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www.hpsm.org

-Virtual Meeting-

**THE SAN MATEO HEALTH COMMISSION
Regular Meeting**

November 9, 2022 - 12:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd., South San Francisco, CA 94080

Important notice regarding COVID-19:

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

Public Participation

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

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 480 262 135#

Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Commission or to address an item that is listed on the agenda may do so by emailing comments before 10:00 am, November 9, 2022 to the Clerk of the Board at Corinne.Burgess@hpsm.org with "Public Comment" in the subject line. Comments received will be read during the meeting. Members of the public wishing to provide such public comment may also do so by joining the meeting on a computer, mobile app, or telephone using the link or number provided above and following the instructions for making public comment provided during the meeting.

AGENDA

1. Call to Order/Roll Call

2. Public Comment/Communication

3. Approval of Agenda

4. Consent Agenda*

- 4.1 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
- 4.2 CCS Clinical and Family Advisory Committee, September 2022
- 4.3 Pharmacy & Therapeutics Committee, September 2022
- 4.4 Quality Improvement Committee, September 2022
- 4.5 Approval of Amendments to Agreements with Print and Mailing Vendors
- 4.6 Approval of Amendment with Agreement with SAS Institute, Inc.

~Continued~

- 4.7 Waive Request for Proposal process and Approval of Amendment to Agreement with MRC Smart Technology Solutions f/k/a Rabbit Office Automation
- 4.8 Approval of Amendments to Agreements with International Contact (IC) and United Language Group, Inc. (ULG)
- 4.9 Waive Request for Proposal and Approve Amendment to Agreement with Tabula Rasa Healthcare Group, Inc.
- 4.10 Approval of Amendment to Agreements with San Mateo County Public Authority and the City of San Mateo for HealthWorx
- 4.11 Approval of San Mateo Health Commission Meeting Minutes from September 14, 2022.

5. Specific Discussion/Action Items

- 5.1 Update on Changes to the Brown Act Impacting rules on Virtual Meetings.
- 5.2 Presentation on 2023 Investment Priorities and Strategic Planning Process, including exploration of a regional DSNP.

6. Report from Chairman/Executive Committee

7. Report from Interim Chief Executive Officer

8. Other Business

9. Adjournment

**Items for which Commission action is requested.*

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

MEMORANDUM

AGENDA ITEM: 4.1

DATE: November 9, 2022

DATE: October 31, 2022
TO: San Mateo Health Commission
FROM: Pat Curran, Chief Executive Officer
RE: Approval of Teleconference Meeting Procedures Pursuant to AB 361

Recommendation

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

Background and Discussion

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

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

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

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

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

Fiscal Impact

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

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

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

RESOLUTION 2022 -

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

CCS CLINICAL ADVISORY COMMITTEE
Thursday, September 22, 2022 – 12:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

AGENDA ITEM: 4.2
DATE: November 9, 2022

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

- Members Present:** Laurie Soman, Stephanie Smith, Michelle deBlank, Grace Chen, M.D.
- Members Excused:** Lee Sanders, M.D., Yumi Mitsuya, M.D., Leticia Acevedo, Sofia Verstraete, M.D.
- San Mateo County Members present:** Anand Chabra, M.D., Susanna Flores, Jenn McLean, Lianna Chen,
- San Mateo County Members Excused:** Mitch Eckstein, Marsha Aleman, Lizelle Lirio de Luna.
- HPSM Members Present:** Cynthia Cooper, M.D., Megan Noe, Mykaila Shannon, Teresa Kopp, Tejasi Khatri, Amanda Epperson.
- HPSM Members Excused:** Amy Scribner, Miriam Sheinbein, M.D., Chris Esguerra, M.D.

- 1. Call to Order / Introductions:** The meeting was called to order at 12:03 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. Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees**

Dr. Cooper described the action to be taken in compliance with AB 361, allowing the committee to continue meeting virtually. All who were present voted in favor. A copy of this resolution is attached to these minutes.

- 4. Approval of Minutes:** Motion to approve the minutes from the June 23, 2022, meeting by Laurie Soman; Second: Dr. Chabra. All were in favor.
- 5. Youth/Young Adult Advisory Committee Report Out**
Ms. Chen reported that the Youth Advisory Group met in June. Ms. Aleman, CCS Social Worker, and Ms. Chen reviewed the purpose of the committee. The group had a good discussion and participation in the meeting. They have invited a representative from Community Overcoming

Relationship Abuse (CORA) to speak at their next meeting to explain how their organization supports people who are dealing with intimate partner abuse, what it is and how to have a healthy relationship and be safe in their in-person and online relationships. Dr. Cooper asked how the group determines the topic for discussion. Ms. Chen sends a survey to committee members to get their feedback and then also asks at the time of the meeting for any other suggestions. Ms. Soman asked if materials from these discussion topics are shared with others in the CCS program. Ms. Chen will bring this up to see how this information might be shared with others as well. Dr. Chabra stated that these topics are also shared at the medical unit therapy visits if they are relevant.

6. Interpreter Services iPad Pilot Mid-Point Evaluation

Ms. Mykaila Shannon, HPSM Health Equity Program Specialist, reviewed her presentation to give an update on the iPad Pilot project. The following are highlights of her presentation:

- Approximately half of HPSM members have identified as speaking a language other than English.
- The four threshold languages are Spanish, Mandarin, Cantonese (Chinese and Tagalog). We are also seeing a growing number of members who speak Portuguese and Arabic.
- Language assistance includes interpreters for members and medical decision makers, among other services. Certified Language International is the health plan's primary vendor providing phone and video remote interpretation. These services are provide for members on demand or by appointment.
- Another vendor provides sign language interpretation; another provides remote interpretation where there are multiple visits with one member providing consistency. This service needs to be requested five days in advance using HPSM website.
- HPSM also provides bilingual staff services in key member facing departments who speak our threshold languages.
- HPSM translates any key member materials and vital documents into threshold languages and they can be translated into any other language upon request.
- Interpreter services go through the Population Health department and translations are handled through Marketing and Communications department.
- The member facing departments carry language assistance functions; interpreter services is handled by Population Health Management Team; and, translations are handled by Marketing and Communications department.
- Recently launched languages assistance services subcommittee who is organizing audit materials and process streamlining. They will focus thereafter on improvements.

Dr. Chabra asked how the health plan supports clients who are being seen in the tertiary Medical Centers where they have these systems in place. Ms. Shannon stated that they can use these services in tandem when services on demand are needed and the institution cannot provide interpreters that are qualified. She added that at times, institutions don't always have ASL interpretation available. The other vendor, AVID, is

specifically for therapy and ongoing appointments where specific topics need to be discussed over a period of time and allows the same interpreter which is helpful for the members understanding. Ms. Shannon explained that we have over 200 languages supported through CLI and have not experienced a language that could not be supported through AVID as well.

Ms. Shannon reviewed some member experiences noting dropped calls, quality wait times being too long, and an issue with of exam rooms without a phone. They heard from members that at times there were no interpreter services available, and that Google translation was used in lieu of an interpreter. This is where the small iPad pilot was launched. They placed iPads in 10 providers offices to see if providing a tablet that can be used in any exam room could support the use of interpreter services by the provider or clinic staff. They recruited 10 provider sites with different practice types including primary care, physical therapy, speech therapy, pediatrics, behavioral therapy and dental offices. This was launched around April and will end around November. At that point, they will shar what has been learned about barriers which will depend on feedback from members and providers. So far, they are hearing that that the service is intuitive and easy to use but have also heard suggestions for improvement related to sound, dropped calls and sanitation for example. There has been an overall increase in services by 30% across the providers in the pilot. [Dr. Chen arrived at this time]

Discussion ensued about some the issue experience, providers who were used in the pilot and why, room settings and the equipment itself. Ms. Shannon explained how staff is in the midst of conducting interviews to learn more about the experiences for the providers and ways to improve and most came from the dental offices with the challenge of managing the iPad while performing services and calls dropping due to internet access issues. There was some discussion about the different languages and Ms. Shannon stated that our vendors are equipped to handle this and there have been no issues meeting the needs.

Ms. Shannon shared some resources and key contacts at the end of her presentation as well as a quick guide to interpreter services:

<https://www.hpsm.org/provider/resources/language-services>

7. Other Business

Dr. Cooper reported that HPSM has scored four out of five STARS in the NCQA ratings.

Dr. Chabra reported the Bivalent boosters are out. This will replace any other booster for patients ages 12+ years. So 12+ year old patients can have the Pfizer Bivalent and those 18+ can have the Moderna Bivalent booster. It is thought that the Bivalent booster for 5-11 year olds will be approved by October. They can go to the Pediatrician's office, the County Community Clinics, and pharmacies will vaccinate children who are at least 3 years old.

8. Adjournment/Closing Remarks

The meeting adjourned at 1:05 p.m.

**RESOLUTION OF THE
CCS CLINICAL ADVISORY COMMITTEE**

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

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of September 22, 2022 by the following votes:

AYES: Smith, Soman, and deBlank.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

CCS FAMILY ADVISORY COMMITTEE MEETING
Thursday, September 22, 2022 – 6:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

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

- Members Present:** Lianna Chen, Stephanie Gradek, Miguel Sr. Bejar Arias, Leticia Acevedo, Esperanza Zamora, Stephanie Smith, Sonia Valenzuela
- Members Excused:** Marilyn Wendt, Stephanie Bayless, Faviola Morales, Gladis Gomez, Doris Dablo, Rocio Jimenez, Rocia Salas, Nyla Dowden, Miguel Sr. and Claudia Pina, Amabilia Espinoza, Christina Marquez, Bianca Ortiz, Sylvia Ixcoy, Roberta Zarate.
- San Mateo County Members present:** Anand Chabra, M.D., Marsha Aleman, Jennifer McLean, Susana Flores.
- San Mateo County Members Excused:** Mitch Eckstein, Lizelle Lirio de Luna
- HPSM Members Present:** Pat Curran, Amy Scribner, Tejasi Khatri, Cynthia Cooper, M.D.
- HPSM Members Excused:** Miriam Sheinbein, M.D., Leslie Wong.
- Guests:** Ron Obregon, Interpreter.

- 1. Welcome/Introductions:** The meeting was called to order at 6:04 p.m. by Tejasi Khatri. Introductions for all in attendance were made.
- 2. Public Comment:** There were no other public comments received via email or made at this time.
- 3. Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.**

Ms. Khatri explained the need for the group to approve the resolution to continue meeting virtually as required for AB 361. All were in favor.

4. Approval of Minutes

Ms. Khatri noted that the minutes to the June 23, 2022, meeting were sent with the meeting materials for review. Stephanie Smith made a motion to approve the minutes; Second: Stephanie Gradek. Minutes were approved as presented.

5. Youth Advisory Committee Update

Ms. Chen reported that the youth advisory took place in June 2022. Ms. Aleman and Ms. Chen spoke with participants about the Youth Advisory Committee and the participation was good. The next meeting will take place the following week with a speaker from CORA (Community Overcoming Relationship Abuse). They will introduce them to their organization and inform them what intimate partner abuse is and how to have healthy relationships and how to be safe in their relationships in person and online.

6. COVID Vaccines for Children

Dr. Chabra gave an update on COVID vaccines. There are now bivalent vaccines available which have the original strain of COVID and the omicron strain of COVID. These are available for those 12 years old and over. The new Pfizer vaccine is for the 12 and over; the Moderna is for 18 years old and over. All are encouraged to get these new boosters. The only restriction is that this be taken two months after the last booster. We believe a new booster for ages 5-11 years will be available in October.

7. Dental Services Special Needs Clients

Mr. Curran reported that HPSM has been providing dental services since January 2022. For Children with Special Needs in the CCS program and other children, the main places they are referring to are Ravenswood Health Clinic in East Palo Alto; Sonrisas Dental Clinic in San Mateo and Half Moon Bay; and the University of the Pacific Dental School in San Francisco. The most challenging referrals are for oral surgery. This is for those who need to have teeth pulled such as wisdom teeth. We are also working with Blende Dental Clinic that has a mobile van that can come to patients. He asked for questions or to hear of issues members may be experiencing.

One member explained how they had trouble accessing surgeries which are not readily available and their child had to be in pain and was not able to eat. Mr. Curran recommended calling the Member Services Department shown on the ID card and to ask for a dental referral for the child. The member explained the challenge they are experiencing is there are no rooms available, and they are on a waiting list. There are no doctors available as well. Ms. Aleman is working with the family on this issue and will move forward with a referral to Ravenswood where she was able to get another family just recently. Mr. Curran offered other options if Ravenswood has a long waiting list.

A question was asked about the mobile clinic and their ability to do sedation. Mr. Curran explained they can only provide local anesthesia with the mobile clinic. Another member offered the name of a dentist, Dr. Yogita Thakur, at Ravenswood who helped them get treatment.

8. Discussion Topics for Family Feedback

Ms. Khatri asked if the group had any other topics. None were mentioned at this time.

9. Adjournment/Closing Remarks

Ms. Khatri welcomed any comments, questions or topics of interest for future discussion to be directed to herself or Ms. Aleman. The meeting was adjourned at 6:40 p.m.

Next Meeting is December 8, 2022.

**RESOLUTION OF THE
CCS FAMILY ADVISORY COMMITTEE**

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

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the CCS Family Advisory Committee this 22nd day of September 2022 by the following votes:

AYES: Chen, Gradek, Beja-Arias, Acevedo, Zamora, Valenzuela, Smith

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

PHARMACY & THERAPEUTICS (P&T) COMMITTEE
Meeting Summary
Thursday, September 22, 2022 – 7:30am to 9:30am
Health Plan of San Mateo
Virtual Meeting via Microsoft Teams

Important notice regarding COVID-19:

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

Members Present: Barbara Liang, Dr. Bryan Gescuk, George Pon, Dr. Lena Osher, Niloofar Zabihi and Rukhsana Siddiqui

Members Absent: Jaime Chavarria, Jonathan Han, Varsha Gadgil and Victor Armendariz

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

Staff Absent: Dr. Chris Esguerra and Laura Lo

1. Call to Order

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

2. Covid-19 Resolution (AB 361)

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

3. Public Comment

None

4. Approval of Meeting Minutes

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

5. Approval of Agenda

Barbara motioned for approval of the meeting agenda and Dr. Moore seconded.

6. Old Business

None

7. New Business

7.1 P&T Charter Review

Ming reviewed the P&T charter adding new responsibility for P&T committee to overseeing the development and management for drugs that is billed under the medical benefit. P&T committee also will evaluate and update coverage criteria in the medical benefit such as physician administrated drugs.

George motioned for approval and Barbara seconded with the Committee approving with no objections.

7.2 Consent Agenda

7.2.1 Pharmacy Policies

Ming presented updates to various polices to remove responsibilities for out-patient pharmacy benefits for Medi-Cal lines of business due to Medi-Cal carved-out. Pharmacy unit will be responsible for physician administration drugs in notification of drug recalls or any drug removals on the market. Members submission for DMR has extended from 90 days to one year from the date of service.

Barbara asked about the removal on Mental Health Parity, Rx.023, would it still apply to physician administered drugs. Andrew said updated were only for Medi-Cal outpatient pharmacy benefits, all parity would still apply to medical injectable.

Barbara motion for approval and Dr. Osher to seconded with the Committee approving no objections.

7.2.2 Medical Pharmacy Polices

Ming presented a new policy Rx.UM.010 procedures in handling duplicate prior authorization request on the medical benefit. This policy would allow pharmacy team to create a desk procedure to handle duplicate requests with overlapping date of service or not knowing what providers want if they are unable to reach provider to clarify.

Barbara asked when provider leaves out the wording of “insignificant” and “significant” and not specify dates, will this just fall under the judgement of the reviewer. Ming said yes, it provides some flexibility with this policy because each request do varies.

George asked if the pharmacy team would outreach to provider when there is lack of clarification. Andrew said outreach is a standard practice but often it is difficult to get a hold of the provider and it delays the review process. Essentially this policy would allow the pharmacy team to move forward and not delay the review process. Ming said the Medi-Cal crave-out has created more fragmentation because providers are uncertain as to where to submit the request and often there

are duplicate requests between medical and the pharmacy side. Andrew said our standard policy is to check authorization under the pharmacy and medical benefit to assure there is no duplicate request or an existing approval.

Dr. Moore commented he really appreciates pharmacy unit in implementing this new policy, it provides clarity and with good workflow. He asked if end-date is inputted in HealthSuite to end an authorization when a new requesting is received. Andrew responded and said it is already a standard desk procedure to end dated in HealthSuite.

Geroge motion and Niloo seconded for this change in policy with the Committee approving no objections.

7.3 New Drugs to Market

New protected Class Drugs

Andrew presented new protected class drugs that were recently approved, including Alymsys, Camcevi and Ztalmy. The recommendation was made to maintain Alymsys as non-formulary for CareAdvantage and HeathWorx since it is an administration drugs so it will be billed under pharmacy benefit. Adding Camcevito to the CareAdvantage and HealthWorx formularies with a prior authorization requirement and adding Ztalmy to CareAdvantage formulary only.

New Non-protected Class Drugs

Andrew reviewed 11 new non-protected class drugs that were recently launched. The recommendation was made to add Camzyos to CareAdvantage and all other drugs are maintained as non-formulary.

Dr. Moore asked if Rivastigmine patch would be considered an alternative formulary for Adarity. Andrew said he would recommend patients to try at least one product of oral or transdermal to fulfill them as step therapy.

7.4 New FDA-Approved Indications

Andrew reviewed new FDA-Approved indications for existing drugs on the market. The recommendation was made to update the prior authorization criteria for Duplixent, Zulreeso, Qysmia, Qelbree and Vaxneuvance for its new indication.

7.5 Formulary Considerations

Andrew presented formulary considerations and recommended various updates. Andrew said feedback from provider finds plan's contraceptives formulary inconsistent, so recommendation was made to add Xulane/Zafemy, Noreth-ee-fe and Finzala to CareAdvantage and HealthWorx's formulary. Andrew also recommended adding Sodium Sul-Potassium Sul-Magensium Solution, Naloxone 2 mg auto injector and Stelgatro to CareAdvantage and maintain non-formulary for HealthWorx.

George asked if retail pharmacies will be able to stock all these generic birth controls. Andrew said normally pharmacies will stock the fast mover and the one that adding to formulary are common birth control products. Members should not have any problem getting it through pharmacy.

George said since the higher dose for Naloxone is more frequently used, why not use the higher strength. Andrew said the higher dose product will be discussed in the Monograph review at the end of the meeting. Andrew said putting it in formulary is to open access for members and providers will have the choice of how he wants to prescribe it.

Recommendation was made to update the quality limit for Trulicity 0.75mg for CareAdvantage and HealthWorx's formulary. Removing Lantus from HealthWorx formulary to favor Insulin Galrgine. Updating the prior authorization criteria for Orenica, Kineret and Skyrizi for HealthWorx formulary. Recommendation was made to remove the quality limit on Otezla, Rinvoq, Xeljanz and Olumiant in HealthWorx formulary. There were only minor changes for Simpoini, Cosentyx and Cimzia,

Dr. Gesuk said his preferred choice for his older patients is to prescribe Orenica and that's to minimize the risk of infection. Dr. Gesuk said he tries to avoid using the Jak-Inhibitor for patients that are 60 years and older with history DPT. He asked how to get around it without trying the preferred products. Andrew said to submit a prior authorization request and site any data that is available. Pharmacists would review it based on case-by-case.

George was concerned with the lack of control by removing all quality limits for the injectable products. Andrew said these high-cost products are usually filled in a specialty pharmacy and they are very careful and diligent in dispensing. The pharmacy unit does retrospective analyst each quarter to review all paid claims to ensure there are no mistakes.

Dr. Gescuk said these products are normally not picked up by patients, it is delivered directly to physician's office. The concern of fraud waste and abuse should not be an issue.

7.6 Pharmacy Drug Class Review

7.6.1 SGLT2 Inhibitors

Andrew presented the SGLT2 inhibitor for diabetes with new updates. Andrew said with updated guideline from ADA is to remove Metformin as the first line agent for treating diabetes agents and decisions should be individualized based on patient's treatment factors and management needs. ADA guidelines is endorsing other agents other than Metformin. Andrew reviewed other SGLT2 Inhibitors, and a

recommendation was made to remove Steglatro for HeathWorx to maximize rebates on other SGLT2 inhibitors, plus there are no utilization. Maintain as non-formulary in CareAdvantage.

Dr. Sheinbein wanted to clarify if there will be prior authorization criteria for Metformin. Andrew said all the step requirements were removed except the step for GLP1 and that is to deter providers in prescribing other SGLT2 for off-label use such as weight loss. CMS's standard of practice for part D does not allow therapy requirement for Metformin. Andrew said we will anticipate seeing weight loss providers prescribing diabetes products for the purpose of weight loss. CMS requires pharmacy team to do retrospective claims analysis to identify the correct diabetes diagnosis and making sure claims are block other than diabetes treatment.

7.7 Pharmacy Drug Monographs

7.7.1 Zimhi

Andrew presented Zimhi which recently approved as the new naloxone product with a higher dose formulation. Recommendation was made to add CareAdvantage and HealthWorx formularies.

George asked why there is no utilization for Kloxxado. Andrew said probably it's due to many commercial plans do not covering this product. Prescribers just do not bother to do prior authorization knowing most likely it would get denied.

7.7.2 Quviviq (BHRS)

Ruskanan presented Quviviq for treatment of insomnia and common side effects were reviewed. Barbara presented the pricing and formulary considerations. Recommendation was made to add Belsomra to formulary to BHRS formulary with prior authorization request on CareAdvantage and HeathWorx's formulary. Dayvigo and Quviviq will remain as nonformulary on BHRS and DHCS Medical formulary.

7.7.3 Igalmi (BHRS)

Ruskana presented Igalmi that was FDA approved in April 2022. Common side effects were reviewed, and safety and efficacy have not been established. Barbara presented the formulary recommendation was to add to CareAdvantage formulary with prior authorization and non-formulary for HealthWorx formulary.

7.8 Medical Pharmacy Drug Class Reviews

7.8.1 Botulinum Toxins

Andrew presented botulinum toxins and reviewed all indications. It was recommended to put all botulinum toxin with the same criteria and make sure providers do not exceed the FDA recommending dosing.

7.8.2 Intravitreal VEGF inhibitors

Biyann presented Intravitreal VEGF inhibitors to treat a variety of retinal conditions. Vabysmo, Beovu, Eylea, Lucentis, Cimerli, Byooviz, Ssvimo and Avastin are the current agents available to treat these conditions. The recommendation was made to have Avastin as the first line preferred agent due to favorable cost and comparable efficacy with other IVEG agents.

Recommendation was made to remove Avastin from CareAdvantage and HealthWorx formularies. All other agents will maintain as non-formulary for CareAdvantage and HealthWorx.

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

8. Other Business/Announcements

None.

9. Adjournment

George called to order and adjourned at 9:40am

**RESOLUTION OF THE
PHARMACY & THERAPEUTICS (P&T) COMMITTEE
OF THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB361 (BROWN ACT PROVISION)**

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 22nd day of September 2022 by the following votes:

AYES: Liang, Gescuk, Pon, Osher, Zabihi, Siddiqui

NOES: 0

ABSTAINED: 0

ATTEST:

BY: [Kelly Chang](#)

Kelly Chang, Clerk

DRAFT

QUALITY IMPROVEMENT COMMITTEE MEETING
September 21, 2022, 6:00 p.m. – 7:30 p.m.
Health Plan of San Mateo
Microsoft Teams Invite Meeting

AGENDA ITEM: 4.4
DATE: November 9, 2022

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

Voting Committee Members	Specialty	Present (Yes or Excused)
Kenneth Tai, M.D.	PCP (Internal Medicine)	Yes
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Amelia Sattler, M.D.	PCP (Family Medicine)	No
Maria Osmena, M.D.	PCP (Pediatric)	Yes
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Yes
Non-voting HPSM Staff	Title	Present (Yes or Excused)
Cynthia Cooper, M.D.	Medical Director (OBGYN)	No
Chris Esguerra, M.D.	CMO (Psy)	Yes
Nicole Ford	QI Director	Yes
Richard Moore, M.D.	Sr. Medical Director (IM)	No
Amanda Epperson	Program Manager, Child & Youth Health	Yes
Miriam Sheinbein, M.D.	Medical Director (FM)	Yes
Samareen Shami	QI Program Manager	Yes
Talie Cloud	Population Health Specialist	Yes

1. Call to Order
The meeting was called to order by Dr. Jeanette Aviles.
2. Public Comment/Communication
No public comment or communication for discussion at this meeting.
3. Approval of Agenda
Motion to approve. Approved by the Committee members.
4. Consent Agenda:
 - 4.1 Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
 - 4.2 QIC Minutes from June 15, 2022
 - 4.3 UMC Minutes from August 8, 2022
 - 4.4 CQC Minutes from August 15, 2022Motion to approve. Approved by the Committee members.

Clinical Guidelines Review

1.1. Primary Care Guidelines on Prescribing Controlled Substances

Presently, the draft guidelines will be updated, finalized and available on the HPSM website within our clinical guidelines section for our providers. In accordance with the Medical Board of California regulatory requirements. The guidelines are based off the CDC recommendations.

Documentation checklist for Prescribing Controlled substances:

Evaluation

- History of present illness
- Functional impact (physical and psychological)
- Prior evaluation treatment
- Assessment of Coexisting Conditions
- Risk factors for harm or misuse, including but not limited to (personal history of substance use, abuse; family history of substance abuse; heavy tobacco use; co-occurring mental health conditions; history of childhood trauma; poverty/unemployment)
- Relevant physical exam
- Standardized screening tools

Update Problem List

Urine Toxicology

Medication Reconciliation

Medicine Agreement

Overdose prevention and Naloxone

Storage and Safe Disposal

Individualized Treatment Plan

Follow up and Monitoring for patients on controlled substances

Best practices around after-hours policy/coverage policy/refill requests between PCP visits

Recommendation for clinical case review, consultation, and referral for internal and external resources

Job tools and resources

References and Appendix

Comment from Dr. Aviles on the difference between best practice (a broad guideline) vs. policy, with a preference for best practice guidelines.

Comment from Dr. Sheinbein where there are specific practices within HPSM network that are not included in the SMC guidelines.

Comment from Dr. Tai that these are very comprehensive policies/guidelines standardized by HPSM for all patients. For our internal policy, we generally do random urine toxicology only.

Comment from Dr. Sheinbein where the guidelines on urine toxicology is primarily evidence-based, which is an art and is not a science. Selected, based on some of the national guidelines and the consistency around/at beginning of the treatment on an annual basis. Note: this is not a policy.

1.2. The CDC Guidelines for Prescribing Opioids for Chronic Pain

Recommended to add the CDC guidelines for prescribing Opioids for chronic pain, which is still considered as a standard practice and has not been updated in terms of the national guidelines.

1.3. The CDC Guidelines for Treatment of Latent Tuberculosis

Recommended to add the CDC guidelines for treatment of Latent tuberculosis, which is a helpful tool for our primary care providers.

In addition, the COPD is not one of the guidelines recommended on our HPSM website. There are a few different guidelines for primary care where HPSM will recommend what would be most appropriate for the network. Please contact Dr. Sheinbein and/or Dr. Moore for recommendations within your practice.

Motion to approve the three new policies to the guidelines. Approved by the Committee members.

5. 2022 Health Outcomes Survey (HOS) Results (2022 Performance Report)

HOS Overview

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

Measures

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

HEDIS HOS Measures

- Fall risk management
- Management of urinary incontinence in older adults
- Osteoporosis testing in older adults
- Physical activity in older adults

HOS measures used in CMS Performance Measurement

- Physical & Mental Health Summary Measures (display)
 - Improving or maintaining physical health measure is the “Physical Health Percent Better or Same” result
 - Improving or maintaining mental health measure is the “Mental Health Percent Better or Same” result
 - Physical Functioning Activities of Daily Living (PFADL) change score
- HEDIS Measures (STARS)
 - Improving Bladder control measure is the Treatment of urinary incontinence rate
 - Monitoring physical activity measure is the Advising Physical Activity rate
 - Reducing the risk of falling measure is the Managing Fall Risk rate

Physical Health

- Trends in Physical Health Results Over Three Cohorts for MAO H7885

Mental Health

- Trends in Mental Health Results over three cohorts for MAO H7885

Health Status

- Reported health status compared to one year ago
 - 2019 – 2021 Cohort 22 Performance Measurement distribution of members with worse self-rated general and comparative health status for MAO H7885, California and HOS Total

Chronic Conditions

- 2019 – 2021 Cohort Performance Measurement distribution of members with multiple chronic medical conditions for MAO H7885, California and HOS Total

Healthy Days

- Days reported in the last 30 days
 - 2019 – 2021 Cohort 22 Performance Measurement distribution of members with worse health for the Healthy Days Measures for MAO H7885, California and HOS total

Chronic Conditions

- 2019 – 2021 Cohort 22 Performance Measurement distribution of members with multiple chronic medical conditions for MAO H7885, California and HOS total

Physical Functioning ADLs

- Measure of percent of function retained by member over two years
- A higher score is better, indicating little decline in function
 - 2019 – 2021 Cohort 22 Performance Measurement Mean PFADL Scale at baseline and follow up and change score measure results for MAOs in the State, California, and HOS total
 - At the national level, the mean PFADL change score is 94.21, with a minimum of 63.91 and maximum of 100. The top 25% of MAOs had scores of 96.85 or greater, while 25% had scores of 92.51 or lower. Ten percent of MAOs had scores of 98.05 or higher, and 10% had scores of 89.29 or lower.
 - HPSM's PFDAL Change Score ranks between the lower 10th and 25th percentile

Clinical Measure (BMI)

- 2019 – 2021 Cohort 22 Performance Measurement distribution of members in extreme categories of the BMI Measures for MAO H7885, California and HOS total.
- BMI categories were modified beginning with the 2017 Cohort 20 Baseline Report. Underweight was changed from <20 to <18.5.

HEDIS HOS Measures

- Management of Urinary Incontinence (MUI)
- Physical Activity in Older Adults (PAO)
- Fall Risk Management (FRM)

HEDIS HOS Trends

- Trends in HEDIS HOS Rates over three rounds of data for MAO H7885
- Measures incorporated into the 2023 Medicare STAR Ratings include the MAO 2021, improving Bladder Control (MUI Treat rate), monitoring Physical Activity (PAO Advise Rate), and Reducing the Risk of Falling (FRM Manage Rate).

HEDIS HOS Comparison

- 2021 HEDIS HOS rates for MAO H7885, California, CMS Region 9 (California, Arizona, Nevada, Hawaii, Guam, and Samoa), and HOS total
- HPSM performed better than comparative groups for all measures

Comment/question from Samareen concerning the HOS measures for all plans who have Medicare, and they should not be compared with the duals vs. the duals plans?

Comment from Nicole that this is for all Medicare plans and not only for the dual plans.

Comment from Dr. Esguerra where HPSM is compared to other Medicare Advantage plans with healthy 65 years old where CMS has acknowledged in the difference between the D-SNP/duals vs. standard Medicare Advantage Care Plans. CMS has also acknowledged that specific measures outside of HOS and STARS are affected by standard Medicare Advantage vs. duals status.

Comment from Samareen if there is any information (leaflets) about when the HOS surveys will be available at a certain time as a reminder to the members?

Comment from Dr. Esguerra that this would be a good intervention going forward especially with HPSM will be moving towards D-SNP in 2023. A reminder that members would significantly benefit for both CAPS and HOS for HPSM.

Recommendation action item: a takeaway for our workgroup to start planning how to do this work effectively.

6. Adjournment: next meeting December 21, 2022

RESOLUTION OF THE

QUALITY IMPROVEMENT COMMITTEE

IN THE MATTER OF APPROVAL OF TELECONFERENCE

MEETING PROCEDURES PURSUANT TO AB 361

(BROWN ACT PROVISIONS)

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the QIC on this 21st day of September 2022 by the following votes:

AYES: Tai, Chavarria, Sattler, Osmena, Aviles.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: Janet Biaggi, Clerk

MEMORANDUM

AGENDA ITEM: 4.5

DATE: November 9, 2022

DATE: October 24, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer

RE: Approval of Amendments to Agreements with Print and Mailing Services Vendors

Recommendation

Approve a resolution authorizing the Chief Executive Officer to execute amendments to the Agreements for Print and Mailing Services. These amendments increase the expenditures for services by \$1,700,000 and extends the current agreements to December 31, 2023.

Background and Discussion

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

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

HPSM has been using multiple print and mailing vendors to provide services that would give HPSM more flexibility to choose the vendor that best fits timeline and delivery requirements as well as cost considerations and allowed HPSM to obtain competitive pricing for certain print jobs. In December 2016, the Commission approved a waiver of the Request for Proposal (RFP) process and agreements with print and mailing vendors DOME, KPLLC, AMP and Giant Horse for a period of 2 years beginning January 1, 2017. In December 2018, the Commission approved another waiver for two more years beginning January 1, 2019 for the two primary vendors at that time, KPLLC and Folgers. In 2020, the Commission approved \$1,737,400 for printing services provided by Folgers, KPLLC and a new provider which was to be identified through an RFP. In May 2022, the commission approved an increase of \$1,000,000 for a total amount not to exceed of \$2,737,400 for these services.

Due to new programs including Cal-AIM, Dental, Pharmacy and D-SNP, the cost of contracted printing increased significantly. While departments actively worked together to anticipate these costs to HPSM, the costs were much higher than anticipated. We are asking the Commission to approve amendments to increase the current agreements by a total of \$1,700,000.

Fiscal Impact

HPSM 2021-22 expenditures with vendors for print, processing and postage were requested to be budgeted for \$2,737,400. This request to add \$1,700,000 would increase the total amount not to exceed of the agreements to \$4,437,400. The agreements will be with KPLLC, FolgerGraphics and Clarity with all three and collectively would be a total amount not to exceed of \$4,437,400 for term through December 31, 2023.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AMENDMENTS TO
AGREEMENTS FOR PRINT AND MAILING VENDORS:
KPLLC, FOLGERGRAPHICS AND CLARITY**

RESOLUTION 2022 -

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves amendments to the agreements with KPLLC, FolgerGraphics and Clarity to add \$1,700,000 for a total amount not to exceed of \$4,37,400 for the term ending December 31, 2023; and
- 2. Authorizes the Chief Executive Officer to execute said amendments.

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.6

DATE: November 9, 2022

DATE: October 13, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Eben Yong, Chief Information Officer
Chris Baughman, Chief Performance Officer

RE: Approve Amendment to Agreement with SAS Institute, Inc.

Recommendation:

Authorize the Chief Executive Officer to execute an amendment to the agreement with SAS Institute, Inc. The amendment is effective from October 15, 2022, through October 14, 2023, for an additional \$95,000 for a total contract amount not to exceed \$672,000.

Background:

SAS Institute, Inc., (SAS) has offered software and reporting services to support the internal reporting and data services of HPSM since 1998. HPSM has utilized SAS products and services as the organization's core data management platform, allowing us to integrate varying data sources as well as format and extract data to meet extensive reporting and analytical needs. The SAS platform is supported by HPSM's Informatics Department, consisting of nine full-time staff including nine trained in the SAS programming language.

The software supports the responsibilities of the HPSM data and reporting units, including the generation and maintenance of more than 800 HPSM internal reports; gathering, aggregating, and reporting of HEDIS data; utilization reporting; evaluations of specific clinical programs and interventions; support for CMS, DHCS, DMHC and other agency audits; support of compliance related activities; ad hoc reports; and decision support data for critical financial decision making.

Discussion:

The need for internal analysis and reporting has increased as the organization has grown. Since the approval of the amendment in September 2020, HPSM continued to reconfigure SAS data structure and to enable self-service opportunities to HPSM's business units in a consistent and efficient manner. In HPSM's efforts to build and test newly implemented features of SAS DI Studio, a second server or a testing environment must be purchased to enable trained staff to test their codes and

perform quality assurance before deploying to the production environment. The second server also allows separation of activities from the production server to ensure minimal to no disruption to end users. HPSM is seeking approval for \$95,000 to cover the cost of the second server.

Fiscal Impact:

The term of the proposed amendment is from October 15, 2022, through October 14, 2023. Funding has been budgeted in HPSM's 2023 budget.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AN AMENDMENT
TO AGREEMENT WITH SAS INSTITUTE, INC.**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has entered into an agreement with SAS Institute, Inc. (SAS) in October 2017 as the organization's core data management platform to integrate varying data sources, format and extract data to meet reporting and analytical needs; and
- B. The project implementation requires deployment of a second server.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the amendment to the agreement with SAS Institute, Inc. to add a second server;
- 2. The amendment will be for a one year term from October 15, 2022, through October 14, 2023, increasing the agreement by \$95,000 for a total amount not to exceed of \$672,000; and
- 3. Authorizes the Chief Executive Officer to execute said amendment.

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.7

DATE November 9, 2022

DATE: October 24, 2022

TO: San Mateo Health Commission

FROM: Patrick Curran, Chief Executive Officer

RE: Approve a Waiver and an Amendment to the Agreement with MRC Smart Technology Solutions f/k/a Rabbit Office Automation

Recommendation:

Approve a waiver of the request for proposal (RFP) process and authorize the Chief Executive Officer to amend the agreement with MRC Smart Technology Solutions (MRC) f/k/a Rabbit Office Automation. The agreement term will remain the same to expire on December 31, 2022. The agreement will increase the total amount on the agreement to \$206,000.

Background and Discussion:

HPSM performs a large volume of printing to meet State and the Centers for Medicare and Medicaid Services (CMS) requirements for printed hard copies of important informing materials to be mailed to the Plan's 145,000 members and more than 900 providers. In 2015 HPSM entered into an agreement with MRC to provide production/print equipment that assists HPSM to meet our regulatory, quality and timeline requirements.

When the initial agreement expired HPSM decided to go to RFQ (Request for Quote) to replace the aging equipment. HPSM executed a short-term agreement to continue service with the anticipation that a new vendor would be selected to provide the equipment. Due to the Pandemic, coordination of vendors, and supply chain issues the process took longer than anticipated.

In August, 2022, HPSM conducted an RFQ process specifically for vendors that provide this type of equipment. Eight vendors responded and seven responded. Based on cost and equipment, HPSM staff selected a new vendor, Shamrock, with the anticipated delivery date of the equipment before the end of 2022. The selection of the new vendor does not require Commission approval as costs were significantly lowered through the new vendor. HPSM will continue to use MRC until the Shamrock delivers the new equipment in early December.

Fiscal Impact:

Originally, the agreement with MRC was in an amount not to exceed \$99,000 dollars. The amendment will increase the contract amount by \$107,000 bringing it to a total amount not to exceed of \$206,000. Costs for this equipment have been included in the 2022 budget.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVING REQUEST FOR PROPOSAL AND
APPROVING AMENDMENT TO AGREEMENT WITH
MRC SMART TECHNOLOGY SOLUTIONS F/K/A RABBIT OFFICE AUTOMATION**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. HPSM does a large volume of printing to meet requirements from the State and the Centers for Medicare and Medicaid Services (CMS) to print hard copies of important informing materials to members and providers; and
- B. In recent years, HPSM has been using MRC f/k/a Rabbit Office Automation as the primary vendor and will be replaced by Shamrock based on RFQ result.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the Request for Proposal process for the amendment to the agreement with MRC f/k/a Rabbit Office automation through December 31, 2022 for a total amount not to exceed \$206,000; and
- 2. Authorizes the Chief Executive Officer to execute said amendment.

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.8

DATE: November 9, 2022

DATE: October 13, 2022

TO: San Mateo Health Commission

FROM: Patrick Curran, Chief Executive Officer
Joy Deinla, Marketing & Communications Manager

RE: Waive Request for Proposal (RFP) Process and Approve Amendments Agreements with International Contact (IC) and United Language Group (ULG) for Translation Services

Recommendation:

Waive RFP process and approve amendments to agreements with translation services vendors: International Contact and United Language Group. These amendments extend these agreement for two-years beginning on January 1, 2023, for an amount not to exceed \$700,000 total for translation services.

Background and Discussion:

Both the Department of Health Care Services (DHCS) and State and Centers for Medicare and Medicaid Services (CMS) require HPSM to provide written translations of member information. Informing materials must be available in appropriate languages based on the number (>3,000) or percentage (>5%) of total members who indicate a primary language other than English– known as “threshold” language. For Medi-Cal, CareAdvantage and HealthWorx (HMO) plans, the threshold languages are English, Spanish, Traditional Chinese and Tagalog. For San Mateo County Access to Care for Everyone (ACE) program, it is Spanish.

HPSM currently works with two vendors for translation services: International Contact (since 2011) and VIA (since 2016). Both companies deliver services that meet our regulatory, quality and timeline requirements. Having two vendor options allows for ongoing competitive pricing and flexibility during high volume production periods.

IC primarily handles translations for all integrated member materials and regulatory template mailings. The following are some examples of the larger HPSM translated print and electronic member materials each updated upon request by regulatory authorities with update notices mailed annually:

- Evidence of Coverage
- Formulary
- Summary of Benefits
- Provider Directory
- Health Promotion/Education Materials
- Annual Notice of Change
- Benefit Change Notices
- New Member Packets
- Member Newsletters

ULG primarily handles translations for member information communications. Most of these items are tailored specifically to individual member situations and occur often on an ad-hoc basis. They can also be translated into languages other than the common threshold. Examples of these items include, but are not limited to:

- Care Plans
- Pharmacy denials and authorizations
- Grievance and Appeals notices
- Utilization Management notices

It is anticipated that both vendors will agree to extend their current pricing for this extended term with HPSM.

Fiscal Impact:

The COVID-19 public health emergency, launch of CalAIM and HPSM Dental as well as the development of updated population health communications and transition of HPSM’s CareAdvantage Plan from Cal MediConnect to the Dual Eligible Special Needs Plan, have resulted in a 46.2% increase in translations expense as of September 2022 versus September 2021. It is anticipated that the demand will increase as emerging languages are identified.

The amendments requested will extend agreements with IC and ULG for two years beginning January 1, 2023, through December 31, 2024 for a total amount not to exceed \$700,000 for translation services.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVING REQUEST FOR PROPOSAL AND
APPROVING AMENDMENTS TO AGREEMENTS WITH
INTERNATIONAL CONTACT AND UNITED LANGUAGE GROUP**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. HPSM is required to make available written translations of informing materials in appropriate languages based on pre-determined percentages of members who indicate a primary language other than English.
- B. HPSM currently works with two vendors for translations which allows for ongoing competitive pricing and flexibility.
- C. The public health emergency, launch of CalAIM, HPSM's new Dental program, and transition to the D-SNP program have resulted in a 46.2% increase in translations expenses. It is anticipated that the demand will increase as emerging languages are identified.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the Request for Proposal process and approves the amendments to the agreements with IC and ULG to extend the term for a period of two years beginning January 1, 2023, to December 31, 2024, in an amount not to exceed \$700,000 total for translation services: and
- 2. Authorizes the Chief Executive Officer to execute said amendments

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.9

DATE: November 9, 2022

DATE: October 21, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Chris Esguerra, M.D., Chief Medical Officer
Ming Shen, Director of Pharmacy

RE: Waive Request for Proposal Process and Authorize Expansion of MTM Services with Tabula Rasa Healthcare Group, Inc.

Recommendation:

Waive the RFP process and authorize HPSM to pursue a contract amendment with Tabula Rasa Healthcare Group, Inc. (TRHC) to add a total amount not to exceed \$675,000; and, to extend the term of the agreement for another three years, ending on December 31, 2025.

Background:

As a Part D sponsor, HPSM is required to maintain a Medication Therapy Management (MTM) program, which is approved by CMS on an annual basis. The MTM program is ancillary to the overall bid submission process for a Medicare line of business and approval from CMS occurs roughly 6 months in advance. The purpose of an MTM program is to offer comprehensive medication review services to improve the medication regimens for eligible Medicare members. Since 2018, SinfoniaRx (now a part of TRHC and interchangeably referred to here as SinfoniaRx) has been our MTM vendor and partner, designing the program in collaboration with HPSM and administering MTM services on behalf of HPSM. Prior to CY2018, our MTM vendor was an organization known as OutcomesMTM.

Discussion:

At the end of 2017, HPSM had entered into a three-year agreement with SinfoniaRx (1/1/2018 – 12/31/2020) to provide MTM services at an annual contractual cost not to exceed \$90,000. The primary expense associated with MTM services is the cost per completed Comprehensive Medication Review (CMR). In January 2021, an amendment to extend this agreement for an additional 2 years (1/1/2021 – 12/31/2022) was signed by both parties. In recognition of our good working relationship and the challenges faced with uncertainties face by COVID, SinfoniaRx agreed to provide a discounted rate per completed CMR, resulting in a total annual budget cap of \$80,000 during the past two years.

HPSM has historically achieved only a 1 STAR rating for MTM and is currently estimated to receive the same rating for 2022, with a year-end CMR completion rate in the 40% range. Current performance limitations are budget cap driven, as SinfoniaRx tends to significantly slow down MTM activities near the latter half of each year to align with HPSM's allotted budget for MTM services.

With the reintroduction of a D-SNP line of business, the significance of our STAR ratings to the overall rate structure has increased. We are recommending an increase to the amount invested into the MTM program to increase the CMR completion rate to 85% or more. This will provide the necessary resources to reach a 4 STAR rating as well as maintain emphasis on improved outcomes related to MTM.

SinfoniaRx provides an optimal solution for administration and maintenance of an MTM program at an effective price point. For comparison purposes, HPSM had spent roughly the same amount of money on an annual basis with our previous MTM vendor, OutcomesMTM, but only managed to achieve annual CMR completion rates within the single digit range (i.e., Sinfonia has been essentially four to six times more cost-effective than our previous vendor). For the reasons mentioned above, we are asking for the request for proposal (RFP) process to be waived to allow for continuation and expansion of HPSM's partnership with SinfoniaRx in providing MTM services.

Fiscal Impact:

The amended contract is anticipated to cost roughly \$200-225K annually for an estimated total of \$675,000 over 3 years. The primary expense is the cost per completed CMR. SinfoniaRx is proposing a rate that represents a marginal increase (4.17%) from the original rates offered back in 2018. We believe this is very reasonable given the mutual understanding that the level of effort required to hit 4 STARS is much higher than what it takes to reach current budget cap limits.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER TO WAIVE REQUEST FOR PROPOSAL AND
APPROVE AMENDMENT TO AGREEMENT WITH SinfoniaRx**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission is required to maintain a CMS approved Medication Therapy Management (MTM) program to operate a Medicare line of business
- B. The Health Plan of San Mateo has an existing agreement with Tabula Rasa Healthcare Group, Inc. (TRHC) to perform these services which is due to expire December 31, 2022;
- C. Tabula Rasa Healthcare Group, Inc. has demonstrated expertise and high performance in relation to MTM services over the past several years, directly supporting improved medication outcomes and CMR completion rates that affect STAR ratings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the request for proposal associated with the anticipated budget increase and approves the amendment to the agreement with Tabula Rasa Healthcare Group, Inc. to extend the term three years ending December 31, 2025;
- 2. Add \$675,000 to the agreement for this two year term for a total contract amount not to exceed \$1,150,000; and
- 3. Authorizes the Chief Executive Officer to execute said amendment.

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.10

DATE: November 9, 2022

DATE: October 19, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Trent Ehrgood, Chief Financial Officer

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

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, 2023. The monthly premium to the San Mateo County Public Authority and the City of San Mateo will increase by 9% to \$478.35 through December 31, 2023.

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 approximately 1,225 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.

Fiscal Impact

The current monthly premium for HealthWorx is \$438.85. Effective January 1, 2023, the monthly premium will change to \$478.35 for each member enrolled. The rates will remain in effect through December 31, 2023.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

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

RESOLUTION 2022 -

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, 2023.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The San Mateo Health Commission approves the proposed premium rates at \$478.35 for both the City of San Mateo and the San Mateo County Public Authority and contract term extensions through December 31, 2023; and
2. Authorizes the Chief Executive Officer to execute said amendments.

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

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

SAN MATEO HEALTH COMMISSION
Meeting Minutes
September 14, 2022 – 12:30 p.m.

AGENDA ITEM: 4.11

DATE: November 9, 2022

****BY VIDEOCONFERENCE ONLY****

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

Commissioners Present: Jeanette Aviles
Michael Callagy
David J. Canepa
Bill Graham
Don Horsley, Chair

Barbara Miao
George Pon, R. Ph., Vice-Chair
Kenneth Tai, M.D.
Ligia Andrade Zuniga

Commissioners Absent: Manny Santamaria, Si France, M.D.

Counsel: Kristina Paszek

Staff Present: Chris Baughman, Charlene Barairo, Corinne Burgess, Pat Curran, Trent Ehrgood, Chris Esguerra, M.D., Nicole Ford, Ian Johansson, Francine Lester, Leilani Llorente-San Gabriel, Richard Moore, M.D., Amy Scribner, Courtney Sage, Rebecca Sullivan, Carl Smith, Jr., Katie-Elyse Turner, April Watson, and Eben Yong.

1. Call to order/roll call

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

2. Public Comment

Mr. Jeff Chen-Harding, NUHW Steward and psychotherapist in adult psychiatry with Kaiser Permanente, made public comment representing the National Union of Healthcare Workers stating that they are now on their fifth week of a strike in South San Francisco, San Francisco, Oakland, Redwood City, San Rafael, and around the region. They are going without pay while bargaining with Kaiser which has been going on for about a year unsuccessfully. They are experiencing a stonewall from Kaiser with no progress in their negotiations and are requesting support. They are seeking improved patient care, improved access to appointments and

improved work conditions such as more time to read charts, perform documentation and review patient history. Because of these conditions, competent and qualified therapists are leaving. He is asking for committed support and action to spread the word, and advocate with the Governor to get Kaiser back to the bargaining table.

Commissioner Canepa stated that the San Mateo County Board of Supervisors has written a letter to Governor Newsom. He stated that it is troubling that mental health and appropriate services are being affected.

Commissioner Zuniga expressed her personal understanding of this issue and the effect it has had even in her own family. She spoke of concern on behalf of people who are waiting for care and don't have anyone to advocate for them.

Commissioner Horsley stated that the Brown Act prohibits us from acting on this but will add to the agenda in the future should there continue to be a need by the next meeting.

There were no other public comments received via email or verbally made at this time. The clerk of the commission instructed those with public comment on using the raise hand feature in Teams to indicate their desire to make public comment.

3. Approval of Agenda

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

Verbal roll call vote was taken:

Yes: 8 – Callagy, Canepa, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

4. Approval of Consent Agenda

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

Verbal roll call vote was taken:

Yes: 8 – Callagy, Canepa, Graham, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

5. Specific Discussion/Action Items

5.1 Medicare Plan Update

Mr. Curran introduced Karla Rosado Torres and Dr. Chris Esguerra, who presented an update to the commission on HPSM's Medicare Plan. A copy of their presentation is attached.

Ms. Rosado Torres touched on the following:

- Cal MediConnect is sunsetting and the D-SNP (Duals Special Needs Plan) will be taking its place on January 1, 2023.
- Supplemental benefits will be added for members but are not ready at this time. There are marketing rules that prevent staff from revealing at this time but will have more to share at a future meeting.
- Dr. Esguerra added that as of October 1st, the health plan will be allowed to start marketing these new benefits that members will have access to as part of the D-SNP.
- Ms. Rosado Torres touched on member experience, which will be measured through the Star Ratings program. This program measures services such as flu shots and members completing tests that are key to their health.
- Members will have the ability to rate our services, for example, how they are treated when they call the health plan and their level of satisfaction with the care they receive.
- Staff will be focusing on ensuring that members are satisfied with the services they receive from providers, vendors and anyone with which they interact on HPSM's behalf.
- The health plan is working with a marketing firm to improve our perception to members and potential members. This branding work is already underway. Many staff members have been involved and we expect to have results by the end of this year.
- This marketing approach is new for HPSM. Historically, members were typically receiving advertisements from other Medicare plans, but not from HPSM.
- Information sent to members will explain the exciting new benefits that the plan offers.
- The Star Rating readiness project continues and is critical to our future revenue. Member experience is our number one priority for this reason.
- In addition, the bid process is a yearly analysis of our financial status, creating health care cost initiatives and making sure we develop benefits which target our members' needs.
- Another approach we are taking is to develop partnerships with providers and vendors, and developing new ways to serve our members' health care needs.

Commissioner Maio asked how many members we currently have and our expectation on the number of new members this year. Dr. Esguerra stated there are about 15,000 people in San Mateo County who are eligible for Medicare and Medi-Cal. Currently, we are serving in our CareAdvantage program just under 9,000. There are an additional 3,500 people who have HPSM Medi-Cal but fee-for-service Medicare. He stated that for people who are in uncoordinated Medicare plans, life expectancy and outcomes are not good compared to those who are in a coordinated care Medicare plan like HPSM. There are another 2,500 people who have HPSM Medi-Cal but Medicare with another health plan. Dr. Esguerra

added that HPSM receives calls from people who are members of other Medicare plans because when they try to call these other plans, they have trouble reaching them.

Commissioner Graham commended staff on the work being done here. He stated that he believes it does make a difference that this program is community-based in ways that the commercial Medicare insurance companies are not. He expressed his excitement that this is moving forward within San Mateo County to ensure people know that this program is available.

Dr. Esguerra concurred, noting that the media consulting group is developing talking points to emphasize that we are local and partner with the community.

Mr. Curran explained as part of the state's transformation with CalAIM, they are expecting all Medi-Cal plans to have a Medicare plan by 2026. Most do not, so this will be new for them. HPSM will be ahead by now moving into a D-SNP. He commended our team who have been working on this transition. He pointed out the CareAdvantage Navigator team, which receives all the calls from members, also receives calls from non-members. Along with the competitive environment, HPSM plays a critical role in educating people about what services are available, as well as addressing concerns about losing coverage. Our CareAdvantage team does a great job educating this population.

5.2 Approval of HPSM Employee Incentive Plan

Mr. Curran reviewed the presentation that was included in the meeting materials to describe the recommendation to approve an incentive plan for HPSM employees. He touched on the following:

- This incentive plan would be related to and emphasize health outcomes, quality measures, and the experience members receive.
- These measures are becoming increasingly important and will have an impact on our revenue for Medicare and also for Medi-Cal.
- This will put in place a bonus system that aligns with the work through organizational and department goals and aligns all staff in the ways they help the organization achieve its high level goals.
- This plan is financially sustainable and prudent for the organization, aligning with net income and reserve thresholds to ensure good stewardship and alignment with the Triple Aim, while also improving quality and experience for our members.
- There are four measures: 40% of the score is related administrative costs; 40% is overall quality of outcomes for members; and 20% is how we demonstrate reductions in health disparities for our members.
- The organization would have to be profitable for the prior year with positive net income.
- He noted that within the policy, the Commission could recommend a partial payout if it was financially in a deficit due to the lack of control over our revenue, but this is not required.

Commissioner Graham asked if the financial metric is tied to the management of administrative costs. Mr. Curran concurred, stating that it is because the administrative costs is where we do have some control over.

Commissioner Horsley stated opposition to these types of programs due to potential negative impact. He also expressed concerns of staff being disappointed if the bonus is not reached.

Commissioner Tai stated that many plans in the state are looking at quality outcomes and providers receive incentive bonuses based on the quality of services they provide. He stated that a program like this does push behavioral changes and added that having an incentive plan within the salary structure does motivate and drive change. He appreciates the concerns expressed but he believes this is a good overall plan. The quality scores, CAHPS, the Medicare Star Ratings, and patient satisfaction are all measurable metrics.

Mr. Curran stated that one of the challenges in a program such as this is complexity and areas in which people feel like they don't have control. Simplicity of the plan is key and reducing health care costs and utilization is not a part of the plan. The tension that exists is for the health plan to be good stewards of administrative dollars and managing our own costs effectively, while also improving quality and access to care for the members.

Commissioner Callagy stated that his experience with a program like this was that employees became disgruntled when they did not get the bonus and felt the pay for performance is a slippery slope to dissatisfaction among staff.

Commissioner Pon stated that though he liked the idea, he was more in favor of rewarding individuals who achieved or exceeded their personal performance goals.

Commissioner Graham commented that in his experience, having worked within this type of structure for about 10 years, it does help pull people together in a way. He felt that, in his experience, when it comes to making decisions about doing the right thing or receiving a bonus, that people have chosen to do the right thing. He added that tying this to quality and other metrics provides a little more clarity. You do have to manage expectations every year and so there are pros and cons. He also stated that these incentive programs are being offered by other health plans who will be going after the dual-eligible Medicare population and may be expected by prospective new hires when recruiting staff.

Commission Miao felt this is a great idea bringing staff together and cohesion in the agency. She appreciated the provision of incentivizing all employees as they all

contribute in their way on their job if the metrics are met as an organization. She added that it is important to manage the expectations. What she saw in her experience when this was done was that it really changed the atmosphere and attitude of the staff. Cooperation improved and she was impressed by that.

Commissioner Zuniga was interested in the take-aways, both good and bad. After hearing what was being shared, she felt confident that management will take this information about potential issues and be able to relate it to staff with this new direction of the D-SNP and competitive nature of the situation.

Commissioner Canepa expressed his support of this proposal, though he also expressed appreciation for the concerns presented. He believes that ultimately this will bring people together, it is collaborative, and he thinks it is a great idea in nurturing an environment based on improved outcomes and performance.

Commissioner Aviles commented that she does see potential for creating alignment and a movement forward but the focus on messaging and managing at each unit level will be important. The goal of better staff alignment and ensuing cooperation in meeting metrics is the right work.

Commissioner Tai commented on his experience with the NEMS year-end incentive program was that there are challenges, since some departments are not patient-facing and not directly involved in reaching the goals for quality measures. He asked why Mr. Curran would be excluded from the program. Mr. Curran answered that the Commission has purview of his salary, and he should not have purview over his own compensation.

Commissioner Horsley lastly expressed how this may be understandable for a private enterprise. As a non-profit organization and with the funds coming from the government, he feels these funds should go to help the clients.

Commissioner Tai moved approval of the proposal for the creation of an Employee Incentive Program as presented. Motion: **Tai/ Second: Aviles**

Verbal roll call vote was taken:

Yes: 6 – Aviles, Canepa, Graham, Miao, Tai, Zuniga.

No: 1 - Horsley

Abstentions: 2 - Callagy, Pon

6. Report from Chairman/Executive Committee

Commissioner Horsley noted that he is setting up a Commission for Farm Laborers and will have another meeting this evening in an attempt to empower farm laborers on the coast. He found through these interview that about 1/3 of these families have Kaiser and experience difficulty being seen partly due to their 6-day work schedule. He would like to see Kaiser do

more to support these people living on the coast. Commissioner Horsley had nothing else to report from the Executive Committee.

7. Report from Chief Executive Officer

- Mr. Curran reported on the Kaiser discussion and public comment at the beginning of the meeting. He stated staff will follow up with Kaiser to learn more and consider the approach with them as a delegated entity with which we work. Our concern is access to care for the members, so our follow up will be on ensuring access.
- Mr. Curran reported on a gathering that will take place at the health plan on September 15th, which will include new collaborative of hospitals and long-term care facilities. Last year we worked together on discharge procedures and really learned a lot from that. This meeting will help strengthen those connections and find out pain points as we see them within our role as a health plan.
- We are in the process of refreshing the health plan's value statements. Employees have given input via a survey where they provided single words which they feel reflect our values. A subgroup has taken these words with the task of turning them into a value statement and a framework for values. This statement will be presented to the Commission to get feedback on the best representation of HPSM's values.
- The Commission's next meeting will be held on November 9, 2022. At the December meeting, we will be reviewing for approval our 2023 Budget. As staff begins the planning cycle, we will be considering what we foresee in 2023 and beyond. Budget planning will be the focus over the next two commission meetings (November and December).

8. Other Business

Commissioner Graham took this time to acknowledge the health plan for their leadership role on the Long Term Care Collaborative. This issue has come up in discussion and the health plan has taken the initiative to address its impacts the health plan and its membership. He thanked Mr. Curran and team for this support.

9. Adjournment: The meeting was adjourned at 1:47 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

Attachment to Sept. 14, 2022
SMHC Minutes

CareAdvantage D-SNP and Transition



HPSM's Journey into D-SNP



What is a dual eligible special needs plan (D-SNP)?



Dual Special Needs Plans (D-SNPs)

- Medicare Advantage plans that enroll individuals that are fully eligible to Medicare and Medicaid (Medi-Cal).
- Unlike the CMC, D-SNPs are held to the same standards of quality and service as non-dual Medicare Advantage plans.
- D-SNPs are also required to have a Model of Care (MOC), provides the basic framework under which we will meet the needs of each of our members.

3

D-SNP Transition Background



D-SNP transition comes as one of CalAIM's provisions, sunsetting the CMC demonstration on 12/31/2022.

CMS & DHCS will conduct a seamless transition called a "lift and shift". Members will be move from the CMC plan to the D-SNP product.

Members will continue to have integrated experience, with coordination of benefits and services under HPSM.

**HPSM previously had a D-SNP that ended in 2016.*

4

How does it affect HPSM?



During the past years under the CMC, HPSM has not been required to follow several standard processes for Medicare Advantage plans.

HPSM is facing a more competitive market as part of becoming a D-SNP.

Higher expectations for the quality of service and experience our members received.

A financial assumption process (CMS Bid) that requires additional planning.

5

Milestones



- Model of Care (MOC)
 - 97.5% score with 3-year approval
- CMS Contract (H6019)
- CMS Financial Bid
 - New benefit package
- State Medicaid Agency Contract (SMAC)
- Marketing Strategy for Annual Enrollment Period (AEP)

6

D-SNP Strategy Overview



Goals:

- Financially sustainable and feasible product
- Increase membership and retention
- Successful Stars Program (CMS Star Ratings)
- New approach to member experience (internal & external)

7

D-SNP Strategy Overview



Projects & Initiatives:

- Marketing strategy
 - Market and brand analysis
 - AEP strategy
- Stars Readiness project
- Member Experience efforts
- Yearly analysis of financial status, cost reducing initiatives, and development of benefits that target our members' needs

8

CareAdvantage D-SNP 2023



D-SNP Benefits!

- 3 New Benefits
- Enhancing one current benefit

Innovative marketing practices

Partnerships with providers and vendors

Star Ratings Work

9



Questions?

10

AGENDA ITEM: 5.1

DATE: November 9, 2022

Meeting materials are not included

for Item 5.1 –

Update on Changes to the Brown Act Impacting

Rules on Virtual Meetings

AGENDA ITEM: 5.2

DATE: November 9, 2022

Overall Landscape & Strategic Investments 2023

November 9, 2022



Current Landscape

Challenges

Competition

Kaiser

D-SNP

Local alone
is not as
salient

Relationship with DHCS

Results of Medi-Cal
Procurement

Regional rates

Opportunities

Double
down on our
unfair
advantage

Leveraging our “local”

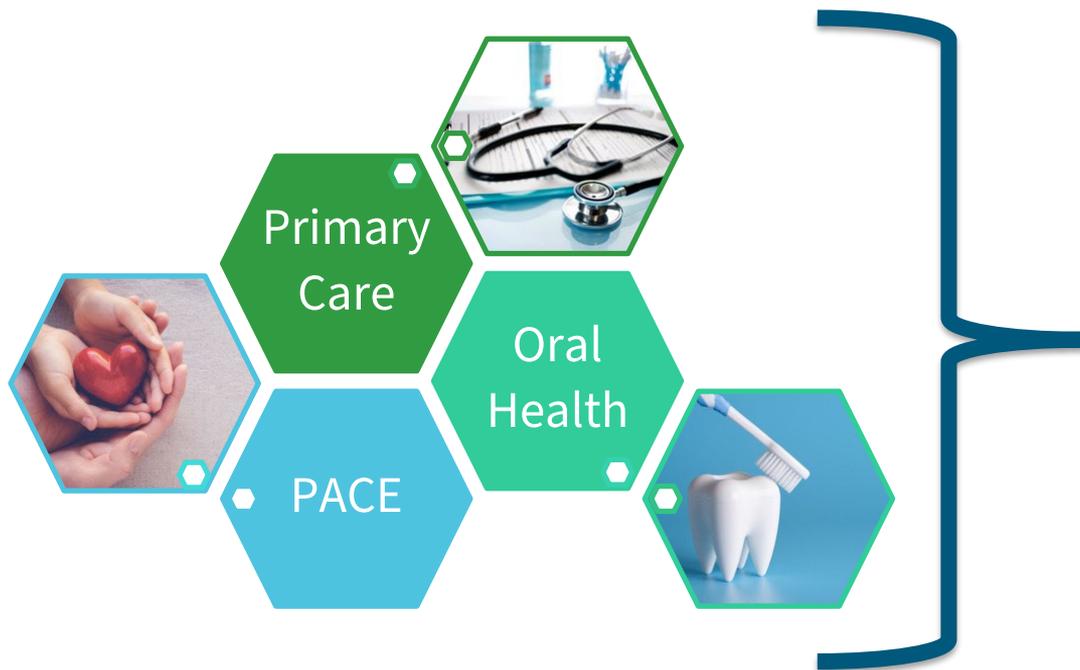
Executing on our
mission

Relationships
and
reputation
matter

Enhancing our Trusted
Partner status

Communicating our
efforts and results

Investing in our Vision: Healthy is For Everyone



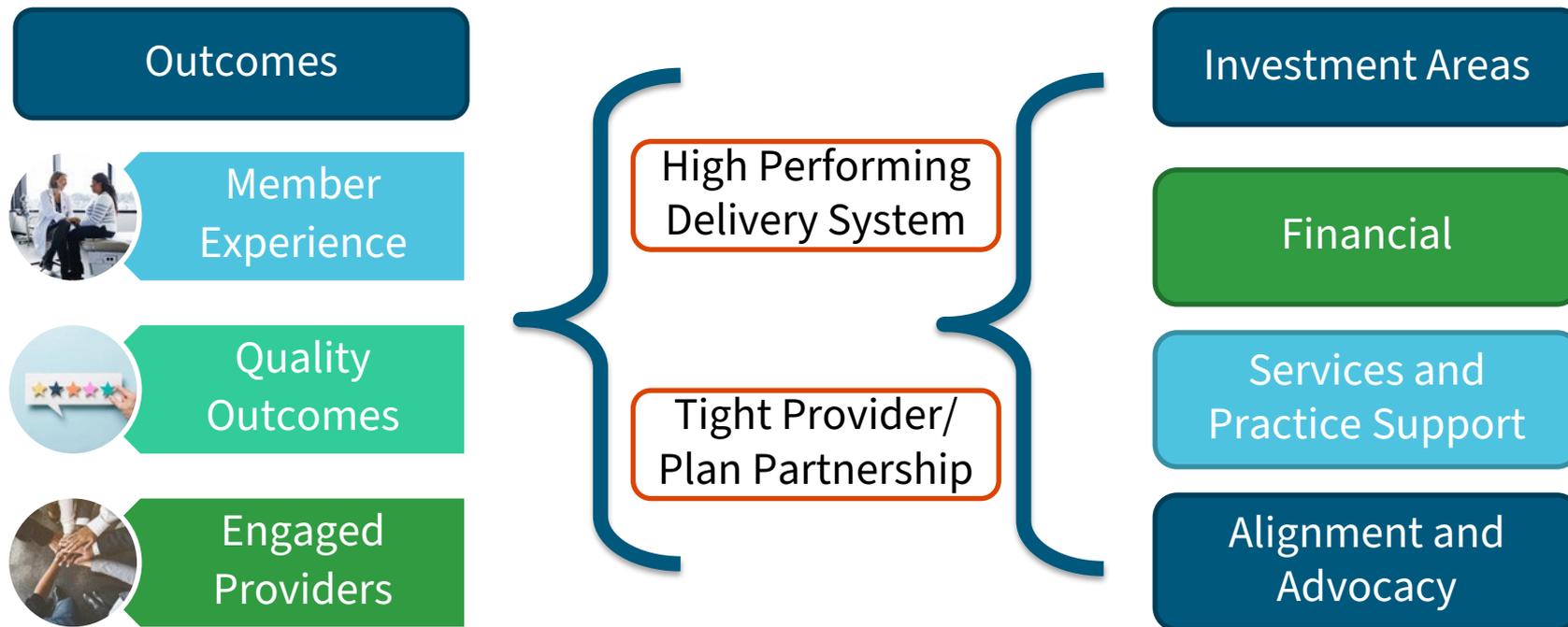
Health Outcomes

Experience

Resource
Stewardship

Equity
Innovation

Partnering with Primary Care



Integrating Oral Health

Outcomes



Member Access
and Experience



Quality
Outcomes



Integrated
Delivery System



Investment Areas

Payment Models

Integrated Care

Health Promotion

Workforce Support

Introducing PACE to San Mateo



Strategic Planning Process



Rationale

- Existing strategic framework was implemented in 2019
- State landscape is changing
- This process is in synch with new 2024 contract and CalAIM

Timeline



One Opportunity to Explore

CaAIM requires all Medical plans to offer a corresponding Medicare Dual-Eligible Special Needs Plan (DSNP) by 2026

HPSM has the infrastructure and expertise to expand our existing plan (CareAdvantage) into other service areas in collaboration with other local plans to create a regional DSNP.

Next Steps

Nov-Jan

1. Explore idea with other local health plans
2. Discuss potential barriers with regulatory agencies (CMS, DHCS, DMHC)

Jan 2023

Update to Health Commission with potential next steps, if any

Questions and Discussion

MEMORANDUM

AGENDA ITEM: 7.0

DATE: November 9, 2022

DATE: November 1, 2022
TO: San Mateo Health Commission
FROM: Patrick Curran
RE: CEO Report – November 2022

Public Health Emergency (PHE)

On October 17, 2022, Governor Newsom announced the end of the state public health emergency, effective February 28, 2023. On that date, state flexibilities and provisions to assist with the pandemic will end. However, the federal government has not yet announced the end of the federal public health emergency, though we expect them to do so on November 15, 2022. The reason this is important is that the redetermination process for members will begin once the federal PHE ends, not the state. If the federal government does announce the end of the PHE, the effective date would be January 15, 2023, and the redetermination process would begin for almost 15 million Medi-Cal beneficiaries in February 2023. This redetermination process, when implemented, will occur over a 14-month timeframe, and beneficiaries will renew coverage on their prior redetermination date. HPSM staff are working with the Health Coverage Unit of San Mateo County Health and the Human Services Agency of San Mateo County to ensure an efficient process once the redetermination process does begin.

2024 Medi-Cal Contract

As mentioned in the last update, the state announced its decisions for a statewide procurement process, and is implementing a new contract for all plans in 2024. HPSM and other local initiative public plans did not need to apply or re-apply to serve Medi-Cal members, but all commercial health plans did apply, as well as all plans in San Diego and Sacramento counties. The state selected three commercial health plans to serve 21 counties in California: Anthem Blue Cross, Molina Healthcare, and Health Net. Community Health Group (CHG), a local nonprofit health plan that has served San Diego County for 40 years and is a member of Local Health Plans of California (LHPC), was not selected. CHG and several other health plans are appealing the decision, and as of this update, the state has announced no decision on those appeals. It is unclear what impact this appeal process will have on the affected counties, but HPSM will likely not be affected. We continue our preparation for implementation of the 2024 contract.

Federal Legislation

HPSM continues to be involved in federal legislation to improve coordination of care for dual eligible beneficiaries (those who have both Medicare and Medi-Cal coverage). HPSM has been participating in the advocacy for these initiatives through both ACAP, our national health plan association, and Leavitt Partners, a national coalition of plans, advocates, states, and policymakers. These legislative proposals, as well as

many others, are mostly on pause until after the mid-term elections, at which time we will receive information on the impact on legislative agendas for dual eligible beneficiaries, as well as other potential legislation affecting both Medicare and Medicaid.

CalAIM

The state's multi-year transformation initiative, California Advancing and Innovating Medi-Cal (CalAIM), continues its rapid pace of program implementation.

- ECM: We will continue to add new population categories to the Enhanced Care Management (ECM) benefit throughout the next year, including children.
- PHM: In 2023 we will participate in a statewide Population Health Management (PHM) program implementation. The PHM program in many ways builds on existing HPSM capabilities, emphasizing the use of predictive analytics to best coordinate care for members, especially those with complex needs. We will update the Health Commission in 2023 as this program unfolds.
- SBHIP: We are excited to be working with the San Mateo County Office of Education to implement a Student Behavioral Health Incentive Plan (SBHIP). We are working with the COE, as well as two school districts, to develop and implement a jointly created work plan.
- Justice-Involved Population: We also are planning to implement a program to assist justice-involved individuals during the critical transition time back into health coverage upon release. The implementation date is tentatively set as July 1, 2023, but could change. We have been working with San Mateo County Health and San Mateo County Probation in preparation.
- HHIP: We have submitted our Housing and Homelessness Incentive Plan (HHIP) to the state and are awaiting a response on our proposed plan, which includes support for expanding street medicine services, enhanced analysis of Human Services Agency data, Healthcare Information Exchange support for San Mateo County, HPSM staff support for housing activities, and assistance with the Point-in-Time homeless count. We will update the Health Commission as we receive approvals and begin implementation.

Dental Collaboration

Now ten months into the integration of dental services for our members, HPSM is connecting members with dental providers each day, some of whom have not had prior access to care. We are also excited about collaborating with San Mateo County on an innovative orthodontia pilot, in which we are contracting with community orthodontists and expanding the criteria for covered orthodontia care, with the goal of increasing access and treatment for children in our community. We are thrilled that San Mateo County is also providing funding for dentists to increase access.

We are also exploring a related program through the Sequoia Healthcare District that would expand access to general dental services for adults, many of whom, though they have coverage through Medi-Cal, still face long wait times. We should have more information on what a potential program would look like at our December Health Commission meeting.

Finally, we are pleased to announce that Dr. Carolyn Brown will serve as HPSM's Dental Director. Dr. Brown has worked with both community dentists and FQHC clinics in her career, and brings national expertise in dental innovation and care delivery.

Strategic Planning Process

We will discuss this topic at the November Health Commission meeting, but as a preview, we are embarking on a year-long strategic planning process, updating our existing framework. We plan to have a final product by Fall 2023 and implement in January 2024. This timing synchronizes with the state's transformation initiative, CalAIM, as well as our new 2024 contract with the state, both of which present many opportunities for HPSM to shape our future role in the San Mateo County health ecosystem.