

**-Virtual Meeting-**

**THE SAN MATEO HEALTH COMMISSION  
Regular Meeting  
February 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, February 9, 2022 to the Clerk of the Board at [Corinne.Burgess@hpsm.org](mailto:Corinne.Burgess@hpsm.org) with "Public Comment" in the subject line. Comments received will be read during the meeting. Members of the public wishing to provide such public comment may also do so by joining the meeting on a computer, mobile app, or telephone using the link or number provided above and following the instructions for making public comment provided during the meeting.

**AGENDA**

- 1. Call to Order/Roll Call**
- 2. Public Comment/Communication**
- 3. Approval of Agenda**
- 4. Consent Agenda\***
  - 4.1 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
  - 4.2 Quality Improvement Committee Minutes, December 2021
  - 4.3 CMC Advisory Committee Minutes, January 2022
  - 4.4 Approval of Election of Assistant Clerk to the Commission
  - 4.5 Waive Request for Proposal and Ratification of Letter of Engagement with Milliman for Medicare Bid Services
  - 4.6 Approval of San Mateo Health Commission Meeting Minutes from January 12, 2022.

~Continued~

**5. Specific Discussion/Action Items**

- 5.1 Appointment of Chief Executive Officer.\*
- 5.2 Member Health Equity Presentation
- 5.3 Annual Compliance Report

**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:** February 9, 2022

**DATE:** February 1, 2022  
**TO:** San Mateo Health Commission  
**FROM:** Pat Curran, Interim Chief Executive Officer  
**RE:** Approval of Teleconference Meeting Procedures Pursuant to AB 361

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### **Recommendation**

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

### **Background and Discussion**

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

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

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

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

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

**Fiscal Impact**

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

**DRAFT**

**RESOLUTION OF THE  
SAN MATEO HEALTH COMMISSION**

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

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

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

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

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of February 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

## QUALITY IMPROVEMENT COMMITTEE MEETING

December 15, 2021, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo  
Microsoft Teams Invite Meeting

AGENDA ITEM: 4.2

DATE: February 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](mailto:Nicole.Ford@hpsm.org) in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.**

**QIC Members Present:** Dr. Jeanette Aviles, Dr. Jaime Chavarria, Dr. Maria Osmena, Dr. Amelia Sattler, and Dr. Kenneth Tai

**QIC Guest Present:** Dr. Cynthia Chatterjee

**HPSM Staff Present:** Dr. Chris Esguerra, Nicole Ford, Teresa Kopp, Dr. Richard Moore, and Katie-Elyse Turner

1. Call to Order by Dr. Jeanette Aviles.

2. Public Comment/Communication  
None

3. Consent Agenda:

**3.1.** 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

**3.2.** QIC Minutes from September 15, 2021

**3.3.** UMC minutes from October 25, 2021

**3.4.** CQC minutes from September 28, 2021 and November 30, 2021

Motion to approve consent agenda items by Dr. Aviles and seconded by Dr. Osmena.

4. Follow-up on recommended actions

Previously discussed were Quality measures where we received guidance from QIC 1) controlling high blood pressure, and 2) a few communications were provided to our primary care network as of last November. HPSM has blood pressure devices and cuffs available for both Medi-Cal and CareAdvantage formularies. With the Pharmacy benefit carveout on the Medi-Cal side, HPSM is encouraging our network providers to prescribe monitors and remind members to pick up blood pressure monitors soon. Presently, there has been no update if these will be covered under the

Pharmacy benefit after January 1, 2022. The benefit will continue to be covered under the CareAdvantage formulary. HPSM also received feedback from the provider network, they prescribe blood pressure monitors; but the pharmacies might not have in-stock. A communication was sent out to the pharmacies that the blood pressure monitors were added on the July formulary. Another communication reminder will go out soon to providers to start billing with the appropriate CPT codes and to help with the tracking for those providers in the value-based payment program to receive credit.

There was another measure on the CareAdvantage side for follow up after hospitalization. This requires a follow up with a behaviorist after discharge from a mental health inpatient stay. This measure has been a challenge last year and continues to trend down from 2020 through 2021. We are currently at 36% whereas we need to be close to the 56% rate. We are continuing to determine what the appropriate interventions should be to determine if it is related to data gap issue or true service gap issue or both.

Comment from Dr. Chatterjee if claims encounter requires in-person or telephonic?

Nicole stated this could potentially be telephonic if provided by a mental health behaviorist for HPSM to receive credit. We have pulled a small sample out of Avatar to verify, seeing any kinds of visit within 30-day of discharge. Some of the services are being rendered for medication reconciliation within few days of discharge. It is difficult to determine if it is an actual encounter with the member or just medication reconciliation. Majority of the services are for medication for code 17.

Comment from Dr. Chatterjee that code 17 is for a telephonic service type. Comment from Dr. Esguerra is to determine what is billed under code 17 and if whether an encounter is received versus services would not necessarily go through on the Medicare side. We would need to look at how the data flows and how it is captured in the system.

#### Recommended action item

A follow up with BHRS and HPSM.

Another action item for discussion were labs for monitoring members with bipolar and schizophrenia disorders to ensure there is metabolic labs primarily for glucose and LDL for members. We are looking to utilize an in-home assessment provider for our diabetic CareAdvantage members with bipolar and schizophrenia disorders to help get their appropriate lab screening.

#### **5. Report from the CMO**

HPSM – looking forward to 2022 and we have a lot going on.

- CalAIM (go-live 1/1/2022)

- Better outcomes for our members
- Enhanced Case Management (ECM): social services and benefits for our most vulnerable members
- Transition members under Whole Person Care (WPC) to ECM
- Dental Integration (go-live 1/1/2022)
  - Integrate oral health care into whole person health at HPSM
  - Finalizing in hiring a dental director and dental consultants
- Pharmacy and MSSP Carve Out (go-live 1/1/2022)
- (D-SNP) Duals-Special Needs Plan Readiness (current through 2022)
  - Look at holistically and the overall experience for healthy outcomes for our members
  - Focus on Stars and member experience
- State and NCQA audits (current through January)
  - Demonstrate our plan performance and operations

## 6. Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 Results

- Member experience survey (by mail and follow ups)
- Survey sample drawn from all members who have been enrolled for at least 6 months, living in the United States, and not institutionalized
- Conducted in the first ½ of the year and measures members' experiences over the previous 6 months
- Conducted annually for Medicare and Medi-Cal for NCQA accreditation and every 2 years for DHCS

### Medicare (MMP) CAHPS 2021 Results

- Medicare response rates
  - Conducted CAHPS in 2020 but CMS was not accepting in 2020 due to the pandemic
  - The trend has been increasing over the last 3 years
  - Overall response rate = 35% (dual Medi-Cal/Medicare plan with CMC)
  - Surveys conducted in English and Spanish (by mail and by telephone)
  - Few of the response rates showed language barrier – perhaps need to offer in other languages (for Medicare offered in Chinese and Vietnamese) to capture responses from our membership
- Overall rating measure results from CMS report
  - Compares HPSM with National Medicare Advantage plans/National MMP plans overall
  - HPSM aligns with National MA and other MMP plans
  - HPSM did well in the annual flu vaccine and annual pneumonia vaccine
  - CMS rating scale of 1 to 10



- HPSM is below average for Pharmacy measure results as well as the Drug Plan overall
  - HPSM is above average for reminders to fill prescriptions and reminders to take medications
- Getting needed prescription drugs: attribute questions (the chart is from our vendor for Medicare CAHPS)
  - The Getting Needed Prescription Drugs composite is calculated by taking the average of “Ease of using health plan to get prescribed medicines” question (Q42) and the weighted Combined Local Pharmacy and Mail score (Q44 and Q46).
  - Trending over the performance years for various questions 1) Q42. how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? 2) Q44. how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? and 3) Q46. how often was it easy use your prescription drug plan to fill a prescription by mail?
- Composite measure results
  - Getting needed care – below average
  - Getting appointments quickly and care quality – below average
  - Doctors who communicate well – based on CMS, not enough response rate result – N/A
  - Customer service – below average
  - Care Coordination – below average
- Getting needed care: attribute questions (care or treatments when necessary)
  - Appointments with a specialist – a decrease from 2020 to 2021
- Getting appointments and care quickly – attribute questions
  - Obtaining care right away - slight downward trend from 2019 but a slight uptick in 2020
  - Appointment times within 15 minutes increased from 2020 for this year
- Customer service: attribute questions
  - Getting information and treating members with courtesy and respect and filling out forms – a decrease across all measures
- Composite score question attributions
  - Customer service = 82.7
  - Getting needed care = 69.9
  - Getting appointments and care quickly = 69.0
  - Doctors who communicate well = 85.5
  - Care coordination – 79.6
  - Getting needed Rx drugs = 88.0
- Medicare Summary Rate Scores
  - Trends over the last 3 years in specific areas 1) getting needed care, 2) customer service: treated with courtesy and respect by customer service staff, 3) doctors

who communicate well, and 4) staying health – screenings, tests, and vaccines: annual flu vaccine (these are areas to be looked at by HPSM).

- Medi-Cal Response Trends
  - Decreasing response trend continues for both adult and child surveys (by mail and by telephone)
  - Adult survey results (HPSM is comparable to peer Medi-Cal plans, but ranks in mid to lower performance tiers compared to Medicaid plans nationally)
    - Increase in Getting Needed Care due to appointment with specialist response
    - Decrease in Doctors Communication due to lower doctor explained things response
    - Decrease in Customer Service due to treatment with courtesy & respect response
  - Child survey results (HPSM is better than peer Medi-Cal plans except for Getting Needed Care and Getting Care quickly, and ranks in the lowest performance tiers for these areas compared to Medicaid plans nationally)
    - Decrease in Getting Care Quickly due to routine appointment rating
    - Customer service, both items declined with significant decrease in providing information or help rating
- Analysis, Barriers, & Action Plans
  - Getting Needed Care & Getting Care Quickly
    - 2019/2020 actions taken: improved trending of grievances by provider & oversight by Physician Review Committee; outreach to expand pain management provider network
    - Barriers: pandemic negatively impacted access at provider offices, including provider retirements and contract terminations; Provider Services staff time diverted away from PCP recruitment efforts to focus on COVID-related projects; Medi-Cal membership increased by 18% which stretched PCP network capacity; large PCP groups limit # of Medi-Cal patients on their panel; and limited specialist types in the market, negative perceptions of Medi-Cal patients, unwillingness to accept rates
    - Action Plan: cross-reference practitioner-level data on noncompliance with timely access standards with member access grievances to identify providers with multiple indications of access issues; conduct outreach to these providers to address access concerns; continue to engage in network expansion efforts for PCP & Specialty, and continue working with providers to understand and mitigate perceived barriers of working with Medi-Cal patients

- Customer Service
  - Analysis: significant drop-in rates indicate members were not receiving the assistance they needed, particularly for parents of pediatric members; drop in dignity and respect rating indicates a concerning shift away from HPSM's intended member experience
  - Barriers: timeline of survey directly corresponds with record-high call volumes from pandemic and increased membership (call volume increased 15.5% in Q1 and 11.6% in Q2 (vs. 2020) and Medi-Cal membership increased 16.5% (Jan 2020 to May 2021); Call centers struggled to integrate rapidly changing instructions due to vaccination updates and pandemic affected personal lives of Call center staff, increasing stress, and possibly reducing empathy and level of attention given to members
  - Action Plan: increasing accurate & helpful service (monthly refresher trainings for Customer Service staff on common member questions, annual test measuring staff knowledge, and continue call monitoring with 95% accuracy standard and track performance across quarters) and Increasing Treatment with dignity and respect (explore additional training on active listening; handling calls with empathy, dignity, and respect, continue to monitor calls against this objective, and promote counseling and wellness resources for staff such as Employee Assistance Program to support staff in managing stress) and increasing resources during high call volume (identify areas for increased efficiency, maximizing staff available to answer phones, and moved to a cloud-based call center system in November 2021, which should decrease connectivity issues and provide real-time call volume data)
- How well doctors communicate
  - Analysis & Barriers (primary barriers have yet to be fully investigated and efforts at building member engagement infrastructure should deepen HPSM's understanding of the factors contributing to patient-provider communication
  - Action Plan: continue to investigate potential areas to improve provider communication

Dr. Aviles stated on behalf of SMMC, we conduct our own provider survey and overall have received good benchmark as a system.

Comment from Katie-Elyse Turner; HPSM Director, Financial Planning & Analysis – a question to the Committee concerning the issue related to access to care and other perceived barriers focused on primary care slots/panels. Perceived low level of reimbursement payment for

primary care services from Medi-Cal plans. HPSM has a good reimbursement rate to our primary care network with a competitive primary care payment package.

Question to the Committee if it would be valuable for HPSM to consider a communication plan/deeper analytical effort to understand primary care compensation in SM County for Medi-Cal patients. What could we offer to bring more providers into the network?

Comment from Dr. Aviles if perhaps on the number of providers inside the county are willing to work. In terms of primary care physicians' lives be more livable in a Medi-Cal environment for the Medi-Cal population, i.e., with only Medi-Cal coverage, the primary care provider would go through additional obstacles like administrative and operational challenges for the patient to be seen by a specialist.

Comment from Dr. Chatterjee is the stack of paperwork to fill out is time-consuming overall.

Comment from Dr. Chavarria where patients have more difficulty in getting appointments and more difficult for patients in getting care coordination through the system.

Comment from Dr. Tai where it is difficult and the challenge to recruit and retain primary care physicians among the more competitive plans with more compensation and resources to offer. Larger organizations have more policies and not as flexible versus smaller organizations. The area of difficulty is adult medicine providers with recruitment and retention; however, there has been no retention and the need to recruit for pediatricians.

Comment from Dr. Osmena is also in private practice with 80% Medi-Cal along with several HMOs that don't compensate well. However, Dr. Osmena's staff are paid more with minimal retention as well as recently recruited a new physician to join the team.

## 7. Adjournment: **next meeting March 16, 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 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 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 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 QIC on this 15th day of December 2021 by the following votes:

AYES: Dr. Jeanette Aviles, Dr. Kenneth Tai, Dr. Maria Osmena, Dr. Jaime Chavarria and  
Dr. Amelia Sattler

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: Janet Biaggi, Clerk

**DRAFT**

**Health Plan of San Mateo  
Cal MediConnect Advisory Committee  
Friday, January 21, 2022 – 11:30 p.m.  
Meeting Summary  
-Virtual Meeting via Microsoft Teams-**

**AGENDA ITEM: 4.3**

**DATE: February 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.

**Committee Members Present:** Art Wolf, Beverly Karnatz, Gay Kaplan, Evelina Chang, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar , Nina Rhee, Ricky Kot.

**Committee Members Absent:** Teresa Guingona Ferrer, Claire Day, Amira Elbeshbeshy, Diane Prosser, Pete Williams.

**Staff Present:** Pat Curran, Karla Rosado Torres, Colleen Murphey, Sophie Boudreau.

**1. Call to Order / Introductions**

The meeting was called to order at 11:30 a.m. by Gay Kaplan.

**2. Public Comment**

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

**3. Approval of Minutes**

The minutes for October 15, 2021, were unanimously approved as presented:

**4. Adopt a resolution finding that, as a result of continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees**

In accordance with AB 361, a resolution for approval was presented finding that meeting in person would present imminent health risk due to COVID-19. All in attendance were in favor. The resolution is attached to these minutes as part of the record.

## 5. State/CMS Updates

Mr. Curran touched on some of the changes coming through DHCS and CMS:

- Cal MediConnect program will be replaced at the end of 2022 by the Dual Special Needs Plan (D-SNP). Karla Rosado Torres will give an update later this meeting.
- The state budget has a large surplus and will have a positive impact on Medi-Cal beneficiaries through CalAIM programs and will continue in furthering the efforts the health plan has made related to housing and other services.
- The proposed budget expands eligibility for Medi-Cal to adults regardless of citizenship status which will dramatically reduce the number of members in the ACE program. This does not affect our Cal MediConnect program but will benefit our community.
- The dental transition effective January 1, 2022 as a Medi-Cal benefit affecting all Medi-Cal members has been successful so far. The major challenge is access for adults which was limited before and will take time to turn around. Staff is helping members access care and better understand what is covered. Very few calls have been received regarding access for children. GGRC is helping by opening up access and referral patterns for adults that have special needs, which has been limited. Ms. Karnatz commented on a meeting with the HPSM Dental Manager, Marisa Cardarelli, where the issue around dentures was discussed. Mr. Curran stated that staff is working on this issue.

**[Art Wolf joined the meeting at this time]**

## 6. HPSM Updates

### a. Vaccine & Testing Updates

Colleen Murphey, Network and Strategy Officer, gave an update on vaccination efforts and how the health plan is supporting providers and members with the current surge of COVID cases.

In terms of the surge, staff had been focusing on supporting residents in congregate care facilities by reaching out to SNFs and RCFEs and following vaccination rates and later, booster rates. County Health teams went into facilities to provide assistance with some vaccinations and were able to attain a vaccination rate over 95% for this population. Booster rates were also quite high. Unfortunately, this week there has been a surge of cases higher than expected increasing to about five times the case rate in the community. We are seeing lower hospitalization rates compared to last year but staffing shortages due to COVID illness has created backlogs. Staff has been spending time with our hospital partners and county health partners to try to problem solve the issue of people getting stuck in the hospital with no place to go. Ms. Murphey reported on a meeting with County Public Health leaders Dr. Scott Morrow and Marc Meulman with nursing facility staff to discuss the issues they are facing and to highlight resources around testing and PPE for those facilities. This will continue to be the focus over the next couple of weeks.

Ms. Irgens-Moller stated that the Ombudsperson Program goes into the skilled nursing facilities weekly and what they have witnessed is each facility is handling this differently. She stated that it would be helpful if the Ombuds staff could be included in these types of meetings to reinforce a consistent message. Ms. Murphey agreed and will include them in any future meetings.

Ms. Murphey added that they are now seeing a 75% vaccination rate for HPSM members overall, moving us closer to the overall county vaccination rate. Rates for vaccination of CMC members in particular remain quite high and staff are focusing on getting messaging out regarding boosters. They are also working on getting younger children vaccinated.

**b. Medi-Cal Rx**

Mr. Curran stated that the state has taken over the administration of the pharmacy benefit (Medi-Cal Rx) as of January 1, 2022 for most Medi-Cal members. This carve out does not affect the CMC members' primary pharmacy coverage from HPSM under Cal MediConnect.

**c. D-SNP Transition Update**

Karla Rosado Torres, Medicare Product Manager, presented an update on the transition of the Cal MediConnect program to a Dual Special Needs Plan (D-SNP) effective January 1, 2023.

She explained that this transition should not have any significant impact on members. Members will continue to receive the same care coordination and services. The state calls this a "lift and shift" so members will receive a couple of notices and then everything will remain the same for the members.

She added that, behind the scenes, staff will be working on some major tasks to accomplish this transition. In the next couple of weeks, staff will be submitting a CMS application including a model of care which will need to be developed. These are very large projects that need to be submitted by mid-February. Our Utilization Management Team and Quality Team have already completed some of this work. In addition, this transition will make HPSM subject to the CMS star ratings for this program. This is a quality bonus program which measures our quality and member experience requiring significant planning in preparation for these measures. Another facet to this transition is the revising and development of member materials and notices. Staff is working with CMS and DHCS on all of this material.

Ms. Rosado-Torres shared that staff is taking this opportunity to also review our benefits for possible gaps around social determinants of health that could impact members and hope to have more to share on this subject at our next meeting.



## **7. CCI Ombudsperson Report (Legal Aid)**

Ms. Chang reported:

- Eligibility for the undocumented population for people over 50 years old is targeted for implementation in May 2022. The state is encouraging everyone who is eligible to enroll in restricted scope now so that the transition will go smoothly.
- A change in the income level of the asset test is targeted for July 2022. This will change the limit from \$2,000 a year to \$130,000 a year for an individual and will lead up to elimination of this asset test by January 2024.
- The moratorium on Medi-Cal negative action due to the public health emergency is set to expire on April 16, 2022.
- The county has a tentative refresher training for the spousal impoverishment program, but she has not heard about any updates as to when this will take place.

## **8. LTC Ombudsperson Report**

Ms. Irgens-Moller reported:

- The Ombudsperson program works at the express wishes of residents and what she is hearing from staff is that they do not have access to a lot of information or resources. The surge is very frightening for the staff and residents. Staffing shortages seem to be a problem at all the facilities or as it is perceived as so. Changes with CalAIM are unclear to the Ombudsperson staff and what it will mean for people. IOA seems to have fewer funds to help people move. She asked if it was possible to get an information sheet explaining Cal AIM impacts or for a training to help staff disseminate this information.
- Confusion around visitation guidelines is a continuing issue. CMS and state guidelines are consistent, but the county has different information. This has caused some facilities to lockdown while others are open, and some have no communal activities.
- In terms of the booster, some smaller facilities are asking if they can have someone come out to administer those especially for people who are bedridden or do not have access to vans or Ready Wheels.
- She reminded that the Ombudsperson Program could assist with messaging to residents, and they would be happy to help disseminate information to those dual eligibles in our community.

Ms. Murphey agreed that the guidance is convoluted and not everyone is in agreement right now. She stated that there are two communicable disease control nurses serving the skilled nursing facilities, one is working within the north county and the other in south, who can provide guidance on the interpretation of these guidelines at least for isolation protocols. When it comes to communal activities and visitors, there is a strong preference for trying to keep some of those social supports and visitors going given how important they are. Ms. Murphey will connect these nurses with Kirsten to help answer these questions. She also talked about possible mobile vaccination options and some larger scale vaccination events for the nursing facilities.

Mr. Curran stated that he will have more presentations at upcoming meetings about CalAIM and thought it would be good to prepare a summary document on our continued work on Community Supports. Ms. Irgens-Moller asked about Landmark phasing out. Ms. Murphey confirmed that this transition is due to be final by the end of February. A new provider partner, Upward Health, has been selected through an RFP process to offer the home advantage program. The Chief Medical Officer of Upward Health, Dr. Mihale, has been meeting with a number of our primary care physicians and will begin meeting with some of the facilities. Ms. Murphey will share some materials with this group in the future.

**9. Questions about reports distributed prior to meeting.**

**a. HPSM Dashboards**

Mr. Wolfe asked about the numbers in the report related to long term care facilities and community based going back to Q3 where the numbers were lower than they have been historically. Mr. Curran did not have the answer to this question but stated that last year there lower census at SNFs before COVID was in a surge and there was a reluctance for people to enter these facilities. This is the first time in memory that there were several open beds. Ms. Murphey stated they would look into this.

**b. IHSS**

Ms. Mancini announced that Nina Rhee is now the new Deputy Director as Chris Rodriguez has retired. Nina has been working in their IHSS program for many years and they are thrilled to have her as the Deputy Director of Aging and Adult Services.

Ms. Mancini reported that the county will receive around 50,000 COVID test kits and Aging and Adults Services has requested a number of these. They plan to send some out to IHSS recipients and their caregivers, and on behalf of the Ombuds program. This is especially important and is our first priority for those who work on the IHSS registry and those who go into multiple locations. The remainder will be distributed throughout the population with a number will go to the smaller, six bed boarding care homes as a priority. The county will ask for more, but this is the first batch and she is thrilled to get these test kits for our older adults and people with disabilities. Another priority area are the childcare centers and schools, and the nutrition providers that provide meals to the homebound.

Ms. Karnatz pointed out that residents may have confusion on how to use these test kits her three facilities plan to link their residents with their services coordinators to assist them. Ms. Mancini stated that Dr. Curtis Chan, Deputy Health Officer, is preparing a letter to be sent with each test kit. She will share that letter with this group. Ms. Kaplan expressed concern for people who are visually impaired. Ms. Mancini stated that the people they are reaching out to with these test kits are IHSS recipients who have caregivers who could assist them.

Ms. Mancini reviewed the numbers contained in the IHSS report which shows that the number of IHSS cases and referrals continue to rise. This is being addressed in many different levels. One issue is the staffing as they have had difficulty keeping up in that area. They have reached out to the County Manager's office in hopes to address the continual increase in IHSS.

**10. Adjournment**

The meeting adjourned at 12:15 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess, Clerk of the Commission

**RESOLUTION OF THE  
Cal MediConnect 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 CMC 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 CMC 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 CMC Advisory Committee this 21st day of January 2022 by the following votes:

AYES: Karnatz, Kaplan, Chang, Mancini, Irgens-Moller, Zuniga, Yee-Melichar, Kot.  
NOES: -0-  
ABSTAINED: -0-

ATTEST:

BY: C. Burgess  
C. Burgess, Clerk

**MEMORANDUM**

**AGENDA ITEM:** 4.4

**DATE:** February 9, 2022

**DATE:** January 14, 2022

**TO:** San Mateo Health Commission

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

**RE:** Election of Assistant Clerk of the Commission

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The Commission's bylaws call for the election of an Assistant Clerk at the beginning of each year.

I recommend that the Assistant Clerk position be filled by Michelle Heryford. Attached is a resolution to approve that election.

**DRAFT**

**RESOLUTION OF  
THE SAN MATEO HEALTH COMMISSION**

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

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission's Bylaws provide for election of its officers for one (1) year terms at the beginning of each year; and
- B. The Assistant Clerk position is to be filled by a non-commissioner.

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

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of February 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:** 4.5

**DATE:** February 9, 2022

**DATE:** January 31, 2022

**TO:** San Mateo Health Commission

**FROM:** Katie-Elyse Turner, Director of Financial Planning & Analysis  
Karla Rosado-Torres, Medicare Product Manager

**RE:** Waive Request for Proposal and Ratify Engagements with Milliman Consultants for Actuarial Services Related to 2023 and 2024 Medicare D-SNP Bids

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**Recommendation:**

Waive the Request for Proposals (RFP) process and ratify execution of the Letter of Engagement with Milliman Consultants to provide actuarial services related to the 2023 and 2024 Medicare Advantage (MA) and Part D (PD) bid submissions.

**Background:**

HPSM has operated a Medicare line of business since 2006. CareAdvantage, a Medicare Advantage (MA) and Part D (PD) Special Needs Plan (SNP), operated from 2006 through 2016. CareAdvantage Cal MediConnect, a Medicare-Medicaid Plan (MMP), began in April 2014 and ends December 2022.

As Health Plan is committed to operating a Medicare line of business for complex and older adults, and since the California Department of Health Care Services (DHCS) will require all Medicaid Managed Care Plans (MCPs) to operate an aligned Medicare plan, HPSM's CareAdvantage product will transition to a MA-PD Dual-Eligible Special Needs Plan (D-SNP), effective January 1, 2023.

The Centers for Medicare and Medicaid Services (CMS) require annual submission of a "bid" by all MA-PD plans. This actuarial process utilizes Medicare cost and utilization data (including pharmacy), plan benefit design decisions, market intelligence, and operational insights and goals to develop an estimated "per member per month" (PMPM) cost of offering the product's medical and pharmacy benefits. CMS then compares these data to MA-PD benchmarks and sets the final plan-specific PMPM rates for the benefit year, which form the basis for the plan's Medicare revenue.

Milliman Consultants have provided actuarial and consulting services for the Health Plan since 2005, including ongoing MA-PD bid, actuarial and other financial support.

**Discussion:**

Given that the bid is a complex process, that HPSM has not submitted a full MA-PD bid since 2015, and that many key finance and operational staff are developing expertise in Medicare product design and requirements, HPSM staff worked with Milliman Consultants to conduct a preliminary D-SNP feasibility bid study in late 2021. This activity has informed several key decisions about the D-SNP benefit design and creates cost savings for this formal bid project, as Milliman has already received a portion of the required documentation and data from HPSM.

Milliman's work on the bid includes a suite of support services and deliverables, including:

- Preliminary projections of benefit year costs and revenue for Part C (MA) and Part D (PD)
- Advice and strategy support to develop D-SNP product and benefit package
- CMS delivery-ready bid pricing tool (BPT) (initial June submission and August re-submission), narrative bid substantiation, and actuarial certification, and
- Support through CMS's bid desk review and a final management report documenting the submitted bid information and major assumptions used in development.

Staff continue to be very satisfied with Milliman's deep expertise in MA-PD plan design and CMS bidding requirements. Milliman's work on the recent D-SNP feasibility bid study re-affirms our confidence in that expertise and their commitment to supporting HPSM through this product transition. Given the complexities of the CMS MA-PD bid process and Milliman's familiarity with HPSM's programs, it is in the Health Plan's best interest to maintain the relationship with Milliman.

**Fiscal Impact:**

For the 2023 bid, Milliman estimates expenditures between \$220,000 and \$260,000 for core bid development activities, with the final fees based on actual time and expense incurred. The 2023 fee estimate *includes* a \$31,500 charge to support common MA-PD research and bid tools and *excludes* time and expense costs associated with support for 1) CMS bid desk review activities after the initial bid is submitted in June, and 2) CMS bid audit activities, should HPSM be selected.

Staff anticipate some cost savings given the efficiencies gained in the D-SNP feasibility study conducted in 2021; however, all plans undergo a bid desk review with CMS, requiring additional support from Milliman. We therefore anticipate annual expenditures of approximately \$275,000 for a total maximum amount of \$550,000 for 2023 and 2024 bid activities.



**DRAFT**

**RESOLUTION OF THE  
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF RATIFICATION OF  
LETTER OF ENGAGEMENT WITH MILLIMAN CONSULTANTS  
FOR ACTUARIAL SERVICES RELATED TO 2023 MEDICARE D-SNP BID**

**RESOLUTION 2022 -**

**RECITAL: WHEREAS,**

- A. The San Mateo Health Commission is transitioning its CareAdvantage program from the Cal MediConnect (CMC) demonstration to a Dual-Eligible Special Needs Plan (D-SNP), a type of Medicare Advantage and Part D (MA-PD) offering, in January 2023;
- B. The Centers for Medicare and Medicaid Services (CMS) require annual submission and approval of an actuarially developed bid to administer MA-PD plans; and
- C. HPSM staff continue to utilize Milliman Consultants to provide Medicare product related actuarial services.

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

- 1. The San Mateo Health Commission waives the Request for Proposals and ratifies the engagement with Milliman Consultants for services related to the 2023 and 2024 MA-PD bid projects with a not to exceed amount of \$550,000 for those activities.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of February 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  
January 12, 2022 – 12:30 p.m.**

**AGENDA ITEM: 4.6  
DATE: February 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 Bill Graham  
Michael Callagy Barbara Miao  
David J. Canepa George Pon, R. Ph.  
Teresa Guingona Ferrer Kenneth Tai, M.D.  
Si France, M.D. Ligia Andrade Zuniga, Chair  
Don Horsley, Vice-Chair

Commissioners Absent: None

Counsel: Kristina Paszek

Staff Present: Luarnie Bermudo, Chris Baughman, Corinne Burgess, Pat Curran,  
Janet Davidson, Trent Ehrgood, Chris Esguerra, M.D., Karen Fitzgerald,  
Robert Fleming, Nicole Ford, Ian Johansson, Rob Lindley, Richard  
Moore, M.D., Colleen Murphey, Amy Scribner, and Eben Yong.

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

The meeting was called to order at 12:33p.m. by Chair, Commissioner Zuniga. A quorum was present.

**2. Public Comment**

Commissioner Zuniga made the sad announcement that Damaris Ellington, the union organizer for local SEIU2015, passed away suddenly yesterday. No other public comments were received via email or verbally made at this time.

**3. Approval of Agenda**

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

**Verbal roll call vote was taken:**

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

No: 0

**4. Approval of Consent Agenda**

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

**Verbal roll call vote was taken:**

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

No: 0

**5. Specific Discussion/Action Items**

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

**5.1 Discussion/Action on Election of Officers**

Commissioner Zuniga explained the need at the January meeting each year, the positions of Chair, Vice-Chair, Clerk and Assistant Clerk are to be elected.

Commissioner Zuniga nominated Commissioner Horsley to serve as Chair of the commissioner. Motion to approve nomination: **Zuniga / Second: Callagy**

**Verbal roll call vote was taken:**

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

No: 0

Commissioner Horsley nominated Commissioner Pon to serve as the Vice-Chair of the commission. Motion to approve nomination: **Horsley / Second: France**

**Verbal roll call vote was taken:**

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

No: 0

Commissioner Graham nominated Corinne Burgess to serve as the Clerk to the Commission. Motion to approve nomination: **Graham / Second**

**Verbal roll call vote was taken:**

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

No: 0

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

Commissioner Horsley had nothing to report from the Executive Committee.

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

Mr. Curran gave an update on the January 1, 2022, implementations. He touched on the pharmacy carve-out noting that the management of all Medi-Cal members has been switched over to the state, through its contractor Magellan. He added that the transition has gone well for many prescriptions in the first week, but that some issues existed related to eligibility and authorizations. These issues have been communicated to LHPC, which has a meeting with the state scheduled to discuss these issues.

Mr. Curran reported on the CalAIM programs that were implemented on January 1, 2022, as well as the dental program. He noted that calls for dental have been mostly from adults and related to obtaining access to care. Staff is trying to place members with existing dentists and are working hard to recruit new dentists. In general, everything is going smoothly but the challenges are as expected.

Mr. Curran reported on the state budget, which projects a surplus. Of significance is the proposal to include all individuals in California with health insurance regardless of citizenship status. This would impact approximately 25,000 people who are currently in the ACE program, many of whom may qualify for Medi-Cal coverage if the proposal is in the final budget approved by the state in June.

Lastly, Mr. Curran touched on what is happening around COVID testing. There is a lot of information about access to testing, reporting of testing and the roles various organizations play. The health plan is working with other community partners to determine what we can do for our members to ensure testing or vaccines are accessible and overcoming any barriers.

## **8. Other Business**

No other business was discussed.

## **9. Closed Session**

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

Commissioner Zuniga moved the meeting to closed session at 12:49 p.m.

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

The meeting reconvened at 3:28 p.m. Kristina Paszek, Deputy County Counsel, reported that the Commission gave direction to the Executive Search Committee and search firm regarding next steps for the search for a new Chief Executive Officer.

## **11. Adjournment**

The meeting was adjourned at 3:29 p.m.

Respectfully submitted:

*C. Burgess*

C. Burgess, Clerk of the Commission

**AGENDA ITEM: 5.1 – 5.3**

**DATE: February 9, 2022**

**Meeting materials are not included**

**for Items 5.1, 5.2, and 5.3 –**

5.1 Appointment of Chief Executive Officer

5.2 Member Health Equity Presentation

5.3 Annual Compliance Report

## MEMORANDUM

**AGENDA ITEM:** 7.0

**DATE:** February 9, 2022

**DATE:** February 2, 2022  
**TO:** San Mateo Health Commission  
**FROM:** Patrick Curran, Interim CEO  
**RE:** CEO Report – February 2022

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

As of January 1<sup>st</sup>, the state began managing the pharmacy benefit for Medi-Cal members in a program called Medi-Cal Rx that is administered by Magellan. We continue to experience issues with delays in members receiving critical prescriptions, as well as long phone wait times for our pharmacy team to help address issues. We met with the Magellan leadership team this week and Ming Shen, our Director of Pharmacy, addressed our main areas of concern, offering recommendations for how to resolve the issues and improve service to our members.

### **Clinical Leadership**

HPSM welcomed two new clinical leaders to our Health Services team. Dr. Miriam Sheinbein joins HPSM as Medical Director. Dr. Sheinbein is a primary care physician and most recently worked at Planned Parenthood here in San Mateo County. Dr. Michael Okuji joins HPSM as our Dental Director. Dr. Okuji has experience at both health plans and in clinical settings, most recently working at UCSF School of Dentistry.

### **Dental Integration**

We completed our first month of administering the dental benefit. Our dental team is connecting members to care every day, and our primary access challenges are adult members who need extensive restorative care. Many of these members have either had no access to care or were paying out of pocket for services. We continue to build the provider network, focusing on increasing access to specialty dental services (periodontics, endodontics, orthodontics). We are also exploring a pilot program with GGRC and Sonrisas Dental Care to serve members with special needs.

### **NCQA Accreditation**

Many HPSM staff are involved in the file review portion of accreditation. In this phase of the process, NCQA reviews individual files in Utilization Management, Credentialing, Pharmacy, and Care Coordination. HPSM staff have done a tremendous amount of work to prepare for this file review.

**Support for Providers During Recent Surge**

Colleen Murphey will give a brief update at the Health Commission meeting regarding our latest efforts to support the provider community. The recent area of focus is working collaboratively with County Health to help guide our skilled nursing facility partners to safely facilitate admissions from local hospitals, which is challenging given the staffing shortages related to the pandemic.