

-Virtual Meeting-

**THE SAN MATEO HEALTH COMMISSION
Regular Meeting
January 11, 2023 - 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

[Click here to join the meeting](#)

Or call in (audio only)

[\(833\) 827-5103,633878375#](tel:(833)827-5103,633878375#) United States (Toll-free)

Phone Conference ID: 633 878 375#

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, January 11, 2023 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 Physician Advisory Committee, October 2022
- 4.3 Consumer Advisory Committee, October 2022
- 4.4 CCS Clinical Advisory Committee, December 2022
- 4.5 CMC Advisory Committee, October 2022

- 4.6 Quality Assessment and Improvement, December 2022
- 4.7 Approval of Advisory Group Membership for 2023
- 4.8 Approval of Amendment to Agreement to with Previa Solutions, LLC to Increase Funding for Part D Mailing Services
- 4.9 Waive Request for Proposal Process and Ratify Amendment to Agreement with Milliman Care Guidelines
- 4.10 Approval of Fourth Amendment to the Health Plan of San Mateo's Employee Retirement Plan.
- 4.11 Approval of Amendment to Agreement with AccessNurse
- 4.12 Approval of Amendment to Agreement with VARIS, LLC
- 4.13 Approval of San Mateo Health Commission Meeting Minutes from December 14, 2022.

5. Specific Discussion/Action Items

- 5.1 Election of Officers.*
- 5.2 Annual Compliance Program Report

6. Report from Chairman/Executive Committee

7. Report from 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: January 11, 2023

DATE: December 7, 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 2023 -

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 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

OPEN SESSION-PHYSICIAN ADVISORY GROUP (PAG)**Meeting Minutes****October 11, 2022 - 7:30 a.m.****Virtual Meeting due to Public Emergency**

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

Voting Committee Members	Specialty	Present (Yes or Excused)
Janet Chaikind, MD, Committee Chair	Pediatrics	Yes
Leland Luna, MD	Family Practice	Delegated Dr. Moore as Proxy
Vincent Mason, MD	Pediatrics	Yes
Tom Stodgel, MD	Obstetrics and Gynecology	Yes
Kenneth Tai, MD	Internal Medicine	Excused
Randolph Wong, MD	General Surgery	Excused
Non-voting HPSM Staff Members	Title	Present (Yes or Excused)
Luarnie Bermudo	Director of Provider Services	Excused
Carolyn Brown, DDS	Dental Director	Yes
Marisa Cardarelli	Dental Benefits Manager	Excused
Harnoor Chahal	Quality Improvement Clinical Manager	Excused
Cynthia Cooper, MD	Medical Director	Excused
Pat Curran	Chief Executive Officer	Yes
Paul Dela Cruz	Credentialing Specialist	Excused
Chris Esguerra, MD	Chief Medical Officer	Excused
Scott Fogle	Program Manager, Provider Services	Excused
Nicole Ford	Director of Quality	Excused
Jenny Hu	Provider Network Liaison	Excused
Daniel Le	Contract Supervisor	Excused
Treschere Lowery	Credentialing Specialist	Yes
Stephanie Mahler	Provider Network Clinical Liaison	Excused
Richard Moore, MD	Senior Medical Director	Yes
Colleen Murphey	Chief Operating Officer	Excused
Nina Nguyen	Provider Operations Manager	Yes
Jo Quach	NCQA Program Manager	Yes
Clarissa Rivera-Loo	Provider Network Liaison	Yes
Karla Rosado-Torres	Director of Medicare	Excused

Miriam Sheinbein, MD	Medical Director	Excused
Manila Shrestha	Provider Data Steward	Yes
April Watson	Provider Network Manager/ Interim Provider Services Director	Yes

	Item(s)	Discussion	Action	Responsible Parties	Due Date
1	Call to Order	Dr. Janet Chaikind called the meeting to order at 7:36 am. A quorum was present.	Quorum was present	J. Chaikind	N/A
2	Public Comment	None	N/A	N/A	N/A
3	Meeting Agenda and Meeting Minutes	Agenda and Minutes disseminated to committee. Agenda for today's meeting and Minutes from the August 2022 PAG Committee Meeting were approved.	Agenda approved; Minutes from August 2022 PAG Approved.	PAG	N/A
4	HPSM Announcements	<ol style="list-style-type: none"> 1. Pat provided updates on broad announcements regarding statewide efforts. 2. No new announcement of the end of the public health emergency. That means the biggest impact for HPSM, and its members is that State will start the redetermination process for individuals which they've paused over the last now two and a half years. No indications to gauge the outcomes and hopefully, most member disenrollment is due to employment coverage. 3. On the statewide front, the highlight on the Medicare side is that Cal MediConnect is transitioning to D-SNP Dual Eligible Special Needs Plan. Things should be very seamless to HPSM members. 	N/A	Pat Curran	N/A

As there is no change in their coverage, and no action on their ends. One of the advantages of this change is that we are now entering into what is annual financial bid process and so we're going to be offering new benefits for our members. One of those benefits is great, which is called an OTC or an Over-The-Counter card for things such as toothbrushes, band aids, OTC medications. It is about \$90 per quarter, so it's a significant amount and that will be something that we'll offer to our members starting in January. In addition, we're enhancing the vision benefit as well. Emergency coverage. Some of our members do travel to other countries during the year and so that will be a benefit they'll have as well so we're super excited about that with our Medicare plan.

4. We are also entering what is called the STAR rating system which is the quality benchmark program for the Medicare plans.
5. Another recently big news on the statewide level is the state went through a procurement rebid for services in many counties in California. That is not the case with San Mateo County. We did not have to rebid for our business. But State did enter into a contract with Kaiser which will take effect in 2024 where they will

work directly with Kaiser rather than through us. In some other counties though there were some significant changes, meaning State is consolidating contracted health plans basically to three commercial health plans in many, many counties that being held back which is also Centene, Molina and Anthem Blue Cross. No impact to San Mateo County. But we're following very closely at a statewide level, is that in San Mateo County, one of our sister health plans local health plans did have to bid for its business. It's called Community Health Group. It's formed by the community by FQHCs- a local plan. However, it was not selected and so we are worried about the direction the state is going in doing it statewide contracting, which appears to be consolidating the plans, who they're working with. And again, this doesn't mean anything to San Mateo County. However, moving forward, this is a policy shift for the state, which is going to be important for us to follow.

6. Now this new contract that they're bidding for in 2024. The contract itself will affect us and has many provisions including higher quality standards. So, both Medicare and the Medicaid program are putting in more quality indicators and increasing the

level of performance they're expecting for plans.

7. Last update is that in order to achieve higher quality standards, we have to do it through our provider network. And a lot of that is through our primary care network. We also know that we can't put more responsibilities, more tasks on our primary care network and expect different results that the system is tapped out right now. And so, we're having conversations with each of the organizations we did that are represented here. I think many of them we've talked to PAMP, SMMC, NEMS. We're starting to talk to other organizations, both local and statewide, to see how can we invest in primary care to achieve these higher quality results, as we can't expect them to do more with the same amount of dollars same amount of support for us so we're approaching the question it as in like three areas: "What type of payment can we do differently?; what type of processes can we do differently? and what type of technology and support can we bring to primary care?". Those are long term, multiyear endeavors, but we'll start the discussion with the Health Commission in November, no specific proposals just yet.

		<p>8. Pat clarified that the state works with two health plans in every county with exception of single health plan for several counties such as San Mateo. Kaiser has about 11,000, approximately 8% of the membership. And there was a lot of debate at a statewide level. We were opposed to the Kaiser change, really from a policy perspective, because this model where there's a single organization health plan of San Mateo, we think is a good model to work from where everybody's working together rather than separately through Kaiser. But in terms of the practical application, it won't mean anything much different for our members.</p> <p>9. Pay answered 2 questions from Dr. Mason. 1. "What do we think will happen with community health group in San Mateo? 2. "The notion of the higher standard, is there anything new that needs to be reinvented in those algorithms? Or do we need to figure out how to mesh those communities together?"</p> <p>10. Pat indicated that those are the exact conversations that we are having with San Mateo Medical Center and MEMS being FQHCs or the private clinics like PAMF Dignity, regarding quality improvement rather than have different systems. And we are trying to advocate for</p>			
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		consistency at a statewide level.		
6	Health Services Announcements	<ol style="list-style-type: none"> 1. Dr. Moore gave an update on the criteria for trans or gender affirmation surgery, came out with its first revision since 2012, as we are currently rewriting our gender affirmation policy and procedure. 2. We are also redoing our new guidelines for our peer-to-peer process. The new process is that we have 60 day window to be able to to change our decision based on the information that is provided by the submitting provider, and this is also an opportunity for provider training. 3. In terms of D-SNP preparation, Alzheimer's dementia quality of care measure for annual cognitive assessment for patients 65 years and older and DHCS is has rolled out a dementia care aware program for training for providers to be more of a dementia specialist and teaching how to how to do that cognitive health cognitive screening and though for it, it was not reimbursable up until July of this year, except for Medicare patients. 4. Lastly, a sad note, Dr. Manuel Luna passed away on September 30. He was a longtime member of this committee and was on staff at Seton Medical Center and mills Peninsula, a very well- 		Dr. Richard Moore
				N/A

		known family medicine specialist in North County. His son- Dr. Leland Luna who took his place on our committee who is not here today.			
7	Provider Services Announcements	1. April gave an update that Provider Services launched our hospital nursing facility collaborative. This is our first on-site half day collaborative meeting, bringing together hospitals and skilled nursing facilities in our network to do some collaborative work around those transitions of care from acute to long term care. Really great interactive day, very exciting to be back on site all together for the first time in two years. So that work is going to net collaborative work is going to last through June of next year. With three different on-site meetings and some virtual gatherings in between but really kicking off a lot of great work between those two groups of providers in our network.	N/A	April Watson	N/A
7	Adjournment	The meeting was adjourned to the Peer Review Committee (PRC) closed session.	N/A	N/A	N/A

Next Meeting for the Physician Advisory Group: 12/13/2022 at 7:30 am

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, October 19, 2022
Virtual Teleconference**

**Agenda Item: 4.3
Date: January 11, 2023**

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

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Judy Garcia, Gloria Flores-Garcia

Committee Members Absent: Robert Fucilla, Mary Pappas, Hazel Carrillo, Marmi Bermudez, Cynthia Pascual, Ortensia Lopez

Staff Present: Amy Scribner, Megan Noe, Carolyn Thon, Keisha Williams, Karla Rosado-Torres, Mykaila Shannon, Theresa Kopp, Sarah Munoz, Clement Chan, Chris Esguerra, M.D., Kiesha Williams, April Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:02 pm, a quorum was not met.
- 2.0 Public Comment:** Chief Health Officer, Amy Scribner announced that former HPSM Customer Support Director, Gabrielle Ault-Riche has ended her employment with HPSM. She and Director of Population Health, Megan Noe, will be overseeing the committee going forward.
- 3.0 Approval of Meeting Minutes for January 20, 2022:** The minutes from the April 21, 2022, meeting was approved by the committee via email.
- 4.0 Approval of Teleconference Meeting Procedures Pursuant to AB 361:** The committee moved to continue the practice of virtual meetings pursuant to AB361 which was signed by Governor Newsom in October 2021. This item was approved by the committee via email.
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** Ms. Scribner provided an update on behalf of CEO, Pat Curran. Governor Newsom will be lifting the public health emergency (PHE) on February 28, 2023. HPSM is preparing for the 60-day notice in November. This will also affect how meetings are conducted, decisions will need to be made about whether meetings will be held in person, remotely or perhaps a hybrid of both.
 - 5.2 CMO Update:** CMO, Chris Esguerra, M.D., provided an update on Health Services. The CareAdvantage enrollment season officially starts on October 15th. There is a mailer going to

members advising them of new benefits that will be starting in January. Because Medicare members are currently receiving information from a variety of sources, they are also sending mailers to those members, to reiterate the benefits they currently receive and new benefits they can also expect in January. Because of the transition they will do a sweep to ensure no members are missed in the process. The last quarter will be from 10/17 to 12/7.

5.3 Health Education: Health Promotion Supervisor, Sarah Munoz provided a presentation on health education materials recently sent to HPSM members. Breast cancer mailers are being sent to members who might need a mammogram. The informational flyer notes the importance of early detection and urges members to consult with their PCP if they are due for a mammogram. They also have a new flu mailer that will be sent to members encouraging them to get a flu shot soon in anticipation of flu season. Ms. Elbeshbeshy asked if there was a way in the future to include that flu shots are free for HPSM members. Ms. Munoz said they can do that, and she offered to add that on the HPSM website as well.

5.4 Health Equity: Health Equity Program Specialist Mykaila Shannon shared some of the work they are doing in addressing health disparities. At present they are focusing on breast cancer screening and are identifying and providing outreach to African American members who haven't had their screening yet. They have also received feedback from members seeking help scheduling appointments. Ms. Shannon also mentioned there are several health disparities among members identifying as indigenous, it's a small population but they are concerned and would like to get ahead of this. They are also looking to hire someone for the Program manager position.

She shared the results of their iPad pilot program. The goal was to understand whether providing a tablet to office staff would support utilization of interpreter services. 8 providers participated at 10 different provider sites. It ranged from primary care to pediatrics, physical therapy, and behavioral therapy. It was launched in April and is ending in November. Overall utilization increased by 30%, 26 providers increased their utilization, one provider decreased it. They did have some issues with calls being dropped and realized the need to use a sanitary cover when it is used for dental exams. Ms. Flores-Garcia reminded Ms. Shannon and the group that the indigenous population might be higher than they thought as many Latinos also consider themselves indigenous. Ms. Flores-Garcia also said they recently learned about disparities for certain follow up exams after a referral, especially for African American men. Ms. Shannon replied that they are aware that this population has been historically underserved. She said there are definitely things they can do to remedy this, and they will continue to work on that.

5.5 Provider Services (PS): Provider Network Manager/Interim Provider Services Director, April Watson, provided a verbal report on behalf of Director of Provider Services, Luarnie Bermudo. She reported on new Providers in the network. Hazel Health is a school-based mental and physical health provider. HPSM has also contracted with Angel palliative care, filling a gap that has existed for a while. PCP and OB-GYN providers were also added through NEMS, which is expanding in the North County. Ms. Watson spoke about a new collaboration with hospitals and nursing facilities, it was created to help members that are transitioning to other facilities by trying to remove challenges and bottlenecks. Ms. Watson also reported that HPSM is contracting with many new dental providers including specialists like endodontists, orthodontists, and prosthodontists.

There was a question about language access and services. Ms. Elbeshbeshy noted seeing clients who should have had an interpreter but did not know that they could ask for one. Though the onus is on the member, they believe greater efforts should be made to inform members that these services are available and free. It should be clear that Providers are obligated to offer these services and that there is no additional charge. HPSM's Health Equity Program Manager, Teresa Kopp, noted that changes have been made in the Provider newsletter and other communications around this subject based on complaints received.

5.6 Member Services (MS) & CareAdvantage (CA) Enrollment and Call Center Report: Director of Member Services, Kiesha Williams went over the enrollment and call center reports for Q1 of 2022. CareAdvantage (CA) Manager, Charlene Barairo reviewed the CA section. Ms. Williams reported that HPSM has 169,119K members across all lines of business (LOB). HPSM has seen a 12.6% increase since 2020. They continue to see numbers grow due to the extension of the PHE which Governor Newsom announced will end in February of 2023. To help prepare for that they are working with the San Mateo County Health system. Members who were sent renewal packets are receiving outreach to ensure they are completed and returned on time. In addition, DHCS has extended coverage to the 26-year-old population through January 24th, 2022. ACE members 26-49 will be transitioning to full scope Medi-Cal on January 1, 2024.

The Call center is still working with IT to fix the data issues they have been experiencing, as a result, they have no data at the moment. The Member Services team are fully remote. Call volumes have increased as they assist members navigating the system. They are currently looking for member services representatives and a call center supervisor. She reviewed performance metrics, they are compliant in emails but are still working on call monitoring, as goals were not met for Q3.

Ms. Barairo reported that CA enrollment remains steady. In Q3 they enrolled 220 members, of which 162 were new and 58 were re-enrolled. 192 members were disenrolled, the main reason was death for 62 of those members, 49 members moved to another plan and 47 members moved out of the area. An average of 77 members were enrolled each month. Because of the transition to the Dual Eligible Special Needs Plan (D-SNP), CMC members who lost their Medi-Cal eligibility were given a special deeming period which was extended to December 31, 2022. Members were notified at the end of September 2022. If in January, members are still in the deeming period, it will restart and they will be given a 4-month grace period to get their Medi-Cal back on track, otherwise they will be disenrolled in the D-SNP plan.

Ms. Barairo also provided an update on the Qualified Medicare Beneficiary Outreach program (QMB). This program helps beneficiaries pay for their Medicare Part A monthly premium. They partnered with HICAP to help; 923 letters were sent to members. As of October 1, 2022, 152 HPSM members have both Medicare Parts A & B. 53 of those have enrolled in the CA-CMC program and they anticipate more.

Call monitoring surpassed their goal of 95%, they are at 98% for this quarter. Barriers still exist with the phone system. She went over the Medicare annual enrollment period, which will run from October 15th to December 2022. There are new requirements issued from the Centers for Medicare & Medicaid Services (CMS) and The Department of Healthcare Services (DHCS). Health Plans are now required to have live customer services agents available Monday through Sunday from 8:00 am to 8:00 pm, including holidays from October 1st to March 31. There is an exception for Thanksgiving and Christmas Day. There was a comment about how the Federal and State PHE deadlines are different. The federal PHE is due to end at the end of January, but the State of California PHE goes until the end of February.

5.7 Grievance and Appeals (G&A): Chief Health Officer, Amy Scribner went over the G&A report. She reviewed the rate of complaints per thousand members for 2022. She also included data from Q1 and Q2 for comparison. They met their goals for the quarter. CA complaints, particularly grievances, are going upward steadily which is concerning. Timeliness of complaint resolution is at 100% for pharmacy appeals, however, medical appeals came in at 92.98, and grievances at 90.53 which means they did not meet their goals. She noted that there were staff that left and some turnover in the department as well as an increase in G&A that contributed to these numbers. They have been actively recruiting and have had some new hires in Q3 and plan to continue that for Q4.

CA appeals went down a bit, but grievances remain steady. Customer service, quality of care and billing issues are the top three grievances by category. Resolutions within 24 hours of receipt did well, they are seeing decreases in both areas. As for appeals, Pharmacy appeals are the largest, durable medical equipment (DME) and other services/Therapy are included in that, however 67% are related to medications. The largest number of complaints under customer service were about communication issues with staff, sometimes staff at the Provider office. Another significant area is around Non-Emergency Medical Travel (NEMT). But the overall number in comparison to the number of rides provided is actually small. HPSM does have a Provider Grievance Subcommittee, they will continue to bring these concerns to that group for any root causes or potential interventions. Grievances related to billing were stable in Q2. However, there was quite a high number of balance billing issues in Q3, they will work with the Claims department to see if additional Provider education is warranted. The volume of appeals and the overturned rate has decreased some too. Most were related to prescription drugs and DME from the last quarter. They are going to take a look to see if any new processes are responsible for this decrease. Ms. Elbeshbeshy offered the services of Legal Aid to work with HPSM in offering training to Providers about balance billing and hospital fair pricing.

Ms. Scribner also reviewed the Medi-Cal side. She reminded the group about the pharmacy carveout effective January 1, 2022, as a result they are seeing some grievances and appeals related to medications. Appeals went down a bit, but grievances increased. Customer service, quality of care, billing, access, and availability are the top concerns.

There were five regulatory agreements with DHMC during Q3. One was closed. The member was delegated to Kaiser. One was withdrawn by the member shortly after filing, one remains open and was related to treatment during a dental procedure. Another was an independent medical review (IMR) that was closed because not enough information was provided. Resolutions completed within 24 hours increased greatly. The top three reasons for appeals by type of service are service/therapy, specialist and DME. For IMR and State Fair Hearing, there was one that was files in Q3. It's still in progress, it was from a member requesting access to an out of network specialist. The overturn rate on the Medi-Cal side is about 42.3%. The rate of overturned appeals is consistent.

Ms. Scribner went over data collected for the National Committee for Quality Assurance (NCQA). Starting with grievances and appeals. They are separated based on whether they are related to Behavioral Health (BH) Services and further broken down into categories NCQA requires. They did not quite meet their goal for BH grievances. They are within their goal for BH appeals. Goals

were met for non-BH grievances and appeals. They did not meet their goals for the BH complaint rate. They are having the BH team identify trends and potential action. She briefly reviewed numbers for Healthworx, ACE and CCS. There was a dip in Kaiser grievances in Q3, case management and care coordination are the main reasons for current grievances.

In Q3 a total of 73 members requested a change from their PCPs. Members switched from 24 PCPs. 20 were clinics and 4 were individuals, this was a decrease from Q1 and Q2. No clinics had 4 or more or more members. This info was shared with HPSMs Provider Services department to determine if additional action is needed.

- 6.0 2023 CAC Meeting Dates:** The committee reviewed the proposed meeting dates for the 2023 calendar year. This item was approved by the committee via email.
- 7.0 New Business:** There was no new business.
- 8.0 Adjournment:** The meeting was adjourned at 1:18 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission

CCS CLINICAL ADVISORY COMMITTEE
Thursday, December 8, 2022 – 12:00 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: Laurie Soman, Yumi Mitsuya, M.D., Brian Lee, M.D., Carol Elliott, Lee Sanders, M.D., Grace Chen, M.D.

Members Excused: Leticia Acevedo, Sofia Verstraete, M.D., Stephanie Smith, Michelle deBlank,

San Mateo County Members present: Susanna Flores, Jenn McLean, Lianna Chen.

San Mateo County Members Excused: Anand Chabra, M.D., Marsha Aleman, Lizelle Lirio de Luna.

HPSM Members Present: Cynthia Cooper, M.D., Chris Esguerra, M.D

HPSM Members Excused: Amy Scribner, Amanda Epperson.

- 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 September 22, 2022, meeting by Laurie Soman; Second: Jenn McLean. All were in favor.

5. Youth/Young Adult Advisory Committee Report Out

Ms. Chen reported that the Youth Advisory Group met on September 26, 2022. The guest speaker with Mariluisa Diaz from Community Overcoming Relation Abuse (CORA). She

presented an interactive presentation on how to understand what healthy relationships are including an overview of the support services offered by CORA; recognizing the characteristics of abusive relationships and/or unhealthy relationships; how to stay safe online; and how to identify their support systems. Ms. Dias shared resource documents as was covered in the meeting.

The next meeting date is to be determined. They will be having open discussion meetings that will last approximately 30 minutes while Ms. Aleman is away during that time.

6. Importance of Blood Screening in Young Children – Amanda Epperson

Dr. Cooper explained that Amanda is out today so this topic will be brought forward to the next meeting.

7. Other Business

Medi-Cal Rx

Dr. Cooper introduced as a substitute topic, a discussion around the pharmacy. Laurie Soman explained the background around the Pharmacy changes at the state level that took place as of January 1, 2022 call Medi-Cal Rx. This affected most outpatient prescriptions and medical supplies and applies to everyone on Medi-Cal. As everyone expected, this transition did not go well especially at the beginning. People experienced long waits to get help on the phone through Magellan, the third party administrator chosen by the state. Children with special health care needs were going to the emergency room for help because they could not get their needed medications on time.

By March, the state began making changes due to these failures such as eliminating prior authorizations for a majority of drugs, and working advocates and others to identify pediatric appropriate medications. She is still meeting with state representatives in order to have other medications added to the contract drug lists. Advocates are still negotiating with the state to continue these exemptions indefinitely.

She reported that the state is holding a meeting on this date for CCS and issued a PowerPoint presentation describing changes they will be making. It states that they will begin reinstating prior authorizations for kids and youth under age 22 which includes the kids on CCS “no earlier than July 2023”. They will give 90-day advance notice. It may happen later than July. She explained that this is worrisome for the state to revert back to what was happening in early 2022 as it will be difficult to standardize these benefits for a population such as CCS that is very different and specialized, not fitting into the average or norms.

Dr. Esguerra reported how DHCS has been working through implementation phases but there have been delays in their phases as they realize there is a lot to test. He talked about the complexities of the changes and coverages stating that they do not cover many over the counter medications. He shared that HPSM has elected to expand coverage from a formulary perspective for the D-SNP in order to avoid disruption to our members as much as possible. Not all health plans are engaging in this way. He expects that we might see again the kind of disruption and disgruntled members as earlier in the year.

Touching back to the idea of a contract drug list, Dr. Esguerra explained the concern for the special needs area not being compatible and the process it takes to get them on the list and negotiating with manufacturers or companies, all being quite burdensome. He is not sure why they are not considering using the formulary method which the health plan has always operated under. This may be a point of advocacy to consider standardized formularies. Ms. Soman stated one reason is they are coming from a volume purchase perspective, and as a state we should be exercising volume to get a better rate and kids are at about 1%. The presentation emphasizes standardization. We need to keep on coming up with potential suggestions to the department. Ms. Soman will send the PowerPoint to the committee so they can have it for reference.

Genetic Testing on Children

Dr. Cooper mentioned that they have been receiving numerous requests for genetic testing on children. What the health plan needs in order to approve these requests is to know how this testing could change the child's future testing or treatment. She asked that this information be shared with physicians so we can expedite these requests.

Dr. Sanders clarified that information on this should be forwarded to Jonathan Bernstein who directs pediatric genetics at UC. Dr. Cooper clarified that it needs to show that this is not an intellectual exercise, but an avenue to determine the right kind of testing or medication that a patient would need so that we can justify the approval. Dr. Sanders stated that for him as a primary care physician, when they send in the request and these tests are performed, they want to determine if something useful found. This becomes a moving target as most are really rare cases with about 1/3 of the time they get something back, and maybe 1/6th of the total will inform us of a different way of doing something for the child. Dr. Cooper concurred that this may be the situation and that the medical directors will accept that.

Dental

Dr. Esguerra gave an update on the dental program. He stated that a majority of the patients being seen for dental are the children which has been great, and children with special needs has been a focus and the capability to provide services such as sedation or hospital based care.

Another update is on the orthodontics pilot supported by Measure K dollars. A number of Orthodontists are participating in the program and are on track. This pilot is for two years with a goal of reaching about 200 enrollees. They have eased the prior authorization process which has allowed some younger children to receive services. This program began in July and have about 40 individuals approved to get started with the process.

CalAIM

Ms. Susana Flores reported that she had recently attended a meeting regarding enhance case management and wondered if there are plans to serve the CCS population. Dr. Esguerra suggested we include this as a topic for our next meeting. He commented on roll outs called "Populations of Focus" which includes kids in Foster Care and kids with special needs. Work group meetings have taken place and are beginning to define what needs to happen. We first need to make sure we have enhanced care services providers and that they can actually do this work. Amy Scribner's group will be able to tell us more in the future.

Next Meeting

Dr. Cooper announced our next meeting will be held virtually on March 23, 2023. These meetings may be going back to being held in person. Dr. Cooper stated that they would be in the evening at 7:00 p.m. so everyone could attend after their workday. She asked if anyone had thoughts about future meeting times to let her know.

8. Adjournment/Closing Remarks

The meeting adjourned at 12:39 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 8th day of December, 2022 by the following votes:

AYES: Soman, Mitsuya, Lee, Elliott, Sanders, Chen.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess
C. Burgess, Clerk

DRAFT

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, October 28, 2022 – 11:30 a.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-**

AGENDA ITEM: 4.5

DATE: January 11, 2023

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: Claire Day, Gay Kaplan, Dr. Darlene Yee-Melichar, Beverly Karnatz, Jill Dawson, Kirsten Irgens-Moller, Nina Rhee, Pete Williams, Ligia Andrade Zuniga, Jules Lutaba, Ricky Kot.

Committee Members Absent: Lisa Mancini, Amira Elbeshbeshy.

Staff Present: Pat Curran, Karla Rosado-Torres, Charlene Barairo.

1. Call to Order / Introductions

The meeting was called to order at 11:34 a.m. by Karla Rosado-Torres.

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 July 29, 2022, were presented for approval. Motion to approve: Kaplan
Second: Yee. Minutes were 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.

Motion to approve: Zuniga; Second: Day. All in attendance were in favor. The resolution is attached to these minutes as part of the record.

5. **State/CMS Updates**

Mr. Curran explained what is happening statewide. A part of the purpose of CalAIM is to standardize the experience for Medi-Cal beneficiaries. HPSM has already been responsible for the Long Term Care benefit for Medi-Cal members and other counties are now being required to become responsible for this benefit. Also, Dual eligible members will be transitioning into managed care plans. The state is now requiring all Medi-Cal plans to have a corresponding Medicare plan by 2026. HPSM has already been doing this for a number of years.

Mr. Curran will be in Washington, DC next month when the national coalition will meet to talk about proposed legislation to further coordination for the Dual Eligible beneficiaries. There is a bill that will give money to states to develop a plan to coordinate Medicare and Medicaid benefits together. We are advocating nationally that this legislation passes. There is another bill which would more comprehensively coordinate benefits and create a modified program for dual eligibles that will not pass. However, the good news is that there is a lot of activity at a national level to better coordinate coverage, benefits, and care for people who have Medicare and Medicaid.

Beverly Karnatz commented on the number of providers who seem to be reaching out to residents to offer them Medicare and Medicaid dual eligible products. Mr. Curran explained that this does happen every year during open enrollment time. There was discussion about residents being told by their physician that they were leaving the health plan and recommended another program to them. She mentioned connecting them with HI-CAP but stated that HPSM did not seem to be on their list. Staff will follow up on this. Ms. Kaplan added that Medicare does not pay the billed rate and some physicians are leaving the Medicare Managed Care plans for this reason.

6. **HPSM Updates**

a. D-SNP Transition Update – Karla Rosado-Torres

Ms. Karla Rosado-Torres, HPSM Director of Medicare, gave an update on the D-SNP transition which be in effect on January 1, 2023, as part of the CalAIM provision. She reported the following:

- Approval for the State Medicaid Contract has been received.
- The preliminary results for our marketing and brand analysis have been received. This will help us with our brand, and messaging to members and providers.
- Revisions of member materials have been completed and are ready for implementation.
- Notices to our members were sent out at the beginning of October. This includes the annual notice of changes to coverages for 2023, the 90-day notice of renewal which

informs members of changes due to the transition from Cal MediConnect to the D-SNP.

- The HPSM website has been updated with the D-SNP information in English and the other threshold languages.
- During the annual enrollment period (October 15th thru December 7th) members receive solicitations from many health plans. In past years, HPSM has not been involved in this advertising and solicitation process, but we will be sending information to members this year for the first time. We have exciting new benefits to offer, and this will be included in the materials that will be sent to members. We are now in a testing phase with these materials which have been produced in two different versions.
- We received approval for our new benefit package resulting in the following benefits: Vision \$175 annually which is an increase from \$100 every 2 years; new Worldwide Emergency Coverage up to \$25K for services and transportation worldwide on a member reimbursement arrangement; an Over the Counter (OTC) allowance of \$90 every quarter for OTC items (via retail, online orders and phone orders) through a debit card they will receive; and a Healthy Foods benefit of \$65 every quarter for healthy foods and grocery items for members with certain chronic conditions.
- Webinars for providers have been conducted to educate them on the new benefits. In November, there will be another set of webinars for members in English and Spanish about the D-SNP benefits and other changes. More provider webinars will take place around the same time.
- STARS readiness project is under way to prepare for our first official score in 2025. Before that, HPSM will be given a default rating of 3.5 STARS.
- CAHPS survey which takes place in March 2024, will capture the data that will provide us with our first year of STARS rating. A vendor has been engaged to assist with an assessment for best practices. HPSM will conduct a number of surveys around member experience. The results will be shared at future meetings.
- Next year HSPM will be conducting an independent CAHPS survey which will not count towards our STARS rating but will provide the health plan benchmark data to help us improve before our first accountable year of CAHPS. This will be performed in English, Spanish, Chinese and Tagalog.

b. End of Public Health Emergency - Update.

Ms. Karla Rosado-Torres explained that the Governor has announced the end to the state Public Health Emergency. The federal mandate for a public health emergency is the mandate that oversees the Medi-Cal renewal process that is currently on hold. The State PHE affects other activities within the state. We are expecting the end of the federal PHE and are planning for a mid-January date for this to take place. With that, staff has begun outreach to members with messaging around making sure their contact information is up

to date; and, that they respond immediately any requests for information to ensure they do not lose their Medi-Cal. She noted that the deeming period will be four months beginning in May 2023.

7. Discussion Topics:

Ms. Rosado-Torres talked about the restructuring of this committee going forward in 2023. She noted that CMS has indicated that D-SNPs need to have an enrollee advisory committee. This is in order to solicit information from members to understand topics that may affect their health care such as:

- Access to Covered Services
- Coordination of Services
- Health Equity
- Areas of improvement for Underserved Enrollee Populations

One of the requirements of this committee will be to have reasonable representation of our membership. To accomplish this, staff is working on organizing a separate committee that is made up of enrollees (members).

Ms. Kaplan noted that it is a challenge to get members for this age group and with chronic conditions to attend meetings. She suggested that those who work with the members may have an opportunity to identify those that may be able to help us meet this requirement. There was discussion on some of the regulation and how it is specific to ensuring that the CareAdvantage population be well represented.

Dr. Yee asked if the regulation spelled out the need for diversity and inclusion of members or different populations. Dr. Yee would like to see that be taken into consideration such as language. She asked if there is a deadline for this committee to be established and if there are frequency regulations. Ms. Rosado-Torres stated that it would need to meet quarterly and they want it to begin in 2023. There was more conversation around the need for linguistic representation and overall cultural representation in this current committee and also for the other committee that is to be formed. Ms. Rosado-Torres asked committee members to please watch for enrollees that may be interested in joining this committee to see if we can gain member representation. Ms. Irgens-Moller asked if the restructuring of this committee meant that current members would need to resign for others to join. Ms. Rosado-Torres stated that the restructuring would mean that we would focus more on member input and less on reports. Reports could be sent out in advance and discussed at the meetings, but the meetings would be more member focused related to issues they may be experiencing.

Ms. Karnatz expressed interest for her residents commenting on the possibility for the meeting to be hybrid so members could attend virtually. Ms. Rosado-Torres stated that staff will be working on a structure for the committee and will send this out before the next meeting. She again expressed the hope that members of the committee might send her some recommendations of enrollees that might be interested in participating.

8. CCI Ombudsperson Report (Legal Aid)

Mr. Jules Lutaba reported:

- Reported on cases that were related to a long term Share of Cost (SOC) that seemed to be a negative action during the PHE which was not to be permissible. This went to a state hearing and it was decided that switching someone who did not have long term care into Medi-Cal long term care with a SOC was a positive action as it gives them access to those services even though their cost of health care would increase.
- Another issue was members who have a Medicare savings program where their Part A and B premiums are paid for each month who then had an increase in income which made them no longer eligible for that benefit and then removing this premium was paid for was not permissible. In state hearing this was deemed a negative action and therefore not permissible.

9. LTC Ombudsperson Report

Ms. Irgens-Moller talked about changes in personnel at the big skilled nursing facilities that is causing some confusion related to CalAIM. Ms. Irgens-Moller will be working on a cheat sheet to help when talking to clients about CalAIM. There is a shortage of staff and this is being recognized by the patients. There is some tension between the traveling staff CNA's and RN's regarding the difference in pay.

She expressed continued confusion on how to deal with behavioral health issues in the facilities. Some of the larger facilities that had been receiving patch money are now taking people from out of county and they would like a better way to support patients in these facilities receiving this patch.

Dr. Yee offered to connect Ms. Irgens-Moller with interns that she is in contact with to help work with patients who need help with.

10. Questions about reports distributed prior to meeting.

- a. Health Risk Assessment/Care Plan Completion and LTSS Utilization Dashboard**
- b. Grievance & Appeals Report**
- c. Call Center & Enrollment Report**
- d. IHSS Utilization Report**

There were no questions about the submitted reports at this time.

11. Meeting Dates for 2023

The meeting dates were approved as submitted. Dr. Yee asked about the status of the virtual meetings or if we would be meeting in person. Mr. Curran explained it is dependent on the ending of the PHE. It was stated that January would be a virtual meeting and we could discuss then the future meetings.

12. Adjournment

The meeting adjourned at 12:47 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 28th day of October 2022 by the following votes:

AYES: Day, Kaplan, Yee-Melichar, Karnatz, Dawson, Irgens-Moller, Rhee, Williams, Zuniga, Lutaba, Kot.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess
C. Burgess, Clerk

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

AGENDA ITEM: <u>4.6</u>
DATE: <u>January 11, 2023</u>

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)	Y
Jaime Chavarria, M.D.	PCP (Family Medicine)	N
Amelia Sattler, M.D.	PCP (Family Medicine)	Y
Maria Osmena, M.D.	PCP (Pediatric)	N
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Y
Non-voting HPSM Members	Title	Present (Yes or Excused)
Chris Esguerra, M.D.	CMO (Psy)	Y
Nicole Ford	QI Director	N
Richard Moore, M.D.	Sr. Medical Director (IM)	Y
Amanda Epperson	Program Manager, Child & Youth Health	Y
Dr. Carolyn Brown	Dental Director	Y
Samareen Shami	QI Program Manager	Y
Janet Davidson	UM Manager	Y
Jo Quach	NCQA Program Manager	Y
Rob Lindley	Compliance Manager	Y
Talie Cloud	Population Health Specialist	Y

1. Call to Order
 The meeting was called to order by Dr. Kenneth Tai.

2. Public Comment/Communication
 No public comment or communication for discussion at this meeting.

3. Approval of Agenda
 Motion to approve. Approved by Dr. Jeanette Aviles and seconded by Dr. Amelia Sattler.

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.

Comment from Dr. Chris Esguerra where specific to 4.1, at the state level, the end of the Public Health Emergency was declared for February 28, 2023. The Brown Act for this committee comes

back into play and QIC is a sub-committee of the commission. The logistics will be determined at the next QIC Meeting on March 15, 2023.

Comment from Dr. Kenneth Tai if this meeting will be in-person starting next year?

Comment from Dr. Chris Esguerra this meeting will likely be in-person in March.

4.2 QIC Minutes from September 21, 2022

4.3 UMC Minutes from October 24, 2022

4.4 CQC Minutes from November 21, 2022

Motion to approve. Approved by Dr. Jeanette Aviles and seconded by Dr. Amelia Sattler.

5. Approval of the 2022 QI Program Description

Comment from Dr. Chris Esguerra, the QI Program Description was previously approved, signed and completed, which should not have been on this agenda.

6. HEDIS BH MY2022 Measures

Comment from Dr. Chris Esguerra, the full presentation will be available in March; meanwhile, there was a significant amount of data from the SM County BH Recovery Services. The BH data measures have impacted significantly and positively with our rates after follow-up for emergency visits for mental health treatment, alcohol, and other drug use disorder treatment after the hospitalization treatment. Many cases are now in compliance with our rates, which significantly improved the data. Note: there is a carve out for Medi-Cal and Behavioral Health, which is a state-wide challenge with counties and other plans.

7. Blood Lead Screening Measure in Children

Presented by Amanda Epperson, Child and Youth Program Manager for HPSM. Previously a school nurse for the Oakland Unified School District.

- Blood Lead Screening Trends in California
 - Housing-Related Sources of Lead Exposure
 - Non-Housing Related Sources of Lead Exposure
 - The effect of COVID19 on Blood Lead Screening
 - Barriers to care
 - Screening is effective.
 - No level of lead in the blood is safe.
 - Not all children are impacted equally.
- Total occurrences of Housing-Related Sources of Lead Exposure among full cases, Fiscal Year 2018 – 2019.
 - Paint = 119
 - Soil = 58
 - Dust = 39
 - Water = 5
 - Paint was the most common housing-related source of lead exposure followed by soil, dust, and water.
 - The main source of lead exposure was housing-related among Hispanic, Black, and multi-race children.
- Total occurrences of Non-Housing Sources of Lead Exposure among full cases, Fiscal Year 2018 – 2019
 - Cosmetics and spiritual projects = 56
 - Food, spice, and drinks = 52

- Take home/occupational = 40
- Pottery and utensils = 29
- Other lead source = 22
- Remedies = 12
- Retained bullet = 3
- CDC reports from January to May 2020, 34% fewer U.S. children had blood lead level testing compared to the same period in 2019.
- Between May 2019 and 2020, screenings fell by over 50% in some states.
- The Healthcare Effectiveness Data and Information Set (HEDIS) measure for lead screening in children in Medicaid MCOs shows a decline from 70.0% in 2019 to 68.3% in 2020.
- In California, 28% fewer children under the age of six were tested in 2020 (n = 340,516) compared to 2019 (n = 473,396) due to COVID19 pandemic.
- Magellan Diagnostics recalled all three LeadCare Test Kits in 2021 because certain test kits were producing falsely low results.
- With a shortage in test kits, a venous blood draw would be required to test blood lead levels.
- As of October 14, 2022, all three testing kits have resumed distribution.
- San Mateo County Blood Lead Screening Metrics
 - Number of individual children screened for lead in San Mateo County 2020
 - Data is from the RASSCLE surveillance database archive of 7/30/2021.
 - Everyone is counted only once, using their highest blood lead level during 2020.
 - Results were later determined to be false positives and errors were excluded.
 - Percent of children under 6 years old with a blood lead level of 4.5 ug/dl or greater by Local Health Jurisdiction 2020.
- HEDIS Measure LSC
 - HEDIS Measure Description: the percentage of children 2 years of age who had one or more capillary or venous blood test for lead poisoning by their second birthday.
 - LSC Testing per Provider
 - Compliance rate per Provider
 - HPSM sends out monthly notification of identified members who are due for blood lead screening to providers responsible for their care.
 - HPSM ensures that the network providers report blood lead screening results to the Department of Health's Childhood Lead Poisoning Prevention Branch.
 - HPSM includes blood lead screening materials in Well Baby Mailer Packet, and in the HPSM website content.
- Possible Intervention Strategies to improve LSC metric.
 - Outcome-based Pay for Performance (P4P)
 - Support provider outreach to identified members using TCM to ensure members receive their required blood lead testing by 24 months of age.
 - Work in conjunction with SMC Family Home Visiting program to provide outreach and education to HPSM members.
- Discussion
 - Have you seen any trends, or had any experiences related to blood lead screening that you could share?
 - What has worked to help encourage and motivate patients to follow through with blood lead screening?
 - What do you feel would be most helpful to include in health promotion/education?

- Do you have any other ideas that could improve HPSMs performance on this measure?
- Comments
 - Question from Dr. Jeanette Aviles concerning the Lead Screening Kits if these are allowed for non-venous blood draw?
 - Comment from Ms. Epperson these are for capillary test on the heel or a finger-prick.
 - Comment from Dr. Jeanette Aviles, if the county has stopped using the capillary test kits, we would need to verify if due to clinical or supply issue.
 - Comment from Dr. Kenneth Tai would also need to verify and will respond back.
 - Comment from Ms. Epperson there were many discussions with the lab and the providers due to the liability issue with the capillary test kits. Ms. Epperson will send out the Presentation to the committee in a separate email attachment.
 - Comment from Dr. Amelia Sattler in terms of the Compliance Rate per Provider slide deck, what is the relative volume of patients from each of the clinics, such as the root causes, and are their clinics with high volume of patients not getting screened, such as at one clinic?
 - Comment from Ms. Epperson the LSC Testing per Provider slide deck presents the overall breakdown of the providers.
 - Comment from Dr. Amelia Sattler where our clinic conducted a blood screening project and whether the problem was not getting ordered or patients are not getting the recommended point of care for testing (with where the breakdown exists)? One of the ways was to integrate more consistently to build-in the visit note template for clinicians as a reminder specifically for the one-year-olds.
 - Comment from Ms. Shami that HPSM could provide the data with the breakdown in the table with totals. In addition, HPSM has focused on how important it is for members to go for a blood lead screening. If helpful, HPSM could provide additional provider training or HPSM could send out the information to the providers.
 - Comment from Dr. Chris Esguerra in agreement with Ms. Samareen and Dr. Amelia Sattler where we would need to ask questions first to understand 1) the facts to know if the capillary tests are back and if available and 2) would this be considered a workflow issue or a data issue?
 - Comment from Ms. Samareen where this topic was brought up by the County hospitals and with the home visiting clinics observing the decrease in the blood lead screening rates. An improvement around data was completed by the HPSM data analyst where we are positive at this point the data is accurate as well as the data was reported to the state. The providers have observed a significant decrease in rates perhaps due to the pandemic and very difficult to get parents to bring their children tested for the venous blood draw especially at 39th Avenue.
 - Comment from Dr. Sattler if there could be a workflow process, such as the labs could bulk order ahead of time and then, focus on the engagement efforts on the patients. A bulk order is a capacity to run reports versus manually in the medical records to place the orders for the patients.
 - Comment from Dr. Kenneth Tai, the bulk order and the standing order are similar and eliminating the extra preventative routine screening tests from providers would probably be more effective where these should be standing orders.

8. CareAdvantage CAHPS/Off Cycle Survey

Dr. Chris Esguerra reported on the CAHPS survey this year where HPSM did not do well around Member Experience with the member experience on the provider side as well with HPSM. HPSM conducted an off-cycle survey, and the results are being reviewed at this time. This survey

received a significant number of responses with additional languages added to the survey compared to the last survey. HPSM will continue to do CAHPS surveys for improvement specifically in the areas of needing improvement on interventions. More discussion at the March meeting.

Recommended Actions

- How could HPSM help with the member experience survey 1) by continuing to do frequent surveys, and 2) provide positive feedback to members.
- The Provider Services Dept. could send out the CAPHS survey information to members that the survey will be coming out soon. HPSM and providers could come together as a collaborative effort to educate the members.
- The Population Health Management workgroup could draft a member's experience survey if providers could review the draft for feedback and comments.
- Could HPSM provide education for the Asian community?
- Provide additional resources to providers, PCPs, such as a cheat sheet list, leaflets/tip materials, ongoing member education throughout the year, etc.

9. Adjournment: next meeting March 15, 2023

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 December 2022 by the following votes:

AYES:

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: Janet Biaggi, Clerk

MEMORANDUM

AGENDA ITEM: 4.7

DATE: January 11, 2023

DATE: January 3, 2023

TO: San Mateo Health Commission

FROM: Pat Curran, Interim Chief Executive Officer

RE: 2023 Membership - Commission Committees and Advisory Groups

The Commission approves the membership of its standing committees and advisory groups every year at this time. During the year, committee chairs fill vacancies with qualified individuals, and these appointments are confirmed annually by the Commission.

Attached for the Commission's approval is a list of the Commission's current standing committees and advisory groups, including current membership and respective membership representation. Proposed changes have been indicated with strikethrough for deletions and underlining for additions.

DRAFT

**RESOLUTION OF
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF
COMMITTEE AND ADVISORY GROUP MEMBERSHIP
AND MEMBERSHIP REPRESENTATION FOR 2023**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has previously established various committees and advisory groups to carry out its business, and appointed members to these committees and groups; and
- B. Membership and representation for these committees is approved annually by the Commission.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the attached list of committees, committee members, and their respective membership representation for its standing committees for 2023.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

**SAN MATEO HEALTH COMMISSION
COMMITTEES/ADVISORY GROUPS
Member and Committee Representation List 2023**

COMMITTEE OR GROUP

MEMBERSHIP REPRESENTATION

Finance/Executive Committee (5)

Staff: CFO/CEO

Meets as Scheduled

- | | | |
|---|---|--------------|
| Si France, M.D. | - | Commissioner |
| George Pon Don Horsley, Chair | - | Commissioner |
| Michael Callagy | - | Commissioner |
| Bill Graham | - | Commissioner |
| Ligia Andrade Zuniga | - | Commissioner |

CCS Clinical

Advisory Committee (12)

Staff: Medical Director

Meets Quarterly

- | | | |
|----------------------------------|---|--|
| [Vacant] | - | HPSM Commissioner |
| Michelle deBlank | - | Legal Aid Society of SM County, Supervising Attorney |
| Benjamin Mandac, M.D. | - | Pediatric Rehabilitation |
| Laurie Soman | - | Lucile Packard Children’s Hospital, CGO |
| Grace Chen, M.D. | - | SMMC, Medical Director/Pediatrics & Adolescent Med. |
| Lianna Chen | - | Youth Representative |
| Vacant | - | Parent Representative |
| Carol Elliot | - | CCS Consumer Advocate (Community Gatepath) |
| Lee Sanders MD | - | Lucile Packard Children’s Hospital Physicians |
| Stephanie R. Smith | - | Kaiser CCS Program Manager |
| Jenn McLean | - | CCS MTU Unit Chief Therapist |

CCS Family Advisory Committee (16)

Staff: Director of Customer Support

- | | | |
|--------------------------------|---|----------------------------|
| Stephanie R. Smith | - | Kaiser CCS Program Manager |
| Carol Elliot | - | Ability Gatepath |
| Lianna Chen | | |
| Stephanie Gradek | | |
| Marilyn Wendt | | |
| Faviola Morales | | |
| Gladis Gomez, Co-Chair | | |
| Stephanie Bayless | | |
| Miguel Sr. Bejar Arias | | |
| Macaria Leticia Acevedo, Chair | | |
| Doris Dablo | | |
| Nyla Dowden | | |
| Miguel Sr. & Claudia Pina | | |
| Christina and Raul Marquez | | |
| Amabilia Espinoza | | |
| Roberta Zarate | | |

Esperanza Zamora

Rocio Salas

Silvia Ixcoy

Oleandro Campos

Allison Ochoa

Cal MediConnect (CMC) CareAdvantage Advisory Committee (CAAC)

Advisory Committee (18)

Staff: Director of Customer Support

- | | |
|---|--|
| Teresa Guingona Ferrer | HPSM Commissioner |
| Ligia Andrade Zuinga | - HPSM Commissioner, Member |
| Pete Williams | - Member or Family Member |
| Diane Prosser | - Member or Family Members |
| Beverly Karnatz | - Affordable Housing Provider |
| Vacant | - Member or Family Members |
| Vacant | - Commission on Aging |
| Vacant | - IHSS Provider |
| Vacant | - CBAS Provider |
| Sharolyn Kriger | - Long Term Care Provider |
| Amira Elbeshbeshy/ <u>Evelina Chang</u> | - Legal Aid Society of SM County |
| Lisa Mancini / Nina Rhee | - HCBS Services Provider (SM County AAS) |
| Vacant | - HCBS Services Provider (SMC Public Authority) |
| Vacant | - Behavioral Health Provider (SMC BHRS) |
| Claire Day | - Alzheimer’s Association |
| Gay Kaplan, Chair | - Community Member |
| Vacant | - Health Insurance Counseling and Advocacy Program (HICAP) |
| Kirsten Irgens-Moller | - Ombudsman Services |
| Art Wolf [Vacant] | - Consumer Advocate |
| Darlene Yee-Melichar | - SF State University, Professor, Gerontologist |

Children’s Health Initiative (CHI)

Oversight Committee (9)

Staff: Deputy Chief Executive Officer

Meets as Scheduled

- | | |
|---|---|
| Teresa Guingona Ferrer <u>Ligia Andrade Zuniga</u> | HPSM Commissioner |
| Cheryl Fama | - Peninsula Health Care District |
| Srija Srinivasan | - County of San Mateo Health System |
| Emily Roberts/ Kitty Lopez | - County of San Mateo First 5 |
| Deanna Abrahamian | - County of San Mateo Human Services Agency |
| Manny Santamaria | - Silicon Valley Community Foundation |
| Julie Lind | - San Mateo County Central Labor Council |
| Pamela Kurtzman | - Sequoia Health Care District |

Consumer Advisory Committee (13)

Staff: Director of Customer Support

Meets Quarterly

- | | |
|-----------------------------------|------------------------------------|
| Vacant | - HPSM Commissioner |
| Judy Garcia (Member) | - HPSM Member or Consumer Advocate |
| Vacant | - HPSM Member or Consumer Advocate |
| Mary Pappas (Commission on Aging) | - HPSM Member or Consumer Advocate |
| Cynthia Pascual (Member) | - HPSM Member or Consumer Advocate |
| Vacant | - HPSM Member or Consumer Advocate |

Hazel Carrillo (*Member*)
 Rob Fucilla
 Gloria Flores-Garcia/Ortensia Lopez
 Angela Valdez
 Amira Elbeshbeshy, Chair
 Ricky Kot
 Marmi Bermudez

- HPSM Member or Consumer Advocate
- HPSM Member or Consumer Advocate
- HPSM Member or Consumer Advocate
- Human Services Agency, County of San Mateo
- Legal Aid Society Representative
- Aging & Adult Services, County of San Mateo
- Health System, County of San Mateo

Peer Review/

Physician Advisory Group (12)

Meets Bimonthly

Kenneth Tai, M.D.
 Janet Chaikind, M.D., Chair
 Leland Luna, M.D.
 Vacant
 Vacant
 Vacant
 Vacant
 Vincent Mason, M.D.
 Vacant
 Tom Stodgel, M.D.
 Randolph Wong, M.D.
 Vacant

Staff: Network and Strategy Officer

- [maximum of 11 HPSM Contracting physicians]
- Physician Member-Commissioner
- SMMC Physician
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician PCP (*Internal Medicine, Retired*)
- Contracting Physician PCP (*Family Practitioner*)
- Contracting Physician Specialist (*Psychiatrist*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician PCP (*Pediatrics*)
- Contracting Physician Specialist (*OB/GYN*)
- Contracting Physician Specialist (*Surgeon*)
- Contracting Physician Specialist (*OB/GYN*)

Pharmacy & Therapeutics Committee (13)

Meets Quarterly

George Pon, RPh
 Barbara Liang
 Vacant
 Niloofar Zabihi, Pharm.D
 Varsha Gadgil, RPh
 Jonathan Han, Pharm.D.
 Jaime Chavarria, M.D.
 Lena Osher, M.D.
~~Vacant~~ Victor Armendariz
 Vacant
~~Vacant~~ Bryan Gescuk, M.D.
 Vacant
 Vacant

Staff: Chief Medical Officer/Director of Pharmacy

- Commissioner-Pharmacist Member
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Pharmacist, SMMC
- Contracting Pharmacist
- Contracting Pharmacist
- Contracting Physician
- Contracting Physician, Psychiatrist
- Contracting Physician, SMMC
- Contracting Pharmacist/Consultant
- Contracting Physician
- Contracting Physician
- Consultant

Quality Improvement Committee (8)

Meets Quarterly

Kenneth Tai, M.D.
 Jeanette Aviles, M.D.

Staff: Director of Quality Improvement

- Commissioner (*Physician*)
- Physician Member (*SMMC Physician-Internal Medicine*)

- | | | |
|-----------------------------|---|---|
| Amelia Louise Sattler, M.D. | - | Physician Member (<i>PCP – Family Medicine</i>) |
| Jaime Chavarria, M.D. | - | Physician Member (<i>PCP – Family Medicine</i>) |
| Maria Osmena, M.D. | - | Physician Member (<i>PCP – Pediatrics</i>) |
| Vacant | - | Specialist (<i>Psychiatry</i>) |
| Vacant | - | Specialist |
| Vacant | - | Pharmacist |

(Italics indicates additional information on committee member)

MEMORANDUM

AGENDA ITEM: 4.8

DATE: January 11, 2023

DATE: December 28, 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: Approval of Amendment to Agreement with Previa Solutions, LLC for Part D Mailing Services

Recommendation:

Add an additional \$100,000 in funds to the agreement with Previa Solutions, LLC towards Part D mailing services in 2022 and to allocate a total of \$360,000 annually beginning in 2023 to fund the existing agreement for Part D mailing services, ending on December 31, 2024.

Background:

As a Part D sponsor, HPSM must meet state and Centers for Medicare and Medicaid Services (CMS) communication and mailing requirements regarding Medicare Part D benefits and services provided to HPSM Medicare beneficiaries. Part D mailing requirements are complex in nature and involve communications with member-specific details such as Explanation of Benefit (EOB) mailings that provide each member with individualized details on benefit utilization.

Discussion:

Due to the nature and complexity of Part D mailing requirements, HPSM has been using a specific vendor for Part D mailings since at least 2015. This Part D mailing vendor is currently known as Previa Solutions, LLC (initially known as ABG Communications, and most recently prior, as Bridgecom Communications).

The primary cost in meeting these requirements is in the printing and mailing of materials, which until recently, have remained relatively stable for years. However, this past August Part D EOB printing and mailing costs had increased substantially, driven by a significant increase in the number of individuals requesting large print format. The large print Part D EOB mailings require special handling and are significantly costlier than the standard mailings.

Historically, the number of members identified as requesting large print ranged between 2 to 3 dozen individuals on any given month. However, in August the number of members identified as requesting large print had increased significantly to 764 members and has stayed elevated since then. HPSM believes this is likely driven by recent state efforts focused on supporting alternative format preferences for members with visual impairments as noted in an All Plan Letter (APL 22-002) they released this past March. Subsequently, we have observed a much higher number of individuals flagged as preferring large print in eligibility files we have received from the state.

Fiscal Impact:

The new AFS requirements and increase in identified large print needs will likely have a sustained impact on Part D printing and mailing costs, which for clarification purposes, are separate from print and mailing services described in a similar memo in the November 2022 commission meeting materials. The cost is heavily dependent on the number of individuals that require large print format materials. For CY2022, the estimated fiscal impact is an additional \$100,000 in costs in comparison to the original budget amount. Moving forward, the cost for providing Part D printing and mailing services is projected to cost roughly \$360,000 annually in 2023 and 2024 at this time.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**#IN THE MATTER OF APPROVAL TO INCREASE FUNDING
TO AGREEMENT WITH PREVION SOLUTIONS, LLC
FOR PART D MAILING SERVICES**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission is required to meet Part D mailing requirements as a Part D sponsor operating a Medicare line of business
- B. The Health Plan of San Mateo has an existing agreement with Prevision Solutions, LLC to provide printing and mailing services through December 31, 2024;
- C. Prevision Solutions, LLC, has demonstrated the capability to support Part D mailing requirements over the years, including the recent increased demand in large print activity.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission authorizes the increase in funding to add \$100,000 to the budget to cover Part D printing and mailing services provided in 2022; and
- 2. Increases allocation of funds in the budget for Part D printing and mailing services to an annual total of \$360,000 to support an existing agreement with Prevision Solutions, LLC through December 31, 2024.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January, 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.9

DATE: January 11, 2023

DATE: December 21, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Chris Esguerra, M.D., Chief Medical Officer

RE: Waive Request for Proposal Process and Ratify an Amendment to the Agreement with MCG for Care Guidelines

Recommendation

Waive Request for Proposal Process and Ratify an amendment to the agreement with MCG to provide clinical guidelines in an amount not to exceed \$2,133,210 for a term beginning January 1, 2023 through December 31, 2027.

Background

HPSM is required to use evidence based clinical guidelines to ensure uniform standards are applied throughout its utilization management program. The guidelines used by HPSM cover inpatient and surgical care, ambulatory care, chronic care, home care, general recovery and recovery facility care, and behavioral health. These guidelines provide the basis for HPSM's clinical professionals to provide a standard and consistent review of care delivered by HPSM providers, especially the Plan's hospital providers. Clinical guidelines are critical to help reduce inappropriate care, control its associated costs and employ care pathways to support continuing proactive management of patients.

In 2005, HPSM first contracted with MCG to provide evidence based clinical guidelines. In 2009, HPSM implemented a three year agreement renewal with MCG to continue providing these services. In 2012, the Commission approved waiving the RFP process and HPSM amended the agreement with MCG to add an additional five years.

In 2015, HPSM staff recognized the need for additional utilization management tools for management and authorization for home health care, and proposed adding home care guidelines to the MCG contract. Use of these guidelines leads to higher quality care and lower costs by ensuring use of comprehensive treatment plans for health care provided in members' homes.

The costs of the MCG agreement are directly associated with HPSM's number of covered lives. HPSM is required to notify MCG if the number of covered lives exceeds those stated in the agreement.

The current MCG agreement includes guidelines for:

- Behavioral Health;
- Chronic care;
- Ambulatory care;
- Inpatient and surgical care;
- General recovery care;
- Recovery facility;
- Home care; and an
- Interrater reliability module.

In March 2018, the Commission approved an amendment authorizing an additional five year term with MCG and added \$1.6 million to the agreement to cover costs for the additional five years. In 2019, the commission approved an amendment to include the behavioral health clinical guidelines.

Discussion

MCG has been a trusted partner providing excellent systems in clinical guidelines to HPSM since 2005 and as such we are requesting waiving the request for proposal process. This amendment continues the agreement for another five year term. The use of these clinical guidelines is required by all of our regulatory agencies. The current agreement with MCG was due to expire on December 31, 2022. Due to critical timing issues, the amendment with MCG has been executed, and we are requesting ratification of that amendment.

Fiscal Impact

This amendment extends the agreement for five year beginning January 1, 2023 through December 31, 2027 in an amount not to exceed \$2,133,210 for this term.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVING THE REQUEST FOR PROPOSAL
PROCESS AND RATIFYING AN AMENDMENT TO AGREEMENT WITH
MCG FOR CLINICAL HEALTH CARE GUIDLINES**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission previously entered into an agreement with MCG for care guidelines required to ensure uniform standards are applied in its utilization management (UM) program;
- B. MCG has provided these services for HPSM since 2005;
- C. The current agreement with MCG was due to expire on December 31, 2022; and
- D. HPSM’s CEO signed an amendment to the agreement with MCG authorizing the continuation of these services.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the request for proposal process and ratifies the signing of an amendment to the agreement with MCG for clinical health care guidelines as described in the attached memorandum for a term beginning January 1, 2023 through December 31, 2027 in an amount not to exceed \$2,133,210 for this term.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

DATE: December 22, 2022

TO: San Mateo Health Commission

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

RE: Approval of Fourth Amendment to the Health Plan of San Mateo
Employee Retirement Plan

Recommendation:

Approve the Fourth Amendment to the Health Plan of San Mateo Employee's Retirement Plan and authorize the Chief Financial Officer to execute the amendment.

Background:

The Health Plan of San Mateo Employee Retirement Plan was established in 1994. The Plan was Restated effective January 1, 2016. On September 1, 2015, an application was filed with the Internal Revenue Service for an advance determination as to whether the Plan meets the qualification requirements of section 401 of the Internal Revenue Code of 1986 with respect to the Plan's qualification. The approval of the application was received on July 26, 2016.

This fourth amendment amends the Plan to allow for the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019, which permits retirement plans to increase the required beginning age to age 72. The following language was added in accordance with the SECURE Act.

1. Effective January 1, 2020, Section 2.33 shall be amended and restated in its entirety to read as follows:
 - 2.33 **"Required Beginning Date"** shall mean, with respect to a Participant, the later of the April 1 of the calendar year following the calendar year in which the Participant attains age 72 (age 70-1/2 if the Participant attained that age prior to January 1, 2020), whether or not the Participant remains an Employee, or April 1 of the year following the calendar year in which the Employee retires.
2. Except as specifically amended hereby, the Plan shall remain in full force and effect as prior to this Amendment.

All other provisions of the retirement plan remain the same.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF FOURTH AMENDMENT TO
HEALTH PLAN OF SAN MATEO EMPLOYEE RETIREMENT PLAN**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission established the Health Plan of San Mateo Employee Retirement Plan in 1994 and was restated effective January 1, 2016;
- B. The Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 revised existing rules around retirement saving, including raising the age of required minimum distributions and eliminating age limits for traditional IRA contributions; and
- C. This Fourth Amendment to the retirement plan is necessary to allow for the provisions of the SECURE Act of 2019, permitting the increase of the required beginning age to age 72.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves this Fourth Amendment to the Retirement Plan to amend the language permitting the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019 provision to increase the required beginning age to age 72; and
- 2. Authorizes the Chief Financial Officer to execute the said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.11

DATE: January 11, 2023

DATE: December 22, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Amy Scribner, Population Health Officer

RE: Approve Amendment to Agreement with AccessNurse

Recommendation:

Authorize the Chief Executive Officer to execute an amendment to the agreement with AccessNurse, formerly known as TeamHealth Medical Call Center, to extend the term of the agreement nine months through September 30, 2023, and add \$30,455 to the agreement for a total amount not to exceed \$1,133,826. This amendment will fulfill regulatory requirements for telephone triage services.

Background:

HPSM is required by the Department of Managed Health Care to provide or arrange for the provision of telephone triage services for its 150,000 members, 24 hours/7 days per week/365 days a year. In its three way Cal MediConnect contract with the Centers for Medicare and Medicaid Services and the Department of Health Care Services, HPSM is also required to ensure that members have access to telephone medical advice from a licensed professional during after-hours. In November 2017, the Commission approved a two-year agreement with AccessNurse to replace Envolve People, Inc. to perform telephone triage services.

Discussion:

AccessNurse was selected through an RFP process that included nine bidding vendors. Since going live in February 2018, AccessNurse's customer service has been excellent. The firm provides regular and timely reporting, is responsive to staff inquiries, and quickly investigates and resolves any call quality issues that arise. Starting January 2019, HPSM added outbound welcome calls to new Medi-Cal members and ACE participants to AccessNurse's scope of services. These calls help orient new members to HPSM and remind members to select a primary care physician.

HPSM is currently in the process of performing a request for proposal for nurse advice line services as the current agreement with AccessNurse is due to expire on December 31, 2022.

Fiscal Impact:

The amendment will extend the term of the agreement nine months through September 30, 2023, and increase the contract by \$30,455, bringing the total five year contract amount not to exceed to \$1,133,826.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AMENDMENT
TO AGREEMENT WITH ACCESS NURSE**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. HPSM is required by the Department of Managed Health Care, the Centers for Medicare and Medicaid Services, and the Department of Health Care Services to provide or arrange for the provision of telephone triage services for its 150,000 members, 24 hours/7 days per week/365 days a year;
- B. The San Mateo Health Commission has previously approved an agreement with AccessNurse f/k/a TeamHealth Medical Call Center that is set to expire December 31, 2022;
- C. Staff is currently conducting a new RFP process as required by HPSM policy; and
- D. In order to continue services, an amendment is recommended to extend the term of the agreement to September 30, 2023 and increase the agreement by \$30,455.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the amendment to the agreement with AccessNurse to extend the agreement through September 30, 2023 and add \$30,455 for a total amount not to exceed of \$1,133,826; and
- 2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.12

DATE: January 11, 2023

DATE: December 23, 2022
TO: San Mateo Health Commission
FROM: Pat Curran, Chief Executive Officer
RE: Approve an Amendment to add funds to the Agreement with VARIS, LLC

Recommendation:

Authorize the Chief Executive Officer to execute an amendment to the agreement with VARIS, LLC to increase the not to exceed amount by \$1 million bringing the total amount not to exceed to \$4,022,578. The term of the agreement will remain the same with an expiration date of December 31, 2024.

Background:

Diagnosis Related Groups (DRGs) is a system of classifying inpatient hospital stays. The groupings are based on diagnoses, procedures, age, sex, discharge status and the presence of complications or comorbidities. DRGs are utilized as a basis for reimbursement for CareAdvantage/Medicare and Medi-Cal inpatient claims.

Ambulatory Payment Classification (APC) prospective payment is a system designed to define and explain the amount and type of resources used during a single outpatient visit. This is done based solely on the Current Procedural Terminology (CPT) codes billed. This system is used to calculate the reimbursement amount for CareAdvantage/Medicare outpatient claims.

In 2014, following an RFP process, the Commission approved the selection of VARIS to conduct audits of DRG and APC claims based on its large market presence, established relationships with contracted providers, Northern California location, and positive references and ability to validate both DRGs and APCs. Since then, the agreement scope has increased as the number of claims has grown and now all hospitals and all Medicare and Medi-Cal inpatient claims are subject to review.

VARIS, LLC is a private, national, woman-owned company, headquartered in Roseville, CA. VARIS, LLC provides recovery audit services to more than 30 clients, representing more than 35 million lives in nearly 100 plans making them an industry leader in this space.

VARIS, LLC has continued to provide HPSM with excellent customer service and significant savings. Highlights include:

- Zero technical denials due to the billing provider not sending medical records for review
- Very few provider disputes submitted to HPSM related to overpaid claims identified by VARIS
- Overall provider satisfaction
- Allowing for modifications to their standard workflow to accommodate HPSM's requirements without adding additional cost
- Timely reporting of all identified overpaid claims
- Accurate reconciliation of accrued costs
- Fees are based on a percent of recoveries
- \$7 million saved over the span of their agreement with HPSM

The Commission approved a two year extension in May 2017; then, a three-year extension in March 2019; and, another three-year extension and an additional \$350,000 in September 2021. The current term of the agreement is set to expire on December 31, 2024.

Discussion:

VARIS is paid a percentage of the fully recovered overpayments discovered through their audit process. Over 2022, in collaboration with VARIS, HPSM prioritized resolving and reconciling outstanding accounts accumulated over the many years of partnership which increased the fees more than previously expected and requested from the Commission. Moreover, estimated fees associated with a commission-based arrangement are also subject to miscalculations because historical trends are not always an accurate indicator of future fees. There are everchanging variables impacting recoveries including provider billing patterns and VARIS' ability to find billing and payment errors.

Fiscal Impact:

The amendment increases the contract amount for recovered claims by \$1 million bringing the total amount not to exceed to \$4,022,578 over the full 11 years. The contract expiration date will remain the same as December 31, 2024.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF
AMENDMENT TO AGREEMENT WITH VARIS, LLC.**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has an ongoing need for APC and DRG coding and payment validation;
- B. The San Mateo Health Commission has previously approved an agreement with VARIS, LLC, based with estimated costs; and
- C. Estimated fees associated are subject change due to miscalculations of historical trends and everchanging variables making it necessary to increase in funds to meet these trends.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the amendment to the agreement with VARIS, LLC to increase the amount by \$1 million for a total amount not to exceed of \$4,022,578; and
- 2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

3. Approval of Agenda

Motion to approve the agenda as presented: **Callagy / Second: Aviles**

Verbal roll call vote was taken:

Yes: 9 – Aviles, Callagy, Canepa, France, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

4. Approval of Consent Agenda

Motion to approve the Consent Agenda as presented: **Callagy / Second: Aviles**

Verbal roll call vote was taken:

Yes: 9 – Aviles, Callagy, Canepa, France, Horsley, Miao, Pon, Tai, Zuniga.

No: 0

5. Specific Discussion/Action Items

5.1 Approval of 2023 HPSM Budget

Mr. Curran introduced Trent Ehrgood, Chief Financial Officer, who reviewed the presentation that was also presented earlier in the month to the Finance Committee. Mr. Curran thanked the finance team for the tremendous work done to prepare this budget. He also noted that the budget reflects our goal to be an innovative plan for the future in supporting our providers and creating administrative efficiencies.

Mr. Ehrgood reviewed his presentation, which was included in the meeting materials sent out and is attached to these minutes. He touched on the major assumptions to create this budget and presented a financial summary for 2023. He highlighted the following points:

- Impacts of the pandemic over the past few years and the financial variation in health care costs with reduced physician visits; canceled procedures creating savings across all lines of business in 2020; and reduced volume in hospital inpatient admissions and long term care facilities in 2021 and 2022.
- Members with other health coverage, which has doubled over pre-pandemic years, and the hold on the redetermination process, which resulted in lower health care costs for those members.
- Revenue within the proposed budget is based on draft Medi-Cal rates, which are expected to be updated (acuity adjustments; covid related assumptions and rates for new benefits started in 2022). An updated budget will be brought to a future commission meeting after it has been received and reviewed.
- The migration of the Medicare program from the CMC demonstration program to a D-SNP beginning in January will have an effect on the budget. The rates will be based on a DSNP bid process, which includes new supplemental benefits for 2023.

- 2023 will be the last year for the CMC Quality Withhold, which is always recorded one year later. This revenue is included in the 2023 budget for the final demonstration year of 2022. There will no longer be a withhold, but rather the rates will be in our D-SNP premium.
- Kaiser arrangement will include LTC services in their scope of delegated benefits, and HPSM will assign dual eligible members who have Kaiser Medicare coverage starting in 2023. This will cause a shift in expense line items but will not change the bottom line.
- We experienced an increase in interest rates on money market accounts, which has had contributed to increased reserves for 2022.
- Management continues to keep down administrative costs by scrutinizing the hiring of vacant positions. CalAIM programs have required us to add new positions in 2022 and that will continue in 2023. The Medi-Cal rates will include revenue to cover these costs.

Highlights of the Proposed 2023 Budget:

- The projected budget for 2023 is a \$40M surplus.
- 2022 reporting has only been calculated through September with a \$66M surplus but is expected by the end of the year to show a \$90M surplus.
- 2023 budget revenue includes about \$7M in CMC withhold related to 2022 which, when subtracted from the \$40M, leaves \$33M in surplus illustrated in the forecast.
- We have experienced a 34% increase in membership since 2020. A major driver in this increase has been the hold on the redetermination process during the federal public health emergency (PHE). Assuming the federal PHE ends in April 2023, we expect a decline in membership starting in May 2023, when disenrollment begins again.
- The budget assumes that 2/3 of the membership gained during the PHE will lose their Medi-Cal coverage.
- Medicare enrollment is expected to grow slightly in 2023 with the new D-SNP plan.
- He reviewed and explained some of the assumed trends in membership through the end of 2023 and by lines of business.
- He explained the historical view of our bottom line from 2014 through 2023, pointing out the restated net income/loss chart.
- Administrative Costs for 2023 is increasing by 8.5%. He explained that 60% of our administrative cost is staff related. New staff positions have been added over the past few years due to CalAIM and new benefits added by DHCS and is a large part of the overall increase in administrative costs. The Medi-Cal rates include additional funding to support this increase.

- He reviewed reserve levels from 2013 to 2022. We had higher than normal surpluses in some years and then a period of time where there were smaller surpluses adding to the reserves. Surplus in 2022 reflects a \$90 million increase and the 2023 budget projects a \$40 million surplus. If the budget plays out as projected, reserves will equal approximately \$500 million.

Motion to approve the HPSM Budget for 2023 as presented: **Callagy / Second: Miao**

Verbal roll call vote was taken:

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

No: 0

5.2 Dental Capacity Proposal

Mr. Curran spoke about three initiatives that have been previously presented to the commission, which include PACE and our Duals Special Needs Plan, Primary Care Investments, and Dental Capacity. He explained how investing in dental capacity is key in building our network, especially through FQHCs, to address some of the access challenges we are experiencing. He explained how this proposal with NEMS would address the need to increase access for oral surgery services. The proposal is for a two-year agreement with NEMS to support their hiring an oral surgeon who will initially treat HPSM members in the NEMS San Francisco location and add services in San Mateo County once NEMS opens their Daly City dental clinic.

Commissioner Aviles asked if there are oral surgeons to recruit. Mr. Curran noted that there are more oral surgeons becoming available, and the bigger workforce challenge seems to be dental assistants. Commissioner Pon asked if the salaries the providers are asking for is part of the problem. Mr. Curran explained that the economics in the Bay Area do pose an issue in what salaries are acceptable to clinicians.

Commissioner Horsley asked if Sonrisas is involved. Mr. Curran confirmed that we are working closely with Sonrisas, especially on special needs cases. Additionally, the health plan is working with the County and the Dental Society to expand access to orthodontic services and using some access dollars to help fund capacity development.

Commissioner Pon asked which cases will be referred. Mr. Curran stated that NEMS will be one of the main referral sources for oral surgery cases. There is an expectation that as many as 1,500 cases a year could be referred to NEMS.

Commissioner Miao asked if this would be for children or adults. Mr. Curran explained that it will be mostly adults, though there will be some cases (such as wisdom teeth) that will be for teenagers.

Motion to approve the proposal for funding to NEMS in the amount of \$350,000 per year for a two-year term to hire an oral surgeon beginning January 1, 2023 through December 31, 2024 with the expectation that up to 1,500 cases would be referred per year.

Miao / Second: France.

Verbal roll call vote was taken:

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

No: 0

5.3 Resolution of Appreciation for Commissioner Don Horsley

Mr. Curran introduced the resolution of appreciation for Commissioner Horsley who is completing his final term with the San Mateo County Board of Supervisors and as a Commissioner for the San Mateo Health Commission.

Mr. Curran expressed appreciation for Commissioner Horsley for his many years on the commission and his support of our members and community. He thanked him for his leadership and support as Mr. Curran transitioned into the position of Chief Executive Officer.

Commissioner Callagy shared his appreciation for the experience of working with Commissioner Horsley and for his commitment to helping people. He is leaving this commission and county better than he found it. Commissioner Callagy stated it has been his honor to call Commissioner Horsley his boss.

Commissioner Canepa touched on the great work in the county that Commissioner Horsley has been involved with over the years as Sheriff, County Supervisor, Commissioner, and his work with the Sequoia District Board.

Commissioner France expressed thanks to Commissioner Horsley for his leadership and for being a role model to him in many ways. He admires his service in the community.

Commissioner Pon stated it has been an honor serving on the Commission together with Commissioner Horsley all these years professionally and personally.

Commissioner Zuniga thanked Commissioner Horsley for his advocacy especially for the population on the coast side and in the various capacities in which he has served our community.

Commissioner Miao expressed thanks for his leadership in all the meetings he has led and getting us all right to the point of the matter.

Commissioner Aviles stated that Commissioner Horsley has done a tremendous amount of work, keeping us on topic noting how we are serving real people who are members of the health plan.

Commissioner Santamaria thanked Commissioner Horsley for his leadership and all that he has done in the community over the years in various capacities where their paths have crossed.

Commissioner Horsley described the honor it has been for him to serve. He has been an advocate for those whom he felt did not have anyone advocating for them. This is where he developed his interest in serving the people of the community. He added it has been a pleasure of a lifetime to represent this population and to make a difference in their lives. The commission and the health plan have done a remarkable job especially during this pandemic becoming a lifeline for this community.

Motion to approve the Resolution of Appreciation for The Honorable Don Horsley: **Pon / Second: Aviles**

Verbal roll call vote was taken:

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

No: 0

6. Report from Chairman/Executive Committee

Commissioner Horsley stated that Commission George Pon as the current Vice-Chair would be nominated to become the Chair of the Commission at the next meeting, and Bill Graham will be nominated to be the Vice-Chair.

7. Report from Chief Executive Officer

Mr. Curran thanked Commissioner Horsley and the all the commissioners for their leadership and support through this past year. Commissioner Horsley took this time to express gratitude for Trent Ehrgood, Chief Financial Officer, for his thorough and comprehensive explanation of the financials all year and the yearly budget.

8. Other Business

No other business was discussed at this time.

9. Adjournment: The meeting was adjourned at 1:43 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

ATTACHMENT TO
MINUTES FROM
December 14, 2022

2023 Operating Budget

HPSM Commission

December 14, 2022



Financial Summary and Outlook for 2023



- The pandemic continues to cause financial variation, mostly savings in healthcare cost. Reduced physician visits and cancelled procedures in 2020 created savings in that year across all lines-of-business (LOB). Reduced volume in hospital inpatient and long-term-care facilities created savings in 2021 and 2022 within the Medi-Cal LOB.
- In addition, Medi-Cal members with other health coverage (OHC) has grown over the past three years due to a hold on the redetermination process. This is another contributing factor to overall lower healthcare cost in 2021 and 2022.
- Budget revenue is based on draft Medi-Cal rates, which are expected to be updated before year-end with updates to acuity and COVID related assumptions, and newer benefits (ECM, CS, Dental). An updated budget using final Medi-Cal rates will be brought to the February 2023 Commission meeting.

Financial Summary and Outlook for 2023

Continued . . .

- The Medicare line-of-business is migrating from the Cal MediConnect (CMC) demonstration program to a D-SNP product in 2023. Medicare revenue is still risk adjusted but is now based on the D-SNP bid process. New supplemental benefits for over-the-counter drugs and groceries are part of the 2023 benefit plan, which were not available under the demonstration program.
- 2023 will be the last year with CMC quality withhold revenue, which has always been recorded one year in arrears. The CMC quality withhold revenue included in the 2023 budget is for the final demonstration year 2022. Going forward, quality adjustments are baked into the D-SNP premium upfront (so no revenue lag).
- Starting in January 2023, the arrangement with Kaiser will include carve-in of long-term-care services, and assignment of dual eligible members who have Kaiser as their Medicare plan. This will cause a shift from fee-for-service paid by HPSM to higher capitation paid to Kaiser to cover these services directly.

Financial Summary and Outlook for 2023

Continued . . .

- Recent increases to interest rates have improved earnings on our cash, contributing to the improved bottom line.
- Management has kept administrative cost down by continuing to scrutinize hiring vacant positions, but new programs and benefits related to CalAIM resulted in new positions added in 2022 and 2023. Medi-Cal rates include added dollars to fund these new programs.

Proposed 2023 Budget (draft)



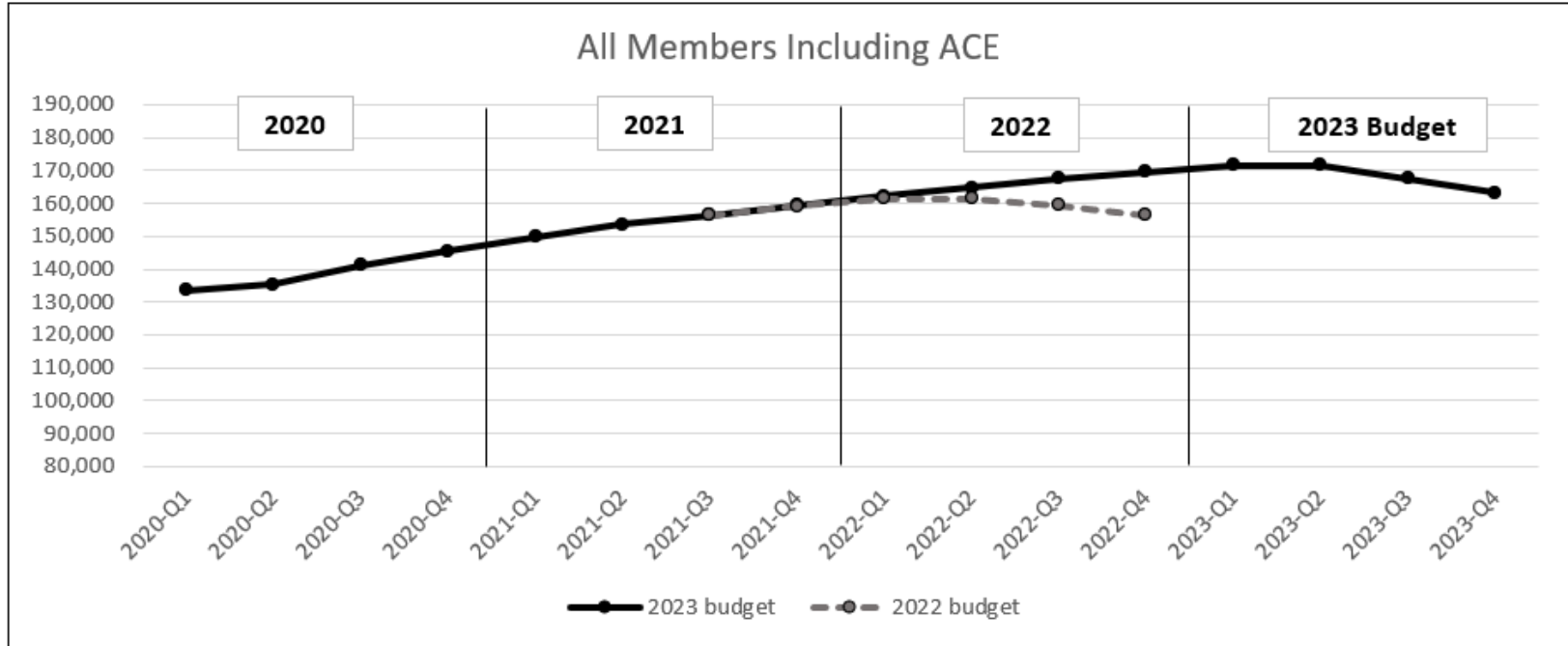
OPERATING REVENUES:	
Capitation & Premium Revenue	\$ 970,028,246
HEALTH CARE EXPENSE:	
Professional & OP Svs FFS	\$ 312,668,764
Inpatient Services	200,537,367
SNF & Long Term Care	153,177,668
Provider Capitation (Incl. Kaiser)	74,609,645
Pharmacy	62,332,503
MLTSS (CBAS, ECM, CS)	23,556,389
UM / QA Costs	22,020,606
Dental	20,837,251
Provicer Incentive Pool	10,814,970
Reinsurance/Other	643,207
Total Health Care Expenses	\$ 881,198,370
ADMINISTRATIVE EXPENSES	\$ 61,233,114
MCO Tax	\$ -
Net Gain from Operations	\$ 27,596,761
NON-OPERATING REVENUES:	
Interest	\$ 9,000,000
Rental Income	\$ 1,187,337
ACE TPA Fees	\$ 2,341,512
Total Non-Operating Revenue	\$ 12,528,849
PROJECTED SURPLUS	\$ 40,125,610

Note: 2023 budget revenue includes about \$7M CMC w/h revenue related to 2022.

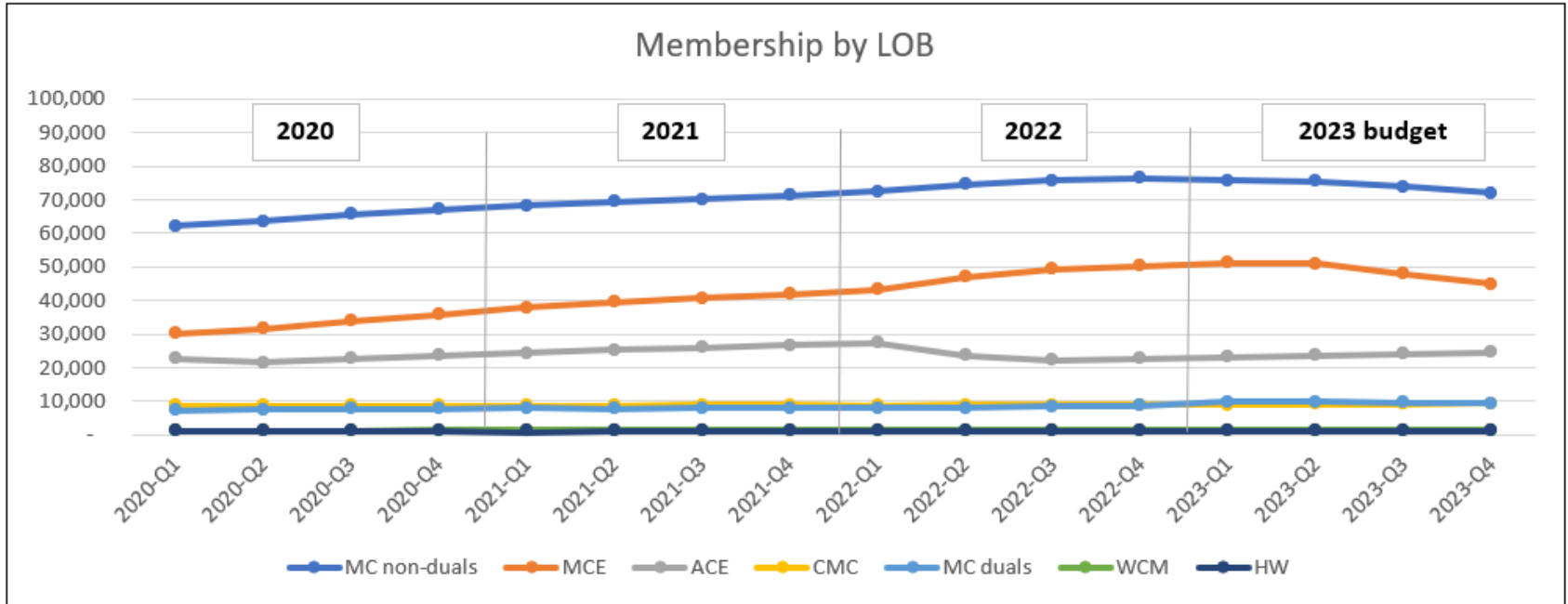
2023 Membership Assumptions

- HPSM has experienced a 34% increase in Medi-Cal membership since the beginning of 2020 due to a hold on the redetermination process during the public health emergency (PHE).
- This version of the budget assumes the PHE would end in January 2023, and Medi-Cal enrollment will start to decline in May 2023 after the disenrollment process starts up again.
- The budget assumes 2/3 of the membership gained during the PHE will lose their Medi-Cal coverage and assumes this disenrollment process will take 12 months to complete (May 2023 thru April 2024).
- Medicare enrollment is expected to grow slightly in 2023 from marketing efforts promoting the new D-SNP plan.

Membership Trends 2020-2023



Membership Trends 2020-2023



2023 Budget Summary by LOB



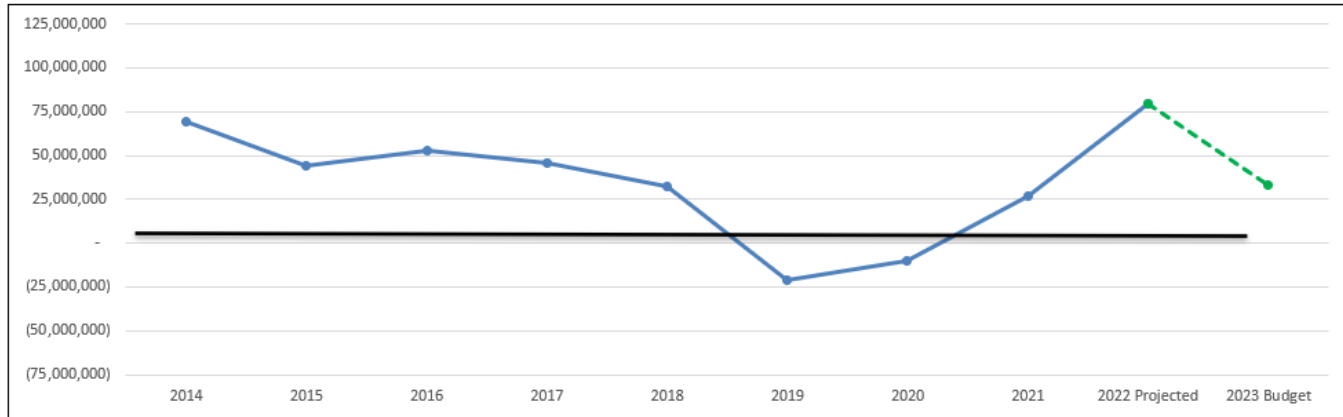
	Medi-Cal (non-duals)	Medi-Cal (duals)	MCE	WCM	D-SNP	HealthWorx	ACE	HPSM *	Total
Operating Revenue	\$304,096 K	\$85,565 K	\$237,091 K	\$31,419 K	\$304,974 K	\$6,884 K			\$970,028 K
Health Care Expense	\$252,062 K	\$93,549 K	\$200,609 K	\$26,392 K	\$300,756 K	\$7,831 K			\$881,198 K
Admin	\$17,326 K	\$1,197 K	\$14,367 K	\$1,727 K	\$23,546 K	\$776 K	\$2,295 K		\$61,233 K
MCO Tax	\$0 K	\$0 K	\$0 K	\$0 K	\$0 K	\$0 K			\$0 K
Other Income							\$2,342 K	\$10,187 K	\$12,529 K
Net Profit/(Loss)	\$34,708 K	(\$9,180 K)	\$22,115 K	\$3,300 K	(\$19,328 K)	(\$1,723 K)	\$47 K	\$10,187 K	\$40,126 K

MLR	83%	109%	85%	84%	99%	114%			91%
Average Membership	74,331	9,695	48,816	1,399	9,148	1,199	23,912		168,501
Revenue PMPM	\$ 340.93	\$ 735.44	\$ 404.74	\$ 1,871.49	\$ 2,778.05	\$ 478.35	\$ 8.16		

* Interest Income & Rent Income

Historical Net Income/(Loss)

Nine-year trend – Restated w/ 2023 budget



	2014	2015	2016	2017	2018	2019	2020	2021	2022 Projected	2023 Budget*
Revenue:										
Capitation	\$753,161 K	\$852,378 K	\$877,035 K	\$864,840 K	\$812,636 K	\$766,740 K	\$796,627 K	\$908,345 K	\$934,920 K	\$970,028 K
+/- CMC w/h revenue								\$7,000 K	\$7,000 K	(\$7,000 K)
Total Revenue	\$753,161 K	\$852,378 K	\$877,035 K	\$864,840 K	\$812,636 K	\$766,740 K	\$796,627 K	\$915,345 K	\$941,920 K	\$963,028 K
Healthcare Cost	\$627,748 K	\$739,952 K	\$743,533 K	\$722,195 K	\$682,804 K	\$718,711 K	\$734,006 K	\$807,164 K	\$779,534 K	\$881,198 K
Administrative Exp.	\$33,072 K	\$36,365 K	\$44,589 K	\$46,764 K	\$48,399 K	\$50,566 K	\$48,544 K	\$51,475 K	\$53,027 K	\$61,233 K
Premium Tax	\$26,648 K	\$35,332 K	\$39,770 K	\$57,351 K	\$60,747 K	\$31,242 K	\$31,144 K	\$34,808 K	\$37,862 K	\$0 K
Operating Income/(Loss)	\$65,694 K	\$40,729 K	\$49,143 K	\$38,529 K	\$20,686 K	(\$33,779 K)	(\$17,068 K)	\$21,898 K	\$71,498 K	\$20,597 K
Non-Operating Revenue	\$3,376 K	\$3,263 K	\$3,801 K	\$7,390 K	\$11,288 K	\$12,688 K	\$6,903 K	\$4,580 K	\$8,174 K	\$12,529 K
Net Income/(Loss)	\$69,070 K	\$43,992 K	\$52,943 K	\$45,919 K	\$31,973 K	(\$21,091 K)	(\$10,165 K)	\$26,477 K	\$79,672 K	\$33,126 K

* 2023 restated = \$40.1M 2023 budget less \$7.0M 2022 CMC w/h revenue budgeted in 2023 = \$33.1M restated.

Administrative Budget

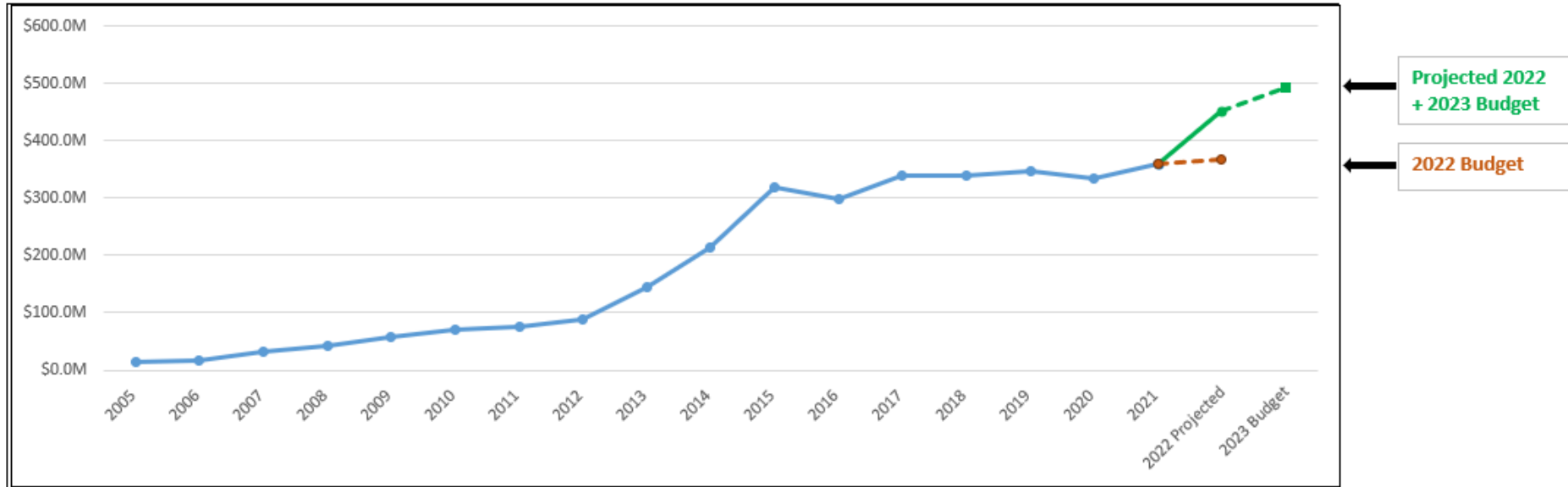
2022 to 2023 Budget Change



<u>Expense Category</u>	<u>2022 Budget</u>	<u>2023 Budget</u>	<u>Change</u>	<u>% Chng.</u>	<u>2023 % of Total</u>
Salaries, Benefits, Training, Travel	45,451,750	50,264,420	4,812,670	10.6%	60%
Consulting & Outside Services	16,794,300	17,537,400	743,100	4.4%	21%
Computer Maintenance & Support	5,264,600	5,434,000	169,400	3.2%	7%
Occupancy, Deprec. & Amort.	4,379,800	3,930,000	(449,800)	-10.3%	5%
Postage, Delivery & Printing	1,799,000	2,745,900	946,900	52.6%	3%
Office Expenses	1,519,000	1,477,300	(41,700)	-2.7%	2%
Other Admin Expenses	1,553,400	1,864,700	311,300	20.0%	2%
Sub-Total	76,761,850	83,253,720	6,491,870	8.5%	100%
UM/QA Allocation (to HC Cost)	(21,010,635)	(22,020,606)	(1,009,971)	4.8%	
Total Admin Expense	55,751,215	61,233,114	5,481,899	9.8%	
FTE's	334	354	20	6.0%	

Note: FTE count include out of State employees paid thru agency

Projected Tangible Net Equity (TNE)



Thank you



MEMORANDUM

AGENDA ITEM: 5.1

DATE: January 11, 2023

DATE: January 3, 2023

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer

RE: Election of Commission Officers

The Commission's bylaws call for the election of the Commission's officers for one-year terms at the first meeting of each calendar year. The offices to be filled are: Chair, Vice Chair, Clerk, and Assistant Clerk.

The Commission's custom has been that the Chair and Vice Chair serve two one-year terms. Commissioners Horsley has completed another two year term and has retired from the Board of Supervisors as of December 2022. Commissioner Pon has just completed a one year term as the Vice-Chair.

It also has been the Commission's custom that the Vice-Chair fill the Chair position when vacated. The recommendation is to have Commissioner Pon serve as Chair and nominations be made for Vice-Chair position.

I recommend that the position of Clerk continue to be filled by Corinne Burgess and the Assistant Clerk position be filled by Michelle Heryford.

DRAFT

**RESOLUTION OF
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF
ELECTION OF COMMISSION OFFICERS FOR 2023**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission’s Bylaws provide for election of its officers for one (1) year terms at the Commission’s first meeting each year; and
- B. The Chair and Vice-Chair offices are to be filled by Commissioners.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission elects Commissioner _____ to serve as the Chair and Commissioner _____ to serve as the Vice-Chair for 2023.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

**RESOLUTION OF
THE SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF ELECTION OF
CLERK AND ASSISTANT CLERK
OF THE COMMISSION FOR 2023**

RESOLUTION 2023 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission’s Bylaws provide for election of its officers for one (1) year terms at the commission’s first meeting each year; and
- B. The Clerk and Assistant Clerk offices are to be filled by non-commissioners.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 11th day of January, 2023 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

_____, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

AGENDA ITEM: 5.2

DATE: January 11, 2023

**Meeting materials are not included
for Item 5.2 – Annual Compliance Program Report**

MEMORANDUM

AGENDA ITEM: 7.0

DATE: January 11, 2023

DATE: January 4, 2023
TO: San Mateo Health Commission
FROM: Patrick Curran
RE: CEO Report – January 2023

D-SNP Transition

On January 1, 2023, HPSM officially became a Dual Eligible Special Needs Plan (D-SNP), transitioning from the current Cal MediConnect pilot program which began in 2014. The state ended this pilot and is requiring all Medi-Cal plans to operate an integrated DSNP by January 2026. Many HPSM staff have been involved in this transition to ensure that it is as seamless as possible for members and providers. In addition, HPSM added new benefits for our members in 2023, including enhanced vision benefits, emergency worldwide coverage, and an over-the-counter (OTC) card, which allows members to purchase health-related items at many local retailers. Another aspect of this D-SNP transition included coordinating with Kaiser to transition the Medi-Cal services for dual eligible members to Kaiser. The full transition of all other Medi-Cal members to Kaiser will occur in January 2024.

DHCS Quality Sanctions

In December, the Department of Health Care Services (DHCS) announced a new quality scorecard and financial sanctions for plans that did not meet all thresholds set by the state. Only two Medi-Cal plans in the state did not receive a financial sanction, Kaiser and CenCal. HPSM was among the plans to receive the smallest sanction (\$25,000) due to having two measures lower than the 50th percentile in one category. We are proud of the work we are doing to improve these and all health outcomes for our members, and we will continue to monitor these quality reports to identify areas of opportunity.

Hospital and Skilled Nursing Learning Collaborative

We continue to work with the provider community to find ways to better coordinate care, especially the transitions from hospitals to skilled nursing facilities and from those facilities to a home setting. We will hold our second in-person meeting of our newest collaborative, which includes all local hospitals and skilled nursing facilities, on January 19th. This learning collaborative is particularly important during the winter season and during the ongoing pandemic to ensure that the community maintains adequate capacity at facilities for needed care, as well as the safe transition

of members to lower levels of care when appropriate.

State Budget Forecast

The Legislative Analyst Office (LAO) released its fiscal outlook for the 2023-24 California budget. The governor's office will release the first version of its budget later this month. This LAO report is the first indicator of the economic outlook for the state. Not surprisingly, due to recent inflation and economic changes, the LAO predicts a budget shortfall. The LAO report projects a \$24 billion budget deficit for 2023-24 due to slowing economic conditions, which could significantly impact revenue from income and other taxes, as well as higher interest rates, which results in higher costs for wages and benefits for state employees, as well as higher interest payments for any debt obligations. The LAO notes that the state has healthy reserves to handle these budgetary shortfalls, but also recommends that the state revisit any future obligations that could be altered. This could include programmatic and benefit enhancements that the state has and continues to promote in the health care sector, especially Medi-Cal coverage for residents without documentation status. We will continue to track budgetary announcements and provide updates to the Health Commission.