense	-	-	-	-	-	-	-	-
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Medical Loss Ratio (adj MCO)	-	-			-	-		
Member Counts	-	-	-	-	-	-	-	-

Health Plan of San Mateo
ACE Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Total Health Care Expense	-	-	-	-	-	-	-	-
G&A Allocation	791,637	590,494	(201,143)	-34.1%	1,685,848	1,740,237	54,389	3.1%
Total Operating Expense	791,637	590,494	(201,143)	-34.1%	1,685,848	1,740,237	54,389	3.1%
NON-OPERATING REVENUE								
Third Party Administror Revenue	662,796	624,750	38,046	6.1%	1,778,748	1,869,252	(90,504)	-4.8%
Total Non-Operating	662,796	624,750	38,046	6.1%	1,778,748	1,869,252	(90,504)	-4.8%
Net Income/(Loss)	$ (128,841)	$ 34,256	(163,097)	-476.1%	$ 92,900	$ 129,015	$ (36,115)	-28.0%
Medical Loss Ratio (adj MCO)	-	-			-	-		
Member Counts	77,946	73,500	4446	6.0%	227,186	219,912	7,274	3.3%

Health Plan of San Mateo
CCS Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
WCM Capitation	9,451,953	6,260,984	3,190,969	51.0%	29,625,540	21,375,000	8,250,540	38.6%
Supplemental Capitation	19,361	-	19,361	-	29,041	-	29,041	-
BHT Capitation	105,710	162,561	(56,851)	-35.0%	327,894	487,683	(159,788)	-32.8%
MC Cap Offset	(802,499)	(340,996)	(461,503)	135.3%	(4,241,655)	(1,022,989)	(3,218,667)	314.6%
Total Operating Revenue	8,774,525	6,082,549	2,691,976	44.3%	25,740,820	20,839,694	4,901,126	23.5%
OPERATING EXPENSE								
Provider Capitation	98,184	95,876	(2,308)	-2.4%	293,605	287,034	(6,571)	-2.3%
Hospital Inpatient	1,604,568	2,035,650	431,082	21.2%	6,230,086	6,106,950	(123,136)	-2.0%
Long Term Care	376,545	350,283	(26,262)	-7.5%	1,171,537	1,117,187	(54,350)	-4.9%
Pharmacy	1,798,824	-	(1,798,824)	-	5,449,651	1,703,181	(3,746,471)	-220.0%
Physician Fee for Service	326,973	452,808	125,835	27.8%	1,389,479	1,346,508	(42,971)	-3.2%
Hospital Outpatient	452,343	810,288	357,945	44.2%	1,961,236	2,407,032	445,796	18.5%
Other Medical Claims	509,239	1,016,832	507,593	49.9%	2,181,300	3,030,636	849,336	28.0%
Other HC Services	34,761	174,768	140,007	80.1%	205,873	515,367	309,494	60.1%
Directed Payments	117,576	5,442	(112,134)	####	349,035	239,313	(109,722)	-45.8%
Provider Incentives	19,657	24,229	4,572	18.9%	76,160	72,688	(3,472)	-4.8%
Health Care Supplmntl Benefits	14,034	16,285	2,251	13.8%	31,955	45,877	13,922	30.3%
Indirect Health Care Expenses	(537,471)	6,548	544,020	8308.1%	(490,308)	19,644	509,953	2595.9%
UMQA (Allocation & Delegated)	840,801	926,381	85,580	9.2%	2,232,493	2,722,847	490,354	18.0%
Total Health Care Expense	5,656,034	5,915,390	259,357	4.4%	21,082,101	19,614,263	(1,467,838)	-7.5%
G&A Allocation	136,760	469,767	333,007	70.9%	653,723	1,384,444	730,721	52.8%
Premium Tax	109,358	102,279	(7,079)	-6.9%	292,383	306,837	14,454	4.7%
Total Operating Expense	5,902,152	6,487,437	585,285	9.0%	22,028,207	21,305,544	(722,663)	-3.4%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ 2,872,373	$ (404,888)	3,277,261	809.4%	$ 3,712,613	$ (465,850)	$ 4,178,463	897.0%
Medical Loss Ratio (adj MCO)	66.17%	99.01%			83.99%	96.65%		
Member Counts	4,067	3,972	95	2.4%	12,082	11,916	166	1.4%

Health Plan of San Mateo
MCE Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MCE Capitation	73,255,047	40,478,164	32,776,883	81.0%	212,957,894	135,101,788	77,856,107	57.6%
Supplemental Capitation	474,340	229,910	244,430	106.3%	1,326,216	689,729	636,487	92.3%
HepC Capitation	262,093	-	262,093	-	262,093	203,122	58,971	29.0%
MC Cap Offset	(15,914,038)	(1,619,450)	(14,294,588)	882.7%	(45,796,516)	(4,802,384)	(40,994,132)	853.6%
Total Operating Revenue	58,077,442	39,088,623	18,988,819	48.6%	168,749,688	131,192,255	37,557,433	28.6%
OPERATING EXPENSE								
Provider Capitation	5,739,859	4,710,890	(1,028,969)	-21.8%	16,641,801	13,878,686	(2,763,115)	-19.9%
Hospital Inpatient	10,619,141	10,292,271	(326,870)	-3.2%	29,322,240	30,980,471	1,658,231	5.4%
Long Term Care	4,382,554	3,867,382	(515,173)	-13.3%	12,453,473	12,183,478	(269,995)	-2.2%
Pharmacy	11,730,882	-	(11,730,882)	-	33,502,921	10,986,812	(22,516,109)	-204.9%
Physician Fee for Service	5,292,256	5,038,608	(253,648)	-5.0%	15,223,858	14,764,270	(459,589)	-3.1%
Hospital Outpatient	6,361,108	6,671,323	310,215	4.6%	17,365,709	19,604,150	2,238,441	11.4%
Other Medical Claims	3,986,491	3,047,026	(939,466)	-30.8%	11,762,863	8,929,292	(2,833,571)	-31.7%
Other HC Services	(52,010)	-	52,010	-	(185,637)	-	185,637	-
Directed Payments	1,700,908	469,028	(1,231,879)	-262.6%	4,926,560	3,674,369	(1,252,191)	-34.1%
Long Term Support Services	3,161	5,852	2,691	46.0%	11,058	17,347	6,289	36.3%
Provider Incentives	346,051	369,849	23,798	6.4%	1,978,622	1,096,348	(882,274)	-80.5%
Health Care Supplmntl Benefits	476,650	567,648	90,998	16.0%	1,291,557	1,596,811	305,254	19.1%
Indirect Health Care Expenses	448,664	64,672	(383,992)	-593.8%	1,547,343	191,707	(1,355,636)	-707.1%
UMQA (Allocation & Delegated)	801,855	1,020,751	218,896	21.4%	2,509,640	3,000,225	490,585	16.4%
Total Health Care Expense	51,837,570	36,125,299	(15,712,271)	-43.5%	148,352,008	120,903,965	(27,448,043)	-22.7%
G&A Allocation	3,124,538	3,150,643	26,105	0.8%	9,093,861	9,285,218	191,357	2.1%
Premium Tax	3,165,914	3,013,799	(152,115)	-5.0%	8,502,479	8,933,849	431,370	4.8%
Total Operating Expense	58,128,022	42,289,741	(15,838,280)	-37.5%	165,948,348	139,123,032	(26,825,316)	-19.3%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (50,580)	$ (3,201,118)	3,150,538	98.4%	$ 2,801,340	$ (7,930,777)	$ 10,732,117	135.3%
Medical Loss Ratio (adj MCO)	97.42%	101.46%			95.51%	101.96%		
Member Counts	122,693	117,041	5652	4.8%	355,588	346,946	8,642	2.5%

Health Plan of San Mateo
CA CMC Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
CA Cal MediConnect Premium	50,899,436	46,907,000	3,992,436	8.5%	144,217,044	140,176,023	4,041,021	2.9%
Total Operating Revenue	50,899,436	46,907,000	3,992,436	8.5%	144,217,044	140,176,023	4,041,021	2.9%
OPERATING EXPENSE								
Provider Capitation	1,231,523	1,304,667	73,145	5.6%	4,856,163	3,914,002	(942,162)	-24.1%
Hospital Inpatient	15,780,131	16,830,182	1,050,051	6.2%	49,785,273	49,737,564	(47,709)	-0.1%
Pharmacy	12,782,431	12,679,629	(102,802)	-0.8%	37,098,612	36,817,721	(280,891)	-0.8%
Physician Fee for Service	5,269,525	4,552,965	(716,560)	-15.7%	14,361,596	13,032,841	(1,328,755)	-10.2%
Hospital Outpatient	6,158,972	4,981,800	(1,177,172)	-23.6%	16,022,710	14,277,933	(1,744,778)	-12.2%
Other Medical Claims	5,497,788	4,876,920	(620,868)	-12.7%	15,373,433	13,964,789	(1,408,644)	-10.1%
Other HC Services	(34)	-	34	-	(136)	-	136	-
Provider Incentives	125,001	126,086	1,085	0.9%	264,645	377,896	113,252	30.0%
Health Care Supplmntl Benefits	1,972	2,622	650	24.8%	7,477	7,859	381	4.9%
Indirect Health Care Expenses	(37,077)	73,673	110,750	150.3%	188,988	220,808	31,820	14.4%
UMQA (Allocation & Delegated)	1,262,330	1,327,433	65,103	4.9%	4,030,158	3,901,633	(128,525)	-3.3%
Total Health Care Expense	48,072,563	46,755,977	(1,316,585)	-2.8%	141,988,919	136,253,046	(5,735,873)	-4.2%
G&A Allocation	4,005,068	4,097,244	92,176	2.2%	12,234,798	12,074,933	(159,865)	-1.3%
Total Operating Expense	52,077,631	50,853,222	(1,224,409)	-2.4%	154,223,717	148,327,979	(5,895,738)	-4.0%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (1,178,195)	$ (3,946,221)	2,768,026	70.1%	$ (10,006,674)	$ (8,151,956)	$ (1,854,717)	22.8%
Medical Loss Ratio (adj MCO)	94.45%	99.68%			98.46%	97.20%		
Member Counts	26,461	26,220	241	0.9%	78,891	78,585	306	0.4%

Health Plan of San Mateo
Medi-Cal CMC Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Cal MediConnect Capitation	18,426,910	18,419,781	7,130	0.0%	54,909,590	55,206,654	(297,064)	-0.5%
MC Cap Offset	(2,060,000)	-	(2,060,000)	-	(2,060,000)	-	(2,060,000)	-
Total Operating Revenue	16,366,910	18,419,781	(2,052,870)	-11.1%	52,849,590	55,206,654	(2,357,064)	-4.3%
OPERATING EXPENSE								
Hospital Inpatient	600,205	655,500	55,295	8.4%	1,836,078	1,859,918	23,839	1.3%
Long Term Care	11,199,534	11,677,959	478,425	4.1%	32,938,149	37,169,193	4,231,044	11.4%
Pharmacy	177,716	203,205	25,489	12.5%	529,855	615,574	85,719	13.9%
Physician Fee for Service	591,727	618,317	26,590	4.3%	2,401,256	2,002,030	(399,226)	-19.9%
Hospital Outpatient	812,690	758,034	(54,655)	-7.2%	2,398,969	2,454,417	55,448	2.3%
Other Medical Claims	2,319,257	1,982,242	(337,015)	-17.0%	7,207,987	6,419,734	(788,253)	-12.3%
Other HC Services	0	-	0	-	-	-	-	-
Long Term Support Services	470,549	619,448	148,898	24.0%	1,410,322	1,825,163	414,841	22.7%
Health Care Supplmntl Benefits	441,660	471,960	30,300	6.4%	1,853,507	1,342,545	(510,962)	-38.1%
Indirect Health Care Expenses	-	884	884	100.0%	-	2,649	2,649	100.0%
UMQA (Allocation & Delegated)	184,858	145,818	(39,040)	-26.8%	711,618	428,592	(283,026)	-66.0%
Total Health Care Expense	16,798,196	17,133,366	335,170	2.0%	51,287,740	54,119,814	2,832,073	5.2%
G&A Allocation	97,122	450,080	352,958	78.4%	1,155,847	1,326,424	170,577	12.9%
Total Operating Expense	16,895,318	17,583,446	688,128	3.9%	52,443,587	55,446,238	3,002,650	5.4%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	$ (528,408)	$ 836,335	(1,364,743)	-163.2%	$ 406,003	$ (239,583)	$ 645,586	269.5%
Medical Loss Ratio (adj MCO)	102.64%	93.02%			97.04%	98.03%		
Member Counts	26,414	26,079	335	1.3%	78,711	78,162	549	0.7%

Health Plan of San Mateo
ALL LOB UNITS Statement of Revenue & Expense
for the Period Ending September 30, 2021

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	$ 116,518,544	$ 77,694,900	$ 38,823,644	50.0%	$ 330,130,657	$ 247,581,286	$ 82,549,370	33.3%
WCM Capitation	9,451,953	6,260,984	3,190,969	51.0%	29,625,540	21,375,000	8,250,540	38.6%
MCE Capitation	73,255,047	40,478,164	32,776,883	81.0%	212,957,894	135,101,788	77,856,107	57.6%
Supplemental Capitation	2,933,164	2,279,737	653,428	28.7%	6,795,648	6,839,210	(43,562)	-0.6%
BHT Capitation	1,896,882	1,757,800	139,081	7.9%	5,970,269	5,273,401	696,868	13.2%
HepC Capitation	456,020	-	456,020	-	663,857	314,512	349,345	111.1%
HealthWorx Premium	1,599,205	1,490,357	108,848	7.3%	4,689,095	4,471,070	218,025	4.9%
CA Cal MediConnect Premium	50,899,436	46,907,000	3,992,436	8.5%	144,217,044	140,176,023	4,041,021	2.9%
MC Cal MediConnect Capitation	18,426,910	18,419,781	7,130	0.0%	54,909,590	55,206,654	(297,064)	-0.5%
MC Cap Offset	(49,226,556)	(4,710,940)	(44,515,615)	944.9%	(116,955,942)	(14,034,203)	(102,921,739)	733.4%
Total Operating Revenue	226,210,605	190,577,782	35,632,822	18.7%	673,003,653	602,304,741	70,698,911	11.7%
OPERATING EXPENSE								
Provider Capitation	12,804,924	11,770,353	(1,034,571)	-8.8%	38,788,893	34,841,726	(3,947,168)	-11.3%
Hospital Inpatient	45,212,648	45,210,535	(2,113)	0.0%	133,000,998	134,603,317	1,602,318	1.2%
Long Term Care	37,336,875	40,257,890	2,921,015	7.3%	111,981,384	127,986,523	16,005,139	12.5%
Pharmacy	37,388,964	13,465,040	(23,923,924)	-177.7%	110,265,077	63,048,342	(47,216,735)	-74.9%
Physician Fee for Service	18,157,587	17,221,225	(936,362)	-5.4%	53,128,084	50,441,627	(2,686,457)	-5.3%
Hospital Outpatient	21,187,514	20,068,589	(1,118,925)	-5.6%	57,204,588	58,899,544	1,694,956	2.9%
Other Medical Claims	19,859,805	17,532,001	(2,327,804)	-13.3%	58,117,076	51,972,672	(6,144,404)	-11.8%
Other HC Services	1,796,545	2,012,619	216,074	10.7%	5,638,079	5,939,602	301,523	5.1%
Directed Payments	4,932,474	1,175,637	(3,756,837)	-319.6%	14,504,758	10,787,716	(3,717,042)	-34.5%
Long Term Support Services	811,514	822,583	11,069	1.3%	2,401,786	2,398,432	(3,354)	-0.1%
Provider Incentives	1,610,632	1,621,290	10,659	0.7%	6,341,467	4,833,846	(1,507,621)	-31.2%
Health Care Supplmntl Benefits	1,662,004	1,681,544	19,540	1.2%	6,313,486	4,789,957	(1,523,530)	-31.8%
Indirect Health Care Expenses	1,045,186	290,894	(754,291)	-259.3%	2,707,372	868,246	(1,839,126)	-211.8%
UMQA (Allocation & Delegated)	4,441,521	4,902,837	461,316	9.4%	13,670,815	14,410,571	739,756	5.1%
Total Health Care Expense	208,248,192	178,033,037	(30,215,155)	-17.0%	614,063,862	565,822,120	(48,241,743)	-8.5%
G&A Allocation	12,285,402	13,333,958	1,048,556	7.9%	37,365,411	39,296,328	1,930,917	4.9%
Premium Tax	9,160,100	9,087,523	(72,577)	-0.8%	25,648,280	27,073,123	1,424,843	5.3%
Total Operating Expense	229,693,694	200,454,518	(29,239,176)	-14.6%	677,077,553	632,191,570	(44,885,983)	-7.1%
NON-OPERATING REVENUE								
Interest, Net	288,777	500,000	(211,223)	-42.2%	786,996	1,500,000	(713,004)	-47.5%
Rental Income, Net	291,814	285,330	6,485	2.3%	893,868	855,989	37,879	4.4%
Third Party Administror Revenue	662,796	624,750	38,046	6.1%	1,778,748	1,869,252	(90,504)	-4.8%
Miscellaneous Income	15	-	15	-	15	-	15	-
Total Non-Operating	1,243,402	1,410,080	(166,677)	-11.8%	3,459,627	4,225,241	(765,613)	-18.1%
Net Income/(Loss)	$ (2,239,687)	$ (8,466,656)	6,226,969	73.5%	$ (614,273)	$ (25,661,588)	$ 25,047,315	97.6%
Medical Loss Ratio (adj MCO)	98.18%	98.73%			97.03%	100.24%		
Member Counts	495,211	482,109	13103	2.7%	1,457,662	1,438,230	19,432	1.4%

HEALTH PLAN OF SAN MATEO
STATEMENT OF CASH FLOWS - DIRECT & INDIRECT METHOD

FOR THE CURRENT PERIOD September 30, 2021

	CURRENT MONTH 9/30/2021	CURRENT YEAR YEAR-TO-DATE 2021
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
Group/Individual Premiums/Capitation	-	-
Title XVIII - Medicare Premiums	19,241,084	144,217,044
Title XIX - Medicaid Premiums	61,344,245	598,539,893
Investment and Other Revenues	(11,970)	418,689
Medical and Hospital Expenses	(73,291,480)	(629,870,608)
Administration Expenses	(5,297,124)	(62,876,072)
NET CASH PROVIDED BY OPERATING ACTIVITIES	**1,984,755**	**50,428,946**
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
Proceeds from Restricted Cash and Other Assets	-	-
Proceeds from Investments	-	-
Proceeds for Sales of Property, Plant and Equipment	-	-
Payments for Restricted Cash and Other Assets	-	-
Payments for Investments	-	-
Payments for Property, Plant and Equipment	-	(182,899)
Interest and Other Income Received	321,553	2,697,015
NET CASH PROVIDED BY INVESTING ACTIVITIES	**321,553**	**2,514,116**
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
Principal payments under capital lease obligations	-	-
NET CASH PROVIDED BY FINANCING ACTIVITIES	**-**	**-**
NET INCREASE (DECREASE) IN CASH	**2,306,309**	**52,943,062**
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH/PRIOR YEAR	**249,603,963**	**198,967,209**
CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	**251,910,272**	**251,910,272**
RECONCILIATION OF NET OPERATING INCOME TO NET CASH FROM OPERATING ACTIVITIES:		
Operating Income	(5,247,661)	(4,073,901)
	-	-
Depreciation and Amortization	184,914	1,705,291
Decrease (Increase) in Receivables	31,469,016	54,633,060
Decrease (Increase) in Prepaid Expenses	587,178	76,340
Decrease (Increase) in Net Pension/Inflows and Outflows	-	-
Decrease (Increase) in Affiliate Receivables	-	-
Increase (Decrease) in Amts due to State of CA	(6,750,000)	15,232,589
Increase (Decrease) in Accounts Payable	(14,238,056)	10,206,263
Increase (Decrease) in Medical Claims Payable	(20,615,797)	(37,063,184)
Increase (Decrease) in Incurred But Not Reported	16,448,500	9,385,734
Increase (Decrease) in Provider Risk Sharing	146,660	326,754
Increase (Decrease) in Unearned Premium	-	-
Aggregate Write-Ins for Adjustments to Net Income	-	-
TOTAL ADJUSTMENTS	**7,232,416**	**54,502,847**
NET CASH PROVIDED BY OPERATING ACTIVITIES	**1,984,755**	**50,428,946**
DETAILS OF WRITE-INS AGGREGATED FOR ADJUSTMENTS TO NET INCOME		
Unrealized (Gain)/Loss on Equity Securities	-	-
(Gain)/Loss on Sale of Assets	-	-
Prior Period Rent Expense	-	-
Realized (Gain)/Loss on Investment	-	-
TOTALS	**-**	**-**

FINANCE/EXECUTIVE COMMITTEE MEETING
Meeting Summary – August 9, 2021
Teleconference Meeting

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.

Member's present: Ligia Andrade- Zuniga, Don Horsley, Mike Callagy

Member's Absent: Bill Graham, Si France

Staff present: Pat Curran, Trent Ehrgood, Chris Baughman, Francine Lester, Lia Vedovini, Katie-Elyse Turner, Colleen Murphey, Rebecca Sullivan, Anne Bentz, Amy Scribner, Michelle Heryford

Staff Absent: Maya Altman

1.0 Call to Order – The meeting was called to order at 12:35 pm by Commissioner Don Horsley.

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

3.0 Approval of Meeting Summary for May 10, 2021 – The meeting summary for May 10, 2021, was approved as presented. **Callagy moved/Andrade-Zuniga: Second.** A roll call vote was unanimous.

4.0 Preliminary Financial and Operational Report for the period ending June 30, 2021 – Mr. Ehrgood reported that HPSM is in a much more favorable place than expected; just slightly above break even right now which is significant, compared to the year-to-date (YTD) budget loss of $17M. The difference is mainly due to revenue adjustments not just for this quarter, but for the first quarter. HPSM received updated 2021 rates in June, which are more favorable than budgeted, partially due to the extension of the public health emergency. Another factor was the pharmacy carve out; extended once again, the new effective date is January 1, 2022. Since HPSM has been experiencing a positive margin for the Medi-Cal pharmacy benefit, this favorable

margin will now continue for the rest of the year. He also reported that the Cal-MediConnect (CMC) Medicare revenue, which is risk adjusted, was anticipated to be low as it relies on the submission of diagnostic codes which were down in 2020. However, while it is lower than usual, it's looking better than budgeted and is contributing to the surplus. Another driver to improved financial outcome is with long-term-care (LTC). In early 2021 HPSM lost quite a few members in nursing facilities due to COVID. Because of that, costs went down but revenue remained the same. This dynamic of revenue staying constant is because HPSM full dual rates assumes a fixed amount of members in a facility. Commissioner Callagy asked if that would have to be adjusted and possibly paid back in the future. Mr. Ehrgood assured him that this one-time windfall does not have to be paid back but noted the rate will be adjusted down next year to be in line with the lower mix of members in a nursing home.

Mr. Ehrgood reviewed the budget variance by the eight major drivers; this time he added the effect of the Medi-Cal pharmacy benefit, which is running a $4M surplus due to the extension of the carveout, and the MCO tax, which is running favorable by $1.5M. The only negative driver is non-operating revenue, which is due to lower than budgeted interest income on the cash reserves. Commissioner Callagy asked what the current rate of return is for non-operating revenue and what was projected. He also asked if there are plans to be a little more aggressive with some of the reserves. Mr. Ehrgood said some of the reserves are in money market accounts which are paying quite low rates at the moment. Some are placed in a pooled fund with the State, which allows HPSM to achieve the same yield as the State. They have a similar arrangement with the County's pooled funds. Though he noted that even the State and County rates are quite low at around 1.1%. He went on to say they expect to eat away at some of the favorable administrative variance by the end of the year.

Mr. Ehrgood reviewed the current year (CY) surplus/deficit for each line of business. All are doing better than budget except for CMC, which is operating with significant losses. He reviewed the revenue yield per member per month (PMPM) totaling $2.3M favorable to budget, and healthcare costs PMPM running $6M favorable to budget.

He concluded with an updated forecast for the remainder of 2021. He noted the estimates he used are conservative because it is hard to determine what healthcare costs will be for the remainder of the year. He anticipates 2 more quarters of losses, however if things play out as projected, the losses for the year will total $8.7M instead of $30M as originally forecasted. The report was approved as presented. **Mike Callagy moved/Ligia Andrade-Zuniga**: **Second**. A roll call vote was unanimous.

5.0 Other Business – Mr. Ehrgood also provided an update on the dental benefit. Rates for 2022 were expected in June, DHCS has changed that to mid-August. Because of this delay, Mr. Ehrgood will present an updated six-year forecast to the Commission along with a supplemental staffing budget for Q4 of 2021 at the September Commission meeting. Supervisor Horsley asked if HPSM has Providers and dentists ready to go. Mr. Curran said not as much as they would have liked, but they have a base network in place. He's hoping to work thru the dental schools as well. New dentists maybe be tough to get initially, he anticipates it will be a multi-year effort. Commissioner Callagy had a question about orthodontia being included. Mr. Curran replied orthodontia is not a benefit that will be available at this time, but that is an area they are interested in expanding. They hope to work directly with Providers to expand on that coverage in the future. He noted they are also trying to work to improve accessibility for those in the disabled community, which was one of the concerns voiced at the dental focus groups. The group also discussed including (non-emergency medical transportation) NEMT for those needing oral surgery. Mr. Curran said NEMT is a benefit that they can take advantage of. He noted that the referrals for specialty dentists will come through HPSM, which will help because they will be able to address those barriers beforehand to ensure a smooth visit.

6.0 Adjournment – The meeting was adjourned at 1:33 pm by Supervisor Horsley.

Respectfully submitted:

M. Heryford

M. Heryford
Assistant Clerk to the Commission

DRAFT

AGENDA ITEM: 4.3

DATE: November 10, 2021

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, August 19, 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 or express public comment throughout the meeting and were able to access the meeting using the web and teleconference information provided on the meeting notice.

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Judy Garcia, Rob Fucilla, Marmi Bermudez, Gloria Garcia-Flores, Hazel Carrillo.
Committee Members Absent: Cynthia Pascual, Mary Pappas
Staff Present: Maya Altman, Pat Curran, Chris Esguerra M.D., Carolyn Thon, Gabrielle Ault-Riche, Karla Rosado-Torres, Kiesha Williams, Richard Moore, M.D., Charlene Barairo, Michelle Heryford
Staff Absent: Colleen Murphey, April Watson
Guests: Lizelle Lirio de Luna, SMC Health

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

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

3.0 Approval of Meeting Minutes for April 22, 2021: The meeting minutes for April 22, 2021, were approved as presented.

4.0 HPSM Operational Reports and Updates

4.1 CEO Update: Miss Altman updated the committee briefly on vaccine efforts at HPSM and across the County. The state has noticed that Medi-Cal member vaccine rates are much lower than overall California vaccine rates. It varies by county, but invariably in every county there is a gap. The State has developed new efforts to ensure that Medi-Cal members get vaccinated and have set aside about $350M to incentivize health plans to work even harder toward this goal. They must submit a plan to the State by September 1, 2021, with operations to start on September 21, 2021. The County is doing great with a

91% vaccination rate, in comparison HPSM members come in at 65%. Ms. Altman also reminded the group that in September, HPSM is going before the San Mateo Health Commission (SMHC) to seek approval for the dental program slated for January 2022. They are expecting to get rates from the State soon.

Mr. Curran said Marisa Cardarelli, the new dental benefits manager is hard at work trying to recruit dentists. But they are also focusing on existing dentists as they work to grow the network. Mr. Curran said they are doing a lot of work to ensure a smooth transition. The focus during the transition is people who are in care and making sure that continues and that they can see their same provider. He also spoke about the dental focus groups recently conducted by the Center to Advance Consumer Partnership. He noted there was a lot of rich information there that may be useful as they develop the program.

Ms. Altman informed the group that the State has reinstated the Pharmacy carve out effective January 2022. The Pharmacy Benefits Manager (PBM) will be Magellan. HPSM is sending out notices informing their members. HPSM is also preparing for CalAIM and enhanced care management (ECM), which means HPSM will be contracting with community and county providers to provide extra care management for certain populations such as the homeless, those with mental illnesses and members that are high utilizers of services. The other part is the in-lieu-of services which the Plan has been doing for some time now with the Community Care Settings Program (CCSP). It includes providing housing and residential care facility services and other services for members transitioning out of nursing homes. HPSM will now be reimbursed for those services.

4.2 **CMO Update:** Dr. Esguerra said it's a very busy time for Health Services. They are preparing for several programs that are scheduled to go live on January 1, 2022. They are also in the middle of audit season, with three scheduled in close proximity. Karla Rosado-Torres is working hard to lead the preparation for the eventual transition from the CareAdvantage CalMediConnect line of business (LOB) to the dual special-needs plan Medicare product which is a very involved process.

4.3 **Provider Services:** Mr. Curran provided an update on behalf of Ms. Murphey. The long-term care (LTC) facilities continue to be the biggest area of concern when it comes to COVID, at the moment they appear to be okay. Non-emergent medical transport (NEMT), which is transportation for members in wheelchairs is also a concern. The most acute issue however is for members who require gurney transport. In preparation for fire season, they are encouraging everyone to join the PG&E public safety power shut-off

(PSPS) program, their biggest concern is for members with durable medical equipment (DME). They have made efforts to work with Dr. Esguerra and the Health Services department to connect with DME providers and vendors to make sure they know that it's okay to include extra batteries and to serve members without authorization. HPSM members with medical equipment are being referred directly to equipment vendors for DME questions or concerns.

4.4 Enrollments & Call Center Performance: Ms. Williams reviewed the report for Q2. Membership is currently at 156,176 across lines of business. There was a 4.2% increase in Medi-Cal since January 2021. Redeterminations by Human Services Agency (HSA) is scheduled to start in 2022. They've been encouraging members who are getting redetermination packages to complete them and send them back. Calls are beginning to stabilize a bit compared to the beginning of the year and HPSM has recently implemented a new cloud-based phone system. They are also monitoring email communication with members and are pleased to report that goal is being met. They are hoping to recruit a couple of representatives for the Call Center, as well as a supervisor. They have not met all goals for Q2, but they understand it was a challenging time for members and employees alike. Mr. Kot asked what kind of adjustments were made for the period between January and June, to move the call center numbers from 70% to 85%. She replied that they have taken an all-hands-on-deck approach, using employees from the Member Services (MS) team to help with the workload, they also worked with IT to address connectivity issues and adjusted schedules to meet member demand.

Ms. Barairo went over the CareAdvantage (CA) portion of the call report. Enrollment has increased over 2% in the last year. For the first time in history, they've had six months in a row of more than 100 enrollments per month, the average number is 118. She credits the efforts of the Marketing & Communications (MARCOM) team which created and mailed new flyers to potential members and increased phone outreach. Enrollments were completed telephonically, no in person enrollments were conducted. The top reason for dis-enrollment continues to be death and moving out of the county, however they are seeing an increase in dis-enrollments due to members enrolling in new plans such as Brand-New Day and Anthem Blue; they will report on this further at a future meeting. The deeming period continues to be extended from 2-6 months due to the public health emergency. All regulatory standards were met for the Call Center in Q2, and they met their CS quality goal at 95%. They continue to assist members with COVID and vaccine related questions and have added a COVID registration link on the member portal so members can sign up on their own. They anticipate an increase in calls due to the

proposed booster shot. A navigator was hired in May and will be starting on Monday, August 23rd.

4.4 **Grievance and Appeals:** Ms. Ault-Riche provided an update on Grievance & Appeals (G&A). CA Grievances increased most around customer service which is a proxy for transportation as those issues are CS related. There was also an increase in first-call resolutions. These are calls in which the member is dissatisfied but it doesn't reach the formal grievance process because the issue is resolved by the Call Center during the call or within 24 hours. Most of those are related to CS, which again means transportation. Part of the reason is there is a nationwide shortage of drivers and many of the NEMT runs were done by Uber and Lyft who are also affected by the shortage. There was an increase in Part D or prescription drug issues, she is not sure why and is looking further into that. Medi-Cal appeals decreased a bit. The over-turned rate is also lower. There were 2 state hearings for Medi-Cal regulatory grievances, these are appeals that have gone thru the HPSM process and was escalated to a third party; both were dismissed. Medi-Cal first call resolutions went down a bit, unlike CA. There were no independent medical reviews. She advised the group that for NCQA they are required to come up with goal rates, she went over those for behavioral health, they do not have the numbers from the non-behavioral health side for Q2. HPSM members that are assigned to Kaiser, file grievances directly with them instead of HPSM. Kaiser reported nine grievances in Q1, there are usually a quarter behind. 69 members requested to change their assigned PCP in Q2. Members switched from 28 PCPs, 22 were from clinics, 6 were individual providers. Mr. Kot asked how many HPSM members are assigned to Kaiser, Mr. Curran said it's about 8,000.

4.5 **2021 CAHPS Survey:** Ms. Ault-Riche went over the 2021 Medi-Cal Consumer Assessment of Healthcare Providers and Systems (CAHPs) survey, a member survey conducted every year. This is just for Medi-Cal members, no CA members are surveyed. It's conducted in the first half of the year and measures members experiences over the previous 6 months. The survey is sent in the mail, if it's not returned, members are phoned and can complete the survey over the phone. There has been a decrease in response rates compared to years past. There are two surveys, one for adults and one for parents and caregivers of children. She went over the survey results for both populations, noting they are composite scores. For the adult survey there were increases in the following areas: 1) rating for the Health Plan, 2) rating of all health care and 3) getting needed care, which addresses issues of access. They went down in the following areas: 1) rating of personal doctor, 2) rating of specialist seen most often, 3) how well doctors communicate and 4) customer service. She reviewed the Children's survey results, which were like the Adult's

except for the rating of the Health Plan which went down. She went over some of the actions taken and the barriers for Getting Needed Care, as well as their action plan. They will investigate the issue of How Well Doctors Communicate, they believe that efforts at building the member engagement infrastructure should deepen HPSM's understanding of the factors there. Though this is not an area identified for intervention. She went over the analysis for customer service and the barriers they faced at the time the survey was taken. Their action plan includes monthly refresher trainings, an annual test on staff knowledge, continued call monitoring and tracking across all quarters. The action plan for increasing Treatment with Dignity and Respect includes additional training and call monitoring as well as promoting wellness resources for staff. They will also be increasing resources during high call volume. She concluded by going over their goals for 2022 and the remainder of 2021. Committee members asked about language concerns in the CAHPS survey, Ms. Ault-Riche said that language is not included in the CAHPS survey but will be asked in the Timely Access Survey, which will go out at the end of the year. There was also a question about a back-up pool to help with calls. Ms. Ault-Riche said it is a challenge as the reps are required to know a lot which makes the extensive training tough unless in it for the long haul.

5.0 New Business: There was no new business.

6.0 Adjournment: The meeting was adjourned at 1:29 pm by Miss Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford
Assistant Clerk to the Commission

DRAFT

CCS CLINICAL ADVISORY COMMITTEE
Thursday, September 30, 2021 – 12:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

AGENDA ITEM: 4.4

DATE: November 10, 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, Health Plan of San Mateo offices were closed for this meeting, and the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Clerk in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

Members Present:	Benjamin R. Mandac, M.D., Lee Sanders, M.D., Michelle deBlank, Stephanie Smith, Sofia Verstraete, M.D., Grace Chen, M.D., Carol Elliot.
Members Excused:	Leticia Acevedo, Laurie Soman.
San Mateo County Members present:	Lianna Chen, Mitch Eckstein, Anand Chabra, M.D., Susanna Flores
San Mateo County Members Excused:	Lizelle Lirio de Luna.
HPSM Members Present:	Cynthia Cooper, M.D., Maya Altman, Amy Scribner, Sophie Scheidlinger, Chris Esguerra, M.D.
HPSM Members Excused:	None.

1. **Call to Order / Introductions:** The meeting was called to order at 12:00 p.m. by Dr. Cynthia Cooper. Introductions were made.

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 June 17, 2021, minutes were approved as presented: Maya Altman / Seconded: Anand Chabra

4. **Youth/Young Adult Advisory Committee Report Out**

   Ms. Chen reported the last meeting of the Youth Advisory Committee was on August 16th. The guest speaker was Amy from Kid Power who discussed skills, resources and services that they offer to teens and adults and explained Kid Power safety. The meeting included an interactive presentation with different scenarios played out for attendees to understand safe ways to respond to difficult situations. Ms. Chen explained that Kid Power is an organization that provides services to help teens and adults understand how to navigate different social

situations with a focus on safety. Mr. Eckstein added, they are an international organization based in California. During the pandemic they have been offering virtual meetings and workshops but prior were usually done in person. The clients benefited from these in person gatherings where they, along with their parent, learn how to deal with strangers or situations that may be unsafe, how to set boundaries, and deal with social media. For the older clients, they do a program called Full Power to teach participants how to take care of themselves and stay safe. Dr. Cooper asked about the ages they cover. Mr. Eckstein stated they have something for all ages including a Parent Power program.

5. CalAIM Overview and Discussion

Dr. Cooper introduced Amy Scribner, Population Health Officer for HPSM. Ms. Scribner gave an update on CalAIM (California Advancing and Innovating Medi-Cal) program. She explained, this program is from DHCS and is a multi-year, multi-faceted proposal that will begin January 1, 2022, and will add services in phases over several years.

Ms. Scribner stated CalAIM will update and innovate the Medi-Cal Program in partnership with CMS aiming to improve outcomes for Medi-Cal beneficiaries including dually eligible members. CalAIM will address and incorporate challenging social determinants of health. She focused on two major aspects of the program that will serve HPSM members.

Enhanced Case Management (ECM) is an approach that considers the whole person by integrating clinical and non-clinical factors in the care approach for our members. This builds on the current Whole Person Care and Health Homes programs. These two programs will sunset at the end of this year and the new ECM will become available to members on January 1, 2022. ECM is a benefit for our highest-need population with services delivered by community health workers and licensed clinicians mostly in person. Managed care organizations are required to contract with community based organizations (CBOs) to deliver this care. The health plan has been working on the model of care submissions to the state to demonstrate management of the program. Ms. Scribner reviewed timelines for the go live dates related to various Populations of Focus between January 2022 and July 2023. This includes people experiencing homelessness, high-utilizers, adults with serious mental illness or substance use disorder, people who are transitioning to the community such as coming out of incarceration or are at risk for institutionalization such as long term care eligible or nursing facility residents, and the youth populations. She noted that there is some overlap between categories. The Multi-Purpose Senior Services Program (MSSP) will be sunsetting at the end of 2021 so some of the at risk for institutionalization population will be transitioning in January 2022 to continue services to them. Children / Youth Populations of Focus will go live July 2023. She talked about the implementation of various groups among the youth populations and that DHCS is trying to figure out which group will be the most impacted and how to avoid duplication of services.

Duplication of services is one of the issues of concern with ECM so there is focus on ensuring members are not getting services duplicated elsewhere. Questions were asked around how children fit within homelessness category, and where CCS clients over 18 years of age would fit in. Ms. Scribner stated that DHCS's implementation consulting firm, Mannatt, has been asked these questions but this has not been resolved at this point. Ms. Altman concurred that they are focusing on the January 2022 group right now and have not spoken much about the children's groups. She did not know if our data indicated any children or CCS children in the homeless category but can likely be handled on a case by case basis.

Dr. Chen asked for a definition for homelessness and if the incarcerated and transitioning to the community category includes youth who have been in juvenile detention. Ms. Scribner replied that the homeless definition is the HUD category for homelessness which does not include people who might be marginally housed. Staff is reviewing data to see if there are those who might not be captured in this category where we then might want to be less restrictive with that criterion. The category for incarcerated and transitioning to the community does only relate to adults for go live in January 2023. She added that children enrolled in TCM (Targeted Case Management) through Family Health will be ineligible for ECM. Dr. Chabra explained that TCM is for those who are receiving home visiting services which is partially paid for through TCM.

Ms. Scribner spoke about the Community Supports (was being called ILOS)which is another part of the CalAIM program going live on January 1, 2022. This program encompasses 14 services that the health plan can use to provide health related services as a substitute for covered Medi-Cal benefits. These services will be integrated with care management for high-risk members allowing the health plan to address social determinants of health more consistently. These services through the Community Supports is an option for plans to implement which means requirements and regulations will not be the same as with ECM. Health plans can pick and choose out of this list of 14 services which they want to go live. The health plans can also put restrictions on them if they so choose. These optional services can also be added or subtracted every six months over time so we can elect what to go live with in January 2022 and adjust every six months. She shared the list of the 14 Community Supports and stated that plans can add others not listed if a need is identified but that would require a process with DHCS.

Mr. Eckstein asked the health plan considered the services already being provided by other CBOs currently. He noted specifically Respite Services which is partially provided by Golden Gate Regional Center, and Personal Care and Homemaker Services through In Home Supportive Services (IHSS). Ms. Scribner stated that the health plan will be contracting with CBOs to provide the services and that this has been a consideration in the selection. Regarding

IHSS, CalAIM's Personal Care and Homemaker Services would be in addition to IHSS, while a client is waiting for IHSS to begin, or waiting for a caregiver to be selected. IHSS will continue to be managed through the County Public Authority and family members. Dr. Chabra asked about the Asthma Remediation. Ms. Scribner stated that this initiative would help people with areas in their home that might need to be addressed such as mold remediation, air purification filters, etc. Ms. Altman stated there is interest in the Asthma Remediation but the health plan was not quite ready for this by January 2022 but will be exploring this.

Ms. Scribner explained how the health plan approached the selection of services to go live January 2022. She stated that they performed a Request for Information (RFI) process which was extensive, and another important consideration was to ensure that the services currently being provided under Whole Person Care were sustained. Staff is now looking at data to identify the needs of the community. She reviewed the services targeted by the health plan for 2022 implementation: Housing; Transitional Services; Respite; and Homemaker Services for MSSP transitioning members. She added that the health plan does not get funding for these Community Support services so this will be funded through the health plan with the understanding that DHCS will look at the experience to incorporate this into our rates in a few years. This will demonstrate to DHCS the cost savings associated with these services so we are starting with services that have proven cost savings. Ms. Scribner talked about the details within these services stating that staff is actively working with providers to add these services over time. Ms. Scheidlinger stated that the health plan is working with specific partners in terms of the delivery of these services who we have been working with under the Whole Person Care program. Referrals will be accepted as appropriate and can be mapped with these partners. She added that she will share more information out about the referral process in the future.

Ms. Scribner explained the services targeted for expansion depending on ability for providers are the Personal Care and Homemaker Services, Recuperative Care, and potentially Respite Services for late 2022 or 2023.

In conclusion, Ms. Scribner stated that the hope is CalAIM will be successful because of the many benefits that will be provided for our members. Through the Community Supports, plans will adopt these services to become a managed care benefit in the future. CalAIM will offset the ongoing costs on strategic programs the health plan has already invested in such as Community Care Settings Program, Recuperative Care, and others. This also will expand housing opportunities for high need Medi-Cal recipients in San Mateo County. And it will continue to provide and expand alternatives to nursing homes and hospitals for members who want to remain or return to their homes. The constraints through pilot programs will be lifted

and will expand eligibility for these services currently being provided. Ms. Scribner and Ms. Scheidlinger offered their contact information should anyone have any other questions.

6. Other Business

Dr. Esguerra, Chief Medical Officer, reported on the state audits that are currently underway at the health plan. He stated that CalAIM and dental integrations are underway. Hiring staff for dental program is in progress and as well as implementation readiness work. He spoke about the carve out of the pharmacy services which will also take place in January 2022. This is a substantial change for our members and staff and will have an impact to some degree on CCS members. Staff are working through these impacts with the goal to minimize any adverse impact to our members.

Dr. Esguerra spoke about new funding by the state for behavioral health and overall wellness and health in schools. This is all under development with respects to the services needed and approach in providing these services, and what is the role of the health plan. Staff is in discussions with school districts and providers who are engaged in this work with the objective of getting a broader perspective and strategic approach to serve this population.

Ms. Altman reported on the current status of vaccinations and how the county has achieved a vaccinate rate of about 93%. There are still approximately 40,000 people who remain unvaccinated, and many are HPSM members. There has been good progress with the ages 12 and above population. The state recently released a vaccine incentive plan for Medi-Cal Managed Care plans throughout California to encourage closing this gap between the Medicaid rates and the overall county population. Success in this would provide the health plan more funding. The health plan is investing in outreach programs with the hope of recapturing funds but the most important thing is to get members vaccinated. She talked about strategies in the works with county partners at the Health Department, targeting practices with large numbers of unvaccinated people to challenge them to reach out to patients. The health plan is also doing some very intensive neighborhood efforts and working with Legal Aid to help alleviate fears about immigration status.

There was a question about outreach for people who are non-English speakers. Ms. Altman will check in with our Director of Customer Support, Gabrielle Ault-Riche, who is leading the effort on education and materials development. The health plan is focusing a lot on non-English speakers and track data by language spoken and by ethnicity.

Dr. Chabra, who has been leading the County's effort on vaccinations, shared that the Vaccinate All 58 website has a lot of multiple language materials. Ms. Altman commended Dr. Chabra for his efforts and success in the high vaccination rates in San Mateo County.

Dr. Cooper announced that the health plan is taking steps towards the opening of its offices for staff. Some will be coming to the office beginning October 1st. She also announced that Maya Altman is retiring at the end of this year and took this opportunity to thank her for all she has done for the health plan and our community.

7. **Future Meetings Dates for 2021**

   Dr. Cooper reminded that our next meeting is scheduled for December 9, 2021. There was a question about moving the meeting from the third Thursday quarterly to the fourth Thursday quarterly for 2022. Dr. Cooper will send a survey to confirm this will work for the committee.

8. **Adjournment/Closing Remarks**

   The meeting adjourned at 12:51 p.m.

DRAFT

CCS FAMILY ADVISORY COMMITTEE MEETING
Thursday, September 30, 2021 – 6:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

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

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

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

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

3. **Approval of Minutes:**
   Marilyn Wendt moved approval of the minutes. Carol Elliot seconded. The minutes were approved as presented.

4. **Discussion of Meeting Length**

Ms. Scheidlinger proposed the question about changing the length of this meeting to extend this meeting to a full hour from the current 50 minutes. This will allow a little more time for member discussion. The group was in agreement to change the meeting to one full hour.

5. **Youth Advisory Committee Update**

Lianna Chen reported the last meeting of the Youth Advisory Committee was on August 16th. The guest speaker was Kid Power which is a international non-profit that teaches positive communication and safety skills for all ages, cultures, abilities and identities. They have a website with resources developed for various age groups: Kid Power for ages 0 to 11; Teen power for ages 11 to 17; and Full Power for adults. They offer workshops for adults and teens and send out newsletters in English and Spanish. She shared the link to their website. Ms. Chen stated that she and Mr. Eckstein send out a monthly newsletter in both English and Spanish with information on housing availability and community resources. She shared an example of the mailing she and Mr. Eckstein share with the Youth Advisory Committee. She offered to add the committee members to their mailing list to see these communications.

The Family and Voices of California is a statewide organization that works with parents to advocate for quality health care for youth with special health needs. They are having an online health summit on Wednesday, November 3rd from 9am-1pm through November 4th from 9am-1:30pm. The event will be translated into Spanish and Mandarin upon request within the registration process. They will include a family panel and are looking for parents to be on the panel. This will be Wed 11/3 from 11am-12noon. They will be asked to share their experiences on family advisory committees within various counties in California. They can be either English or Spanish speaking and will be paid $150 for their participation and preparation. Committee members were asked to contact Lianna if they are interested in participating on this panel.

6. **CCS Administration Update**

Ms. Flores gave an update on a dashboard to show the tracking of care coordination activities provided by CCS. They track the services provided to a client when they join CCS. A questionnaire is used to perform an initial assessment. This helps determine the level of risk and needs of the client and how staff can assist them with their needs. These findings may be shared with the pediatrician or providers to coordinate and improve services. The dashboards measure success in completing assessments. She shared the dashboard chart reflecting the progress of the HRAs in the past year, fiscal year and monthly. Information for HRAs is gathered via mail or phone calls. Last year in October there were challenges and CCS staff worked with the health plan to bring these numbers up. Challenges with performing HRAs usually is due to staffing issues and during this period, it was specifically related to staff time being dedicated to efforts around issues to do with the pandemic. Next, she reflected on the care plans and the tracking of their completion.

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

Ms. Scheidlinger shared an update on the changes with the pharmacy prescription drug benefit which will be soon handled separately by the state beginning January 1, 2022. This means that HPSM will continue to be the health plan for CCS clients' medical care and the CCS clients will continue to have their CCS Nurse Case Managers as their primary clinic contact for any issues or questions, however, any drug prescriptions will go through the state for approval and payment. We expect that clients will continue to get their prescriptions but thereafter it will be handled by the state not the health plan. A letter from the state will likely be coming out soon.

8. **HPSM Dental Update & Request for Dental Provider Names**

Another change effective January 1, 2022 is that the health plan will begin handling the dental benefit for Medi-Cal beneficiaries. This will be a good change for CCS clients. You can call the HPSM member services line or your CCS Nurse Case Manager with any questions.

Ms. Altman added that it is important for this Family Advisory Committee to inform the health plan of any problems encountered with pharmacy or dental as these changes occur. This way, the health plan can communicate any problems especially with pharmacy benefits. Ms. Scheidlinger will focus on these topics in 2022 so we can hear the committee members feedback on their experiences.

Ms. Scheidlinger stated that we are expecting HPSM managing the dental benefits will be a good thing for health plan members by improving access to these services. She stated that if the children or their families have been seeing a dentist they like and would like to continue to see them, to let her know so the health plan can try to contract with them for our network.

A question was about a child who will be aging out of Pediatric care at UCSF. Dr. Esguerra stated the CCS Nurse or Social Worker can assist in this type of situation. The goal is to have enough contracted dentists to support all of our members including the children. We are in the midst of contracting with those dental providers. When the health plan goes live in January, staff will work with clients to receive services as good as was experienced at UCSF. Mr. Eckstein stated he has been working on this issue with another person who is over 18 and noted that University of the Pacific in San Francisco operates a special needs dental program and if the child is open to the Golden Gate Regional Center, they will provide services and he can help navigate this. He also spoke with Sonrisas who is currently trying to get ability to provide services to adults, providing dental care under anesthesia. He is not sure what is happening with UCSF if there is a possibility in contracting with HSPM with their special needs program.

Ms. Wendt mentioned Dr. Sarita Wang, a dentist in Mountain View, Pediatric Dentist, she treats special needs children and has privileges at Packard and El Camino Hospital and she treats her adult son even though she is Pediatric. Ms. Scheidlinger will check to see if she is part of the HPSM network, find the contact information and share that.

Similar questions were raised around adult CCS clients. Ms. Scheidlinger stated that once HPSM begins administering the dental program, the workers will be able to assist to find a dentist for these clients.

9. Adjournment/Closing Remarks

Ms. Altman closed the meeting thanking all for their participation. She noted that the next meeting will be on December 9, 2021. We may be able to have this meeting in person at that time.

The meeting was adjourned at 6:54 p.m.

QUALITY IMPROVEMENT COMMITTEE MEETING
September 15, 2021, 6:00 p.m. – 7:30 p.m.
Health Plan of San Mateo
Microsoft Teams Virtual Meeting

AGENDA ITEM: 4.5

DATE: December 9, 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. Maria Osmena, Dr. Kenneth Tai

QIC Members Excused: Dr. Jaime Chavarria

HPSM Staff Present: Dr. Chris Esguerra, Nicole Ford, Dr. Richard Moore, Ming Shen, and Samareen Shami

1. Call to Order by Dr. Jeanette Aviles.

2. Public Comment/Communication
None

3. Approval of Agenda
Motion to approve. Approved by Dr. Kenneth Tai and seconded by Dr. Jeanette Aviles.

4. Consent Agenda:
4.1 QIC Minutes from June 16, 2021
4.2 UMC Minutes from July 26, 2021
4.3 CQC minutes from August 16, 2021
4.4 UMC minutes from September 14, 2021
Motion to approve. Approved by Dr. Kenneth Tai and seconded by Dr. Jeanette Aviles.

5. Update on recommended actions

- A measure for Diabetes Screening for people with bipolar and schizophrenia. There were some inquiries to ensure those laboratory screenings were being done by BHRS. There have been some limitations in the ability to order the lab results at BHRS. Currently, we are exploring other options in the in-home assessments specifically the A1C screening as well as ensure our BHRS' clients are receiving the recommended lab results.

Comment from Dr. Tai whether this vendor will go to the client's home to draw blood?
Dr. Esguerra stated the vendor is limited in the scope of what they can draw due to basic monitoring and/or specific monitoring for preventative, which is not like Lab Cor or Quest. BHRS cannot order their lab results electronically due to systems issue as well as with the pandemic in having to go remote. BHRS mails the lab requisitions to the patient. Then, the patient would have to set up an appointment with the lab. Meanwhile, Dr. Esguerra has a follow up with BHRS whether we can leverage in collaborating with primary care providers.

Dr. Aviles commented with ensuring the quality of care as well as with the crossover around metrics in the flow of the information when patients get connected with their primary care provider for screening or not.
Dr. Tai commented if this population is mostly diagnosed with psychotic disorders or bipolar schizophrenia? Is this the population we need to try to screen them for diabetes?
Dr. Esguerra commented; yes, and for patients with anti-psychotic medications.
Dr. Aviles commented how would we know if patients have already been diagnosed with a diabetes diagnosis?
Dr. Esguerra commented this would be a discussion with BHRS to try to make it more integrated.
Dr. Tai commented the diabetes is part of our HEDIS measure at our community health clinics. We have a dedicated PCP assigned for the standing order letter is mailed out to the patient to bring the letter to the lab and the test result will be sent to the designated PCP.
Comment from Dr. Aviles where SMMC had challenges with trying to implement the standing order for clients not yet met (physically) with the PCP.
Comment from Dr. Esguerra to Nicole. From a measurement perspective if the data is captured and the result is sent over; yes, it would count as a medical record but not ideal ongoing for monitoring quality of improvement. Dr. Esguerra stated as long as the psychiatrist is also working closely with the assigned primary care provider for this population.

<u>Recommended action plan</u>: Dr. Esguerra has a follow up plan scheduled next week with BHRS with these proposals.

- A new measure for digital blood pressure cuffs was added to our Medicare/CMC/Medi-Cal formularies, which was widely advertised to our Provider Network and members. An article was published in our Provider newsletter as well as a Fax Blast will go out to our providers. Meanwhile, we are developing a specific, targeted communication scripts to providers for members with getting their hyper-tension under control.

Comment from Dr. Tai if this benefit is already available for members could pick up a blood pressure monitor with a prescription from a provider?
Comment from Nicole - yes, the benefit was added in our July formulary. Members can pick up prescriptions at the pharmacy and HPSM will cover the cost. It could be another option for SMMC's clinics could distribute these to our HPSM members.
Comment from Dr. Aviles with the ACE formulary issue where further discussion is still needed.

Recommended action plan: Dr. Tai will follow up with providers and pharmacies at NEMS to ensure the benefit is available for HPSM members.

- A follow up with a behaviorist for members with mental health hospitalization with 30-day post discharge. There were suggestions with working with hospitals and coordination with our outpatient team. Our UM process is to ensure with discharge, the hospital is securing an appointment with the behaviorist. Meanwhile on the coordination of care side, we are working to encourage our members to keep the appointment. Also, telehealth could be more amendable for members versus in-person to keep the appointment post-discharged.

6. Clinical Guidelines Review and Updates
Nicole recommended these action items be discussed individually for approval by the committee.

6.1. Asthma Management Guidelines: Clinician's Guide (NHLBI Dec 2020)
U.S. Department of Health Services National Institute of Health in 2020 made some new recommendations for asthma management.
6.2. Global Initiative for Asthma (GINA) 2020 Guidelines
Some new prescribing guidelines for asthma-controlled management based on the new GINA guidelines. Samareen commented for those GINA guidelines are being tracked by HPSM.
6.3. Guidelines for adolescent depression in primary care (GLAD-PC): Part I. Practice preparation, identification, assessment, and initial management (AAP 2018)
6.4. Guidelines for adolescent depression in primary care (GLAD-PC): Part II. Treatment and ongoing management (AAP 2018)
6.5. Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts (APA 2019)
6.6. Treating Depression in the Primary Care Setting (Magellan)
6.7. Depression in children and young people: Identification and Management (NICE 2019)
6.8. Depression in adults: recognition and management (NICE 2009, updated 2018)

Dr. Esguerra commented on the above set of guidelines are for behavioral health related as HPSM has taken on more behavioral health benefits. These were added at the end of last year at our QIC for some behavioral health guidelines due to the mild-to-moderate benefit.

6.9. Standards of Medical Care in Diabetes (ADA-2011)

There were some additional updates to the American Diabetes Association guidelines in 2021.

6.10. Colorectal Cancer Screening (USPSTF 2021)

The Task Force had updated for age requirement, which was previously at 50 y.o. and was lowered to 45 y.o. for colorectal cancer screening.

6.11. Lung Cancer Screening (USPSTF 2021)

The Task Force lowered the age range and decreased the pack years of smoking limit to 20 pack years limit.

6.12. Blood Lead Screening Guideline (CDPH 2019)

6.13. Blood Lead Poisoning Testing and Management (CDPH 2017)

These two guidelines are to ensure the Plans are making providers aware of blood lead screening/poisoning screenings. HPSM will be posting within the next few months the reports for all assigned PCPs for those kids who have not had screenings per these guidelines.

Motion to approve the clinical guidelines. Approved by Dr. Aviles and seconded by Dr. Tai.

7. Population Health Management Program

Samareen reported on the following agenda items: 1) PNA Overview, 2) Disparities Analysis, 3) PHM Subpopulations of Interest and 4) PHM Program updates requirement by NCQA.

- Asthma Program
- Incentive program for Well Child Visits
- Maternal Mental Health
    - Initially HPSM believed that based on low depression screening rates not enough screenings were being done
    - However, discussions with providers suggested that they screen all mothers to be and mothers but that they do not necessarily document it due to low financial incentives
    - In 2020, rates have gone up considerably. Referrals seem to be missing data.
    - HPSM identified a gap in screening versus coding for screening – a solution was found in P4P measure.

Population Needs Assessment 2021 (APL-19-011)

The goals are

- Identify member health needs and health disparities
- Evaluate health education activities; Cultural and Linguistically Appropriate Services (CLAS) activities; Quality Improvement (QI) activities and other available resources

- Implement targeted strategies for HE, CLAS, QI program/services gaps through an action plan
- Combine requirements of PHM 2
- Annual assessment Medi-Cal population
- 2020 HPSM Membership
- HPSM Medi-Cal members & primary care providers
- Demographics age
- Demographics race/ethnicity
    - Member density by race/ethnicity & primary care provider
- Demographic languages (English/Spanish/Chinese/Tagalog)
    - Non-Threshold Languages (Arabic/Portuguese/Russian)
- Population health disparities
    - Measuring health disparities
    - HEDIS metrics selected for disparity analysis
    - Health disparities within seniors and persons with disabilities, perinatal, children and adolescents
    - Age groups and low birth weight
        - Teen births went up to 6% of total births at HPSM from 2019 to 2020.
        - In San Mateo there are an average of 8.2 teen live births/1,000 female aged 15-19. This number is 9.04 for HPSM members in 2020, which is higher than the country average in 2018.
    - Gestational diabetes (2016 – 2020)
    - C-Section rates for HPSM members
    - Children and adolescents (race/ethnicity/distribution)
    - Asthma prevalence
        - Of the 4266 individuals diagnosed with asthma, more than half are between the ages of 0 – 21.
    - Obesity data – children and adolescents
        - Of the almost 6000 individuals in 2020 diagnosed with obesity, more than 40% were kids and the bulk of this group was aged 12 – 21.
    - Senior and persons with disabilities
- Action plan
    - CAHPS measures
    - Perinatal population
    - Disparities work around BCS and CCS
    - Other areas of focus such as provider network adequacy, translation services

8. Adjournment: **next meeting December 15, 2021**

AGENDA ITEM: 4.6

DATE: November 10, 2021

PHYSICIAN ADVISORY GROUP (PAG)
Meeting Minutes
June 8, 2021 7:30 a.m.
Virtual Meeting due to Public Emergency

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

Voting Committee Members	Specialty	Present (Yes or Excused)
Janet Chaikind, MD, Committee Chair	Pediatrics	**Yes**
Vincent Mason, MD	Pediatrics	**Yes**
Leland Luna, MD	Family Practice	**Yes**
Kenneth Tai, MD	Internal Medicine	**Yes**
Tom Stodgel, MD	Obstetrics and Gynecology	**Yes**
Randolph Wong, MD	General Surgery	**Excused**
Non-voting HPSM Staff Members	**Title**	**Present (Yes or Excused)**
Richard Moore	Medical Director	**Yes**
Colleen Murphey	Network and Strategy Officer	**Yes**
Paul de la Cruz	Credentialing Specialist	**Yes**
Luarnie Bermudo	Provider Contracting and Oversight Manager	**Yes**
Molly Carter	Provider Services Program Specialist	**Yes**
Maya Altman	Chief Executive Officers	**Excused**
Patrick Curran	Deputy Chief Executive Officer	**Yes**
Karla Rosado-Torres	Grievance and Appeals Manager	**Yes**
Cynthia Cooper	Medical Director	**Yes**
Nicole Ford	Director of Quality	**Yes**
April Watson	Provider Network Manager	**Yes**
Scott Fogle	Provider Services Program Specialist	**Yes**
Stephanie Mahler	Clinical Network Liaison	**Yes**
Gabrielle Ault-Riche	Director of Customer Support	**Yes**

	Item(s)	Discussion	Action	Responsible Parties	Due Date
1	**Call to Order**	Dr. Janet Chaikind called the meeting to order at 7:34 am. A quorum was present.	Quorum was present	J. Chaikind	06/08/2021
2	**Public Comment**	None	N/A	N/A	N/A
3	**Meeting Agenda and Meeting Minutes**	Agenda and Minutes disseminated to committee.			

		Minutes for the April 2021 PAG Committee were approved.	Agenda approved; Minutes for April 2021 PAG Approved.	PAG	06/08/2021
4	**HPSM Announcements**	1. In Memory of Dr. James Hutchinson. C. Murphey, Dr. Chaikind and committee reflected on the passing of Dr. Hutchinson. 2. Dental Update- P. Curran provided an update of the Dental Roll out. Go live for Dental is 1/1/2022, pending commission approval in September of 2021. HPSM is building network of dental providers and integrate dental into medical care. Short-term goal is to increase access to care. Dental Director Consultant, Dr. Pendukar will begin in July. She currently serves as the Head of San Mateo's Oral Health Commission and is affiliated with Garnder. HPSM plans to leverage PAG and PRC for Dental as well. 3. New CMO Announcement- P. Curran announced new HPSM CMO, Dr. Chris Esguerra. Dr. Esguerra will be a participating member of the PAG and PRC. 4. Ad hoc update of Governor's budget- P. Curran provided an update regarding the Governor's budget. Medi-Cal is expanding to 50+ yrs and older; in addition there are items in the state budget emphasizing 1) investment in Home and Community Based	N/A	C. Murphey Pat Curran	06/08/2021

		Services (mainly social services/homeless services); 2. Youth Mental Health Services that Luarnie and team have been following closely; and 3. CalAIM. 5. Ad hoc- Director of Customer Support, Gabrielle Ault-Riche will participating in future meetings as Karla Rosado Torres transitions from her role of G&A Manager to Medicare Product Manager.			
5	**Health Services Announcements**		N/A	Dr. Richard Moore	N/A
6	**Provider Services Announcements**	No announcements.	N/A	N/A	N/A
7	**Adjournment**	The meeting was adjourned to the Peer Review Committee (PRC) closed session.	N/A	N/A	N/A

Next Meeting for the Physician Advisory Group: 08/10/2021 at 7:30 am

PHYSICIAN ADVISORY GROUP (PAG)
Meeting Minutes
August 10, 2021 7:30 a.m.
Virtual Meeting due to Public Emergency

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

Voting Committee Members	Specialty	Present (Yes or Excused)
Janet Chaikind, MD, Committee Chair	Pediatrics	**Yes**
Vincent Mason, MD	Pediatrics	**Yes**
Leland Luna, MD	Family Practice	**Excused**
Kenneth Tai, MD	Internal Medicine	**Yes**
Tom Stodgel, MD	Obstetrics and Gynecology	**Yes**
Randolph Wong, MD	General Surgery	**Yes**
Shakalpi Pendukar, DDS	Dental, DDS	**Yes**
Non-voting HPSM Staff Members	**Title**	**Present (Yes or Excused)**
Richard Moore	Medical Director	**Yes**
Colleen Murphey	Network and Strategy Officer	**Excused**
Paul de la Cruz	Credentialing Specialist	**Yes**
Luarnie Bermudo	Provider Contracting and Oversight Manager	**Yes**
Molly Carter	Provider Services Program Specialist	**Excused**
Maya Altman	Chief Executive Officers	**Excused**
Patrick Curran	Deputy Chief Executive Officer	**Yes**
Karla Rosado-Torres	Grievance and Appeals Manager	**Yes**
Cynthia Cooper	Medical Director	**Yes**
Nicole Ford	Director of Quality	**Yes**
April Watson	Provider Network Manager	**Yes**
Scott Fogle	Provider Services Program Specialist	**Yes**
Stephanie Mahler	Clinical Network Liaison	**Yes**
Gabrielle Ault-Riche	Director of Customer Support	**Yes**

	Item(s)	Discussion	Action	Responsible Parties	Due Date

1	**Call to Order**	Dr. Janet Chaikind called the meeting to order at 7:33 am. A quorum was present.	Quorum was present	J. Chaikind	08/10/2021
2	**Public Comment**	None	N/A	N/A	N/A
3	**Meeting Agenda and Meeting Minutes**	Agenda and Minutes disseminated to committee. Minutes for the June 2021 PAG Committee were approved.	Agenda approved; Minutes for June 2021 PAG Approved.	PAG	08/10/2021
4	**HPSM Announcements**	1. Dental Update- P. Curran provided an update of the Dental Roll out. Dr. Shakalpi Pendukar, DDS has been serving as dental consultant during this period. The go live date for dental is 1/1/2022. HPSM has begun credentialing providers and recruiting for additional roles to support the initiative. The dental initiative budget will go to HPSM commission on September 2021. We are still waiting on rates from the state. 2. CalAIM- P. Curran advised that as part of CalAIM, there are elements to go live in 1/1/2022, such as Enhanced Case Management and In Lieu of Services (ILOS). 3. Rx carveout- P. Curran advised that the Rx carveout will be effective 1/1/2022. Letters will start going out to members to notify them of the change. For members who are in our CA Advantage program, their Rx does not change. 4. Ad hoc- Maya's retirement has been announced a few	N/A	Pat Curran	08/10/2021

		weeks ago to begin end of year. Commission has identified a search committee. More updates to come. In addition, the state budget was released, and it was more funding than we anticipated. The budget looks good in terms of coverage and a lot of emphasis on BH services for children.			
5	**Health Services Announcements**	1. R. Moore advised that there's been a reduction in prior auths. In addition advised that the organization will be experience a number of audits that will occur in Q3 2021, Q4 2021 and Q1 of 2022 for DHCS, DMHC and NCQA, respectively.		Dr. Richard Moore	N/A
6	**Provider Services Announcements**	1. Presentation of P4P and Timely Access review by Scott Fogle was conducted. The presentation was disseminated out to the committee prior to the meeting.	N/A	S. Fogle	N/A
7	**Adjournment**	The meeting was adjourned to the Peer Review Committee (PRC) closed session.	N/A	N/A	N/A

Next Meeting for the Physician Advisory Group: 10/12/2021 at 7:30 am

MEMORANDUM

AGENDA ITEM: 4.7

DATE: November 10, 2021

DATE: October 27, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Trent Ehrgood, Chief Financial Officer

RE: Approval of Amendments to Agreements with San Mateo County Public Authority and the City of San Mateo

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Recommendation

Authorize the Chief Executive Officer to execute amendments to agreements with the San Mateo County Public Authority and the City of San Mateo extending the HealthWorx insurance product through December 31, 2022. The monthly premium charged to the San Mateo County Public Authority and the City of San Mateo will remain the same for 2022 at $438.85.

Background

In July 2001, the Department of Managed Health Care (DMHC) licensed HPSM's HealthWorx product to serve eligible In-Home Supportive Services (IHSS) workers whose employer of record is the San Mateo County Public Authority. IHSS workers provide personal care services for IHSS clients. Coverage was effective August 1, 2001, for the first enrolled IHSS workers. In January 2009, the DMHC approved a second expansion of eligibility for HealthWorx to include per diem employees of the City of San Mateo. HealthWorx has been provided to per diem city employees since March 2009. There are currently 1,214 HPSM members insured under HealthWorx.

Discussion

The HealthWorx premium schedule is renewed annually and is subject to premium rate adjustments based on benefit utilization experience, general medical inflation, and regulatory changes, including mandates required under the Affordable Care Act. Due to lower utilization in 2020 and early 2021, the decision was made to hold premium rates flat for 2022.

Fiscal Impact

The current monthly premium for HealthWorx is $438.85. Effective January 1, 2022, the monthly premium will remain at $438.85 for each member enrolled. The rates will remain in effect through December 31, 2022.

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

IN THE MATTER OF APPROVAL OF AMENDMENTS TO AGREEMENTS WITH CITY OF SAN MATEO AND SAN MATEO COUNTY PUBLIC AUTHORITY

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. The San Mateo Health Commission has entered into agreements with the City of San Mateo and the San Mateo County Public Authority to render covered services and supplies to members covered under the HealthWorx Program that are set forth in the HealthWorx Program Evidence of Coverage;
B. The premium rates are subject to potential premium rate adjustments based on conformity to Affordable Care Act regulations and are analyzed by the Chief Financial Officer to ensure rates are appropriate and reasonable given claims experience; and
C. All the parties wish to extend the HealthWorx insurance product through December 31, 2022.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves the proposed premium rates at $438.85 for both the City of San Mateo and the San Mateo County Public Authority and contract term extensions through December 31,2022; and
2. Authorizes the Chief Executive Officer to execute said amendments.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.8

DATE: November 10, 2021

DATE: October 25, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Amy Scribner, Population Health Officer
Sophie Scheidlinger, Manager of Strategic Partnerships

RE: Approval of Amendments to Agreements with San Mateo County Health and Lucile Packard Children's Hospital

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Recommendation

Authorize the Chief Executive Officer to execute amendments to agreements with San Mateo Health, Family Health Services Division (FHS), and Lucile Packard Children's Hospital (LPCH), to manage health care services provided to enrollees of the Whole Child Model (WCM). These amendments extend the term of each agreement two years. The two-year not to exceed amounts are $5,830,698 for the County agreement and $702,720 for the agreement with LPCH.

Background

The California Children's Services (CCS) Program is the State's program for treating children diagnosed with certain physically disabling medical conditions. In 2012, the California Department of Health Care Services (DHCS) selected HPSM to implement a California Children's Services (CCS) Pilot in partnership with FHS, which began operations in 2013. Beginning July 2018, based on the HPSM pilot and subsequent State legislation, HPSM and other County Operated Health Systems (COHS) integrated CCS services into Medi-Cal managed care plan operations as a permanent program, referred to as the Whole Child Model (WCM).

The WCM program is available to HPSM Medi-Cal members who are: (i) between 0 and 21 years of age, and (ii) established as medically, residentially, and financially eligible by San Mateo County CCS. Services include assignment to a dedicated care management team that assists clients with accessing needed services, finding a qualified provider to address health concerns, and supporting transitions as clients age out of the Whole Child Model program at the age of 21. HPSM has contracted with FHS since 2013, delegating the management of authorizations and care coordination functions for Whole Child Model eligible members.

LPCH is the largest CCS provider for San Mateo County. In 2014, LPCH was one of ten children's hospitals nationwide to receive a three-year Coordinating All Resources Effectively (CARE) Award. The CARE Award is a Health Care Innovation Award from the Centers for Medicare and Medicaid Innovation (CMMI) to test the efficacy of care coordination for children with complex medical conditions. This award has allowed LPCH to create a dedicated team (called CORE) to provide care coordination services for qualified patients, about 200 of whom are HPSM enrolled WCM members. Since the initial grant ended in 2017, HPSM has continued to contract with LPCH for these services based on the positive outcomes achieved.

Discussion

On average, 1,300 HPSM members are eligible for the Whole Child Model at any given time. The goals of the Whole Child Model are to address the needs of the "whole child," reduce fragmentation of care, and preserve quality of care and access to providers who specialize in treating children with complex medical needs. Additionally, HPSM works with FHS and LPCH to explore strategies to improve outcomes, access, quality of care, provider satisfaction and support, and to reduce financial and operational inefficiencies.

The current contracts with FHS and LPCH expire at the end of 2021 for the FHS agreement and November 30, 2021 for the LPCH agreement. HPSM seeks to extend both contracts by two years and to continue evaluating the success of each partner through reporting on compliance, quality, and outcomes. Both FHS and LPCH bring a unique offering to their case management of the medically-complex, pediatric HPSM member.

Fiscal Impact

Financial terms with FHS have been adjusted to implement a mutually agreed upon budget, which is not to exceed $2,858,185 for the period of January 1, 2022, through December 31, 2022, and not to exceed $2,972,513 for the period of January 1, 2023, through December 31, 2023, for a total contract maximum of $5,830,698 for the two-year term.

Financial terms with LPCH have been extended and the total amount budgeted for this two-year extension is $702,720. Actual reimbursement to LPCH continues to be $122 per member per month, which has been consistent throughout the contract.

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

IN THE MATTER APPROVAL OF AMENDMENTS TO AGREEMENTS WITH SAN MATEO COUNTY FAMILY HEALTH SERVICES AND LUCILE PACKARD CHILDREN'S HOSPITAL

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. The San Mateo Health Commission and the California Department of Health Care Services have directed HPSM to implement the Whole Child Model (WCM) program;
B. HPSM and San Mateo County Family Health Services (FHS) wish to extend the current Agreement and delegate to FHS utilization management and care coordination on behalf of Whole Child Model eligible members through the end of 2023;
C. HPSM and Lucile Packard Children's Hospital (LPCH) wish to extend the current Agreement and delegate to LPCH care coordination on behalf of eligible members through 2023.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves:
    a. Extending the current agreement with FHS to continue provision of services for WCM eligible members for a total amount of $5,830,698, and for a term of January 1, 2022, through December 31, 2023;
    b. Extending the current agreement with LPCH to continue CORE team services for a total amount not to exceed $702,720, and for a term of December 1, 2022, through November 30, 2023; and
2. Authorizes the Chief Executive Officer to execute said amendments.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.9

DATE: November 10, 2021

DATE: October 25, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Amy Scribner, Population Health Office

RE: Approval of Amendment to Agreement with AccessNurse

Recommendation

Authorize the Chief Executive Officer to execute an amendment to the agreement with AccessNurse, formerly known as TeamHealth Medical Call Center, to extend the term 14 months and increase the contract maximum by $229,370 for a total contract maximum amount of $1,103,370 for services to fulfill regulatory requirements for member telephone triage services. The new term of this agreement for nurse advice line services will be November 1, 2017, through December 31, 2022.

Background

HPSM is required by the Department of Managed Health Care to provide or arrange for the provision of telephone triage services for its 150,000 members, 24 hours/7 days per week/365 days a year. In its three-way Cal MediConnect contract with the Centers for Medicare and Medicaid Services and the Department of Health Care Services, HPSM is also required to ensure that members have access to telephone medical advice from a licensed professional during after-hours. In November 2017, the Commission approved a two-year agreement with AccessNurse to replace Envolve People, Inc. to perform telephone triage services. AccessNurse was selected through an RFP process that included nine bidding vendors. Since going live in February 2018, AccessNurse's customer service has been excellent. The firm provides regular and timely reporting, is responsive to staff inquiries, and quickly investigates and resolves any call quality issues that arise. Starting in January 2019, HPSM added outbound welcome calls to new Medi-Cal members and ACE participants to AccessNurse's scope of services. These calls help orient new members to HPSM and remind members to select a primary care physician. The Commission extended AccessNurse's agreement for another two years in October 2019.

Discussion

HPSM is currently in the process of finalizing a 14-month extension of the current contract for both nurse advice line and new member outreach calls, due to expire on October 31, 2021. Staff will conduct another RFP process in 2022 to select a vendor for ongoing services beginning in 2023.

Fiscal Impact

The amendment extends the term of the agreement 14 months through December 31, 2022, and increases the contract maximum by $229,270, bringing the total 62-month contract maximum to $1,103,370.

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

IN THE MATTER OF AN AMENDMENT TO
AGREEMENT WITH ACCESS NURSE

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. HPSM is required by the Department of Managed Health Care, the Centers for Medicare and Medicaid Services, and the Department of Health Care Services to provide or arrange for the provision of telephone triage services for its 150,000 members, 24 hours/7 days per week/365 days a year;
B. The San Mateo Health Commission has previously approved an agreement with AccessNurse f/k/a TeamHealth Medical Call Center that is set to expire October 31, 2022;
C. A request for proposal was performed in 2017 for these services that resulted in the selection of AccessNurse; and
D. To continue services, an amendment is recommended to extend the term of the agreement 14 months and add $229,370 to the contract maximum.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves the amendment to the agreement with AccessNurse to extend the agreement through December 31, 2022, and add $229,370 for a total contract maximum of $1,103,370; and
2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.10

DATE: November 10, 2021

DATE: November 1, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Ian Johansson, Chief Compliance Officer

RE: Waive Request for Proposal and Approval of Amendment to Agreement with Compliance Strategies

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Recommendation

Waive the RFP process and approve an amendment to the agreement with Compliance Strategies to increase the contract maximum by $105,000 for a total contract maximum amount of $197,500 and to extend the term through December 31, 2022.

Background and Discussion

The Health Plan of San Mateo (HPSM) will apply to start a new Medicare Dual Eligible Special Needs Plan, or D-SNP, effective January 1, 2023, as required by the State Department of Health Care Services with the termination of the Cal MediConnect program in December 2022. The application process for a new Medicare plan requires a significant amount of documentation and effort from a variety of Plan staff.

CMS anticipates releasing the D-SNP application in mid-November 2021. This application and all supplemental documentation are due to CMS three months later, in mid-February 2022. Due to this short turn around, and the volume of other work impacting HPSM operations during the same period, HPSM needs the support of an outside consultant to help complete the D-SNP application.

HPSM has worked with Compliance Strategies since 2014. Compliance Strategies is a consulting firm that specializes in helping Medicare Advantage and D-SNP plans meet the rigorous requirements for starting and maintaining a Medicare plan, including all compliance requirements. Compliance Strategies helped HPSM complete a successful CMS audit in 2016 and has continued to conduct mock audits to ensure HSPM staff is ready for anticipated future audits.

Fiscal Impact

HPSM contracted with Compliance Strategies for a mock audit of its CareAdvantage program in 2021 for a maximum not to exceed $92,500. This amendment increases the contract maximum by $105,000, bringing the total not to exceed amount to $197,500 for mock audit and D-SNP application services. The term is extended through December 31, 2022.

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

IN THE MATTER OF WAIVER OF THE RFP PROCESS
AND APPROVE AN AMENDMENT TO THE AGREEMENT
WITH COMPLIANCE STRATEGIES

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. The San Mateo Health Commission is required to file an application for a new D-SNP effective 2023 due to the termination of the Cal MediConnect program;
B. The San Mateo Health Commission has previously used Compliance Strategies for compliance support for its Medicare program; and
C. Staff recommends using Compliance Strategies to support the 2023 D-SNP application.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission waives the request for proposal process and approves an amendment for an additional $105,000 for a total contract maximum of $197,500 for mock audit and D-SNP application services, and extends the term of the agreement through December 31, 2022; and
2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:
NOES:
ABSTAINED:
ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

AGENDA ITEM: 4.11

DATE: November 10, 2021

MEMORANDUM

DATE: November 1, 2021

TO: San Mateo Health Commission

FROM: Pat Curran, Deputy CEO

RE: Approval of Second Amended Memorandum of Understanding for San Mateo County Children's Health Initiative

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Recommendation

Authorize the Chief Executive Officer to sign the second amended Memorandum of Understanding (MOU) for the Children's Health Initiative (CHI).

Background and Discussion

In 2003, the Children's Health Initiative was formed to achieve universal health insurance for kids in San Mateo County and HPSM launched the Healthy Kids insurance product for children ineligible for existing federal or state programs. In 2016, Medi-Cal expanded to cover kids regardless of documentation status and in 2019 the County Children's Health Insurance Program moved from local to State administration. With nearly all children in San Mateo County now insured the Healthy Kids program was closed in September 2019.

The CHI Oversight Committee operates through a Memorandum of Understanding that designates voting members who serve as an advisory body to the San Mateo Health Commission. In February 2021, the Hospital Consortium of San Mateo ceased operations and now needs to be removed as a voting member of the Children's Health Initiative Oversight Committee.

This amended Memorandum of Understanding is solely for the purpose of removing the Hospital Consortium of San Mateo as a voting member.

DRAFT

SAN MATEO HEALTH COMMISSION

IN THE MATTER OF APPROVAL OF A SECOND AMENDED MEMORANDUM OF UNDERSTANDING FOR THE CHILDREN'S HEALTH INITIATIVE

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. The Children's Health Initiative (CHI) Oversight Committee operates through a Memorandum of Understanding as an advisory body to the San Mateo Health Commission;
B. CHI includes voting members for decisions on recommendations to the San Mateo Health Commissions regarding use of funds in the CHI Trust Fund; and
C. The Hospital Consortium of San Mateo County ceased operations in February 2021 and can no longer operate as a voting member.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves the second amended Memorandum of Understanding, removing the Hospital Consortium as a voting member of the CHI Oversight Committee; and
2. Authorizes the Chief Executive Officer to sign said amended Memorandum of Understanding.

PASSED, APPROVED, AND ADOPTED by the San Mateo Community Health Authority this 10th day of November, 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

AGENDA ITEM: 4.12

DATE: November 10, 2021

SAN MATEO HEALTH COMMISSION
Meeting Minutes
October 13, 2021 – 12:30 p.m.

****BY VIDEOCONFERENCE ONLY****

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

Commissioners Present:	David J. Canepa	George Pon, R.Ph.
	Teresa Guingona Ferrer	Kenneth Tai, M.D.
	Si France, M.D.	Ligia Andrade Zuniga, Chair
	Barbara Miao	

Commissioners Absent: Jeanette Aviles, M.D., Don Horsley, Michael Callagy, Bill Graham

Counsel: Kristina Paszek

Staff Present: Maya Altman, Luarnie Bermudo, Chris Baughman, Corinne Burgess, Pat Curran, Trent Ehrgood, Karen Fitzgerald, Robert Fleming, Ian Johansson, Nicole Ford, Francine Lester, Richard Moore, M.D., Colleen Murphey, Amy Scribner, Sophie Scheidlinger, Katie-Elyse Turner, and Eben Yong.

1. **Call to order/roll call**
   The meeting was called to order at 12:30 pm by the 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: **Pon / Second: Canepa**

   Verbal roll call vote was taken:
   Yes: 7 – Canepa, Ferrer, France, Miao, Pon, Tai, Zuniga.
   No: 0

4. Approval of Consent Agenda

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

Verbal roll call vote was taken:

Yes: 7 – Canepa, Ferrer, France, Miao, Pon, Tai, Zuniga.

No: 0

5. Specific Discussion/Action Items

5.1 Presentation on HPSM Justice, Equity, Diversity, and Inclusion Efforts

Ms. Altman expressed excitement about HPSM's initiatives for Justice, Equity, Diversity, and Inclusion (JEDI), underway the past several months and focused both on internal structures and practices as well as on health inequities among the Plan's members. She recognized Pat Curran who has been leading this work for HPSM and the many staff who have enthusiastically engaged with these initiatives. Ms. Altman also introduced Janet Williams, a consultant who has been working with us for many months assisting in these efforts. Mr. Curran began the presentation (presentation slides are attached to these minutes). HPSM is looking at both member and employee experiences and will bring the results of these assessments to the Commission at future meetings. Mr. Curran noted that member equity issues based on data analyses have been brought to the Commission in a prior presentation and will continue to be explored and acted upon. Mr. Curran emphasized that these efforts are part of a journey HPSM has been involved with since its inception – they are aligned with HPSM's vision that "Healthy is for Everyone".

Mr. Curran described the most recent activities in 2020 and 2021. HPSM expanded its internal Cultural, Linguistic, and Appropriate Services Committee (CLAS) to obtain broader input, hold learning sessions with outside consultants, and analyze member and workforce data, all forming a foundation for the work continuing today and beyond. One of the top priorities emerging from the CLAS Committee was to perform a broad organizational assessment of equity and inclusion in the workforce. The State's Population Needs Assessment tool is being used to identify member health disparities, with findings presented at Commission and all staff meetings, so everyone understands the cultural diversity of HPSM's membership and where interventions are needed to close disparities. Data on employee diversity has also been shared with all staff. Staff is looking at current processes such as recruitment and procurement, and how these can be aligned to increase diversity, help employees flourish, and improve member experience. Mr. Curran briefly reviewed current member facing health equity work, including language assistance services, provider education, population health assessment and analysis, and community partnerships to address and reduce disparities. Mr. Curran also reviewed race

and ethnicity data for HPSM employees and across roles such as line staff; managers, supervisors, and directors; and executive leadership. He also compared these data to information on member race and ethnicity, noting that 50% of HPSM's membership identify as Latinx; 50% of employees identify as Asian or Pacific Islander; and the percentage of Caucasian employees is higher than that for the Plan's membership.

Mr. Curran then introduced Janet Williams of Progressive Discoveries. Ms. Williams described how she has guided HPSM through listen and learn sessions conducted via focus groups, interviews with individual staff, and a digital survey. All these formats provided opportunities for employees to share how they feel about their experiences working at HPSM. Many employees said they felt valued in their roles, affirmation of their commitment to HPSM and the high quality of the work performed. The major themes based on feedback received included organizational culture, diversity-equity-inclusion and belonging, and communication across departments. Ms. Williams discussed each of these categories as they relate to staff and their various roles. Some of the feedback included thoughts around fairness and consistency in executing organizational practices and policies. Additionally, there was concern about access to opportunities for all employees. The idea of belonging goes beyond fitting in; rather, the issue is whether people "fit together" well and if there is a place at the table for everyone. Related to communication across departments, staff had varying perceptions of how communication does and does not work. Ms. Williams stated that she has received volumes of feedback from staff, all of which remains to be unpacked and addressed. The plan is to share the outcomes of this assessment, form task forces, and create a strategy for systematic implementation in 2022.

Commissioner Zuniga commented on the importance of this work. Representation in leadership roles is critical for the credibility of the health plan and overall satisfaction with its work. She added that diversity among providers and vendors is also important. She also suggested that disability be considered in data collection since HPSM serves many members with disabilities. Ms. Williams responded that this information has been collected as well.

Commissioner Ferrer asked if commissioners were going to interviewed as part of this process. Ms. Williams responded that she would be happy to interview the commissioners.

Mr. Curran commented that HPSM also conducts an annual employee engagement survey although the survey as currently constructed does not touch on many of these issues. The survey will be updated. Ms. Altman commented on the initial feedback from the interviews and surveys. First, she complimented Ms. Williams on a wonderful job getting employees to be honest and open with her. Second, it struck her that this is truly a journey and changes will not happen immediately. Third, she observed that it is clear that people within the organization have different experiences based on the teams they work with and

the leaders they report to; this is why every part of the organization must be transformed and become more sensitive to these issues. She appreciated the statement of "belonging" because people want a sense of belonging in any organization. It is important not only to recruit people from diverse backgrounds; we also need to improve employee retention, especially for employees from different racial and ethnic backgrounds. Finally, all this work has an impact on HPSM members since they interact with our employees.

5.2 Discussion/Action on Approval of Agreement with Upward Health

Ms. Altman summarized the recommendation to contract with Upward Health to replace Landmark Health for HPSM's HomeAdvantage program. HomeAdvantage provides a range of medical and needed non-medical services to a subset of HPSM's most vulnerable members in their homes. The contract's cost is approximately $4.5 million per year, depending on program enrollment, significantly lower than the cost of the current Landmark Health agreement. The cost is expected to be offset by reduced health care costs such as hospital stays and ER visits, as well as by Medi-Cal CalAIM funding. Ms. Altman corrected the memo and resolution, noting that the agreement is for three years, not two years. She then introduced Amy Scribner, HPSM's Population Health Officer. Her presentation is attached.

Ms. Scribner explained that HomeAdvantage currently provides home based medical, behavioral health and social services to Cal MediConnect (CMC) members with multiple chronic conditions. Services are delivered by a multi-disciplinary mobile team which includes a medical provider, a nurse case manager, a pharmacist, a nutritionist, behavioralist/social worker and outreach and engagement staff. The goal is to improve health outcomes, increase care access, and reduce costs. The health plan contracted with Landmark Health in 2016 for these services. Currently, 1,100 CMC members of 1,800 eligible members are actively engaged in this program.

An extensive program evaluation was conducted by a third party in 2020/21, validating the value of the program, primary care provider appreciation for the program, and reductions in associated health care costs. The evaluation also identified opportunities for improvement. HPSM also routinely evaluates program performance through member, community-based organization, and provider surveys; financial reviews; and clinical oversight and quality performance reviews. Per all these evaluations, certain program changes were implemented in 2020, including a new methodology for program eligibility; a new service called Alert Care for members requiring immediate services on a less frequent basis; and a shift to providing more behavioral health and substance use disorder services. The program changes and associated contract amendment eliminated the shared savings approach and focused more on quality outcomes, reduced overall program costs by 20%, and simplified administrative and operational functions.

Earlier this year, staff conducted a Request for Proposal process to test the market and ensure that Landmark Health remained the best option for this type of care. Multiple organizations responded, leading to a highly competitive and rigorous review process. Upward Health emerged as the clear choice. Ms. Scribner noted that the transition to the new HomeAdvantage provider will be completed by March 1, 2022.

Commissioner Pon asked about clinical evaluations and how the in-home provider team knows when to schedule in-home visits. Ms. Scribner responded that visits must be scheduled at least annually; additional visits depend on the care plan and determinations of the patient's risk and needs, developed in collaboration with the primary care providers. The HomeAdvantage program is intended to be a support for the PCP and does not replace that relationship. HPSM clinical staff also meet regularly with the HomeAdvantage interdisciplinary team to review cases.

Commissioner Miao noted that HomeAdvantage is a great program. She asked if participants will be able to keep their care team in this transition. Ms. Scribner responded that Upward Health will hire new providers. Commissioner Miao also asked if this change would result in changes to the length of time members remain in the program. Ms. Scribner responded that length of time in the program will depend on patient needs. Some will graduate to a different care level, an option missing in the Landmark model. Commissioner Miao asked if Landmark responded to the RFP. Ms. Scribner affirmed that LMH did participate and stated that a key factor leading to the vendor change was Upward Health's greater emphasis on behavioral health, social determinants of health, and readiness for CalAIM's Enhanced Care Management approach. Ms. Altman added that Landmark serves primarily a Medicare Advantage population in its other sites and maintains a standardized model of care that is often not sufficient to meet the more complex needs of dually eligible Medicare/Medicaid enrollees. HPSM's goal was to find a partner willing to provide a more customized approach to improve services for members with behavioral illness, substance use issues, and other complex social issues.

Commissioner Tai stated that he supports home based care as a good way to reduce total cost of care for members with complex needs. He asked if Upward Health staffing reflects HPSM member demographics and noted that we just discussed equity and inclusion earlier in the meeting. Ms. Scribner acknowledged the importance of this perspective and responded that Upward Health has a strong focus on using community health workers to help deliver care and provide care management. These are often people with lived experience with mental illness or substance use disorders, and who generally speak the languages and represent the cultural backgrounds of HPSM members. The emphasis on community health workers is another key reason that Upward Health was selected to provide these services.

Motion to approve the agreement with Upward Health for three years through December 31, 2024, for an annual amount of approximately $4.5 million: **Tai / Second: Miao**

Verbal roll call vote was taken:
Yes: 6 – Canepa, Ferrer, Miao, Pon, Tai, Zuniga.
No: 0

5.3 Discussion/Action on Approval of Children's Health Initiative Funding Recommendations

Mr. Curran introduced the recommendation from the Children's Health Initiative (CHI) Oversight Committee to approve funding from the CHI Trust Fund. Ms. Srija Srinivasan, Deputy Chief of San Mateo County Health, reviewed background about the formation of the Children's Health Initiative and its goal to provide coverage for uninsured children in San Mateo County through the Healthy Kids program. The CHI includes community partners as well as HPSM and County Health. CHI has advanced actions that improved options for uninsured kids in San Mateo County for the past 18 years. Santa Clara, San Francisco, and San Mateo were the first counties in the state to make insurance available to all children in their counties regardless of immigration status. Starting in 2016, these children were covered by the Medi-Cal program; the Healthy Kids program was ended in 2019 as almost every child was now eligible for Medi-Cal or Covered California, the Affordable Care Act exchange program. Since then, the CHI Oversight Committee has worked to redistribute funds left in the CHI reserve to support the health of low-income children in the community. She thanked the committee and acknowledged the help of Commissioner Ferrer, Pat Curran, and Sophie Scheidlinger. The committee paused most of its wok in 2020 due to the public health emergency. However, the committee recommended, and the Commission approved, a $2 million donation to the San Mateo County Immigrant Relief Fund in 2020, amplifying a larger donation approved by the County Board of Supervisors. This was direct relief for immigrant families who did not qualify for federal and state relief. Since then, CHI has further considered how to support an equitable recovery. The recommendation before the Commission today is slated to support that equitable recovery in a few key areas. This funding does not impact the health plan's bottom line since the CHI Trust Fund sits in County managed accounts.

The committee recommends additional funding for the Mission Asset Fund's Immigrant Families Recovery Fund ($3,225,150), as well as funding for Northeast Medical Services ($210,000) and Sonrisas ($105,000) to expand dental access; a grant to First 5 San Mateo County for oral health planning ($100,000); and the redirection of funding back to the original funders ($1,519,650). Approximately $1.4 million will remain in the CHI Trust Fund for potential future funding opportunities. The committee will work through July 2022 to identify other joint funding opportunities. This action by the Commission would be followed

by a recommendation to the San Mateo County Board of Supervisors in November for final approval of these investments.

Commissioner Ferrer commented on the thoughtful work done by the committee leading to these recommendations. She thanked Mr. Curran and Wendy Todd, the consultant, for their leadership throughout this process. She also thanked all the committee participants.

Motion to approve the funding distribution as outlined from the CHI Trust Fund. **Canepa / Seconded: Ferrer.**

Verbal roll call vote was taken:
Yes: 6 – Canepa, Ferrer, Miao, Pon, Tai, Zuniga.
No: 0

5.4 Discussion/Action on Agreement with Morgan Consulting Resources

Ms. Altman requested ratification of an agreement that the County has signed with Morgan Consulting Resources to assist the CEO Search Committee with the recruitment. The County Human Resources helped the Committee conduct a Request for Proposal process; the Committee subsequently interviewed two finalists and selected Morgan Consulting. The fee is not to exceed $115,000 for a term ending January 31, 2022.

Commissioner Canepa recognized Commissioner Zuniga for her leadership and said the Committee selected Morgan Consulting through a thoughtful process.

Motion to ratify the agreement with Morgan Consulting. **Canepa / Seconded: Pon.**

Verbal roll call vote was taken:
Yes: 6 – Canepa, Ferrer, Miao, Pon, Tai, Zuniga.
No: 0

6. Report from Chairman/Executive Committee

Commissioner Zuniga had nothing to report from the Executive Committee.

7. Report from Chief Executive Officer

Ms. Altman reported that HPSM has received revised rates from the State for the upcoming dental program. These rates are a significant improvement compared to the rate information presented to the Commission last month and will bring the Plan closer to a break-even point for dental services. An in-depth analysis is underway, and more information will be brought to

the Commission.

8. Other Business

No other business was discussed.

9. Closed Session

Conference with Legal Counsel – Existing Litigation (Gov't Code section 54956.9)
City of South San Francisco v. Health Plan of San Mateo (Case No. 21-CIV-04614)

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

Commissioner Zuniga moved the meeting to closed session at 1:52 p.m.

10. Report on Action taken in Closed Session

The meeting reconvened at 2:26 p.m. Kristina Paszek, Deputy County Counsel, stated there was no action taken in closed session.

11. Adjournment

The meeting was adjourned at 2:27 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

ATTACHMENT 1 to
COMMISSION MINUTES
OCTOBER 13, 2021

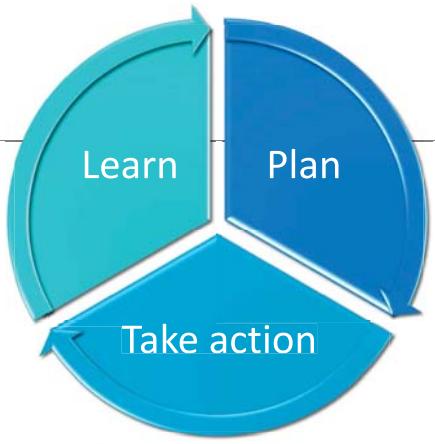
HealthPlan OF SAN MATEO
Healthy is for everyone

JEDI @HPSM

HEALTH COMMISSION UPDATE

PROGRESSIVE DISCOVERIES

Our Journey



2020: Expanded CLAS Committee to get broader **input on priorities**, held **learning sessions with outside consultants**, gathered & started to analyze **member & workforce data**

2021: Continue and expand **data gathering and analysis**; conduct an **organizational assessment**

2020: Researched and prioritized potential next steps to support members, providers, and employees. **Defined two organizational initiatives**

2021: Use learnings from org. assessment to design next steps, including for **recruiting** and **procurement**

2020: Implemented the **Population Needs Assessment** (PNA) to identify member health disparities and improvement actions; launched **additional All Staff trainings**

2021: Conduct **interventions for health disparities** identified in the PNA, continue to offer new **learning resources** for staff and providers

HPSM Employee & Member Initiatives

Maximize **Employee** Capacity

JEDI ACTION:

DIVERSITY & INCLUSION

-embed a more **diverse and inclusive organizational culture**

-**promote diversity** through organizational recruitment, hiring, retention and mobility policies

-foster a **more inclusive** work environment to attract and retain people from historically underrepresented groups

-strive for our **leadership** and workforce to more closely reflect the communities we serve

WHY it's IMPORTANT

We are committed to fostering a work environment and culture where employees, members and providers; especially those from underrepresented communities, can flourish.

Improve **Member** Services & Programs

JEDI ACTION:

RACISM & INEQUALITY

-**open conversations-** internally and with community partners

-**analyze member data** across race, ethnicity, language, ability status, etc.

-develop approaches to **reduce inequities** for members

-apply **health equity strategies** by population

WHY it's IMPORTANT

Understanding the needs experiences, and impacts of race, ethnicity and language on health outcomes is critical to reducing health disparities and advancing equity.

HPSM Member Facing Health Equity Work

Language Assistance Services

- Annual training for HPSM staff and providers
- Developing processes for reviewing and addressing language- and discrimination-based grievances and appeals
- Reviewing and updating Policies and Procedures

Provider Education

- Improving provider training resources
- Reviewing providers' LAS utilization
- Piloting an LAS technology support program to providers

Population Assessment and Analysis

- Population Needs Assessment, including identification of health disparities, completed in June 2021
- Based on the PNA findings, developed an action plan with targeted Health Education, Quality Improvement and Culturally & Linguistic Appropriate Services (CLAS) program strategies

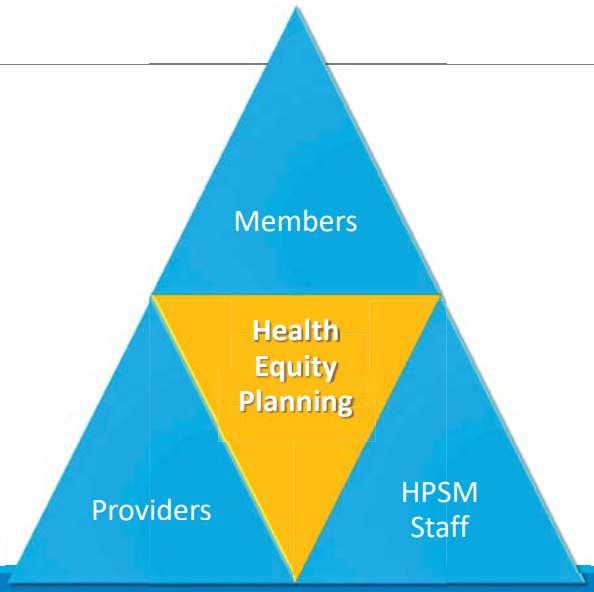
Addressing Health Disparities

- Initial disaggregation of member racial and ethnic data, targeted for 1Q2022
- Health Equity focused member initiatives

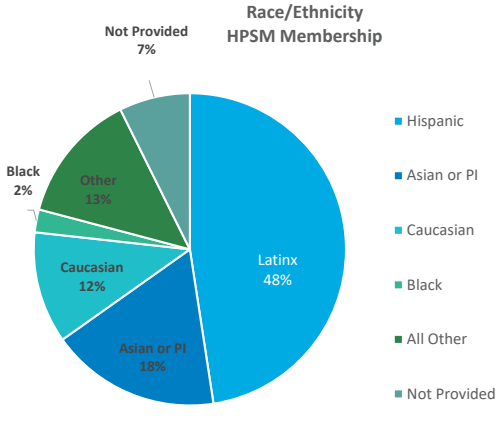
Community Partnerships

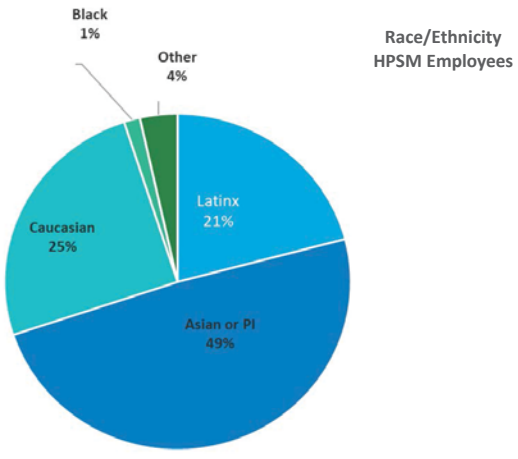
- Increasing focus on developing county partnerships including:
  - Pride Center
  - Wider Circle (COVID-19 Collaboration)
  - Meetings with health equity focused efforts across SMC

Inputs for HPSM's Member-Facing Health Equity Work



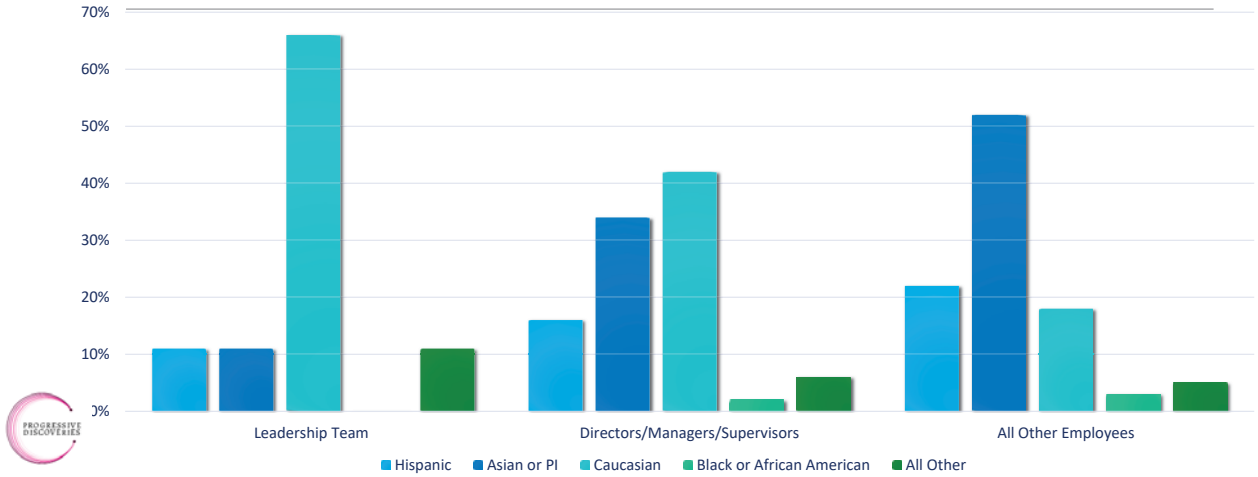
Employees and Members: race and ethnicity





Source: HPSM member data; HPSM Affirmative Action Report, 2020.

Employees: race and ethnicity across roles



Source: HPSM Affirmative Action Report, 2020.

Our JEDI Partner

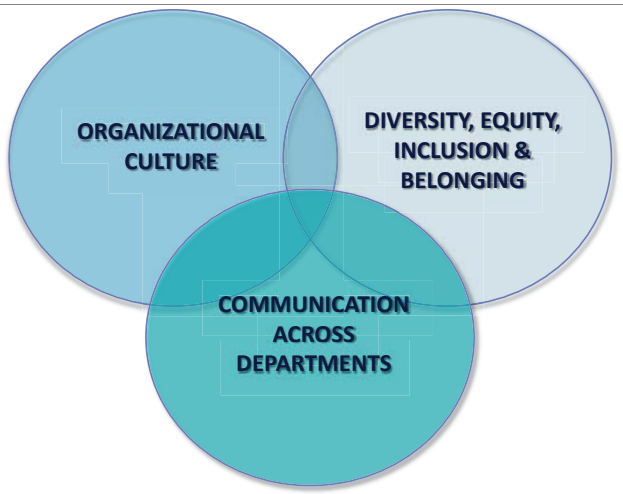
JEDI "Pulse Check"

How employees feel about their work experience at HPSM influences outcomes:
-For Members
-For Providers
-For Employees

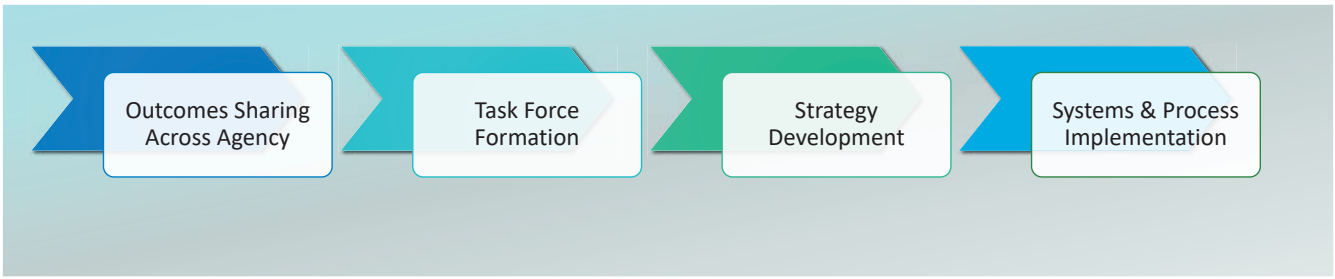
Employee feedback is VALUABLE.
It makes a difference and will inform the path to Justice, Equity, Diversity & Inclusion at HPSM

DATA SOURCES & SHARING PROCESS

Significant Feedback Themes



Our Journey Continues…



About Progressive Discoveries

Janet Williams

www.progressivediscoveries.com

Our **D**iversity, **E**quity, **I**nclusion and **B**elonging (**DEI-B**) **Strategic Consulting** practice, incorporates **Advisory Services**, **A^3** (Assessment, Audits & Analytics) and **Systemic Solutions** to embed sustaining DEI-B behaviors into your DNA. Progressive Discoveries drives breakthrough workforce performance.

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

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

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

ATTACHMENT 2 to
COMMISSION MINUTES
OCTOBER 13, 2021

HomeAdvantage Program Update

Commission Presentation

October 2021

HealthPlan OF SAN MATEO
Healthy is for everyone

Agenda

HealthPlan OF SAN MATEO
Healthy is for everyone

- Program Background
- Program Evaluation and Changes
- RFP Process and Decision
- Transition plan
- Next Steps

Program Background

- HomeAdvantage provides home-based medical, behavioral and social service care to complex Cal MediConnect members with multiple chronic conditions.
- Services are provided through a multidisciplinary mobile team which includes a medical provider, nurse, pharmacist, nutritionist, and behavioralist/social worker.
- The goal of the program is to improve health outcomes, increase care access and delivery, and reduce costs.
- We contracted with Landmark in 2016 to deliver these services
- Currently there are around 1,800 CMC members eligible with 1,100 actively engaged

Program Evaluation

- In 2019/2020 an extensive program evaluation took place to assess the program goals and outcomes.
- The evaluation validated there is value to members, appreciation from providers (PCPs), and reduced cost. The evaluation also highlighted opportunities for improvement.
- HPSM routinely evaluates performance through:
  - Member satisfaction surveys
  - CBO and Provider surveys
  - MLR reviews
  - Clinical oversight and quality performance

Program Changes Made in 2020

- Based on evaluations and external program review HPSM made changes to HomeAdvantage to improve sustainability
- Key Changes
  - Attribution model changed from conditions-based to points-based model, by applying weights to conditions.
  - A new tier of services, called Alert Care, was added for members that no longer needed/wanted the longitudinal HomeAdvantage services
  - The result of these changes created a focus on the higher acuity members.
- New contract amendment with RFP option
  - Eliminated shared savings
  - Reduced program costs by 20%
  - Simplified administrative and operational complexity

RFP process – Care Model Design

- HPSM developed new care design/model to identify and serve members to meet care needs with focus on CalAIM and Social Determinants of Health (SDOH)
  - Data used to guide care model development
  - Built new care model with new elements such as equity and social determinants of health
  - Longitudinal program with graduation from services
  - Event care is an added level of service meant to address acute needs
  - Monitoring care plus to serve as a step up/down from other services

Core Program will continue to be called HomeAdvantage

RFP Process – Selection

- Large cross-functional team supported RFP development and selection
- Competitive process
  - Multiple respondents providing services nationwide
  - Feedback sessions and clarifying discussions provided proposers an opportunity to offer services that met HPSM requirements
  - Market conditions have evolved since 2016 contract with incumbent
  - Reference check process
- Balanced scorecard of selection criteria created a fact-based evaluation process

Selection of Upward Health as new provider

Next steps

- Commission approval to ratify contract with Upward Health
  - Maintains current longitudinal HomeAdvantage program and monitoring plus.
  - Adds event driven services available via referral from hospitals, partners or HPSM for stabilization/home based services.
  - Graduation from care provides wider coverage to more members to access service once members are stabilized with their PCP
  - Provides additional services via CalAIM for ECM eligible members in the community
  - Transition will be complete by March 1, 2022
  - Contract effective for 3 years

ATTACHMENT 3 to
COMMISSION MINUTES
OCTOBER 13, 2021

Children's Health Initiative Oversight Committee Update to the Commission

October 13, 2021

SAN MATEO COUNTY HEALTH

HealthPlan OF SAN MATEO
Healthy is for everyone

Background

HealthPlan OF SAN MATEO
Healthy is for everyone

- Health Plan of San Mateo, San Mateo County and partners have a history of advancing health for all
  - 2003: Children's Health Initiative (CHI) formed to achieve universal health insurance for kids; launched local Healthy Kids product to cover those in-eligible for federal/state programs
  - 2016: Medi-Cal expanded to cover kids regardless of documentation status
  - 2019: C-CHIP (County Children's Health Insurance Program) moved from local to State administration; local Healthy Kids program closed 9/30
- The Commission has guided these actions on health insurance coverage through the CHI Oversight Committee
  - Voting members: HPSM, County Health, County Human Services Agency, First 5 SM County, SMC Central Labor Council, Silicon Valley Community Foundation, Peninsula Health Care District, Sequoia Healthcare District
  - Other key partners: Lucile Packard Children's Hospital, Legal Aid Society of San Mateo County, SMMC Pediatrics, Ravenswood Family Health Center

Recent/ Current Context

- Since January 2020, partners have considered and revised plans for responsible stewardship of $ originally committed for health insurance coverage of all kids
- In December 2020, Commission approved recommendation of CHI Oversight Committee to direct $2M to San Mateo County Immigrant Relief Fund
- Recommendations before you further equitable recovery and community capacity to address structural gaps*
  - * No HPSM financial impact

SAN MATEO COUNTY HEALTH

Next Steps

- Your actions will be followed by a November San Mateo County Board of Supervisors set of actions
  - County agreement with Mission Asset Fund for the Immigrant Families Recovery Fund <$3,225,150>
  - County agreements to support:
    - North East Medical Services dental capacity <$210K>
    - Sonrisas dental capacity <$105K>
    - First5, San Mateo County, for oral health planning <$100K>
  - Redirection of funding *back* to Sequoia Health Care District, Peninsula Health Care District, First5 <$1,519,650>
- $1.4M remaining in Trust Fund with aim to invest by July 1, 2022

SAN MATEO COUNTY HEALTH

Thank You

HealthPlan OF SAN MATEO
Healthy is for everyone

MEMORANDUM

AGENDA ITEM: 5.1

DATE: November 10, 2021

DATE: November 2, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer
Amy Scribner, Population Health Officer

RE: Approval of Agreements with CalAIM Enhanced Care Management and Community Supports Providers

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Recommendation

Authorize the Chief Executive Officer to execute agreements with San Mateo County Health, community-based organizations, and other providers to deliver services in accordance with the new CalAIM Enhanced Care Management (ECM) benefit and Community Supports offerings (formerly known as In Lieu of Services) for a January 2022 implementation date, and for additional providers to be phased in as network provider needs for new ECM populations of focus and Community Supports arise.

Background

CalAIM is a multi-year initiative developed by the State Department of Health Care Services (DHCS) to improve the quality of life and health outcomes for the Medi-Cal population by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

CalAIM has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Beginning January 2022, HPSM will implement two major components of CalAIM – Enhanced Care Management, a new Medi-Cal benefit, and Community Supports, an optional set of services for

plans and Medi-Cal enrollees. Enhanced Care Management is a benefit that provides in person case management to those highest risk Medi-Cal members with the greatest needs. ECM must be delivered by non-HPSM staff. Community Supports include non-traditional services targeted at addressing Social Determinants of Health, such as housing, food insecurity, and services that can help people live and thrive in the community rather than in medical institutions. In preparation for implementation of this new benefit and associated supports, HPSM released a Request for Information (RFI) for broad distribution. Any organization currently contracting with HPSM or the County, or that expressed interest in providing ECM or Community Support services, was encouraged to complete the RFI. HPSM sent RFIs to 32 organizations and received 25 responses. Staff reviewed all RFI responses and developed a phased approach that aligns with State requirements for the populations of focus in 2022 and Community Supports service implementation. The 2022 populations of focus are as follows:

1. Individuals and families experiencing homelessness;
2. Adult high utilizers of health care services; and
3. Adults with serious mental illness or substance use disorders.

Additional populations of focus will be added in 2023. In addition, HPSM has committed to providing the following Community Supports beginning in 2022:

- Housing navigation and location;
- Housing deposits;
- Housing tenancy and support services;
- Home modifications;
- Skilled Nursing Facility/Long Term Care to Assisted Living;
- Home to Assisted Living;
- Skilled Nursing Facility/Long Term Care to home; and
- Medically tailored meals.

Phase 1 providers will include those currently providing services under Whole Person Care (WPC) and Multipurpose Senior Services Program (MSSP) - which will both sunset on December 31, 2021, with program participants transitioning to CalAIM - as well as other providers who have demonstrated expertise and readiness. Phase 2 and 3 providers will go live later in 2022, as new populations of focus and community supports go live, providers exhibit readiness, and capacity needs dictate.

Discussion

The Phase 1 ECM providers, who will begin offering ECM in January 2022, all currently contract with HPSM and include the Institute on Aging, Upward Health, San Mateo County Health – Aging and Adult Services; Public Health, Policy and Planning; and Behavioral Health and Recovery Services. The Phase 1 Community Support providers also currently contract with HPSM and include Mom's

Meals, Brilliant Corners, Institute on Aging, and San Mateo County Aging and Adult Services. Other community-based organization providers, Federally Qualified Health Centers, and Community Based Adult Services programs will become providers later in 2022 or in 2023. All contract templates have been approved by DHCS through the model of care submission process.

Fiscal Impact

HPSM will receive approximately $11.2 million in 2022 to manage the new ECM benefit. A large portion of this new revenue will be passed through to providers who are delivering ECM services, depending on the volume of members assigned to each provider. HPSM costs for providing Community Supports will be incorporated into the annual rate development templates submitted to the State for rate setting purposes and are expected to be recovered in future rates. For 2022, the State will reimburse HPSM for the costs of Community Supports already provided in a prior year (2019) for the first time. These costs have always been covered by HPSM reserves in the past and for 2019 totaled more than $4 million. Finally, the State has implemented a CalAIM Incentive Program, whereby HPSM will be eligible for additional funding to bolster ECM and Community Supports, based on achievement of a wide range of benchmarks.

DRAFT

RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION

IN THE MATTER OF AGREEMENTS
WITH CAL AIM PROVIDERS

RESOLUTION 2021 -

RECITAL: WHEREAS,

A. The San Mateo Health Commission is charged with the implementation of CalAIM's Enhanced Care Management (ECM) and Community Supports programs beginning January 1, 2022;
B. HPSM staff released a Request for Information to a wide range of County and community providers with interest in providing ECM and Community Supports; and
C. HPSM received 25 responses as a result of this RFI and has selected multiple providers to begin offering services in January 2022.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves agreements with County and community providers to implement ECM and Community Support services; and
2. Authorizes the Chief Executive Officer to execute said agreements.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 10th day of November 2021 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____
Ligia Andrade Zuniga, Chairperson

ATTEST:

BY: _____
C. Burgess, Clerk

APPROVED AS TO FORM:

_____
Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 7.0

DATE: November 10, 2021

DATE: November 1, 2021

TO: San Mateo Health Commission

FROM: Maya Altman, Chief Executive Officer

RE: CEO Report

State Updates

Personnel Changes

The State has a new Director of Health Care Services (DHCS). Michelle Baass started last month, replacing Will Lightbourne, who served during the COVID pandemic. Before her appointment to DHCS, Ms. Baass served as Undersecretary of the California Health and Human Services Agency (Agency) since 2018 and Deputy Secretary of the Office of Program and Fiscal Affairs at Agency from 2017 to 2018. Prior to joining Agency, she worked for the California Legislature for 13 years, including in positions at the Senate Committee on Budget and Fiscal Review, Senate Office of Research, and Legislative Analyst's Office. I have confidence that she will be an excellent DHCS Director.

The Governor also made two additional recent appointments of note. First, he appointed Kim McCoy Wade, the former Director of the California Department of Aging, as his Senior Advisor on Aging, Disability and Alzheimer's. This is a new Cabinet-level position recommended by the Stakeholder Advisory Committee for the Master Plan for Aging. I cannot think of a better choice for this critical position.

Second, he appointed Susan DeMarois as Director of the California Department of Aging. Ms. DeMarois has been Director of Public Policy and Advocacy for the Alzheimer's Association since 2013. She was also a member of the Stakeholder Advisory Committee for the Master Plan for Aging and is an outstanding leader.

DHCS Major Program Initiatives

I've attached two documents that the State has recently released. They both list all the major program initiatives DHCS is implementing now and into the next several years. The first is an "eye chart" that lists all the initiatives on one page. The second includes the same list, broken down by categories, but contained among several pages (both documents include glossaries as

well). These documents illustrate the breathtaking scope of activity being undertaken, largely but not entirely for Medi-Cal enrollees. While health plans are not involved in all these initiatives, they are impacted by most of them. In addition, while many of the CalAIM reforms and other initiatives relate directly to County Behavioral Health and Recovery Services, in this county we operate to the greatest extent possible as a seamless system. The patient/client/consumer does not understand county service/ health plan service differences and we try to minimize the need for them to do so. Therefore, we try to plan services and operations together, regardless of which entity is most directly affected by any specific State initiative.

There are several more recent initiatives, such as the Health and Community Based Spending (HCBS) Plan, yet to be formally approved by the federal government, that we have not yet discussed with the Commission. This plan, which includes more than $1 billion for homelessness services, many of them required to be offered through health plans, will have an impact on HPSM in 2022 and beyond. The HCBS plan also calls for pilot projects to help build infrastructure and service capacity for seriously mentally ill and older and disabled adults who have the most difficulty finding community-based living situations. San Mateo County is extremely well positioned to become one of the pilot sites. However, the State must expend the HCBS funding by March 2024. Therefore, it is critical that HPSM focus on the opportunities presented by the HCBS plan now and into the early part of 2022.

Audits

The DHCS audit has now been completed and we are waiting for official findings. The DMHC audit is underway this month. Materials for NCQA recertification are also due this month. Along with preparations for new programs and changes starting in January 2022, staff is extremely burdened with work right now.

Office Reopening

On October 1, HPSM reopened its office to all staff who want to work on-site. However, staff must first present proof of vaccination against COVID and must wear masks in accordance with San Mateo County requirements. HPSM has assigned at least one manager to be on site every day. So far, a handful of staff have been present on any given day and the transition has been smooth. We expect more staff to come on site, at least part-time, as mask restrictions are eased as is expected in the coming weeks.

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)

Updated: 10/13/2021

Category	Activity	7/21	8/21	9/21	10/21	11/21	12/21	1/22	4/22	5/22	7/22	8/22	10/22	12/22	1/23	7/23	1/24	1/25	1/26	2027
CalAIM/Waiver	Administrative Integration of SMH and SUD							Starts												Fully Integrated
	Benefits Standardization							Transplant In/MSSP out							LTC					
	Dental (new benefits and P4P)							X												
	Enhanced Care Management (ECM)/Community Supports (ILOS)							X			X				X	X				
	Incentive Payments							X							X		X			
	Mandatory Managed Care Enrollment							Non-Duals							Duals					
	PATH Funds (ECM, Community Supports, Justice-Involved)							X												
	Regional Capitation Rates and Shared Savings/Risk							X							X		X	X	X	
	Specialty Mental Health Services - Criteria for Services							X												
	Behavioral Health No Wrong Door										X									
	Contingency Management										X									
	SMI/SED IMD Waiver										Earliest to CMS					X				
	Transition to Statewide LTSS and D-SNP (CCI ends)										Feasibility Study				CCI Counties				Non-CCI Counties	Statewide MLTSS
	Behavioral Health CPT Code Transition														X					
	Behavioral Health Standard Screening and Transition Tools														X					
	Improving Beneficiary Contact and Demographic Information														X					
	Justice Involved Package														X					
	Population Health Management (including Service)														X					
	Behavioral Health Payment Reform															X				
	County CCS Oversight															X				
	NCQA Accreditation																		X	
	Full Integration Plans																			X
	County Eligibility and Oversight (TBD based on end of PHE)																			
	Foster Care Model of Care (TBD)																			
	DMC-ODS Traditional Healers and Natural Helpers (TBD)																			
Children and Youth Behavioral Health (BH) Initiative	School-Linked Capacity/Infrastructure Grants							X												
	BH Evidence Based Programs Grants										X									
	Provider Education Campaign															X				
	BH Service Virtual Platform (including e-Consult)																X			
	Statewide BH Network and Fee Structure for School Based Services																X			
Behavioral Health Continuum Infrastructure Program (BHCIP)	Award Round One: Mobile Crisis				X															
	County Gap and Needs Assessment Report					X														
	Round Two: County and Tribal Planning Grants					X														
	Release Round Three RFAs: Launch Ready							X												
	Release Round Four RFAs: Children and Youth											X								
	Release Round Five RFAs: Addressing Gaps Phase 1												X							
	Release Round Six RFAs: Addressing Gaps Phase 2													X						
Home and Community Based Services (HCBS) Spending Plan	Assisted Living Waiver Expansion	X																		
	CalBridge Behavioral Health Program							X												
	Dementia Aware and Geriatric/Dementia Continuing Education							X												
	Non-IHSS HCBS Care Economy Payments							X												
	Homeless and Housing Incentives							X												
	Community Based Residential Continuum Pilots										X									
	LTSS Data Transparency										X									
Eligibility	Accelerated Enrollment for Adults	X																		
	Medi-Cal Eligibility Expansion for Postpartum Individuals								X											
	Expand Medi-Cal to Older Californians									X										
	Eliminate Medi-Cal Asset Test										X						X			
Benefits	Medication Therapy Management	X																		
	Remote Patient Monitoring	X																		
	Continuous Glucose Monitoring							X												
	Medi-Cal Rx							X												
	Whole Genome Sequencing							X												
	Behavioral Health Peers										X									
	Community Health Worker										X									
	Doula										X									
	Dyadic Services										X									
Financial	Unfreeze Intermediate Care Facilities for the Developmentally Disabled and Free-Standing Pediatric Subacute Rates		X																	
	COVID-19 Vaccine Incentive Plan/Program			X																
	Medi-Cal BH in Schools Incentive Payments							X												
	FQHC Alternative Payment Model														X					
	Skilled Nursing Facility - Quality Assurance Fee Reform														X					
Other	Launch Office of Medicare Innovation and Integration	X																		
	Family First Prevention Services Act				X															
	Comprehensive Quality Strategy and Equity Roadmap							X												
	Drug Medi-Cal Parity Investments							X												
	HCBA Waiver Renewal							X												
	Health Plan of San Mateo - Dental Project							X												
	Medi-Cal Managed Care Plan Procurement																X			

Acronyms	Definition
BH	Behavioral Health
CCI	Coordinated Care Initiative
CCS	California Children's Services
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedure Terminology
DMC-ODS	Drug Medi-Cal Organized Delivery System
D-SNP	Dual Eligible Special Needs Plan
ECM	Enhanced Care Management
FQHC	Federally Qualified Health Center
HCBA	Home and Community Based Alternatives
HCBS	Home and Community Based Services
IHSS	In-Home Supportive Services
ILOS	In Lieu of Services (being renamed Community Supports)
IMD	Institution for Mental Diseases
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MLTSS	Managed Long-Term Services and Supports
MSSP	Multipurpose Senior Services Program
NCQA	National Committee for Quality Assurance Accreditation Workgroup
P4P	Pay for Performance
PATH	Providing Access and Transforming Health
PHE	Public Health Emergency
RFA	Request for Application
SED	Serious Emotional Disturbance
SMH	Specialty Mental Health
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TBD	To Be Determined

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)							*Updated: 10/13/2021*		
Category	**Activity**	**1/22**	**7/22**	**1/23**	**7/23**	**1/24**	**1/25**	**1/26**	**2027**
CalAIM/Waiver	Administrative Integration of SMH and SUD	Starts							Fully Integrated
	Benefits Standardization	Transplant In/MSSP out		LTC					
	Dental (new benefits and P4P)	X							
	Enhanced Care Management (ECM)/Community Supports (ILOS)	X	X	X	X				
	Incentive Payments	X		X		X			
	Mandatory Managed Care Enrollment	Non-Duals		Duals					
	PATH Funds (ECM, Community Supports, Justice-Involved)	X							
	Regional Capitation Rates and Shared Savings/Risk	X		X		X	X	X	
	Specialty Mental Health Services - Criteria for Services	X							
	Behavioral Health No Wrong Door		X						
	Contingency Management		X						
	SMI/SED IMD Waiver		Earliest to CMS		X				
	Transition to Statewide LTSS and D-SNP (CCI ends)		Feasibility Study	CCI Counties				Non-CCI Counties	Statewide MLTSS
	Behavioral Health CPT Code Transition			X					
	Behavioral Health Standard Screening and Transition Tools			X					
	Improving Beneficiary Contact and Demographic Information			X					
	Justice Involved Package			X					
	Population Health Management (including Service)			X					
	Behavioral Health Payment Reform				X				
	County CCS Oversight				X				
	NCQA Accreditation							X	
	Full Integration Plans								X
	County Eligibility and Oversight (TBD based on end of PHE)								
	Foster Care Model of Care (TBD)								
	DMC-ODS Traditional Healers and Natural Helpers (TBD)								

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)					*Updated: 10/13/2021*
Category	**Activity**	**1/22**	**7/22**	**7/23**	**1/24**
Children and Youth Behavioral Health (BH) Initiative	School-Linked Capacity/Infrastructure Grants	X			
	BH Evidence Based Programs Grants		X		
	Provider Education Campaign			X	
	BH Service Virtual Platform (including e-Consult)				X
	Statewide BH Network and Fee Structure for School Based Services				X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)						*Updated: 10/13/2021*	
Category	**Activity**	**10/21**	**11/21**	**1/22**	**8/22**	**10/22**	**12/22**
Behavioral Health Continuum Infrastructure Program (BHCIP)	Award Round One: Mobile Crisis	X					
	County Gap and Needs Assessment Report		X				
	Round Two: County and Tribal Planning Grants		X				
	Release Round Three RFAs: Launch Ready			X			
	Release Round Four RFAs: Children and Youth				X		
	Release Round Five RFAs: Addressing Gaps Phase 1					X	
	Release Round Six RFAs: Addressing Gaps Phase 2						X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)				*Updated: 10/13/2021*
Category	**Activity**	**7/21**	**1/22**	**7/22**
Home and Community Based Services (HCBS) Spending Plan	Assisted Living Waiver Expansion	X		
	CalBridge Behavioral Health Program		X	
	Dementia Aware and Geriatric/Dementia Continuing Education		X	
	Non-IHSS HCBS Care Economy Payments		X	
	Homeless and Housing Incentives		X	
	Community Based Residential Continuum Pilots			X
	LTSS Data Transparency			X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)						*Updated: 10/13/2021*
Category	**Activity**	**7/21**	**4/22**	**5/22**	**7/22**	**1/24**
Eligibility	Accelerated Enrollment for Adults	X				
	Medi-Cal Eligibility Expansion for Postpartum Individuals		X			
	Expand Medi-Cal to Older Californians			X		
	Eliminate Medi-Cal Asset Test				X	X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)				*Updated: 10/13/2021*
Category	**Activity**	**7/21**	**1/22**	**7/22**
Benefits	Medication Therapy Management	X		
	Remote Patient Monitoring	X		
	Continuous Glucose Monitoring		X	
	Medi-Cal Rx		X	
	Whole Genome Sequencing		X	
	Behavioral Health Peers			X
	Community Health Worker			X
	Doula			X
	Dyadic Services			X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)					*Updated: 10/13/2021*
Category	**Activity**	**8/21**	**9/21**	**1/22**	**1/23**
Financial	Untreeze Intermediate Care Facilities for the Developmentally Disabled and Free-Standing Pediatric Subacute Rates	X			
	COVID-19 Vaccine Incentive Plan/Program		X		
	Medi-Cal BH in Schools Incentive Payments			X	
	FQHC Alternative Payment Model				X
	Skilled Nursing Facility - Quality Assurance Fee Reform				X

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)					*Updated: 10/13/2021*
Category	**Activity**	**7/21**	**10/21**	**1/22**	**1/24**
Other	Launch Office of Medicare Innovation and Integration	X			
	Family First Prevention Services Act		X		
	Comprehensive Quality Strategy and Equity Roadmap			X	
	Drug Medi-Cal Parity Investments			X	
	HCBA Waiver Renewal			X	
	Health Plan of San Mateo - Dental Project			X	
	Medi-Cal Managed Care Plan Procurement				X

Acronyms	Definition
BH	Behavioral Health
CCI	Coordinated Care Initiative
CCS	California Children's Services
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedure Terminology
DMC-ODS	Drug Medi-Cal Organized Delivery System
D-SNP	Dual Eligible Special Needs Plan
ECM	Enhanced Care Management
FQHC	Federally Qualified Health Center
HCBA	Home and Community Based Alternatives
HCBS	Home and Community Based Services
IHSS	In-Home Supportive Services
ILOS	In Lieu of Services (being renamed Community Supports)
IMD	Institution for Mental Diseases
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MLTSS	Managed Long-Term Services and Supports
MSSP	Multipurpose Senior Services Program
NCQA	National Committee for Quality Assurance Accreditation Workgroup
P4P	Pay for Performance
PATH	Providing Access and Transforming Health
PHE	Public Health Emergency
RFA	Request for Application
SED	Serious Emotional Disturbance
SMH	Specialty Mental Health
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TBD	To Be Determined