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South San Francisco, CA 94080

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**THE SAN MATEO HEALTH COMMISSION**
**Regular Meeting**
**June 12, 2024 - 12:30 p.m.**
**Health Plan of San Mateo**
**801 Gateway Blvd., Boardroom**
**South San Francisco, CA 94080**

This meeting of the San Mateo Health Commission will be held in the Boardroom at 801 Gateway Blvd., South San Francisco. Members of the public wishing to view this meeting remotely may access the meeting via YouTube Live Stream using this link: https://youtube.com/live/s9VmGiuJqus?feature=share
Please note that while there will be an opportunity to provide public comment in person, there is no means for doing so via the Live Stream link

## AGENDA

1. **Call to Order/Roll Call**
2. **Public Comment/Communication**
3. **Approval of Agenda**
4. **Consent Agenda***
   - 4.1 Waive Request for Proposal and Approval of Amendments to Agreements with International Contact and United Language Group for Translation Services
   - 4.2 Approval of San Mateo Health Commission Meeting Minutes from May 8, 2024
5. **Specific Discussion/Action Items**
   - 5.1 Approval of Funding for Baby Bonus Program*
   - 5.2 Update on PACE
6. **Report from Chief Executive Officer**
7. **Other Business**
8. **Adjournment**

**Items for which Commission action is requested.*

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

| AGENDA ITEM: 4.1 |
| --- |
| DATE: June 12, 2024 |

**MEMORANDUM**

**DATE:** June 1, 2024

**TO:** San Mateo Health Commission

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

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

---

**Recommendation:**

Approve amendments to the agreements with two current translations vendors, International Contact and United Language Group. Results will be:

- An extension to existing agreements implemented in January 2021 through June 2025
- An increase in total contact amounts
- A commitment to do an RFP establishing new contracts/vendors by July 2025

**Background and Discussion:**

Both the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) require HPSM to provide written translations of member information into members' preferred languages. Material accessibility requirements also include that HPSM convert documents into large print (20 point font) for members as requested. These are important requirements that support members' accessibility to health information.

Translation requirements include that HPSM offer translated materials into any language that is preferred by a substantial number (or a "threshold") of members. This is defined as either >3000 members or >5% of members in a particular plan preferring a language. For HPSM's Medi-Cal, CareAdvantage and HealthWorx (HMO) plans, threshold languages are English, Spanish, Traditional Chinese, and Tagalog. For San Mateo County's Access to Care for Everyone (ACE) program, threshold languages are English and Spanish.

HPSM currently works with two vendors for translations: International Contact (IC) who we have worked with since 2011 and United Language Group (ULG) who we have worked with since 2016. Both companies deliver services that meet our regulatory, quality and timeline requirements. Having two vendor options concurrently allows us ongoing competitive pricing, and the ability to print materials within required timelines during high volume production periods.

ULG handles primarily translations for member information communications. Most of these items are tailored specifically to individual member situations and occur often on an ad-hoc basis. They can also be translated into languages other than the common threshold.

Translation volume has increased beyond our budgeted predictions due to unforeseen factors outlined below. We are seeking to extend our current two vendor contracts for a brief period of time to continue to meet a high volume of regulatory translation requirements, while also starting a competitive RFP to ensure we have competitive pricing given our increased volume of need.
It is anticipated that both vendors will agree to extend their current pricing for this new agreement.

**Fiscal Impact:**

In 2023 HPSM worked with ULG to develop an application that will help achieve same day translations as required by DHCS for Notices of Action. Q1 expenses have increased by 26% and are expected to maintain this trend, with slight increases as other required communications begin to use the application throughout 2024 and into June 2025.

After the de-delegation of the Health Risk Assessment from Independent Living System, translations and large print conversions have increased. Expenses through April 2024 have increased by 120%. IC handles the translations of all care plans now and will be converting all current templates to large print this year. IC also handles all integrated member materials and regulatory template mailings.

The amendment requested will extend agreements through June 30, 2025 and increase contract amounts as follows:

- $200,000 increase for a total contract amount not to exceed $500,000 for ULG.
- $235,000 increase for a total contract amount not to exceed $635,000 for IC.

**DRAFT**

**RESOLUTION OF THE**
**SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVE REQUEST FOR PROPOSAL AND APPROVAL OF AMENDMENTS TO AGREEMENTS WITH INTERNATIONAL CONTACT AND UNITED LANGUAGE GROUP FOR TRANSLATION SERVICES**

**RESOLUTION 2024 -**

**RECITAL: WHEREAS,**

A. HPSM is required by the Department of Health Care Services (DHCS) and Centers for Medicare and Medicated Services (CMS) to make available written translations of informing materials in appropriate languages based on pre-determined percentage of total members who indicate a primary language other than English.
B. HPSM currently works with two vendors for translations: International Contact (IC) and United Language Group (ULG).
C. Expenses have increased and are expected to maintain this trend throughout 2024 and into June 2025.

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

1. The San Mateo Health Commission waives the Request for Proposal process and approves the amendments to the agreements with IC and ULG to extend the terms through June 30, 2025. in the amount not to exceed $1,135,000 total for translation services; and
2. Authorizes the Chief Executive Officer to execute said amendments.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 12th day of June, 2024 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

____________________________________
George Pon, Chairperson

ATTEST:

BY: ___________________________
C. Burgess, Clerk

APPROVED AS TO FORM:

____________________________________
Kristina Paszek
DEPUTY COUNTY ATTORNEY

**DRAFT**

**AGENDA ITEM: 4. 2**

**DATE: June 12, 2024**

# SAN MATEO HEALTH COMMISSION
## Meeting Minutes
**May 8, 2024 – 12:30 a.m.**
**Health Plan of San Mateo**
**801 Gateway Blvd., 1st Floor Boardroom**
**South San Francisco, CA 94080**

Commissioners Present: Jeanette Aviles, M.D.; Michael Callagy; David J. Canepa; Bill Graham, Vice-Chair; Kenneth Tai, M.D.; Ligia Andrade Zuniga

Commissioners Absent: Si France, M.D., Raymond Mueller, Barbara Miao, George Pon, R. Ph., Chair, Manuel Santamaria

Counsel: Kristina Paszek

Staff Presenting: Pat Curran, Colleen Murphey, Dr. Miriam Sheinbein, Sam Shami.

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

The meeting was called to order at 12:35 a.m. by Commissioner Graham, Vice Chair. A quorum was present.

**2. Public Comment**

There were no public comments.

**3. Approval of Agenda and Consent Agenda**

Commissioner Graham recommended modifying the order of the agenda to bring items 6 and 7 to be heard before this discussion Item 5.1 – Approval of Provider Investment Fund Proposal. Commissioner Canepa moved to approve the agenda as so modified (Second: Callagy) **M/S/P.**

**4. Consent Agenda**

Consent Agenda was approved as presented. Motion: Canepa (Second: Callagy) **M/S/P.**

**6. Report from Chief Executive Officer (taken out of order):**

Mr. Curran reported on:

- Default Enrollment Process – HPSM is one of three health plans in California participating in this pilot program. Current Medi-Cal enrollees that newly qualify for Medicare will automatically be enrolled in our Medicare plan beginning September 1, 2024. Members will have the opportunity to opt out if they wish.
- June commission meeting discussion will include the Baby Bonus Program, which is a major community investment, and information on an RFP for a PACE program as a potential strategic initiative.
- The May Revise of the State budget comes out in the next couple of weeks. Anticipating it to be worse than what has been previously discussed. This will be reported in the June CEO report.

**7. Other Business**

There was no other business discussed at this time.

5. **Specific Discussion/Action Items:**

Kristina Paszek, Deputy County Attorney explained that discussion/action item 5.1 – Approval of Provider Investment Fund Proposal was of a nature which would require certain commissioners to disclose their interest and some would need to exit the meeting, not participating in the discussion or vote.

She outlined that because Commissioners Graham works for Dignity Health Sequoia Hospital and Commissioner Tai works for NEMS, both non-profit entities that could potentially benefit from this action, they will excuse themselves from the room and not vote. Commissioner Aviles, who works for the San Mateo Medical Center (SMMC) and that could also potentially benefit, will step out and not vote on this item.

Ms. Paszek clarified that Commissioners Canepa and Callagy are permitted under the law to remain but do need to disclose that they work for San Mateo County and the County owns SMMC. However, the law distinguishes between individuals working for the government entity at large verses the specific department of the county, in this case SMMC, that would potentially benefit.

Commissioner Graham pointed out that a chair pro tempore would need to be appointed to continue to conduct the meeting once he exits. Commissioner Zuniga nominated Commissioner Canepa to take over as Chair Pro Tempore for the remainder of the meeting thereafter (Second: Callagy). **M/S/P**

Counsel further clarified that the commission present would still be allowed under the law to vote on an item since a quorum was previously established.

**5.1 Approval of Provider Investment Fund Proposal**

**[Commissioners Aviles, Graham, and Tai left the meeting at this time]**

Ms. Colleen Murphey reviewed her presentation regarding the proposal for approval of the Provider Investment Fund. Her presentation is attached to these minutes.

Ms. Murphey touched on the following information:

- The proposed Provider Investment Fund is approximately $80M of uncommitted reserves based upon current reserve levels.
- Approach toward identifying and prioritizing the potential investments and the factors for provider investments was reviewed.
- Points outlined include consideration of member access, provider payment levels relative to the Medicare benchmark; and financial stability of the plan.
- Supply of providers in the community needs to be built up; rates are not keeping pace with the cost of providing care nor are they at the level of commercial rates.
- Consideration of other potential funding sources are also a component regarding whether HPSM is the right entity to be involved with a particular investment.

- She explained the methodology around analyzing and measuring access and provider investment prioritization as well as next steps.
- She noted network-wide changes to provider rates targeted by the state for January 2025 and other investments for one-time funding opportunities will be prioritized on a rolling basis.
- Some ideas that are being discussed include workforce investments to support bringing in new providers to the community.
- More was reviewed on Primary Care Investment goals: strategically invest in primary care by better allocating resources, promoting a robust workforce, improving population health, and enhancing the care experience for members.
- Commissioner Callagy touched on the interest in impacting life expectancy and the desire to explore how this and health outcomes could be measured.
- A rough breakdown of the Primary Care Investment Fund previously approved was reviewed which generally outlined where this funding is intended to be used: PCP payments and one-time investments, third party technology and services, and HPSM administrative costs.
- Dr. Sheinbein talked about Provider Input and Provider Engagement, noting this is a significant part of the strategy. This work will be driven by the changes primary care providers want to see. Staff is on the cusp of relaunching the Provider Advisory Group and engaging primary care to continuously get their input as these initiatives are rolled out.
- Another important piece of this primary care strategy is the assessments of PCP practices and how to close any gaps in care, targeting our investments to improve member health outcomes.
- Staff will bring back recommendations to the commission on proposals and potential investments using criteria outlined.
- The type of expenditures for commission future approval was reviewed which include the typical vendor expenditures and one-time investments made to providers bundled by investment type. Provider network provider rates and/or increases to network Value Based Payment programs will be handled internally by HPSM leaders as is current practice, as well as administrative staffing expenditures in accordance with the approved admin budget.
- Reporting of progress on reserve expenditures towards the Provider Investments and Primary Care Investments will be brought to the commission and Finance/Compliance Committee every six to 12 months, including the findings and learnings regarding the impacts.

Commissioner Zuniga moved approval of the Provider Investment Fund proposal as outlined. (Second: Callagy) **M/S/P.**

**8. Adjournment**

The meeting was adjourned at 1:36 pm

Submitted by:

*C. Burgess*

C. Burgess, Clerk of the Commission

Provider Investments Strategy and Approach

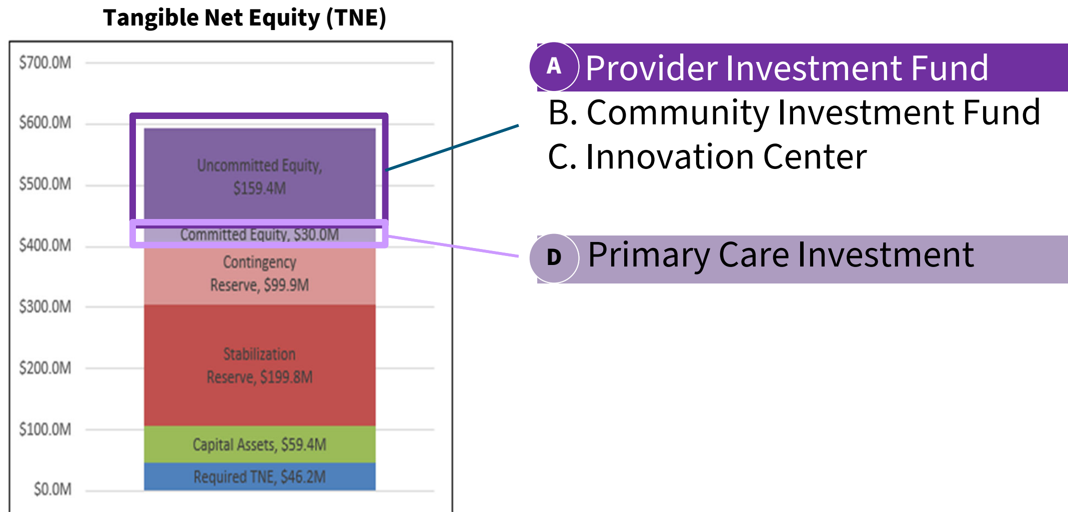
San Mateo Health Commission

May 8, 2024

## Recap from April 2024 SMHC

- At our 4/10/2024 meeting, we committed to developing and sharing back a strategy with you for how HPSM will increase provider rates and make one-time investments in our provider community, using the committed reserve funds in our **Provider Investment Fund (**one of four different committed funds of HPSM's reserves).
- Today, we'll be walking through that strategy, in the context of *two* of the four committed reserves funds: both **Provider Investments** and **Primary Care Investments,** because the goals of these two funds are interrelated.

# Proposed HPSM Investments




At 12/31/23 Pre-Audit, TNE = $594.7M
Uncommitted portion = $159.4M



# Objectives for today

By the end of this presentation you will have:

- Gained an understanding of how HPSM plans to prioritize potential investments within two allocations of HPSM reserves: Provider Investments and Primary Care Investments
- Provided feedback on our proposed process for ensuring:
  - That these investments are made in a timely manner, toward opportunities with the greatest impact
  - That we maintain transparency and accountability in the use of these funds

# Objectives for today

HealthPlan OF SAN MATEO
Healthy is for everyone

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# How will HPSM staff identify and prioritize potential investments for these two funds?

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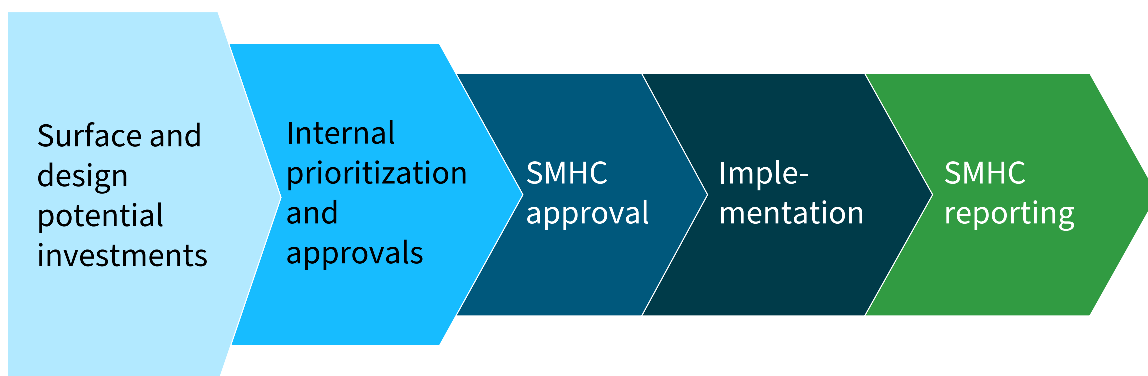
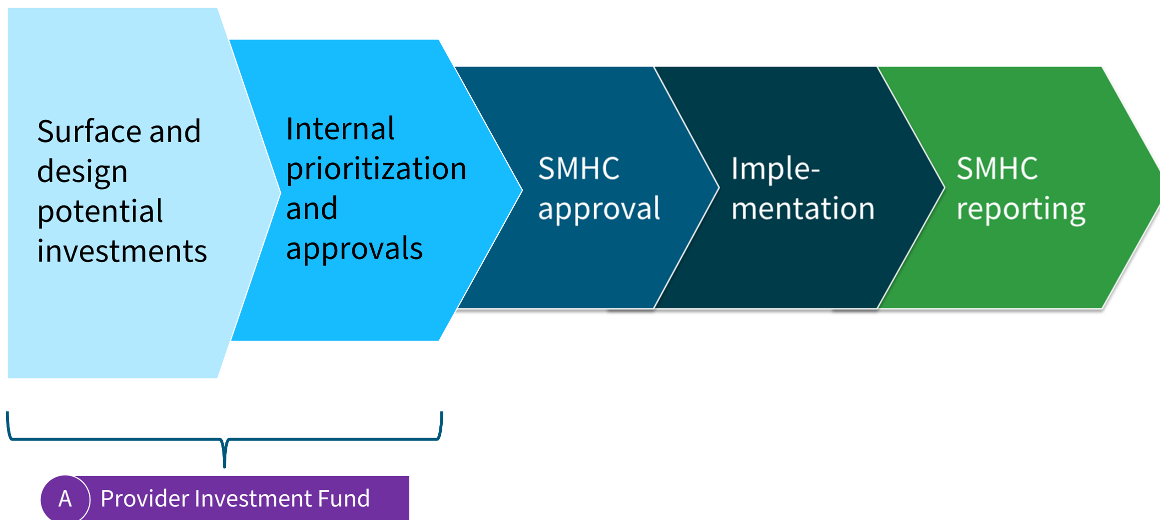
Healthy is for everyone



# How will HPSM staff identify and prioritize potential investments for these two funds?




A Provider Investment Fund



A Provider Investment Fund

# Provider Investments: Prioritization

| | Low HPSM Member Access Priority | High HPSM Member Access Priority |
|---|---|---|
| **High Provider Priority** | **Review closely**<br>*Particular considerations:*<br>• Full picture of providers' payor mix /other HPSM or MC reimbursement<br>• HPSM financial sustainability | **Highly aligned**<br>No-regrets investments to prioritize first |
| **Low Provider Priority** | **Not prioritized** | **Review closely, consider alternatives**<br>*Particular considerations:*<br>• Is issue lack of providers (vs. competitiveness of rates)<br>• Where is it justified to make intentional exceptions to MC/Medicare rate norms to meet access goals |

**Provider Priority** (E.g., discrepancy of current HPSM rates from Medicare rates)

**HPSM Member Access Priority**

**In Brief:** For all potential investments, we consider:

- ❑ Member access priority
- ❑ Provider priority
- ❑ Financial sustainability including revenue and MCO tax alignment
- ❑ A more fitting alternate funding source is not available

**Key:**

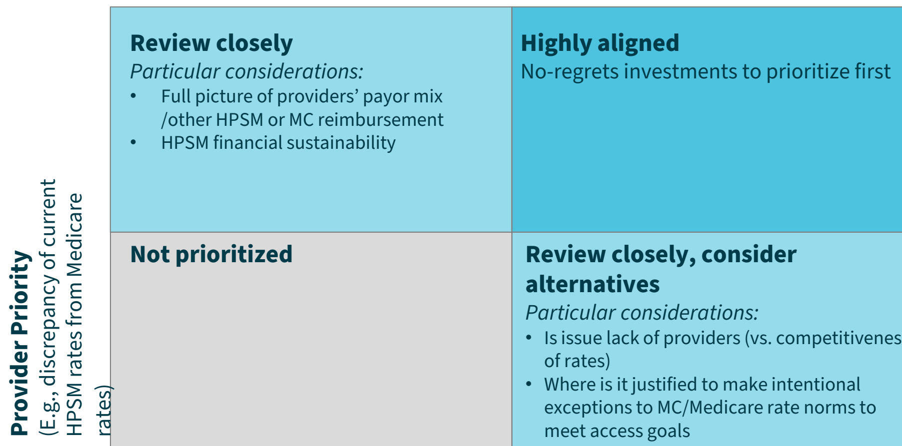
Size of bubble corresponds to scale: High volume need Low volume need

Alignment with MCO Tax implementation

Acute need/ critical disparities identified

A Provider Investment Fund

# Provider Investments: Prioritization




HPSM Member Access Priority

**Key:**

Size of bubble corresponds to scale: High volume need · Low volume need

Alignment with MCO Tax implementation

Acute need/ critical disparities identified

**In Brief:** For all potential investments, we consider:

- ❑ Member access priority
- ❑ Provider priority
- ❑ Financial sustainability including revenue and MCO tax alignment
- ❑ A more fitting alternate funding source is not available



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# Methodology: how we measure access

X Axis: **HPSM Member Access Priority**

| Access Category | Examples |
|---|---|
| Contract Sufficiency | • Geographic Access<br>• Provider Ratios |
| Real World Availability | • Grievances<br>• OON Utilization<br>• Appointment Availability<br>• Single Case Agreements |
| Population Needs Assessment | • HPSM Population Needs Assessment |
| Voices of the Community | • Qualitative Feedback from members, providers, community partners and staff. |

**In Brief**: When determining network priorities…..

- ❑ We collect and analyze relevant access category data.
- ❑ We then use a framework to prioritize efforts that takes into consideration reach, impact, confidence, effort and emotion.

** Access priorities summarized in Appendix.*

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# Provider Investments: Prioritization

| | HPSM Member Access Priority (lower) | HPSM Member Access Priority (higher) |
| --- | --- | --- |
| **Provider Priority** (E.g., discrepancy of current HPSM rates from Medicare rates) — higher | **Review closely**<br>*Particular considerations:*<br>• Full picture of providers' payor mix /other HPSM or MC reimbursement<br>• HPSM financial sustainability | **Highly aligned**<br>No-regrets investments to prioritize first |
| lower | **Not prioritized** | **Review closely, consider alternatives**<br>*Particular considerations:*<br>• Is issue lack of providers (vs. competitiveness of rates)<br>• Where is it justified to make intentional exceptions to MC/Medicare rate norms to meet access goals |

**In Brief:** For all potential investments, we consider:

- ❑ Member access priority
- ❑ Provider priority
- ❑ Financial sustainability including revenue and MCO tax alignment
- ❑ A more fitting alternate funding source is not available

**Key:**

Size of bubble corresponds to scale: High volume need; Low volume need

Alignment with MCO Tax implementation

Acute need/ critical disparities identified



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# Next Steps: Provider Investments

- **Finance Committee Review of the "Y Axis" –** HPSM analysis is underway to identify Medi-Cal rates that differ the most greatly from Medicare rates and that are the greatest "pain point" for providers.
- **Targeting network-wide changes to provider rates by January 2025,** following analysis and prioritization. We will engage with both the Finance/Compliance Committee and providers throughout this process.
- **In addition to network rate investments,** we will continue to surface and prioritize other potential one-time funding opportunities that advance member access and address provider needs, on a rolling basis.

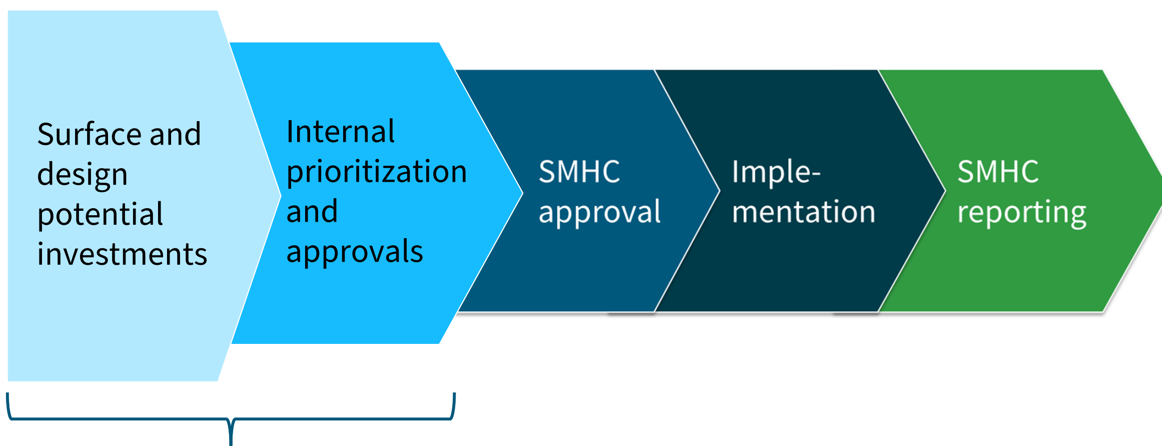
A Provider Investment Fund

# Discussion

- What questions do you have about HPSM's proposed prioritization approach, for the **Provider Investment Fund?**
- What other suggestions and considerations should HPSM staff and leadership keep in mind when evaluating potential investments?



# How will HPSM staff identify and prioritize potential investments for these two funds?




D Primary Care Investments

# Primary Care Investment Goals

*Strategically invest in primary care, to:*

**1. Better allocate resources:** to address chronic underinvestment, support the implementation of advanced primary care, and shift from a focus on *volume* to *value*.

**2. Promote a robust and thriving workforce:** fortify a diverse primary care workforce in San Mateo County to increase capacity, bandwidth, and joy.

**3. Improve population health**: support our network to be more population focused, in order to achieve better, more equitable health outcomes for our members.

**4. Enhance the care experience** for members and families, so that they are satisfied, engaged in their care, and healthy.





# Primary Care Investment Goals

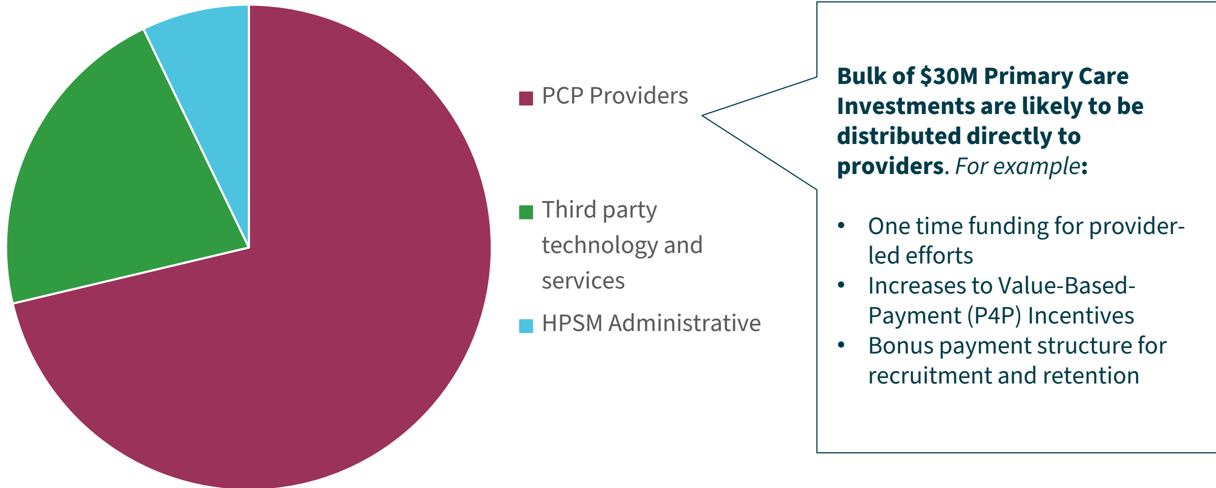
*Additional prioritization considerations:*

- ❑ Alignment with the concepts of piloting and evaluating
- ❑ Degree to which the investment leverages HPSM's unique strengths – *is HPSM the best fit for a funder/convener*
- ❑ Financial sustainability of the investment – *e.g., plans for sustaining improvements after a one-time investment*

Primary Care Investments

# Estimated Primary Care Allocation

DRAFT likely expenditures by category




**Bulk of $30M Primary Care Investments are likely to be distributed directly to providers**. *For example*:

- One time funding for provider-led efforts
- Increases to Value-Based-Payment (P4P) Incentives
- Bonus payment structure for recruitment and retention

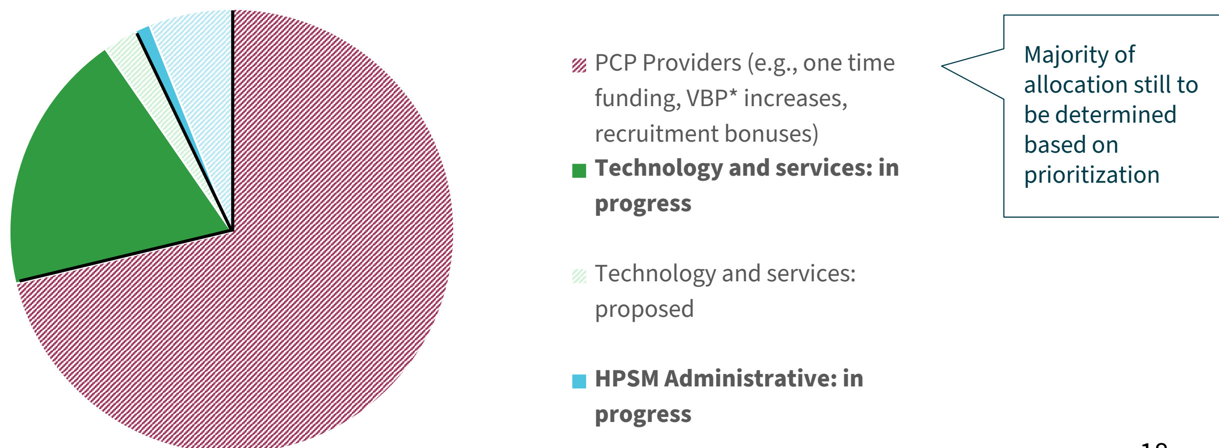


Primary Care Investments

# Estimated Primary Care Allocation

DRAFT likely expenditures by category & status

Placeholder allocation | Investment in progress




Majority of allocation still to be determined based on prioritization

* VBP = Value-Based Payment, such as Pay-for-Performance incentive programs

D Primary Care Investments

# Discussion re: Prioritization Approach

- What questions do you have about HPSM's proposed prioritization approach, for the **Primary Care Investment Fund?**
- What other suggestions and considerations should HPSM staff and leadership keep in mind when evaluating potential primary care investments?

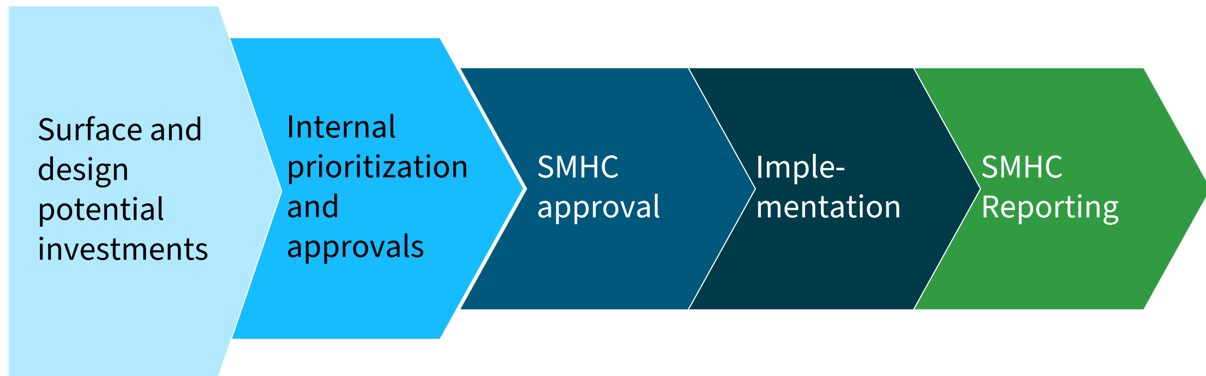


# Objectives for today

By the end of this presentation you will have:

- Gained an understanding of how HPSM plans to prioritize potential investments within two allocations of HPSM reserves: Provider Investments and Primary Care Investments
- Provided feedback on our proposed process for ensuring:
  - That these investments are made in a timely manner, toward opportunities with the greatest impact
  - That we maintain transparency and accountability in the use of these funds

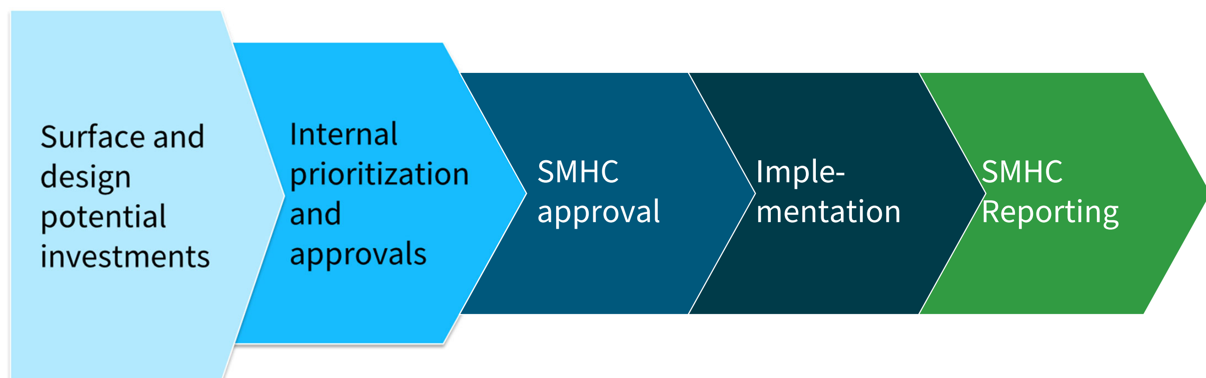
## How will we ensure transparency, accountability, and speed-to-impact?




HPSM staff will surface recommendations, review proposals, and prioritize potential investments using the criteria shared today.



## How will we ensure transparency, accountability, and speed-to-impact?



A Provider Investment Fund | D Primary Care Investments

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# Ensuring effective oversight: Approvals

| Type of expenditure | Proposed approvals process |
|---|---|
| Vendor expenditures (e.g., third party services or technology HPSM contracts for): | Follow established purchasing policies, including RFP and SMHC approval for >$250K/year. |
| One-time investments made to providers: | HPSM will “bundle” potential investments of a similar type for SMHC approval. |
| Increases to network provider rates or increases to network Value-Based Payment programs: | Approved internally by HPSM leadership, following prioritization criteria and current practices. |
| Administrative HPSM staffing expenditures : | Approved internally by HPSM leadership, unless a meaningful deviation from approved admin budget is anticipated. |



A Provider Investment Fund | D Primary Care Investments

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# Ensuring effective oversight: SMHC Reporting

- Every 6-12 months, HPSM will report to SMHC and the Finance/Compliance Committee, on reserve expenditures towards both Provider Investments and Primary Care Investments
- Updates will include:
  - An accounting of what has been invested, planned upcoming investments, and remaining funds. This will include the amounts, type of investment, and information on which goals the investments advance.
  - Findings and learnings regarding the impact of investment dollars in advancing our investment goals to date.

# Discussion

1. How might we adjust our approvals and reporting process, to make sure that investments are:
   - Made in a timely manner
   - Directed to opportunities with the greatest impact
   - Selected and implemented with transparency and accountability
2. Are there any topics discussed today that you would like further information or detail on?



# Next steps

- Vote on today's proposal
- HPSM staff to incorporate any input from today into our approach for prioritization, oversight, and approvals
- HPSM to implement provider network rate increases out of the Provider Investment Fund no later than **January 2025** based upon the prioritization criteria and analysis we touched on today
- We will agendize the review of potential investments / bundles of investments on a rolling basis, following the approach we align(ed) on.

## Approval of Prioritization and Approvals Approach

- Does the San Mateo Health Commission authorize the Chief Executive Officer to implement a Provider Investment Fund, as well as the prioritization and approvals approach outlined today for both the Provider Investment Fund and Primary Care Investment Fund?



## Appendix: Member Access Priorities

A Provider Investment Fund

# Provider Investments: Prioritization

Provider Priority (E.g., discrepancy of current HPSM rates from Medicare rates)

| Review closely<br>*Particular considerations:*<br>• Full picture of providers' payor mix /other HPSM or MC reimbursement<br>• HPSM financial sustainability | **Highly aligned**<br>No-regrets investments to prioritize first |
|---|---|
| **Not prioritized** | **Review closely, consider alternatives**<br>*Particular considerations:*<br>• Is issue lack of providers (vs. competitiveness of rates)<br>• Where is it justified to make intentional exceptions to MC/Medicare rate norms to meet access goals |

**HPSM Member Access Priority**

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**Key:**

Size of bubble corresponds to scale: High volume need, Low volume need

Alignment with MCO Tax implementation

Acute need/ critical disparities identified



A Provider Investment Fund

# State of the Network: Executive Summary

X Axis: **HPSM Member Access Priority**

- Resource-rich county, with uniquely strong indicators of access among Medi-Cal plans based on the number, type, and distribution of our contracted providers.
- However being a "contracted provider" does not mean a provider can guarantee availability. Measures of appointment availability and qualitative experience data are more mixed.
- Current network priorities include:
  - Long-standing areas of focus on primary care, OB/GYN, long-term care (honorable mention)
  - New direct networks for new CalAIM provider types, behavioral health, dental, and ABA services*
  - Needs for greater language capabilities and network diversity; imprecisely defined due to data challenges
  - Needs can be nuanced and are not always general, particularly in areas like NEMT, Behavioral Health, ST/OT
  - Small but acute needs for specific specialties, geographies, scope of practice

*Applied Behavior Analysis

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# Network dashboard: top priority needs

X Axis: **HPSM Member Access Priority**

| | | |
|---|---|---|
| **Primary Care** | **Primary Dental** | **Dental Specialty** |
| **Behavioral Health** | **NEMT** | **Speech/Occupational Therapy** |
| **Gender Affirming** | **CalAIM** | **OB/GYN** |
| **Ophthalmology** | **Optometry** | **Community Health Workers** |
| **Neurology** | **Doula** | **LTC/SNF** |



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# Network dashboard: top priority needs

X Axis: **HPSM Member Access Priority**

| Type | Contract Sufficiency | Real World Availability | Pop Needs Assessment | VOC* | Key Insights |
|---|---|---|---|---|---|
| **Primary Care** | ✓ | ✓ | ✓ | ✓ | Evergreen, Workforce at risk |
| **Dental** | ✓ | ✓ | ✓ | ✓ | Primary, Specialty (Endo, Perio, Oral Surgery), Services for Special Needs (e.g. homebound, Dental OR/Anesthesia) |
| **Behavioral Health** | ✓ | ✓ | ✓ | ✓ | Psychological testing, in person services for kids, ABA Services, eating disorder specialists |
| **NEMT** | | ✓ | ✓ | ✓ | Specific to gurney and providers who can transport members with multiple steps |
| **ST/OT** | | ✓ | | ✓ | Pediatric population, low volume but high impact |

*Voices of the Community

A Provider Investment Fund

# Network dashboard: top priority needs

X Axis: **HPSM Member Access Priority**

| Type | Contract Sufficiency | Real World Availability | Pop Needs Assessment | VOC* | Key Insights |
|---|---|---|---|---|---|
| Gender Reassignment | | ✓ | | ✓ | High Cost, complex service needs |
| CalAIM | | | ✓ | ✓ | Several Populations of Focus, Broad services |
| OB/GYN | ✓ | ✓ | ✓ | ✓ | Evergreen, workforce at risk |
| Ophthalmology and Optometry | ✓ | ✓ | | ✓ | Access and Availability challenges |
| Neurology | | ✓ | | ✓ | Workforce limitations |

*Voices of the Community



A Provider Investment Fund

# Network dashboard: top priority needs

X Axis: **HPSM Member Access Priority**

| Type | Contract Sufficiency | Real World Availability | Pop Needs Assessment | VOC* | Key Insights |
|---|---|---|---|---|---|
| Gender Affirming | | ✓ | | ✓ | High Cost, complex service needs |
| CalAIM | | | ✓ | ✓ | Several Populations of Focus, Broad services |
| OB/GYN | ✓ | ✓ | ✓ | ✓ | Evergreen, workforce at risk |
| Ophthalmology and Optometry | ✓ | ✓ | | ✓ | Access and Availability challenges |
| Neurology | | ✓ | | ✓ | Workforce limitations |

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A Provider Investment Fund

# Network dashboard: top priority needs

HealthPlan OF SAN MATEO
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X Axis: **HPSM Member Access Priority**

| Type | Contract Sufficiency | Real World Availability | Pop Needs Assessment | VOC* | Key Insights |
|---|---|---|---|---|---|
| **Doulas** | | ☑ | | ☑ | New benefit, new network |
| **LTC/SNF** | | ☑ | ☑ | ☑ | Evergreen, finite number of beds in county, need for custodial beds |
| **CHW** | | ☑ | ☑ | ☑ | New benefit, 0 in network contracted providers |

*Voices of the Community

**MEMORANDUM**

| AGENDA ITEM: | 5.1 |
| --- | --- |
| DATE: | June 12, 2024 |

**DATE:** June 4, 2024

**TO:** San Mateo Health Commission

**FROM:** Patrick Curran, CEO
Amy Scribner, Chief Health Officer

**RE:** Baby Bonus Program

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**Recommendation:**

HPSM staff recommends that the San Mateo Health Commission approve funding in the amount of $7,000,000 to support a county-wide initiative called the Baby Bonus Program. There are two components to this funding, which are discussed in more detail below. The first is for $3,500,000 to fund 300 birth families through monthly payments of $300 per month for three years. The second is for $3,500,000 which would fund a team of Community Health Workers employed by HPSM for up to three years to support families in the study and connect them with needed services.

**Background:**

HPSM currently has strong financial reserves that are intended to further our mission, vision, and strategic goals. We have already developed a provider investment strategy, which was approved by the Health Commission in May, and are now developing an investment strategy to more broadly invest in our community in a manner that is aligned with our investment criteria and meets the new state requirement that all health plans serving Medi-Cal members implement a community investment fund.

Due to the leadership and vision of former House Representative and County Supervisor-elect Jackie Speier to eliminate child poverty in San Mateo County, the community has galvanized around an innovative program that would financially support 400 birth families through monthly payments of $300 per month for three years which mirrors the Child Tax Credit, and applies rigorous evaluation criteria to understand the impact of the financial support and enhanced services. This program is a significant countywide endeavor with community partners including LPCH, San Mateo County Health, First Five San Mateo County, San Mateo County Human Services Agency, and the Jackie Speier Foundation. This program could lead to broader policy changes in guaranteed basic income, as well as programs to support services for birth families. It is another example in a long list of programs that San Mateo County has initiated that have broader policy implications extending far beyond our county.

Amy Scribner has participated in several steering groups to design the program. The Community Health Worker component of the Baby Bonus Program accelerates an initiative that we are already planning, which is to provide a pipeline and support system to train and deploy Community Health Workers in our community. We fully expect to expand our Community Health Worker workforce initiative to serve additional HPSM members in the near future.

**Discussion and Fiscal Impact:**

There are two components to the funding. The first component, which is $3,500,000 to be distributed to First Five San Mateo County to provide $300 per month payments to 300 families for three years. This funding will also support a small portion of the overall administrative costs to First Five and to the contracted entity which will distribute the funding.

The second component, which is also for $3,500,000, will be dollars that stay within HPSM to be used to hire, train and deploy the Community Health Worker team for a period of up to three years, coinciding with the duration of the Baby Bonus Program. Since this is a significant unbudgeted staffing request, we are bringing it to the Health Commission for approval. We fully expect that these Community Health Workers will be either deployed in the community after program completion or we will be able to demonstrate the return on investment for HPSM to internally invest in this workforce.

**DRAFT**

**RESOLUTION OF THE**
**SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF FUNDS FOR**
**BABY BONUS PROGRAM**

**RESOLUTION 2024 -**

**RECITAL: WHEREAS,**

A. HPSM currently has strong financial reserves which exceed the amount dedicated to the Contingency Reserve, the Stabilization Reserve, and the required DMHC TNE amounts;
B. HPSM has a unique and timely opportunity to participate in an innovative program in San Mateo County that directly supports our members and is aligned with our mission, vision, strategic goals, and investment criteria;
C. HPSM staff recommend the approval of funding in the amount of $3,500.000 to be directed to First Five San Mateo County to administer payments to birth families as part of the Baby Bonus Program; and
D. Approval of an unbudgeted staffing request of $3,500,000 for HPSM to hire, train, and deploy a Community Health Worker team to support families in the Baby Bonus Program.

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

1. The San Mateo Health Commission approves an agreement with First Five San Mateo County in the amount of $3,500,000 to provide monthly payments to families enrolled in the Baby Bonus Program in monthly payments of $300 over a three year period;
2. Approves the staffing request in the amount of $3,500,000 for a Community Health Worker team to support families in the Baby Bonus Program; and
3. And authorizes the Chief Executive Officer to execute the necessary agreements to implement the program.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 12th day of June, 2024 by the following votes:

AYES:
NOES:
ABSTAINED:
ABSENT:

___________________________________
George Pon, Chairperson

ATTEST:

BY: ___________________________
C. Burgess, Clerk

APPROVED AS TO FORM:

___________________________________
Kristina Paszek
DEPUTY COUNTY ATTORNEY

## Baby Bonus Program

San Mateo Health Commission

June 12, 2024

## Recap from March 2024 Meeting

- At our 3/13/2024 meeting, we discussed the background and partnerships being created to develop the Baby Bonus Program in San Mateo County. This represents a **community investment** for HPSM that we think will have a long-term positive impact.
- Additionally in June 2023, we discussed potential **workforce development** opportunities that were identified through significant discovery.
- Today, we'll be walking through a proposal for **an enhanced Baby Bonus program** that marries guaranteed income and enhanced services for community investment and workforce development.

# Proposed HPSM Investments

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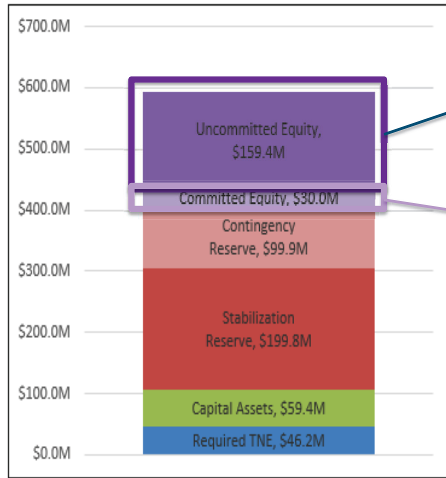
**Tangible Net Equity (TNE)**




At 12/31/23 Pre-Audit, TNE = $594.7M
Uncommitted portion = $159.4M

A. Provider Investment Fund
B. Community Investment Fund
C. Innovation Center

D. Primary Care Investment



B Community Investment Fund

# Methodology: how we measure community needs

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Healthy is for everyone

| Need Category | Examples |
| --- | --- |
| **Populational Needs Assessment** | • Disparities Identified<br>• HEDIS, MCAS, STARs impacts |
| **Member Experience** | • Grievances<br>• Appointment Availability<br>• Qualitative interviews |
| **Workforce** | • New benefit launch<br>• Challenges in recruitment or retention |
| **Voices of the Community** | • Qualitative Feedback from members, providers, community partners and staff. |

## Community Investment Goals

*Decision Making Considerations:*

- ❑Alignment with the concepts of piloting and evaluating
- ❑Degree to which the investment leverages HPSM's unique strengths – *is HPSM the best fit for a funder/convener*
- ❑Financial sustainability of the investment – *e.g., plans for sustaining improvements after a one-time investment*



## Baby Bonus Program

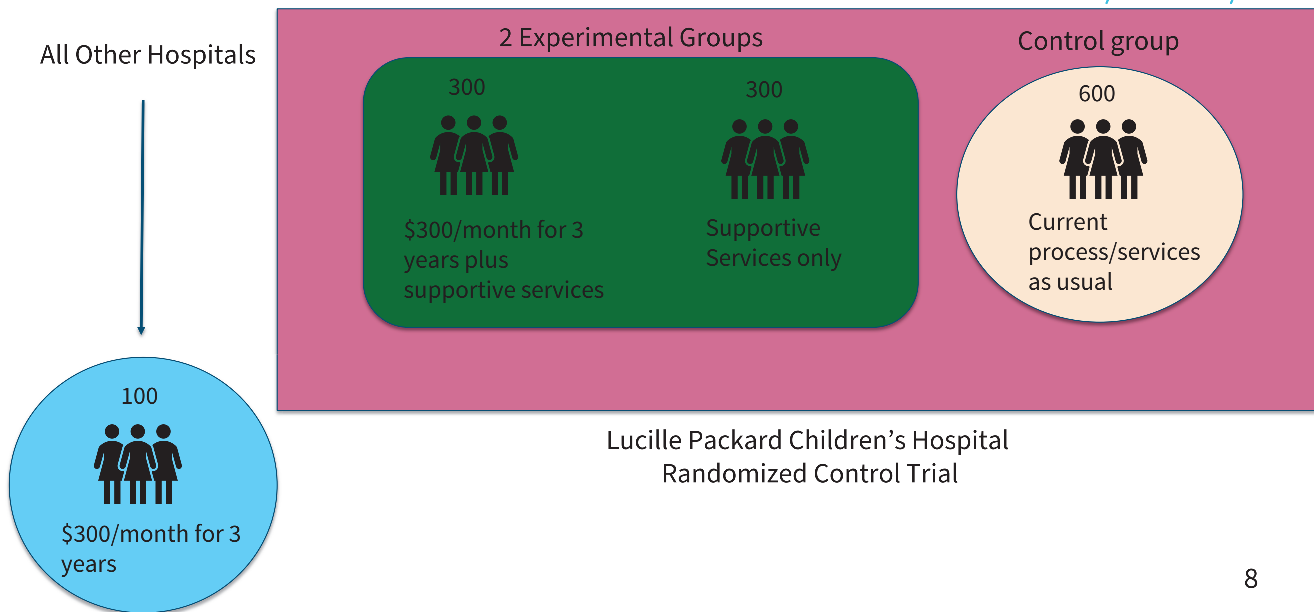
# Rationale

## Why are we doing this?

- **Health Outcomes improvement (**early well child visits), **access to care** (services and pre- and post-natal care), and **health equity** (birth equity a main priority for HPSM). P
- Potential **policy implications** beyond San Mateo County to demonstrate the benefits of guaranteed income, such as the **child tax credit** implemented during the pandemic but now discontinued.
- Leverages **HPSM's unique role** in having programs already in place to **support** newborns and their families and **data** to determine health outcome measures.
- Opportunity for multi-year **community investment** that aligns with the **state's bold goals** through its community investment requirement beginning 2026.



# Project Framework



# Supportive Services

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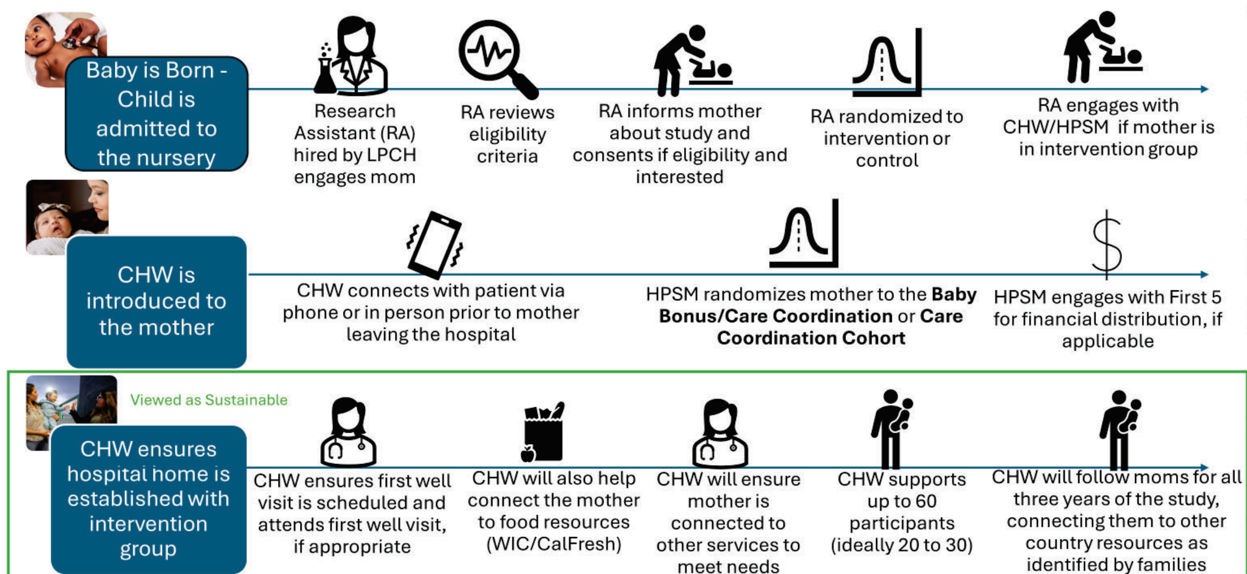
- HPSM will add 10 Community Health Workers (CHWs) to longitudinally support every family enrolled in the study
- Community Health Workers will work directly with Stanford upon delivery and with remaining care ecosystem to provide support where needed.
- Outcomes to be evaluated:
  - Well child visits
  - Utilization of SDOH (e.g. transportation, housing), medical and dental services
  - Satisfaction with CHW services



# Connection to a Community Health Workers (CHW)

LPCH and HPSM will work together to enroll, randomize, and connect the intervention cohorts to a Community Health Worker, who is hired by HPSM




*Plan relies on data sharing between LPCH and HPSM and is pending funding approval from HPSM's board
**LPCH – Lucile Packard Children's Hospital; HPSM – Health Plan of San Mateo

)

## Baby Bonus Funding Request

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- **Total: $7,000,000**
- **CHW funding request for HPSM: $3,500,000**
  - CHWs salary plus benefits
  - Manager salary plus benefits
  - Consultative services for recruitment, training, onboarding, etc.
- **Bonus Funding request for First 5: $3,500,000**
  - Guaranteed income for 300 families
  - Services or administrative overhead support
  - Other funders will provide compensation for additional 100 families

## Relationship Matrix

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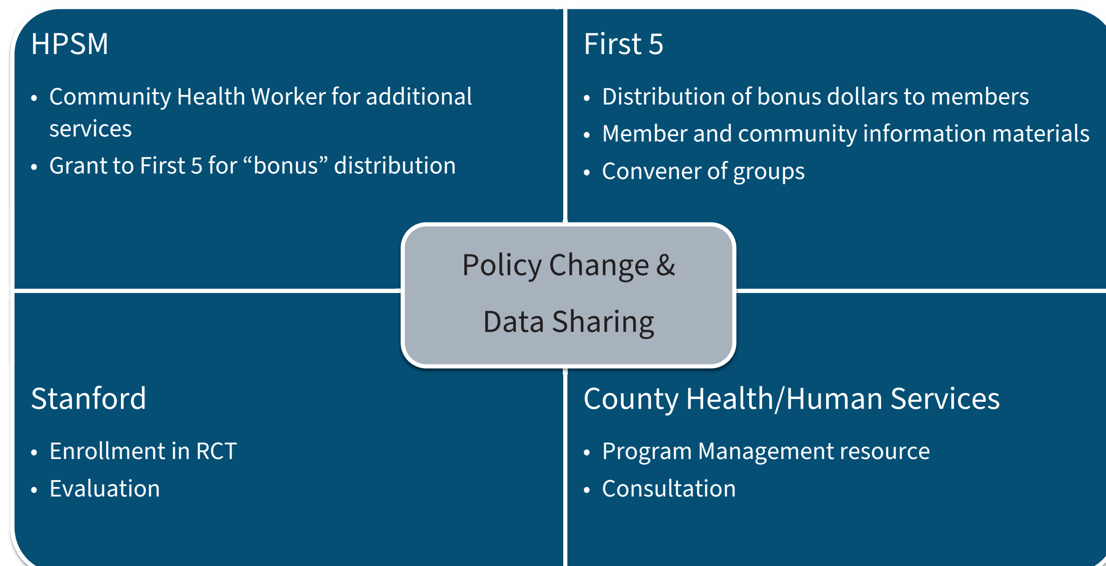

# Sustainability

- HPSM adding Community Health Workers allows for benefitted services to be delivered
  - Currently no CHWs contracted in network*
- HPSM develops infrastructure for this new benefit along with caseload, providers enrolled in Medi-Cal and at the end of the program, CHWs can be hired by Network providers, CBOs or can be redeployed to other areas with need in the network.
- Bonus dollars mimic child credit so could impact policy change

*See Network Dashboard priority needs slide from May meeting at end of presentation



# Next steps

- Vote on today's proposal
- HPSM to implement data use agreements and MOUs with stakeholders involved with Baby Bonus Program
- HPSM to begin building CHW workforce programming
  - Hiring, onboarding, consultative support
- Regular updates on Baby Bonus implementation progress
  - Winter Commission Meeting
  - Semi-annual thereafter

Questions?

A Provider Investment Fund

# Network dashboard: top priority needs

X Axis: **HPSM Member Access Priority**

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| Doulas | | ☑ | | ☑ | New benefit, new network |
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| CHW | | ☑ | ☑ | ☑ | New benefit, 0 in network contracted providers |

*Voices of the Community

**AGENDA ITEM: 5.2**

**DATE: June 12, 2024**

**Meeting materials are not included**

**for Item 5.2 – Update on PACE**

**AGENDA ITEM: 6.0**

**DATE: June 12, 2024**

**MEMORANDUM**

**DATE:** June 4, 2024

**TO:** San Mateo Health Commission

**FROM:** Patrick Curran

**RE:** CEO Report – June 2024

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## State Budget

As discussed previously, the upcoming state budget for July 2024 through June 2025 includes substantial deficits. The state announced an updated economic projection for the coming year, known as the "May Revise" in mid-May. The budget projections worsened, with a resulting deficit of more than $28B even after early action taken on several budget items by the Governor and the Legislature.

There remain no significant reductions in benefits or coverage for the Medi-Cal program. Certain benefits such as acupuncture are proposed to be cut, as are components of Equity and Transformation grants and reductions in capacity grants for the Children and Youth Behavioral Health Initiative. There are other cuts, such as not covering In-Home Supportive Services (IHSS) for individuals with no documentation status, and a host of other program cuts or delays. There is a flurry of hearings taking place which could alter these cuts and delays.

The main change affecting Medi-Cal is that the proposed allocation of $2.6B Managed Care Organization (MCO) tax dollars to providers in 2025 and beyond would be pulled back and those dollars would be used for the general fund. The MCO tax increases to providers that were initiated in 2024 for primary care, behavioral health, and maternity care, remain in place.

As of the writing of this memo, there are still discussions about the MCO tax dollars. One legislative proposal is to delay the allocation of the dollars by one year. We will know more when the budget is final by the end of June, and we will give a more detailed update to the Health Commission at a future meeting once we know the impact, including the implications of a November 2024 ballot initiative regarding the MCO tax.

## Financial Update

Since we did not have a quorum for our March Finance/Compliance Committee meeting, the financial report was not reviewed and therefore not included in the Health Commission packet. The Finance/Compliance Committee will meet in August. In the interim, here are highlights :

- We are starting the year with a larger surplus than originally forecast, $20M for Q1 compared to $6M for the Q1 portion of the budget. The budgeted surplus for the year is $30M.
- Medi-Cal revenue is being paid (and recorded) based on draft rates, but we are expecting decreases in our 2024 rates later this summer, which will be retro-active to January.
- The largest driver of the surplus is lower healthcare costs. The large shifts in population (Medi-Cal redeterminations, Kaiser members transitioning to a direct contract with the state, and the transition of more than 15,000 ACE participants into Medi-Cal) are making it difficult to predict healthcare cost trends.
- Regarding the transition of the ACE members, they now have broader coverage with Medi-Cal and we may see utilization increase as they begin accessing services.
- Medi-Cal disenrollments due to redeterminations are slowing down in early 2024 compared to 2023.
- Interest income will continue to show a favorable variance this year. We budgeted $2M per month, but we hit an all-time high of $3M per month during the first three months of the year. This will drop if and when the Feds start reducing interest rates.