

-Virtual Meeting-

**THE SAN MATEO HEALTH COMMISSION
Regular Meeting
June 8, 2022 - 12:30 p.m.
Health Plan of San Mateo
801 Gateway Blvd., South San Francisco, CA 94080**

Important notice regarding COVID-19:

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

Public Participation

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

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 480 262 135#

Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Commission or to address an item that is listed on the agenda may do so by emailing comments before 10:00 am, June 8, 2022 to the Clerk of the Board at Corinne.Burgess@hpsm.org with "Public Comment" in the subject line. Comments received will be read during the meeting. Members of the public wishing to provide such public comment may also do so by joining the meeting on a computer, mobile app, or telephone using the link or number provided above and following the instructions for making public comment provided during the meeting.

AGENDA

- 1. Call to Order/Roll Call**
- 2. Public Comment/Communication**
- 3. Approval of Agenda**
- 4. Consent Agenda***
 - 4.1 Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees
 - 4.2 Finance/Executive Committee, May 2022
 - 4.3 CCS Clinical and Family Advisory Group Minutes, March 2022
 - 4.4 CMC Advisory Committee Minutes, April 2022
 - 4.5 Approve Amendment to Agreement with Service by Medallion
 - 4.6 Approve Agreement with UG2 Engineering

- 4.7 Waive Request for Proposal and Approve Agreement with eMaged Security
- 4.8 Approval of San Mateo Health Commission Meeting Minutes from May 11, 2022

5. Specific Discussion/Action Items

- 5.1 Health Outcomes Framework Presentation
- 5.2 Presentation on Diversity, Equity, and Inclusion Efforts

6. Report from Chairman/Executive Committee

7. Report from Interim Chief Executive Officer

8. Other Business

9. Adjournment

**Items for which Commission action is requested.*

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

MEMORANDUM

AGENDA ITEM: 4.1

DATE: June 8, 2022

DATE: May 23, 2022
TO: San Mateo Health Commission
FROM: Pat Curran, Interim Chief Executive Officer
RE: Approval of Teleconference Meeting Procedures Pursuant to AB 361

Recommendation

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

Background and Discussion

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

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

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

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

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

Fiscal Impact

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

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

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

RESOLUTION 2022 -

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of June 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY COUNSEL

M E M O R A N D U M

Date: May 10, 2022
To: San Mateo Health Commission
From: Trent Ehrgood, Chief Financial Officer
Subject: **Financial report for the three-month period ending March 31, 2022**

Preliminary 2022 Financial Results All Lines of Business

Q1 2022 preliminary financial result for all lines of business is a surplus of \$23.3M, compared to the YTD budget deficit of \$2.4M.

This is the second quarter in a row with a significant surplus. Lower than average utilization continues to keep medical expenses low. The extension of the public health emergency has also postponed the Medi-Cal redetermination processes, which in turn retains lower acuity insured members and/or members who may have obtained other health coverage while also maintaining their Medi-Cal coverage. The redetermination process is likely to start in late 2022 and continue through most of 2023. In theory, HPSM will move back toward pre-pandemic utilization levels as this process takes place.

Revised 2022 Medi-Cal rates obtained in late January are slightly more favorable than the draft rates used in the budget. We are also recognizing about \$8M in prior year adjustments mostly for reinsurance recoveries (for high-cost cases) and Aid Code adjustments, retroactively reclassifying certain members to higher acuity rating categories retro to 2021.

HPSM started administering the Medi-Cal dental benefit this year, and also implemented other new CalAIM benefits including Enhanced Care Management, and Community Supports (formerly known as In Lieu of Services). The medical expenses related to these services are accrued at budget levels (mostly at break-even). We will refine these expenses in future periods once we have more complete claim history.

Attached is presentation material reviewed at our committee meeting on May 9th. Detailed Statements of Revenue and Expense on a consolidated basis, as well as for each line of business, are provided after the presentation slides.

Financial Update

Presentation to Finance/Executive Committee

May 9, 2022



2022 Budget by Quarter



	Q1	Q2	Q3	Q4	Total
Capitation revenue	218,766,277	224,472,838	227,978,299	232,448,093	903,665,508
Healthcare cost	208,887,076	212,854,235	212,907,179	210,843,150	845,491,640
Administrative expenses	13,447,987	14,306,963	14,132,881	14,393,740	56,281,572
MCO Tax	-	-	-	-	-
Income/(loss) from operations	(3,568,786)	(2,688,361)	938,239	7,211,203	1,892,295
Non-operating revenue	1,167,874	1,103,321	1,057,001	1,034,985	4,363,181
Net income/(loss)	(2,400,911)	(1,585,040)	1,995,240	8,246,188	6,255,477

Q1 2022 Financial Results



	Q1	Budget		
	(Jan-Mar)	YTD Total	YTD Budget	Variance
Capitation revenue	236,366,221	236,366,221	218,766,277	17,599,944
Healthcare cost	192,369,679	192,369,679	208,887,076	16,517,397
Administrative expenses	12,764,669	12,764,669	13,447,987	683,318
MCO Tax	9,160,100	9,160,100	-	(9,160,100)
Income/(loss) from operations	22,071,773	22,071,773	(3,568,786)	25,640,559
Non-operating revenue	1,197,234	1,197,234	1,167,874	29,360
Net income/(loss)	23,269,007	23,269,007	(2,400,912)	25,669,919

YTD March 2022 – PY/CY

	YTD by PY/CY			Current Year YTD		
	Prior Year	Current Year	Total	Current Year	Budget	CY Variance
Capitation revenue	5,099,572	231,266,649	236,366,221	231,266,649	218,766,277	12,500,372
Healthcare cost	(3,340,078)	195,709,757	192,369,679	195,709,757	208,887,076	13,177,319
Administrative expenses	-	12,764,669	12,764,669	12,764,669	13,447,987	683,318
MCO Tax	-	9,160,100	9,160,100	9,160,100	-	(9,160,100)
Income/(loss) from operations	8,439,650	13,632,123	22,071,773	13,632,123	(3,568,786)	17,200,909
Non-operating revenue	(3,390)	1,200,624	1,197,234	1,200,624	1,167,874	32,750
Net income/(loss)	8,436,260	14,832,747	23,269,007	14,832,747	(2,400,912)	17,233,659

M-Cal COA adjustments	Rev	4,230,000
M-Cal supplemental rev.	Rev	870,000
PY reinsurance recoveries	HC Cost	3,060,000
PY Rx claim adj.	HC Cost	280,000
		<u>8,440,000</u>

Average Membership

Variance to Budget

LOB	Avg. Actual	Avg. Budget	Variance	% Var
Medi-Cal	72,052	71,829	223	0.3%
Medi-Cal Full Duals	7,951	7,846	105	1.3%
Medi-Cal Expansion	43,288	43,287	1	0.0%
Whole Child Model	1,379	1,380	(1)	-0.1%
Cal Medi Connect	8,785	8,875	(90)	-1.0%
HealthWorx	1,202	1,227	(25)	-2.0%
Total at Risk	134,657	134,444	213	0.2%
+ ACE	27,384	26,934		
Grand Total	162,041	161,378		

Budget Variance by Major Drivers

	<u>YTD Mar</u>		<u>Revenue</u>	<u>Expense</u>
1 Prior year adjustments not in the budget	8,436,261			
<u>Current year variances:</u>				
2 Membership higher than budget	48,496	<<	(246,044)	294,538
3 Revenue yield PMPM higher than budget	2,766,549			
4 Healthcare cost PMPM lower than budget	12,865,386			
5 Administrative cost under budget	683,317			
6 MCO Tax variance	837,161	<<	9,997,261	(9,160,100)
7 Non-op revenue (<i>CY portion</i>) under budget	32,749			
Total current year	<u>17,233,658</u>			
Total consolidated budget variance	<u>25,669,919</u>			

Revenue PMPM

Variance to Budget



LOB	Avg. Members	Base Capitation Revenue PMPM *				Total Revenue Variance
		Actual	Budget	Variance	% Var	
Medi-Cal	72,052	\$ 283.72	\$ 288.85	\$ (5.13)	-1.8%	(1,108,714)
Medi-Cal Full Duals	7,951	\$ 963.47	\$ 953.15	\$ 10.32	1.1%	246,201
Medi-Cal Expansion	43,288	\$ 381.39	\$ 369.37	\$ 12.01	3.3%	1,560,175
Whole Child Model	1,379	\$ 2,025.88	\$ 2,041.42	\$ (15.54)	-0.8%	(64,283)
Cal Medi Connect	8,785	\$ 2,672.58	\$ 2,591.44	\$ 81.14	3.1%	2,138,486
HealthWorx	1,202	\$ 437.38	\$ 438.85	\$ (1.47)	-0.3%	(5,317)
Total at Risk	134,657					2,766,549

* Revenue PMPM excludes portion for Directed Pmts and MCO Tax

Healthcare Cost PMPM

Variance to Budget



LOB	Avg. Members	Healthcare Cost PMPM *				Total
		Actual	Budget	Variance	% Var	HC Cost Variance
Medi-Cal	72,052	\$ 245.14	\$ 263.53	\$ 18.39	7.0%	3,975,051
Medi-Cal Full Duals	7,951	\$ 825.38	\$ 865.23	\$ 39.85	4.6%	950,523
Medi-Cal Expansion	43,288	\$ 300.41	\$ 331.41	\$ 31.00	9.4%	4,025,991
Whole Child Model	1,379	\$ 1,151.68	\$ 1,260.63	\$ 108.94	8.6%	450,596
Cal Medi Connect	8,785	\$ 2,507.25	\$ 2,625.22	\$ 117.97	4.5%	3,109,332
HealthWorx	1,202	\$ 459.10	\$ 407.32	\$ (51.78)	-12.7%	(186,771)
Total at Risk	134,657			Sub-total HC Cost Variance		12,324,722
				UM/QA Variance		540,664
				Total Healthcare Cost Variance		12,865,386

* Healthcare Cost PMPM excludes Directed Pmts and UM/QA

Healthcare Cost

Detail by Category of Service

	YTD Actual			YTD Budget	Variance	% Var.
	Total	Prior Year	Current Year			
Provider Capitation	12,313,456	124,508	12,188,947	12,935,013	746,066	5.8%
Hospital Inpatient	41,577,557	-	41,577,557	50,792,106	9,214,549	18.1%
LTC/SNF	42,119,721	-	42,119,721	41,030,454	(1,089,267)	-2.7%
Pharmacy	13,848,492	(191,801)	14,040,294	15,126,592	1,086,298	7.2%
Physician FFS	17,219,842	(87,066)	17,306,908	19,165,708	1,858,800	9.7%
Hospital Outpatient	19,263,315	-	19,263,315	21,262,144	1,998,829	9.4%
Other Medical Claims	20,560,671	-	20,560,671	21,138,438	577,767	2.7%
Other HC Services	1,708,441	128,061	1,580,379	1,447,697	(132,683)	-9.2%
Directed Payments	7,034,282	(820)	7,035,102	7,052,498	17,395	0.2%
Long Term Support Services	555,553	-	555,553	794,863	239,309	30.1%
New CPO/In-lieu of Services	1,054,565	36,865	1,017,700	1,057,673	39,973	3.8%
New Dental	4,384,265	-	4,384,265	4,377,117	(7,147)	-0.2%
New ECM	3,137,300	-	3,137,300	3,129,740	(7,560)	-0.2%
Provider Incentives	3,781,179	-	3,781,179	2,262,170	(1,519,010)	-67.1%
Transportation	1,951,509	1,630	1,949,879	1,591,109	(358,770)	-22.5%
Indirect Health Care Benefits	(2,615,010)	(3,340,295)	725,285	697,390	(27,895)	-4.0%
UMQA	4,474,541	(11,160)	4,485,701	5,026,365	540,664	10.8%
Total Healthcare Cost	192,369,679	(3,340,078)	195,709,757	208,887,076	13,177,319	6.3%

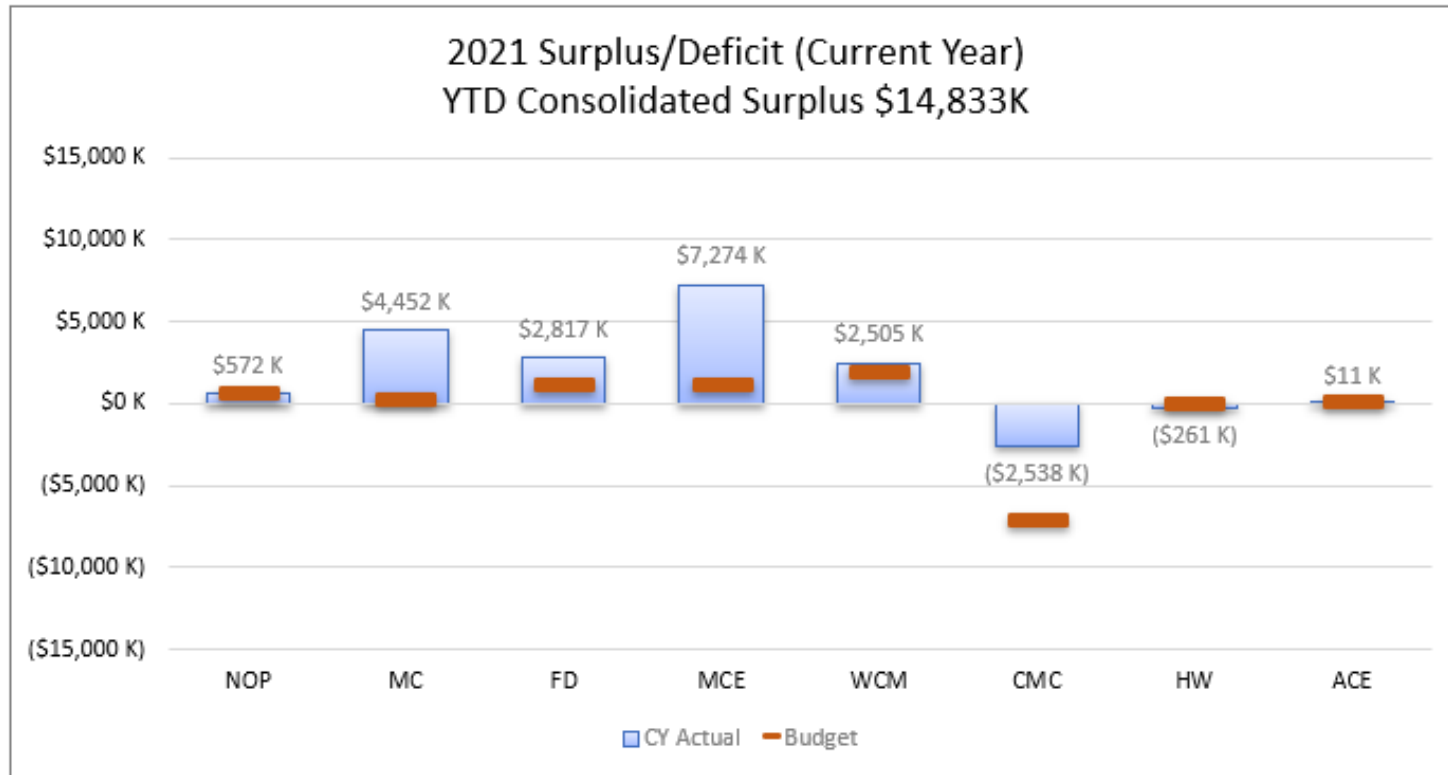
Healthcare Cost

FFS Categories by Quarter – 2021, Q1 2022



	2021 Restated by QTR				2022 Q1	
	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Budget
Hospital Inpatient	43,076,512	38,492,526	41,301,628	37,105,541	41,577,557	50,792,106
LTC/SNF	38,040,820	39,953,925	41,954,064	42,944,464	42,119,721	41,030,454
Pharmacy (CA, HW)	12,505,688	12,827,484	13,313,796	13,196,107	14,040,294	15,126,592
Physician FFS	16,584,379	17,601,527	18,047,050	17,609,183	17,306,908	19,165,708
Hospital Outpatient	18,093,911	19,203,641	19,689,716	19,211,994	19,263,315	21,262,144
Other Medical Claims	18,689,081	19,835,314	20,337,378	19,843,941	20,560,671	21,138,438
	146,990,391	147,914,416	154,643,632	149,911,229	154,868,465	168,515,442

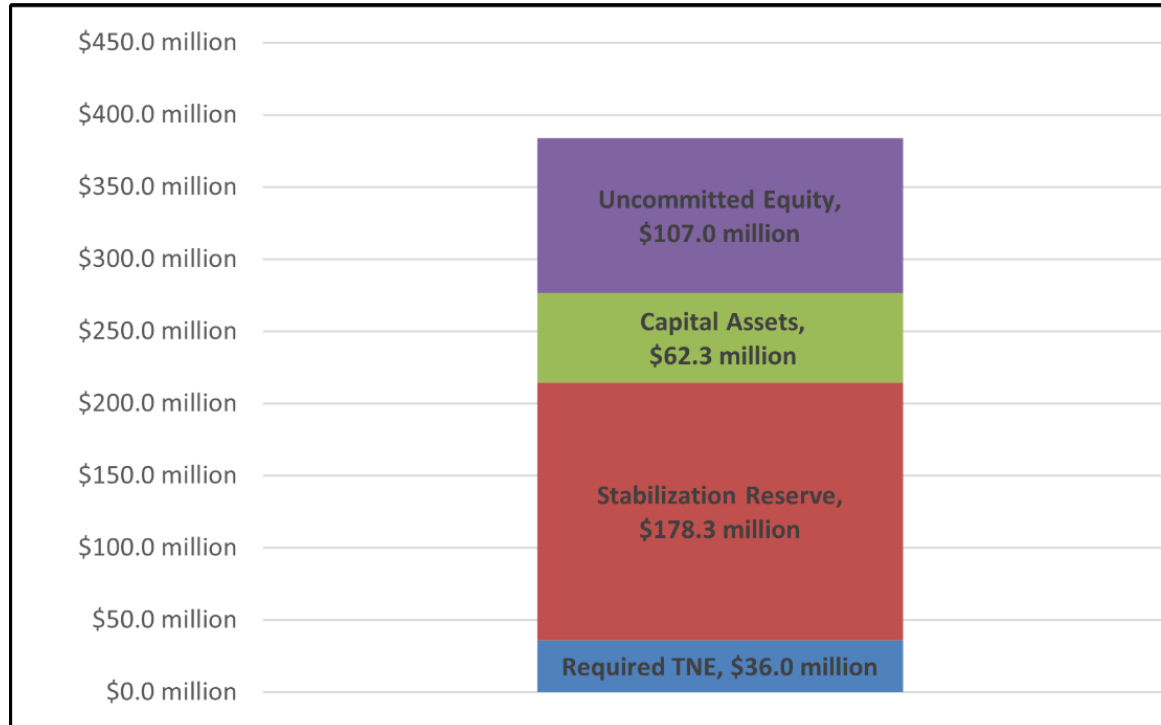
CY YTD Surplus/Deficit by LOB



Tangible Net Equity (TNE)

At 3/31/22 Pre-Audit TNE = \$383.6M

Uncommitted portion = \$107.0M



Q1 2022 Summary

- We are reporting a surplus of \$23.3M for Q1 2022. This is the second quarter in a row with a significant surplus.
- Lower than average utilization is the primary driver of this surplus. The budget assumed we would be moving back toward pre-pandemic levels sooner. The postponed Medi-Cal redetermination process may cause this dynamic of lower cost to continue for a while.
- Prior year adjustments totaling \$8.4M are also contributing to the surplus this quarter. About \$3M in prior year reinsurance recoveries came thru this quarter; plus \$4.2M in prior year revenue this quarter from DHCS reclassifying member Aid Codes to higher rating categories retro to 2021.
- Newly implemented benefits including dental, Enhanced Care Management, and Community Supports are accrued at budget cost (mostly at break-even). These estimates will be refined later this year once we have more complete claim history.
- The CCI (full duals) member mix risk corridor will likely be in play again this year. This is the rating category that uses a blended rate with assumptions on members in LTC custodial care. Lower levels of members in LTC results in excess revenue, some of which we will refund. No adjustments to revenue have been made in Q1, but we will continue to monitor this for possible liability.

Health Plan of San Mateo
 Consolidated Balance Sheet
 March 31, 2022 and February 28, 2022

	Current Month	Prior Month	PY 12/31
ASSETS			
Current Assets			
Cash and Equivalents	\$ 302,181,475	\$ 300,717,013	\$ 257,910,849
Investments	179,422,299	179,422,299	179,148,167
Capitation Receivable from the State	97,338,865	150,405,693	162,771,179
Other Receivables	69,029,511	65,300,519	84,001,861
Prepays and Other Assets	9,291,873	9,286,206	6,930,906
Total Current Assets	657,264,023	705,131,729	690,762,962
Capital Assets, Net	62,346,644	62,530,398	62,881,892
Net Pension Asset	2,373,317	2,373,317	2,373,317
Assets Restricted As To Use	300,000	300,000	300,000
Total Assets	722,283,984	770,335,444	756,318,171
Deferred Outflows of Resources	2,351,463	2,351,463	2,351,463
Total Assets & Deferred Outflows	\$ 724,635,447	\$ 772,686,907	\$ 758,669,634
LIABILITIES			
Current Liabilities			
Medical Claims Payable	84,512,886	89,301,682	82,630,315
Provider Incentives	11,399,572	10,631,606	9,095,674
Amounts Due to the State	153,300,138	153,300,138	153,300,138
Accounts Payable and Accrued Liabilities	88,753,342	140,685,905	150,243,004
Total Current Liabilities	337,965,938	393,919,331	395,269,131
Net Pension Liability	-	-	-
Deferred Inflows of Resources	3,022,421	3,022,421	3,022,421
Total Liabilities & Deferred Inflows	\$ 340,988,359	\$ 396,941,752	\$ 398,291,552
NET POSITION			
Invested in Capital Assets	62,346,644	62,530,398	62,881,892
Restricted By Legislative Authority	300,000	300,000	300,000
Unrestricted			
Stabilization Reserve	146,548,400	178,301,800	178,301,800
Unrestricted Retained Earnings	174,452,045	134,612,957	118,894,390
Net Position	383,647,089	375,745,155	360,378,082
Total Liabilities & Net Position	\$ 724,635,448	\$ 772,686,907	758,669,634
 Change in Net Position	 \$ 23,269,007	 \$ 15,367,073	 0

Health Plan of San Mateo
Consolidated Statement of Revenue & Expense
for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	YTD Actual	YTD Budget	YTD Variance	% Var
OPERATING REVENUE							
Capitation and Premiums							
Medi-cal (includes Offsets)	\$ 183,787,080	\$ 168,482,705	\$ 15,304,375	\$ 183,787,080	\$ 168,482,705	\$ 15,304,375	9.1%
HealthWorx	1,577,615	1,615,407	(37,792)	1,577,615	1,615,407	(37,792)	-2.3%
Medicare (includes CA-CMC)	51,001,525	48,668,165	2,333,360	51,001,525	48,668,165	2,333,360	4.8%
Total Operating Revenue	<u>236,366,221</u>	<u>218,766,277</u>	<u>17,599,943</u>	<u>236,366,221</u>	<u>218,766,277</u>	<u>17,599,943</u>	<u>8.0%</u>
OPERATING EXPENSE							
Healthcare Expense							
Provder Capitation	12,313,456	12,935,013	621,557	12,313,456	12,935,013	621,557	4.8%
Hospital Inpatient	41,577,557	50,792,106	9,214,549	41,577,557	50,792,106	9,214,549	18.1%
LTC/SNF	42,119,721	41,030,454	(1,089,267)	42,119,721	41,030,454	(1,089,267)	-2.7%
Pharmacy	13,848,492	15,126,592	1,278,100	13,848,492	15,126,592	1,278,100	8.4%
Medical	65,786,550	70,066,484	4,279,934	65,786,550	70,066,484	4,279,934	6.1%
Long Term Support Services	555,553	794,863	239,309	555,553	794,863	239,309	30.1%
CPO/In-lieu of Services	1,054,565	1,057,673	3,108	1,054,565	1,057,673	3,108	0.3%
Dental Expense	4,384,265	4,377,117	(7,147)	4,384,265	4,377,117	(7,147)	-0.2%
Enhanced Care Management (ECM)	3,137,300	3,129,740	(7,560)	3,137,300	3,129,740	(7,560)	-0.2%
Provider Incentives	3,781,179	2,262,170	(1,519,010)	3,781,179	2,262,170	(1,519,010)	-67.1%
Transportation	1,951,509	1,591,109	(360,400)	1,951,509	1,591,109	(360,400)	-22.7%
Indirect Health Care Expenses	(2,615,010)	697,390	3,312,400	(2,615,010)	697,390	3,312,400	475.0%
UMQA, Delegated and Allocation	4,474,541	5,026,365	551,824	4,474,541	5,026,365	551,824	11.0%
Total Healthcare Expense	<u>192,369,679</u>	<u>208,887,076</u>	<u>16,517,397</u>	<u>192,369,679</u>	<u>208,887,076</u>	<u>16,517,397</u>	<u>7.9%</u>
Administrative Expense							
Salaries and Benefits	10,527,484	10,728,320	200,836	10,527,484	10,728,320	200,836	1.9%
Staff Training and Travel	63,273	103,925	40,652	63,273	103,925	40,652	39.1%
Contract Services	3,413,650	4,173,700	760,050	3,413,650	4,173,700	760,050	18.2%
Office Supplies and Equipment	1,505,965	1,754,750	248,785	1,505,965	1,754,750	248,785	14.2%
Occupancy and Depreciation	1,000,848	1,039,748	38,900	1,000,848	1,039,748	38,900	3.7%
Postage and Printing	507,202	436,000	(71,202)	507,202	436,000	(71,202)	-16.3%
Other Administrative Expense	150,511	180,412	29,902	150,511	180,412	29,902	16.6%
UM/QA Allocation	(4,404,263)	(4,968,869)	(564,606)	(4,404,263)	(4,968,869)	(564,606)	-11.4%
Total Admin Expense	<u>12,764,669</u>	<u>13,447,986</u>	<u>683,318</u>	<u>12,764,669</u>	<u>13,447,986</u>	<u>683,318</u>	<u>5.1%</u>
Premium Taxes	9,160,100	-	(9,160,100)	9,160,100	-	(9,160,100)	-
Total Operating Expense	<u>214,294,447</u>	<u>222,335,062</u>	<u>8,040,615</u>	<u>214,294,447</u>	<u>222,335,062</u>	<u>8,040,615</u>	<u>3.6%</u>
Net Income/Loss from Operations	<u>22,071,773</u>	<u>(3,568,785)</u>	<u>(25,640,558)</u>	<u>22,071,773</u>	<u>(3,568,785)</u>	<u>(25,640,558)</u>	<u>-618.5%</u>
Interest Income, Net	272,448	250,000	22,448	272,448	250,000	22,448	9.0%
Rental Income, Net	295,738	293,970	1,768	295,738	293,970	1,768	0.6%
Third Party Administrator Revenue	629,047	623,904	5,143	629,047	623,904	5,143	0.8%
Net Non-operating Revenue	<u>1,197,234</u>	<u>1,167,874</u>	<u>29,359</u>	<u>1,197,234</u>	<u>1,167,874</u>	<u>29,359</u>	<u>2.5%</u>
Net Income/(Loss)	<u>\$ 23,269,007</u>	<u>(2,400,911)</u>	<u>25,669,918</u>	<u>\$ 23,269,007</u>	<u>\$ (2,400,911)</u>	<u>\$ 25,669,918</u>	<u>1069.2%</u>
Admin exp as % of Net Rev (adj for Tax)	5.62%	6.15%		5.62%	6.15%		
Medical Loss Ratio (adj for Tax)	81.57%	92.26%		81.57%	92.26%		

Health Plan of San Mateo
 HPSM Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Total Health Care Expense	-	-	-	-	-	-	-	-
Total Operating Expense	-	-	-	-	-	-	-	-
NON-OPERATING REVENUE								
Interest, Net	272,448	250,000	22,448	9.0%	272,448	250,000	22,448	9.0%
Rental Income, Net	295,738	293,970	1,768	0.6%	295,738	293,970	1,768	0.6%
Total Non-Operating	568,187	543,970	24,217	4.5%	568,187	543,970	24,217	4.5%
Net Income/(Loss)	\$ 568,187	\$ 543,970	24,217	-4.5%	\$ 568,187	\$ 543,970	\$ 24,217	-4.5%
Medical Loss Ratio (adj MCO)	-	-	-	-	-	-	-	-
Member Counts	-	-	-	-	-	-	-	-

**Health Plan of San Mateo
 Medi-Cal Statement of Revenue & Expense
 for the Period Ending March 31, 2022**

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	\$ 78,157,730	\$ 62,616,261	\$ 15,541,469	24.8%	\$ 78,157,730	\$ 62,616,261	\$ 15,541,469	24.8%
Supplemental Capitation	1,648,553	2,551,241	(902,688)	-35.4%	1,648,553	2,551,241	(902,688)	-35.4%
BHT Capitation	1,672,467	1,745,025	(72,557)	-4.2%	1,672,467	1,745,025	(72,557)	-4.2%
HepC Capitation	69,892	-	69,892	-	69,892	-	69,892	-
MC Cap Offset	(6,192,518)	-	(6,192,518)	-	(6,192,518)	-	(6,192,518)	-
Total Operating Revenue	<u>75,356,124</u>	<u>66,912,528</u>	<u>8,443,597</u>	<u>12.6%</u>	<u>75,356,124</u>	<u>66,912,528</u>	<u>8,443,597</u>	<u>12.6%</u>
OPERATING EXPENSE								
Provider Capitation	6,202,786	6,314,649	111,863	1.8%	6,202,786	6,314,649	111,863	1.8%
Hospital Inpatient	12,072,029	15,944,756	3,872,727	24.3%	12,072,029	15,944,756	3,872,727	24.3%
LTC/SNF	7,759,729	7,259,729	(500,001)	-6.9%	7,759,729	7,259,729	(500,001)	-6.9%
Pharmacy	(57,774)	-	57,774	-	(57,774)	-	57,774	-
Physician Fee for Service	6,077,597	6,516,327	438,729	6.7%	6,077,597	6,516,327	438,729	6.7%
Hospital Outpatient	6,342,320	6,908,513	566,194	8.2%	6,342,320	6,908,513	566,194	8.2%
Other Medical Claims	5,938,540	6,047,427	108,887	1.8%	5,938,540	6,047,427	108,887	1.8%
Other HC Services	1,810,286	1,415,716	(394,570)	-27.9%	1,810,286	1,415,716	(394,570)	-27.9%
Directed Payments	4,588,008	4,668,583	80,574	1.7%	4,588,008	4,668,583	80,574	1.7%
Long Term Support Services	107,658	142,221	34,563	24.3%	107,658	142,221	34,563	24.3%
CPO/In-lieu of Services	193,400	192,838	(562)	-0.3%	193,400	192,838	562	0.3%
Dental Expense	2,910,242	2,901,248	(8,994)	-0.3%	2,910,242	2,901,248	8,994	0.3%
Enhanced Care Management (ECM)	1,191,000	1,188,354	(2,646)	-0.2%	1,191,000	1,188,354	2,646	0.2%
Provider Incentives	1,645,158	1,147,643	(497,515)	-43.4%	1,645,158	1,147,643	(497,515)	-43.4%
Transportation	701,017	463,297	(237,720)	-51.3%	701,017	463,297	237,720	51.3%
Indirect Health Care Expenses	(501,933)	343,682	845,615	246.0%	(501,933)	343,682	845,615	246.0%
UMQA (Allocation & Delegated)	1,003,864	1,308,106	304,242	23.3%	1,003,864	1,308,106	304,242	23.3%
Total Health Care Expense	<u>57,983,927</u>	<u>62,763,090</u>	<u>4,779,163</u>	<u>7.6%</u>	<u>57,983,927</u>	<u>62,763,090</u>	<u>4,779,163</u>	<u>7.6%</u>
G&A Allocation	3,361,558	3,925,278	563,720	14.4%	3,361,558	3,925,278	563,720	14.4%
Premium Tax	5,170,807	-	(5,170,807)	-	5,170,807	-	(5,170,807)	-
Total Operating Expense	<u>66,516,292</u>	<u>66,688,368</u>	<u>172,076</u>	<u>0.3%</u>	<u>66,516,292</u>	<u>66,688,368</u>	<u>172,076</u>	<u>0.3%</u>
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	<u>\$ 8,839,832</u>	<u>\$ 224,160</u>	<u>8,615,673</u>	<u>-3843.5%</u>	<u>\$ 8,839,832</u>	<u>\$ 224,160</u>	<u>\$ 8,615,673</u>	<u>-3843.5%</u>
Medical Loss Ratio (adj MCO)	88.39%	100.83%			88.39%	100.83%		
Member Counts	216,155	215,487	668	0.3%	216,155	215,487	668	0.3%

Health Plan of San Mateo
Full Duals Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	\$ 23,780,892	\$ 22,436,459	\$ 1,344,433	6.0%	\$ 23,780,892	\$ 22,436,459	\$ 1,344,433	6.0%
Total Operating Revenue	23,780,892	22,436,459	1,344,433	6.0%	23,780,892	22,436,459	1,344,433	6.0%
OPERATING EXPENSE								
Provider Capitation	34,009	-	(34,009)	-	34,009	-	(34,009)	-
Hospital Inpatient	405,501	376,608	(28,893)	-7.7%	405,501	376,608	(28,893)	-7.7%
LTC/SNF	15,759,297	16,707,196	947,899	5.7%	15,759,297	16,707,196	947,899	5.7%
Pharmacy	(34,296)	-	34,296	-	(34,296)	-	34,296	-
Physician Fee for Service	274,787	316,919	42,131	13.3%	274,787	316,919	42,131	13.3%
Hospital Outpatient	145,721	138,874	(6,847)	-4.9%	145,721	138,874	(6,847)	-4.9%
Other Medical Claims	1,654,693	1,654,957	264	0.0%	1,654,693	1,654,957	264	0.0%
Other HC Services	(3,198)	(471)	2,727	-579.3%	(3,198)	(471)	2,727	-579.3%
Directed Payments	-	1,177	1,177	100.0%	-	1,177	1,177	100.0%
Long Term Support Services	141,639	185,950	44,311	23.8%	141,639	185,950	44,311	23.8%
CPO/In-lieu of Services	284,076	280,338	(3,738)	-1.3%	284,076	280,338	3,738	1.3%
Dental Expense	213,016	210,215	(2,801)	-1.3%	213,016	210,215	2,801	1.3%
Enhanced Care Management (ECM)	325,900	321,576	(4,324)	-1.3%	325,900	321,576	4,324	1.3%
Provider Incentives	349,052	-	(349,052)	-	349,052	-	(349,052)	-
Transportation	178,126	135,344	(42,783)	-31.6%	178,126	135,344	42,783	31.6%
Indirect Health Care Expenses	-	38,196	38,196	100.0%	-	38,196	38,196	100.0%
UMQA (Allocation & Delegated)	263,451	246,766	(16,685)	-6.8%	263,451	246,766	(16,685)	-6.8%
Total Health Care Expense	19,991,774	20,613,644	621,870	3.0%	19,991,774	20,613,644	621,870	3.0%
G&A Allocation	266,918	761,814	494,896	65.0%	266,918	761,814	494,896	65.0%
Premium Tax	540,141	-	(540,141)	-	540,141	-	(540,141)	-
Total Operating Expense	20,798,833	21,375,458	576,625	2.7%	20,798,833	21,375,458	576,625	2.7%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	\$ 2,982,059	\$ 1,061,001	1,921,059	-181.1%	\$ 2,982,059	\$ 1,061,001	\$ 1,921,059	-181.1%
Medical Loss Ratio (adj MCO)	86.02%	91.88%			86.02%	91.88%		
Member Counts	23,854	23,538	316	1.3%	23,854	23,538	316	1.3%

Health Plan of San Mateo
HealthWorx Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
HealthWorx Premium	1,577,615	1,615,407	(37,792)	-2.3%	1,577,615	1,615,407	(37,792)	-2.3%
Total Operating Revenue	<u>1,577,615</u>	<u>1,615,407</u>	<u>(37,792)</u>	<u>-2.3%</u>	<u>1,577,615</u>	<u>1,615,407</u>	<u>(37,792)</u>	<u>-2.3%</u>
OPERATING EXPENSE								
Provider Capitation	25	-	(25)	-	25	-	(25)	-
Hospital Inpatient	345,828	186,351	(159,477)	-85.6%	345,828	186,351	(159,477)	-85.6%
Pharmacy	577,997	611,945	33,949	5.5%	577,997	611,945	33,949	5.5%
Physician Fee for Service	327,307	297,719	(29,588)	-9.9%	327,307	297,719	(29,588)	-9.9%
Hospital Outpatient	288,754	292,860	4,106	1.4%	288,754	292,860	4,106	1.4%
Other Medical Claims	103,266	101,043	(2,222)	-2.2%	103,266	101,043	(2,222)	-2.2%
Other HC Services	0	-	0	-	0	-	0	-
Indirect Health Care Expenses	10,591	9,433	(1,158)	-12.3%	10,591	9,433	(1,158)	-12.3%
UMQA (Allocation & Delegated)	39,145	38,010	(1,135)	-3.0%	39,145	38,010	(1,135)	-3.0%
Total Health Care Expense	<u>1,692,912</u>	<u>1,537,362</u>	<u>(155,550)</u>	<u>-10.1%</u>	<u>1,692,912</u>	<u>1,537,362</u>	<u>(155,550)</u>	<u>-10.1%</u>
G&A Allocation	142,891	116,209	(26,682)	-23.0%	142,891	116,209	(26,682)	-23.0%
Total Operating Expense	<u>1,835,803</u>	<u>1,653,571</u>	<u>(182,232)</u>	<u>-11.0%</u>	<u>1,835,803</u>	<u>1,653,571</u>	<u>(182,232)</u>	<u>-11.0%</u>
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	<u>\$ (258,188)</u>	<u>\$ (38,164)</u>	<u>(220,024)</u>	<u>576.5%</u>	<u>\$ (258,188)</u>	<u>\$ (38,164)</u>	<u>\$ (220,024)</u>	<u>576.5%</u>
Medical Loss Ratio (adj MCO)	107.31%	95.17%			107.31%	95.17%		
Member Counts	3,607	3,681	(74)	-2.0%	3,607	3,681	(74)	-2.0%

Health Plan of San Mateo
 Healthy Kids Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Pharmacy	(65)	-	65	-	(65)	-	65	-
Indirect Health Care Expenses	46	-	(46)	-	46	-	(46)	-
Total Health Care Expense	(20)	-	20	-	(20)	-	20	-
Total Operating Expense	(20)	-	20	-	(20)	-	20	-
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	\$ 20	-	20	-	\$ 20	-	\$ 20	-
Medical Loss Ratio (adj MCO)	-	-	-	-	-	-	-	-
Member Counts	-	-	-	-	-	-	-	-

Health Plan of San Mateo
CareAdvantage Statement of Revenue & Expense
 for the Period Ending March 31, 2022

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

Health Plan of San Mateo
ACE Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
Total Operating Revenue	-	-	-	-	-	-	-	-
OPERATING EXPENSE								
Total Health Care Expense	-	-	-	-	-	-	-	-
G&A Allocation	617,800	535,890	(81,910)	-15.3%	617,800	535,890	(81,910)	-15.3%
Total Operating Expense	617,800	535,890	(81,910)	-15.3%	617,800	535,890	(81,910)	-15.3%
NON-OPERATING REVENUE								
Third Party Administrator Revenue	629,047	623,904	5,143	0.8%	629,047	623,904	5,143	0.8%
Total Non-Operating	629,047	623,904	5,143	0.8%	629,047	623,904	5,143	0.8%
Net Income/(Loss)	\$ 11,247	\$ 88,014	(76,767)	-87.2%	\$ 11,247	\$ 88,014	\$ (76,767)	-87.2%
Medical Loss Ratio (adj MCO)	-	-	-	-	-	-	-	-
Member Counts	82,151	80,801	1,350	1.7%	82,151	80,801	1,350	1.7%

Health Plan of San Mateo
CCS Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
WCM Capitation	9,512,678	8,471,873	1,040,806	12.3%	9,512,678	8,471,873	1,040,806	12.3%
Supplemental Capitation	(19,361)	-	(19,361)	-	(19,361)	-	(19,361)	-
BHT Capitation	84,880	143,309	(58,430)	-40.8%	84,880	143,309	(58,430)	-40.8%
MC Cap Offset	(1,009,714)	-	(1,009,714)	-	(1,009,714)	-	(1,009,714)	-
Total Operating Revenue	8,568,483	8,615,182	(46,698)	-0.5%	8,568,483	8,615,182	(46,698)	-0.5%
OPERATING EXPENSE								
Provider Capitation	91,914	142,192	50,279	35.4%	91,914	142,192	50,279	35.4%
Hospital Inpatient	1,864,208	2,362,569	498,361	21.1%	1,864,208	2,362,569	498,361	21.1%
LTC/SNF	393,529	361,073	(32,456)	-9.0%	393,529	361,073	(32,456)	-9.0%
Pharmacy	(850)	-	850	-	(850)	-	850	-
Physician Fee for Service	421,571	523,669	102,098	19.5%	421,571	523,669	102,098	19.5%
Hospital Outpatient	769,487	774,428	4,942	0.6%	769,487	774,428	4,942	0.6%
Other Medical Claims	999,689	870,476	(129,212)	-14.8%	999,689	870,476	(129,212)	-14.8%
Other HC Services	(55,888)	71,410	127,298	178.3%	(55,888)	71,410	127,298	178.3%
Directed Payments	158,562	163,696	5,133	3.1%	158,562	163,696	5,133	3.1%
CPO/In-lieu of Services	500	524	24	4.6%	500	524	(24)	-4.6%
Dental Expense	54,182	54,247	66	0.1%	54,182	54,247	(66)	-0.1%
Enhanced Care Management (ECM)	12,700	12,780	80	0.6%	12,700	12,780	(80)	-0.6%
Provider Incentives	28,002	21,188	(6,813)	-32.2%	28,002	21,188	(6,813)	-32.2%
Transportation	12,436	17,181	4,745	27.6%	12,436	17,181	(4,745)	-27.6%
Indirect Health Care Expenses	(563,784)	7,252	571,036	7874.5%	(563,784)	7,252	571,036	7874.5%
UMQA (Allocation & Delegated)	707,832	925,198	217,366	23.5%	707,832	925,198	217,366	23.5%
Total Health Care Expense	4,894,088	6,307,882	1,413,794	22.4%	4,894,088	6,307,882	1,413,794	22.4%
G&A Allocation	411,682	413,187	1,505	0.4%	411,682	413,187	1,505	0.4%
Premium Tax	98,598	-	(98,598)	-	98,598	-	(98,598)	-
Total Operating Expense	5,404,368	6,721,069	1,316,702	19.6%	5,404,368	6,721,069	1,316,702	19.6%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	\$ 3,164,116	\$ 1,894,112	1,270,003	-67.1%	\$ 3,164,116	\$ 1,894,112	\$ 1,270,003	-67.1%
Medical Loss Ratio (adj MCO)	58.88%	74.64%			58.88%	74.64%		
Member Counts	4,136	4,140	(4)	-0.1%	4,136	4,140	(4)	-0.1%

Health Plan of San Mateo
MCE Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MCE Capitation	61,752,023	49,848,690	11903332	23.9%	61,752,023	49,848,690	11,903,332	23.9%
Supplemental Capitation	(9,400)	337,354	(346,754)	-102.8%	(9,400)	337,354	(346,754)	-102.8%
HepC Capitation	(69,892)	-	(69,892)	-	(69,892)	-	(69,892)	-
MC Cap Offset	(4,659,463)	-	(4,659,463)	-	(4,659,463)	-	(4,659,463)	-
Total Operating Revenue	<u>57,013,268</u>	<u>50,186,045</u>	<u>6,827,224</u>	<u>13.6%</u>	<u>57,013,268</u>	<u>50,186,045</u>	<u>6,827,224</u>	<u>13.6%</u>
OPERATING EXPENSE								
Provider Capitation	5,072,431	5,297,236	224,805	4.2%	5,072,431	5,297,236	224,805	4.2%
Hospital Inpatient	11,172,582	12,530,548	1,357,966	10.8%	11,172,582	12,530,548	1,357,966	10.8%
LTC/SNF	3,822,716	4,139,878	317,162	7.7%	3,822,716	4,139,878	317,162	7.7%
Pharmacy	(45,491)	-	45,491	-	(45,491)	-	45,491	-
Physician Fee for Service	4,985,878	5,868,419	882,541	15.0%	4,985,878	5,868,419	882,541	15.0%
Hospital Outpatient	5,879,562	6,825,494	945,932	13.9%	5,879,562	6,825,494	945,932	13.9%
Other Medical Claims	4,021,215	4,522,539	501,324	11.1%	4,021,215	4,522,539	501,324	11.1%
Other HC Services	(42,759)	(38,958)	3,801	-9.8%	(42,759)	(38,958)	3,801	-9.8%
Directed Payments	2,287,712	2,219,042	(68,669)	-3.1%	2,287,712	2,219,042	(68,669)	-3.1%
Long Term Support Services	-	3,896	3,896	100.0%	-	3,896	3,896	100.0%
CPO/In-lieu of Services	23,500	23,580	80	0.3%	23,500	23,580	(80)	-0.3%
Dental Expense	867,625	867,672	47	0.0%	867,625	867,672	(47)	0.0%
Enhanced Care Management (ECM)	1,607,700	1,607,030	(670)	0.0%	1,607,700	1,607,030	670	0.0%
Provider Incentives	927,619	610,891	(316,728)	-51.8%	927,619	610,891	(316,728)	-51.8%
Transportation	606,128	571,388	(34,740)	-6.1%	606,128	571,388	34,740	6.1%
Indirect Health Care Expenses	(39,892)	207,997	247,889	119.2%	(39,892)	207,997	247,889	119.2%
UMQA (Allocation & Delegated)	776,496	962,409	185,913	19.3%	776,496	962,409	185,913	19.3%
Total Health Care Expense	<u>41,923,021</u>	<u>46,219,061</u>	<u>4,296,040</u>	<u>9.3%</u>	<u>41,923,021</u>	<u>46,219,061</u>	<u>4,296,040</u>	<u>9.3%</u>
G&A Allocation	2,752,579	2,931,046	178,467	6.1%	2,752,579	2,931,046	178,467	6.1%
Premium Tax	3,350,555	-	(3,350,555)	-	3,350,555	-	(3,350,555)	-
Total Operating Expense	<u>48,026,155</u>	<u>49,150,107</u>	<u>1,123,952</u>	<u>2.3%</u>	<u>48,026,155</u>	<u>49,150,107</u>	<u>1,123,952</u>	<u>2.3%</u>
NON-OPERATING REVENUE								
Total Non-Operating	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net Income/(Loss)	<u>\$ 8,987,113</u>	<u>\$ 1,035,937</u>	<u>7,951,176</u>	<u>-767.5%</u>	<u>\$ 8,987,113</u>	<u>\$ 1,035,937</u>	<u>\$ 7,951,176</u>	<u>-767.5%</u>
Medical Loss Ratio (adj MCO)	81.60%	96.36%			81.60%	96.36%		
Member Counts	129,864	129,861	3	0.0%	129,864	129,861	3	0.0%

Health Plan of San Mateo
CA CMC Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
CA Cal MediConnect Premium	51,001,525	48,668,165	2,333,360	4.8%	51,001,525	48,668,165	2,333,360	4.8%
Total Operating Revenue	51,001,525	48,668,165	2,333,360	4.8%	51,001,525	48,668,165	2,333,360	4.8%
OPERATING EXPENSE								
Provider Capitation	912,292	1,180,936	268,644	22.7%	912,292	1,180,936	268,644	22.7%
Hospital Inpatient	15,029,263	18,818,086	3,788,823	20.1%	15,029,263	18,818,086	3,788,823	20.1%
LTC/SNF	2,273,743	-	(2,273,743)	-	2,273,743	-	(2,273,743)	-
Pharmacy	13,256,780	14,308,006	1,051,226	7.3%	13,256,780	14,308,006	1,051,226	7.3%
Physician Fee for Service	4,251,003	4,740,821	489,818	10.3%	4,251,003	4,740,821	489,818	10.3%
Hospital Outpatient	4,867,807	5,420,998	553,191	10.2%	4,867,807	5,420,998	553,191	10.2%
Other Medical Claims	4,886,894	5,254,256	367,361	7.0%	4,886,894	5,254,256	367,361	7.0%
Other HC Services	0	-	0	-	0	-	0	-
Provider Incentives	599,553	482,448	(117,105)	-24.3%	599,553	482,448	(117,105)	-24.3%
Transportation	12,902	-	(12,902)	-	12,902	-	12,902	-
Indirect Health Care Expenses	(1,520,038)	89,176	1,609,214	1804.5%	(1,520,038)	89,176	1,609,214	1804.5%
UMQA (Allocation & Delegated)	1,456,808	1,269,832	(186,976)	-14.7%	1,456,808	1,269,832	(186,976)	-14.7%
Total Health Care Expense	46,027,007	51,564,558	5,537,550	10.7%	46,027,007	51,564,558	5,537,550	10.7%
G&A Allocation	4,743,856	3,912,365	(831,491)	-21.3%	4,743,856	3,912,365	(831,491)	-21.3%
Total Operating Expense	50,770,863	55,476,923	4,706,060	8.5%	50,770,863	55,476,923	4,706,060	8.5%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	\$ 230,662	\$ (6,808,757)	7,039,419	103.4%	\$ 230,662	\$ (6,808,757)	\$ 7,039,419	103.4%
Medical Loss Ratio (adj MCO)	90.25%	105.95%			90.25%	105.95%		
Member Counts	26,397	26,660	(263)	-1.0%	26,397	26,660	(263)	-1.0%

Health Plan of San Mateo
Medi-Cal CMC Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Cal MediConnect Capitation	19,068,312	20,332,492	(1,264,180)	-6.2%	19,068,312	20,332,492	(1,264,180)	-6.2%
Total Operating Revenue	19,068,312	20,332,492	(1,264,180)	-6.2%	19,068,312	20,332,492	(1,264,180)	-6.2%
OPERATING EXPENSE								
Hospital Inpatient	688,147	573,190	(114,957)	-20.1%	688,147	573,190	(114,957)	-20.1%
LTC/SNF	12,110,706	12,562,578	451,872	3.6%	12,110,706	12,562,578	451,872	3.6%
Pharmacy	152,193	206,641	54,449	26.3%	152,193	206,641	54,449	26.3%
Physician Fee for Service	881,699	901,835	20,136	2.2%	881,699	901,835	20,136	2.2%
Hospital Outpatient	969,664	900,976	(68,688)	-7.6%	969,664	900,976	(68,688)	-7.6%
Other Medical Claims	2,956,374	2,687,739	(268,635)	-10.0%	2,956,374	2,687,739	(268,635)	-10.0%
Other HC Services	0	-	0	-	0	-	0	-
Long Term Support Services	306,256	462,795	156,540	33.8%	306,256	462,795	156,540	33.8%
CPO/In-lieu of Services	553,089	560,393	7,304	1.3%	553,089	560,393	(7,304)	-1.3%
Dental Expense	339,200	343,735	4,534	1.3%	339,200	343,735	(4,534)	-1.3%
Provider Incentives	231,796	-	(231,796)	-	231,796	-	(231,796)	-
Transportation	440,900	403,899	(37,001)	-9.2%	440,900	403,899	37,001	9.2%
Indirect Health Care Expenses	-	1,653	1,653	100.0%	-	1,653	1,653	100.0%
UMQA (Allocation & Delegated)	226,945	276,044	49,099	17.8%	226,945	276,044	49,099	17.8%
Total Health Care Expense	19,856,968	19,881,479	24,510	0.1%	19,856,968	19,881,479	24,510	0.1%
G&A Allocation	467,386	852,198	384,812	45.2%	467,386	852,198	384,812	45.2%
Total Operating Expense	20,324,354	20,733,677	409,322	2.0%	20,324,354	20,733,677	409,322	2.0%
NON-OPERATING REVENUE								
Total Non-Operating	-	-	-	-	-	-	-	-
Net Income/(Loss)	\$ (1,256,042)	\$ (401,185)	(854,858)	213.1%	\$ (1,256,042)	\$ (401,185)	\$ (854,858)	213.1%
Medical Loss Ratio (adj MCO)	104.14%	97.78%			104.14%	97.78%		
Member Counts	26,315	26,593	(278)	-1.0%	26,315	26,593	(278)	-1.0%

Health Plan of San Mateo
ALL LOB UNITS Statement of Revenue & Expense
 for the Period Ending March 31, 2022

	Current Qtr Actual	Current Qtr Budget	Current Qtr Variance	% Var	YTD Actual	YTD Budget	YTD Var Fav/(Unfav)	% Var
OPERATING REVENUE								
MC Capitation	\$ 101,938,622	\$ 85,052,720	\$ 16,885,902	19.9%	\$ 101,938,622	\$ 85,052,720	\$ 16,885,902	19.9%
MCE Capitation	61,752,023	49,848,690	11,903,332	23.9%	61,752,023	49,848,690	11,903,332	23.9%
WCM Capitation	9,512,678	8,471,873	1,040,806	12.3%	9,512,678	8,471,873	1,040,806	12.3%
Supplemental Capitation	1,619,792	2,888,596	(1,268,803)	-43.9%	1,619,792	2,888,596	(1,268,803)	-43.9%
BHT Capitation	1,757,347	1,888,334	(130,987)	-6.9%	1,757,347	1,888,334	(130,987)	-6.9%
HealthWorx Premium	1,577,615	1,615,407	(37,792)	-2.3%	1,577,615	1,615,407	(37,792)	-2.3%
CA Cal MediConnect Premium	51,001,525	48,668,165	2,333,360	4.8%	51,001,525	48,668,165	2,333,360	4.8%
MC Cal MediConnect Capitation	19,068,312	20,332,492	(1,264,180)	-6.2%	19,068,312	20,332,492	(1,264,180)	-6.2%
MC Cap Offset	(11,861,695)	-	(11,861,695)	-	(11,861,695)	-	(11,861,695)	-
Total Operating Revenue	236,366,221	218,766,277	17,599,943	8.0%	236,366,221	218,766,277	17,599,943	8.0%
OPERATING EXPENSE								
Provider Capitation	12,313,456	12,935,013	621,557	4.8%	12,313,456	12,935,013	621,557	4.8%
Hospital Inpatient	41,577,557	50,792,106	9,214,549	18.1%	41,577,557	50,792,106	9,214,549	18.1%
LTC/SNF	42,119,721	41,030,454	(1,089,267)	-2.7%	42,119,721	41,030,454	(1,089,267)	-2.7%
Pharmacy	13,848,492	15,126,592	1,278,100	8.4%	13,848,492	15,126,592	1,278,100	8.4%
Physician Fee for Service	17,219,842	19,165,708	1,945,866	10.2%	17,219,842	19,165,708	1,945,866	10.2%
Hospital Outpatient	19,263,315	21,262,144	1,998,829	9.4%	19,263,315	21,262,144	1,998,829	9.4%
Other Medical Claims	20,560,671	21,138,438	577,767	2.7%	20,560,671	21,138,438	577,767	2.7%
Other HC Services	1,708,441	1,447,697	(260,744)	-18.0%	1,708,441	1,447,697	(260,744)	-18.0%
Directed Payments	7,034,282	7,052,498	18,215	0.3%	7,034,282	7,052,498	18,215	0.3%
Long Term Support Services	555,553	794,863	239,309	30.1%	555,553	794,863	239,309	30.1%
CPO/In-lieu of Services	1,054,565	1,057,673	3,108	0.3%	1,054,565	1,057,673	(3,108)	-0.3%
Dental Expense	4,384,265	4,377,117	(7,147)	-0.2%	4,384,265	4,377,117	7,147	0.2%
Enhanced Care Management (ECM)	3,137,300	3,129,740	(7,560)	-0.2%	3,137,300	3,129,740	7,560	0.2%
Provider Incentives	3,781,179	2,262,170	(1,519,010)	-67.1%	3,781,179	2,262,170	(1,519,010)	-67.1%
Transportation	1,951,509	1,591,109	(360,400)	-22.7%	1,951,509	1,591,109	360,400	22.7%
Indirect Health Care Expenses	(2,615,010)	697,390	3,312,400	475.0%	(2,615,010)	697,390	3,312,400	475.0%
UMQA (Allocation & Delegated)	4,474,541	5,026,365	551,824	11.0%	4,474,541	5,026,365	551,824	11.0%
Total Health Care Expense	192,369,679	208,887,076	16,517,397	7.9%	192,369,679	208,887,076	16,517,397	7.9%
G&A Allocation	12,764,670	13,447,987	683,317	5.1%	12,764,670	13,447,987	683,317	5.1%
Premium Tax	9,160,100	-	(9,160,100)	-	9,160,100	-	(9,160,100)	-
Total Operating Expense	214,294,449	222,335,063	8,040,615	3.6%	214,294,449	222,335,063	8,040,615	3.6%
NON-OPERATING REVENUE								
Interest, Net	272,448	250,000	22,448	9.0%	272,448	250,000	22,448	9.0%
Rental Income, Net	295,738	293,970	1,768	0.6%	295,738	293,970	1,768	0.6%
Third Party Administrator Revenue	629,047	623,904	5,143	0.8%	629,047	623,904	5,143	0.8%
Total Non-Operating	1,197,234	1,167,874	29,359	2.5%	1,197,234	1,167,874	29,359	2.5%
Net Income/(Loss)	\$ 23,269,006	\$ (2,400,912)	25,669,917	1069.2%	\$ 23,269,006	\$ (2,400,912)	\$ 25,669,917	1069.2%
Medical Loss Ratio (adj MCO)	87.37%	98.66%			87.37%	98.66%		
Member Counts	512,479	510,761	1,718	0.3%	512,479	510,761	1,718	0.3%

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

FOR THE CURRENT PERIOD March 31, 2022

	CURRENT MONTH 3/31/2022	CURRENT YEAR YEAR-TO-DATE 2022
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
Group/Individual Premiums/Capitation	-	-
Title XVIII - Medicare Premiums	20,196,772	51,001,525
Title XIX - Medicaid Premiums	58,460,788	192,596,802
Investment and Other Revenues	(154,453)	323,168
Medical and Hospital Expenses	(73,132,368)	(186,399,559)
Administration Expenses	(4,215,403)	(14,184,357)
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,155,335	43,337,580
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
Proceeds from Restricted Cash and Other Assets	-	-
Proceeds from Investments	-	-
Proceeds for Sales of Property, Plant and Equipment	-	-
Payments for Restricted Cash and Other Assets	-	-
Payments for Investments	-	-
Payments for Property, Plant and Equipment	-	-
Interest and Other Income Received	309,127	933,047
NET CASH PROVIDED BY INVESTING ACTIVITIES	309,127	933,047
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
Principal payments under capital lease obligations	-	-
NET CASH PROVIDED BY FINANCING ACTIVITIES	-	-
NET INCREASE (DECREASE) IN CASH	1,464,462	44,270,626
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH/PRIOR YEAR	300,717,013	257,910,849
CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	302,181,475	302,181,475
RECONCILIATION OF NET OPERATING INCOME TO NET CASH FROM OPERATING ACTIVITIES:		
Operating Income	7,489,282	22,071,773
Depreciation and Amortization	183,753	535,248
Decrease (Increase) in Receivables	49,441,361	80,394,719
Decrease (Increase) in Prepaid Expenses	(5,667)	(2,360,967)
Decrease (Increase) in Net Pension/Inflows and Outflows	-	-
Decrease (Increase) in Affiliate Receivables	-	-
Increase (Decrease) in Amts due to State of CA	-	-
Increase (Decrease) in Accounts Payable	(51,932,563)	(61,489,662)
Increase (Decrease) in Medical Claims Payable	(13,281,888)	(7,770,903)
Increase (Decrease) in Incurred But Not Reported	8,493,091	9,653,473
Increase (Decrease) in Provider Risk Sharing	767,966	2,303,898
Increase (Decrease) in Unearned Premium	-	-
Aggregate Write-Ins for Adjustments to Net Income	-	-
TOTAL ADJUSTMENTS	(6,333,946)	21,265,807
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,155,335	43,337,580
DETAILS OF WRITE-INS AGGREGATED FOR ADJUSTMENTS TO NET INCOME		
Unrealized (Gain)/Loss on Equity Securities	-	-
(Gain)/Loss on Sale of Assets	-	-
Prior Period Rent Expense	-	-
Realized (Gain)/Loss on Investment	-	-
TOTALS	-	-

FINANCE/EXECUTIVE COMMITTEE MEETING
Meeting Summary – May 9, 2022
Teleconference Meeting

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

Member's present: Don Horsley, Ligia Andrade-Zuniga, Mike Callagy, Si France, M.D., Bill Graham

Staff present: Trent Ehrgood, Pat Curran, Chris Esguerra, M.D., Francine Lester, Chris Baughman, Ian Johansson, Katie-Elyse Turner, Carl Smith, Jr., Eben Yong, Michelle Heryford

Staff Absent:

- 1.0 Call to Order** – The meeting was called to order by Supervisor Don Horsley at 12:32 pm. A quorum was met.
- 2.0 Public Comment** – There was no public comment via email.
- 3.0 Approval of Meeting Summary for March 28, 2022** – The meeting summary for March 28, 2022, was approved as presented. Horsley/Graham **second. A roll call vote was unanimous.**
- 4.0 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** - The Committee moved to 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. Horsley/Callagy **second. A roll call vote was unanimous.**
- 5.0 Preliminary Financial and Operational Report for the period ending March 31, 2022** – Mr. Ehrgood reviewed the financial report, noting that Q1 was another substantial quarter for HPSM. This is the second quarter in a row with a significant surplus. HPSM is currently reporting a \$23M surplus for the first quarter compared to a budget loss of \$2.4M. When the 2022 budget was created, HPSM used rates that had

been published in October, which did not have the MCO tax built into it. As a result, revenue was lower because there's always funding in the rates for the MCO tax. The final rates for 2022 were delivered in late January, with the tax built in.

Approximately, \$9.1M of the favorable revenue variance is funding for the MCO expense mentioned above, which leaves about \$8.5M; of which \$5.1M is prior year adjustments. The remaining favorable variance is from revised 2022 rates received in January, which had a slight improvement compared to the draft rates used in the budgeted. The rates are not final yet, the State will do one more round of true ups which is expected in early summer to adjust for the public health emergency which was originally scheduled to end in December of 2021.

He informed the Committee of some of the new services that started in 2022. One is the CPO/In-Lieu of services, more commonly known as Community Supports (CS). This is not exactly new to HPSM, it is an expense that they've incurred before, but it is now being acknowledged in rate setting. HPSM will receive funding for it going forward. This benefit helps with housing navigation or other services that help to keep members from going into a Long-Term-Care (LTC) facility. There is also the new dental benefit which started on January 1st. The third item is Enhanced Care Management (ECM) which addresses clinical and non-clinical needs of the highest-need members through intensive coordination of health and health-related services. Because these programs are new, there is no cost history to leverage. The figures shared are highly estimated and mostly based on budget. As the year plays out, they will be able to get a more complete picture of what the real expense is. There was a question about where the funding comes from, Mr. Ehrgood replied that these are all Medi-Cal programs, and funding is included in the rates.

Mr. Ehrgood showed how the fee-for-service (FFS) categories of service are all running favorable to budget. He illustrated that Q1 2022 estimated expenses for these expense categories are comparable to prior year trends, and slightly higher. This means it is the budget that is overstated. The explanation is that the budget assumed

movement back toward pre-pandemic levels much quicker than HPSM is observing in the first quarter.

He reviewed the year-to-date surplus/deficit by line-of-business (LOB). All LOBs were budgeted with small surpluses except CMC. All lines are running better than budgeted including the CMC line of business, which shows a loss though it is better than the budget assumed. For the most part, all lines are doing better and all for the same reason, utilization is not quite back to pre-pandemic levels. He also reviewed reserve levels; the uncommitted equity portion has gone up to about \$107M due to the surplus in Q1.

He closed by noting that HPSM should expect more surpluses in the next quarter or two before getting back to pre-pandemic levels. The postponed Medi-Cal redetermination process may cause this dynamic of lower costs to continue for a while, though lower than average utilization is the primary driver of the surplus. He explained that DHCS is grappling with how to determine rates utilizing 2020's cost experience, knowing that will understate costs if they use the current formula. They will likely use the second half of 2020 and the first half of 2021. But even that will likely show lower utilization and cost experience for 2023 rate setting. HPSM could have a period next year with lower rates and possible losses.

In addition, as the CMC program winds down and HPSM starts a new Medicare product, the blended rating used to determine rates for the Medi-Cal portion of CMC will go away. New rating methods and regional rate setting will add layers of complexity to how rates are set.

CEO, Pat Curran noted that HPSM will be paying close attention to growing enrollment. In the next couple of months, HPSM enrollment will go up because undocumented individuals over the age of 50 are now getting Medi-Cal. This tends to be positive for the Plan early on with increased revenue, and low incurred expenses. They will also look closely at redeterminations that could have the opposite effect

with revenue being abruptly cut off. He warns there could be big swings soon, they will be watching enrollment and reporting to this committee as needed.

6.0 Other Business – There was no other business.

7.0 Adjournment – The meeting was adjourned 1:19 pm by Supervisor Horsley.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION
FINANCE/EXECUTIVE 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 San Mateo Health Commission and its Committees must make such a finding under AB 361 in order to continue to conduct its meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

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

AYES: Horsley, Callagy, Graham

NOES: 0

ABSTAINED: 0

ATTEST:

BY: *Michelle Heryford*

Michelle Heryford

Assistant Clerk to the Commission

DRAFT

CCS CLINICAL ADVISORY COMMITTEE
Thursday, March 24, 2022 – 12:00 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

AGENDA ITEM: 4.3

DATE: June 8, 2022

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

Members Present: Stephanie Smith, Laurie Soman, Carol Elliot, Grace Chen, M.D., Benjamin R. Mandac, M.D.

Members Excused: Michelle deBlank, Leticia Acevedo, Sofia Verstraete, M.D., Lee Sanders, M.D.

San Mateo County Members present: Anand Chabra, M.D., Marsha Guevara, Lianna Chen, Susanna Flores, Jenn McLean

San Mateo County Members Excused: Mitch Eckstein, Lizelle Lirio de Luna.

HPSM Members Present: Cynthia Cooper, M.D., Miriam Sheinbein, M.D., Sophie Boudreau, Chris Esguerra, M.D., Tejasi Patel, Michael Okuji, DDS.

HPSM Members Excused: Amy Scribner

- 1. Call to Order / Introductions:** The meeting was called to order at 12:02 p.m. by Dr. 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 reviewed the requirement to approve the finding to continue meeting virtually. Laurie Soman motioned to approve the action of meeting virtually as described / Dr. Sheinbein: second. All were in favor. A copy of the resolution is attached.

Update on Pharmacy – Dr. Esguerra

Dr. Esguerra explained that January was a difficult month for this transition, but it has currently smoothed out a bit but they are still experiencing significant challenges. The state and Magellan have removed some prior authorization requirements allowing a reduction in the number of authorizations needing to be processed and allowing things to move through more quickly. They have hired staff for the call center which has shortened the wait times for calls. There are still issues around certain categories of drugs and the state has given guidance on workarounds. These are temporary fixes in order to give the state and Magellan time to get their infrastructure organized. The next time period to watch is following June when the prior authorizations that plans have submitted in advance of implementation will end.

Ms. Soman stated that the problems continue for access for children and CCS kids. The drug list was set up for adults not children. She noted that the issues they are seeing were pointed out prior to implementation. She talked about weekly meetings with California Children's Hospital Association and the Children's Specialty Care Coalition, with the state and Magellan. She would like to be told about unresolved issues or buckets of issues that are consistently happening so she can communicate this at these state meetings. She also would like to know if things are improving.

Dr. Esguerra has also been collecting issues and filtering this through the LHPC to get this to the state and Magellan. He commented on the nuances of this list that do not cover the needs of kids. The concern is fixing the underlying issues not just to see improvement but that the problems are being fixed. Ms. Soman stated that there are discrepancies in the information being reported regarding wait times. Magellan is saying 30 seconds, she hears about an improved 30 minutes from as much as eight hours and people not ever receiving a call back. She added that they want to know the date and time of the problem that is being encountered. The state and Magellan assume everything is okay unless they are told so she asked committee members to log and share with her information on wait time problems. Dr. Cooper stated that we will follow up on this in future meetings.

4. Approval of Minutes: Motion to approve the December 9, 2021, minutes were approved as presented: Sophie Boudreau / Second: Laurie Soman. All were in favor.

5. Youth/Young Adult Advisory Committee Report Out

Ms. Chen reported that a survey was sent to the Youth Advisory Committee members at the end of last year to find out their topics of interest for future meetings and to determine their availability for meetings. Not having received many responses, they will be resending.

6. Medical Therapy Program

Jenn McLean, Chief Therapist for MTU, gave an update on the CCS Medical Therapy Program.

Her presentation is attached. She gave an overview of the program which began in 1927 and consists of the CCS Administration and CCS Medical Therapy program established in 1945. The services are provided in the Medical Therapy Unit (MTU) for children up to age 21. The program services include physical and occupational therapy and there is no financial eligibility requirements, but they must be San Mateo County resident and there are medical eligibilities. She described the programs are housed in schools and the original agreement includes some building requirements such as the need for a bathtub to practice transfers and a kitchen to do ADL training.

The referral process was reviewed, and she shared the website where to find the application. She described the medical requirements for the services and referrals process to open a CCS case. She reviewed a list of eligible diagnoses for neurological, orthopedic, and neuromuscular conditions. She mentioned that they do not duplicate services so if a member is receiving services elsewhere that are offered, they are expected to end those services when entering MTP. She reviewed the therapy services and the evaluation areas they commonly assess. Ms. McLean touched on the approach of their assessments and how they determine the therapy services beginning with the family's concerns to provide services that are most important to the family. This is a way of being family centered and promoting collaboration within the family. Dr. Chen asked about the feeding therapy and if children who are born prematurely are eligible. Dr. Chabra explained some of the conditions that might accompany prematurity that would make them eligible, but prematurity alone would not.

Ms. McLean talked about the classifications of Cerebral Palsy and the level of involvement needed to address this condition, the various therapies and how they determine therapy frequency. They are involved in the DME and providing consultation services, have accompanied families to orthopedics and neurology appointments.

Ms. McLean review the activities of the medical therapy clinic and structure. Clinics are held monthly but the children are seen every six months if they are in active therapy and every 12 months if they are on monitoring. If they are under three years of age and have not had an outside specialist determine their eligibility, this is done in their clinic. The physician is then updated on the therapy plan and the DME needs. The physician then gives input and signs off on prescriptions. She mentioned there are two DME vendors who come to the clinic every week and see the kids for the entire day to identify needs, writes the medical justification for the needed prescription, the vendor provides the request and the MTP authorizes on behalf of HPSM. Dr. Cooper asked how long it takes to get their DME. Ms. McLean explained that it depends on the equipment and the vendor. She explained that it can vary from 3-9 months and they are completely at the mercy of the vendors.

Ms. McLean talked about orthotics clinics and currently, is only Hanger San Mateo. She further described the services which include home visits; dental provided by Ravenswood Dental Clinic. She shared that they host a CCS Prom and the families and business donate for the event including clothing and catering.

Dr. Cooper pointed out that many of the authorizations received by the Medical Directors are duplication of services so the provider should be aware of when the MTP can do the procedure and LPCH can do it. Dr. Chabra added people often think the MTP offers speech therapy and they do not, however they do have to approve speech devices.

Ms. Soman hears from the Family Voices how much families love the MTP and those who don't qualify wish they could get in. Dr. Chabra added there are 400-500 kids on the rolls but there is no way to serve everyone. There was discussion about where children not able to access MTP are able to get services and the challenges in trying to serve as many children as possible. There was talk about the waitlists and the benefits of the alignment of Packard with MTP offering short term programs and other modalities.

7. Other Business

Michael Okuji, HPSM's new Dental Director, joined the meeting after introduction and was welcomed to HPSM and the committee.

Dr. Ben Mandac is retiring from Kaiser and will be leaving the committee. Dr. Bryan Lee will take his place on this committee. Dr. Cooper thanked Dr. Mandac for his service on this committee and extended well wishes for his retirement. Dr. Mandac expressed his appreciation for the committee and the work of the MTC. He worked with MTC even before his time with Kaiser. Dr. Cooper thanked him for being on this committee since its inception in 2014. Dr. Chabra also thanked Dr. Mandac for all his work and his involvement in this committee.

8. Meetings Dates for 2022

- a. June 23, 2022**
- b. September 22, 2022**
- c. December 8, 2022**

9. Adjournment/Closing Remarks

The meeting adjourned at 12:48 p.m.

**RESOLUTION OF THE
CCS CLINICAL ADVISORY COMMITTEE**

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

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 9th day of March 24, 2022 by the following votes:

AYES: Stephanie Smith, Laurie Soman, Carol Elliot.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

CCS FAMILY ADVISORY COMMITTEE MEETING

Thursday, March 24, 2021 – 6:00 p.m.

Meeting Summary

-Virtual Meeting via Microsoft Teams-

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

- Members Present:** Lianna Chen, Marilyn Wendt, Stephanie Gradek, Gladis Gomez, Miguel Sr. Bejar Arias, Leticia Acevedo, Doris Dablo, Esperanza Zamora, Christina Marquez, Carol Elliot, Stephanie Smith
- Members Excused:** Faviola Morales, Stephanie Bayless, Rocio Jimenez, Nyla Dowden, Rocia Salas, Roberta Zarate, Miguel Sr. and Claudia Pina, Amabilia Espinoza, Bianca Ortiz, Sylvia Ixcoy.
- San Mateo County Members present:** Anand Chabra, M.D., Marsha Guevara, Susana Flores.
- San Mateo County Members Excused:** Lizelle Lirio de Luna, Mitch Eckstein, Jennifer McLean.
- HPSM Members Present:** Pat Curran, Gabrielle Ault-Riche, Sophie Boudreau, Cynthia Cooper, M.D., Michael Okuji, DDS, and Tejasi Patel
- HPSM Members Excused:** None.
- Guests:** Teresa Medivil, Interpreter.

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

2. Public Comment: One member expressed gratitude for this program having been able to find a provider for their child. Another member announced that their child was able to get their permanent residency green card thanks to this program. There were no other public comments made at this time.

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

Ms. Gomez described the action to be taken to continue this virtual meeting. Discussion ensued around the requirement to approve a resolution finding that meeting in person would present

imminent risk to the health or safety of the attendees in order to be in compliance with AB 361, allowing the committee to continue meeting virtually. Dr. Chabra moved approval to adopt this resolution. All were in favor. A copy of this resolution is attached to these minutes.

4. Approval of Minutes:

Stephanie Smith moved approval of the December 9, 2021 meeting minutes / Lianna Chen second. The minutes were approved as presented.

5. Youth Advisory Committee Update

Lianna Chen reported on the survey sent out at the end of 2021 to poll members for their availability and topics of interest. Not many responses were received so a new survey will be sent out soon.

6. Discussion Topics for Family Feedback:

i. Prescriptions:

Ms. Gomez asked if families had issues getting prescriptions. Ms. Ault-Riche explained that the State took over the administration of prescriptions at the beginning of the year through the Medi-Cal Rx program and wanted to get feedback on any issues families may have encountered.

Ms. Gradek stated that one of the prescriptions she has been getting without issue previously at CVS was not able to be filled. The pharmacy was on hold with the State for three hours trying to get this approved. The only way to get this filled was for her to go to Lucile Packard Children's Hospital. This is a one month prescription. It seems the issue had to do with a need for prior authorization and conflicting information between the pharmacy and the provider. There was no other option but to go to Packard to get the prescription filled. Ms. Ault-Riche stated that HPSM has heard of similar issues from other members. Ms. Boudreau stated that they have been told that the State has made some changes for some prior authorizations of certain medications and she hopes this will not be a continuing problem.

One of the members reported that a prescription they have been getting regularly at CVS has not been filled and when asked, the pharmacy told them they should continue to wait as they are still updating records. This medication has still not been received. Another issue is a milk formula they have still not received. Ms. Guevara offered to follow up with families who had outstanding medication needs to offer assistance.

Another family member described their experience in the past of having to pay at Kaiser for the g-tube but now she is not having this problem and she is happy about that.

Mr. Curran did not have any further update except that they hear things are improving. He recommended that each issue be investigated on a case by case basis. Ms. Boudreau commented that there was discussion at the CCS Clinical Advisory Committee meeting earlier today regarding problems people are experiencing. HPSM is gathering the information about the various problems families are experiencing in order to pass this information on and will be key to finding solutions. Dr. Cooper added that she will be compiling a list of what medications and the date when the problem occurred.

ii. COVID-19:

Ms. Gomez asked the committee to share any experiences they may be having receiving the COVID-19 vaccines or at-home test kits, or difficulty with getting reimbursement for test kits. One member mentioned they had difficulty getting an at-home booster shot for their child and still have not received it. Dr. Chabra asked if the provider was aware of the risk category and need for this booster. They confirmed it was the same entity that came out before to administer the shots and are aware of the child's health conditions. There was discussion around eligibility and where to submit requests for reimbursements. Ms. Ault-Riche stated that HPSM Member Services can answer questions about how to get reimbursement from HPSM.

Ms. Gomez recommended that members go to the pharmacy with their child, stating in her experience pharmacies will provide the vaccine if the child is already there. There was some question about the age eligibility for booster shots for children in general. Dr. Chabra explained that children without immune system problems need to be 12 or older to get a booster. Vaccines for children ages 5 -11 were approved later and the research for boosters on this age group is not yet complete.

Ms. Ault-Riche asked if anyone experienced difficulty receiving reimbursement or receiving test kits from the State. One member just received their at-home test kit. Another stated that she received the four kits at home but has not requested reimbursement for other kits. Others concurred that they have received the free test kits from the state, the school, and the county through the mail.

iii. Health at School:

Ms. Gomez asked about their return to school experiences. One parent expressed her child's frustration at being tested every week and stated her child does not like Mondays because of the testing they have to endure. Dr. Chabra believes that schools will likely be changing their testing methods to limit such frequent testing. One member shared that their experience with the testing in schools is that if the parents don't want their children to be tested, they do not get tested unless someone comes up positive, in which case everyone gets tested. In one case, a child had COVID and they were not required to be tested for the next three months. Another stated they were given the option for their child to be tested,

and they opted out of weekly testing. The school also changed some of their protocols to further distance the children and they are not sitting face to face.

Other Business Discussed

A family member reported that IHSS refused to provide W-2's this year for care providers who live with their client. Their understanding is that other counties did give providers W-2's. This was not a problem for everyone since some are exempt from taxes. However, this is the first time this happened for those who do need this for their filing, and they were told they will not be receiving one. Ms. Wendt stated that the law was changed several years ago and that this is not taxable income. She stated that it was taxable at one time, but this changed and IHSS income for a family member does not get claimed as income.

A family member asked if anyone knows of a dentist that can be recommended for an adult or child with special needs. One recommendation given was University of the Pacific, which was recommended to them through Medi-Cal and Health Plan of San Mateo. Ms. Guevara recommended Ravenswood Dental Clinic, which has specialized staff and equipment for children with special needs. One parent mentioned that the waitlist at Ravenswood Dental Clinic was two months. The family member did try to contact the University of the Pacific but was not able to reach anyone. Ms. Guevara will work with the family member to help with this issue. Ravenswood was highly recommended by another family member. Another shared that when they brought their child to the University of the Pacific emergency room, they were seen and had an appointment very quickly because the need to be seen was great.

7. Adjournment/Closing Remarks

The meeting was adjourned at 7:25 p.m.

**RESOLUTION OF THE
CCS FAMILY ADVISORY COMMITTEE**

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

RECITAL: WHEREAS,

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

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

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

PASSED, APPROVED, AND ADOPTED by the CCS Family Advisory Committee this 24th day of March 2022 by the following votes:

AYES: Chen, Wendt, Gradek, Gomez, Bejar Arias, Acevedo, Dablo, Zamora, Marquez, Elliot, Smith.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

DRAFT

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, April 15, 2022 – 11:30 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-**

AGENDA ITEM: 4.4

DATE: June 8, 2022

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

Committee Members Present: Claire Day, Gay Kaplan, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar, Amira Elbeshbeshy, Nina Rhee, Pete Williams, Ricky Kot, Jill Dawson.

Committee Members Absent: Art Wolf, Beverly Karnatz, Diane Prosser.

Staff Present: Pat Curran, Karla Rosado Torres, Nicole Ford, Gabrielle Ault-Riche, Karen Sturdevant.

1. Call to Order / Introductions

The meeting was called to order at 11:33 a.m. by Gay Kaplan.

2. Public Comment

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

3. Approval of Minutes

The minutes for April 15, 2022, were unanimously approved as presented:

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

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

5. State/CMS Updates

a. Kaiser

Mr. Curran explained the state has proposed AB 2724, for a direct contract with Kaiser for Medi-Cal instead of being administered through the local organization as it is currently. Kaiser does see Medi-Cal members in San Mateo County as well as in 18 to 20 other counties in California. Kaiser currently see about 11,000 HPSM members.

The health plan and San Mateo County have come out in opposition to this proposal. The reason for our opposition is this direct contract would change the model of the public health plan and local governance for the members.

The bill is in the legislative process so there is a possibility that it may or may not pass or could be amended. He explained some of the practical implications as we transition into the D-SNP in the future are not necessarily significant for members and access to care.

Currently when a dully eligible member signs up for Kaiser's Medicare plan, they will receive their Medicare and most of their Medi-Cal benefits through Kaiser and it is passed through HPSM. The main concern is the potential fragmentation of support services provided in the community, such as behavioral health services.

Ms. Irgens-Moller asked what problem this change will solve. Mr. Curran explained that he believes the purpose is to have efficiencies for Kaiser who currently works with many different health plans and have to deal with their different arrangements.

Ms. Sturdevant asked if our members will have knowledge of CareAdvantage as an option and would we see them in order to present them information about CareAdvantage. Mr. Curran stated that he believes that HPSM will still be the default organization and members will be enrolled with us, however, if they choose Kaiser, the state would match their Medi-Cal to Kaiser.

Dr. Yee asked for a copy of the legislation to share with her students. She noted that they are involved in policy study and legislative advocacy. She would like to share our opposition to the bill and they might work it into the asks they do when meeting with various legislators.

Ms. Kaplan asked if this change would have any funding implications. Mr. Currant stated that it could depending on the arrangement when Kaiser members are removed from HPSM. He noted that Kaiser has offered that they would grow 25% in their Medi-Cal access in the area of dual-eligibles and this may be attractive to the state.

6. HPSM Updates

a. DSNP Transition Update – Karla Rosado Torres

Ms. Karla Rosado Torres, HPSM Medicare Product Manager, gave an update on the D-SNP transition becoming effective on January 1, 2023 as part of the CalAIM provision. Staff have taken the following steps in preparation of this transition:

- Submitted CMS application with our Model of Care (MOC) in February.
- Created workgroups to lead efforts in the STAR rating program which is a quality bonus program to measure the quality of our services and the member experience. CMS has a lot of new expectations that will be measured by the STAR ratings.
- Work on the Medicare bid is underway which is the financial assumptions that will need to be submitted related to our costs to provide services to our members. This is a large undertaking that we have not been required to perform for a number of years and is an annual requirement.
- The bid also helps us frame the benefits designed for our members as we enter this competitive arena focusing on helping members become and stay healthy and includes focus on social determinants of health.
- Member materials are being reviewed and updated including notices and letters.
- Staff is working on a new marketing strategy for this new competitive market.
- Member experience and how it will affect our CAHPS results are being kept at the forefront of our focus with a variety of initiatives.
- CMS has given us permission to contact our members prior to the customary 90 day notices about this transition which is going to be significant in avoiding confusion for our members.
- Ms. Ault-Riche added that the ability to outreach to members before the 90 days was actually a result of the feedback that was provided by our committee members and thanked the group for their feedback.

b. End of Public Health Emergency & Impact on Redeterminations

Ms. Ault-Riche touched on three major changes related to eligibility that are on the horizon:

- Medi-Cal expansion which does not impact our CMC members but will impact IHSS, community based adult services, behavioral health services going live in two weeks is the expansion to include undocumented adults ages 50 and over. There are about 7,000 people in the ACE program through the county who will become eligible for full scope Medi-Cal. These people have only been eligible for restricted Medi-Cal up to this point and many will not be eligible for Medicare because of their immigration status thus will not go into CMC but will become HPSM Medi-Cal members. This will make them eligible for a number of services available to older adults including IHSS,

behavioral health and CBAS.

- The raising of the asset limit for seniors and people with disabilities (SPD) is another major change in Medi-Cal. She explained that effective in July 2022, the asset limit is going from \$2,000 to \$130,000 which is a huge leap. This will make many more older adults eligible for Medi-Cal and they can actually have some savings and still be eligible for Medi-Cal coverage. Legal Aid and many others have worked tirelessly to make this change a reality and she expressed gratitude for this advocacy. This means that HPSM can expect a significant increase in its SPD population.
- In January 2024 this limit for the SPD population will be eliminated entirely which means as long as a person meets income level or immigration criteria, they will be eligible for Medi-Cal. This is something HPSM is thinking about now in terms of ensuring our readiness to serve all those people with our provider networks and other services like IHSS, CBAS, etc.

Ms. Andrade Zuniga asked if there is any increase in funding for IHSS or similar support being discussed and what is the state doing to prepare for this influx of consumers. Ms. Mancini stated they have not heard anything from the state about increase in funding for IHSS and with many of the IHSS caregivers being family members, and their inability to pay undocumented individuals to provide care, there is another problem. It is already a challenge finding caregivers in San Mateo County. We are still waiting on the governor's budget and the May revise coming out soon to see if there is something there.

- Ms. Ault-Riche stated the end of the public health emergency looks like it will happen when it is politically expedient rather than when it is actually over from a public health standpoint. We are unclear when that will be and what the impact will be on Medi-Cal members, but they will give us 120 days prior notice. Once this happens, counties will have 12 months to redetermine services and will have about three months before we begin to see negative actions issued by Human Services. Members' contact information on file is likely out of date since redeterminations have not been processed for the past two years. Regulations came out recently from the state for health plans to outreach to Medi-Cal members to verify contact information. Because of this we expect enrollment to decrease in Medi-Cal.

c. Palo Alto Medical Foundation Homecare Program

Mr. Curran explained this program is an enhanced primary care program which is in the proposal stage. PAMF first introduced this model program called "the Grove model" and was based in Sonoma County. This homecare project will include virtual visits, home visits, social work and wrap around services. The pilot project was led by Dr. Charlotte Carlson, a

geriatrician. HPSM has been talking to PAMF about bringing this model to San Mateo County as a pilot project with our members. PAMF has about 400 CareAdvantage members assigned to them and 1,300 HPSM Medi-Cal members who are in fee-for-service Medicare. HPSM would help fund the pilot through a case management fee and perform an evaluation for outcomes such as better care and decreased emergency room visits which are the same measures as our home advantage program

Mr. Curran stated that this program will leverage and expand primary care in the community. It is possible we can also seek out other organizations and this is similar to the SMMC Ron Robinson Clinic from years ago. We are hopeful that this pilot will go live in the summer opening up more care at PAMF. We continue to work on different ways to expand primary care.

Dr. Yee asked if the fee for virtual visits and home care will be different. Mr. Curran explained that members in Medicare fee-for-service do not have these types of benefits available to them. The idea about the care management fee is that you give the clinic flexibility and they handle this according to their protocols. In Sonoma County, 60% of these visits are virtual .

d. Medicare CAHPS Results & Next Steps

Nicole Ford, Director of Quality Improvement, gave an overview of her presentation reporting on the Medicare CAHPS (Consumer Assessment of Healthcare Provider and Services Systems) results from 2021. The presentation is attached to these minutes.

This is a member experience survey that is performed with our members both through the mail and telephone calls and is drawn from a sampling of members. It is to get information on how they experience the health plan, their provider, ease of access and their satisfaction with these services:

- Conducted first half of the year so members were likely thinking about their early 2021 and late 2020 experiences
- This is conducted annually for Medicare and is submitted to CMS who adjust the final score using a case-mix adjustment.
- Survey is done in English and Spanish; offered in other languages.
- Response rate is about 35.3% which is higher than the past two years.
- Overall rating measure comparison was reviewed.
- Pharmacy did not score as well landing below average in some areas and above average in others.
- Gay Kaplan asked if access is an issue with Pharmacy. Ms. Ford said it is hard to tell based on the questions and the way they are phrased.

- Dr. Yee had a question about the communication results related to doctors and their reliability being low. Ms. Ault-Riche shared what they see in G&A and call centers is it has less to do with where the pharmacies are and more to chronic issues at the pharmacy itself around overrides being needed or pharmacy staff putting a wrong number in the wrong field. These the grievances that the call center is able to resolve on the spot related to medication issues and is usually something simple. In terms of doctors communicating well, this is one of the issues we see around quality of care grievances. The majority are not about actual care provided but more about miscommunication
- Ricky Kot asked how these measures for pharmacy will be monitored in the future. Ms. Ford explained that HPSM will retain the Medicare pharmacy benefit for members so nothing will change.
- Composite measures are developed from multiple questions to make up the overall score. Unfortunately, we are scoring below the national average and peer plans. She reviewed the composite questions and how they make up the general score. She went into detail on the communications piece.
- Care Coordination saw an uptick in the need or offering of care coordination services and an increased level of satisfaction with those services.
- CMC Internet use has gone up since 2019
- In terms of receiving care quickly, the pandemic affected members and providers. Many providers in solo practice did close for a period of time. When they reopened it was not at full capacity.
- Ms. Andrade Zuniga commented that responses regarding people having the care they needed is not truly reflective of what is happening in the disability community. She express concern that because people lost their care, they are not responding to these surveys and are falling through the cracks. She wondered if there is a way the health plan could work with CID to maybe have more communication with members to see how we can encourage more people to participate in the survey and create more accessibility. She also asked about Durable Medical Equipment and issues people are having with their Medi-Cal provider charging for the equipment first for equipment that may or may not be approved. She has seen this happening and that it is making people really discouraged.
- Ms. Ford stated that staff look at Grievances to see how we can work with providers to reduce grievances. We also look at how to expand our network
- We received some decreases this year in customer service which is a concern for the plan and did not seem to be in line with some other measurements like call quality and monitoring which is done readily. To members, customer service can have different meanings. Is it with the health plan or some other vendors that are calling and working with our members on our behalf, or as well as the provider offices. Knowing exactly where the customer service experience they are receiving and

referring to can be difficult to discern. HPSM we can review call volumes internally and other factors where we have more control of our customer service. We are in the process of developing an internal survey to dive into the customer service experience, care coordination staff, call center staff, etc.

7. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbeshy reported:

- Public health emergency (PHE) is being extended for another 90 days. Unclear whether or not it will continue to be extended but have heard that it will either not be extended or extended through the end of the year. CMS has committed to giving a 60 day notice so they should hear sometime in mid-May.
- Older Adult expansion will take place on May 1st. The next group of focus will be for members between ages 26 to 50.
- AB 1900 is a move to raise the maintenance need level to 138% of federal poverty level. If a person goes \$1 over this amount they fall into a maintenance need cost of \$600 or share of cost (SOC). Letters have been submitted in support of this change.
- She reported on an issue where some cases of people are going into skilled nursing facilities and are being issued the LTC share of cost. This happened in the early phase of the PHE and was allowed as a positive action because it expands access to LTC. CMS disagreed and said this should not be an allowable action and DHCS is holding firm that it is allowable. Other advocates in the state have had cases where this has gone to hearing and DHS eliminated the SOC. Send cases to Legal Aid if you come across any.

8. LTC Ombudsperson Report

Ms. Irgens-Moller reported on:

- The change of ownership of four skilled nursing facilities: The Pavilion (now Golden Pavilion and Golden Heights); the HMC facilities at Coastside and at Seton; are causing problems for staff. Morale is very low and being felt by residents. They are often short staffed, and this is causing problems especially on weekends. She noted that pay rates may not be the problem. There are very few social workers. All of this leads to losing the steady connection to the health plan and things are confusing for residents.
- People are excited about the dental services coming under Medi-Cal but it's hard to find dentists. They will come in to do the assessment but then people need to go out for extractions or other work and are having trouble finding dentists able to do that.
- Many people are having problems with their Medi-Cal applications, not understanding the requirements. They get rejected and don't know why or that they need to hurry to solve an issue, then they have to start over. She expressed concern about the added volume and the need for a streamlined system for helping people with the simple things that can be solved quickly. She wondered if there was a way to have someone who knows what they are doing connect with people so they don't lose their eligibility.

- They are excited about Enhanced Care Management (ECM) coming through the health plan. She has been in a number of meetings and is feeling positive about what she is hearing. Upward Health has been visiting a lot of the residents in the small board and care facilities so residents feel supported and happy about that transition.

9. Questions about reports distributed prior to meeting.

Ms. Ault-Riche apologized for sending out a backlog of reports for Grievances and Appeals. This is a one time catch up. She stated that Grievances and Appeals, however, did remain pretty steady throughout the year with no particular anomalies being seen. Timeliness on case resolution continues to be good. Call Center for Care Advantage continues to meeting metrics, however a new phone system within the year has presented a couple of kinks to work through. All seems to be going well.

Ms. Ault Riche asked for any questions on any of the reports. Ms. Kaplan noted there was an increase in transportation grievances. Ms. Ault-Riche stated that the transportation vendor was having issues earlier in the year with staffing their call center and drivers. This was indicative of a nationwide shortage because of the pandemic. This has been resolved and numbers of grievances have gone down significantly.

a. HPSM Dashboards

No questions specific to dashboards was asked.

b. IHSS

No questions were asked related to the IHSS reports presented in the meeting materials.

10. Proposal to Change 2022 Meeting Dates to July 29, 2022, and October 28, 2022

Ms. Ault-Riche explained that the current schedule challenges the staff with having the data for the reports on the agenda. Moving the meeting to the last Friday of the month would give them time to gather the data needed to prepare the reports. With few conflicts noted, the meeting dates for July and October will be moved accordingly. Ms. Ault-Riche stated we would revisit the meeting dates for the following year.

11. Adjournment

The meeting adjourned at 1:05 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 15st day of April 2022 by the following votes:

AYES: Claire Day, Gay Kaplan, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar, Amira Elbeshbeshy, Nina Rhee, Pete Williams, Ricky Kot, Jill Dawson

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess

C. Burgess, Clerk

**Attachment to Minutes
for CMC 4/15/22 Item 6.d**

2021 Medicare CAHPS Results

CMC Advisory Committee

Presented 4/15/2022




CAHPS Survey Background




- **CAHPS** = Consumer Assessment of Healthcare Providers and Systems
- Member experience survey
- Survey sample drawn from all members who have been enrolled for at least 6 months, living in the US and not institutionalized
- Conducted in the first ½ of the year and measures members' experiences over the previous 6 months
- Conducted annually for Medicare
- CMS case-mix adjusts results for final scores

Medicare Response Rates

		2019	2020	2021
Completed/ Partially Completed	Completed Survey	222	247	275
	Partially Completed Survey	14	5	5
	SUBTOTAL	236	252	280
Ineligible	Institutionalized	0	1	1
	Deceased	6	4	3
	Mentally/Physically Incapable	4	0	3
	Excluded from Survey	0	5	0
	SUBTOTAL	10	10	7
Non-response	Bad Address/Phone	1	2	5
	Refusal	30	33	31
	Blank Returned	1	2	0
	Language Barrier	49	42	31
	Non-Response	473	459	446
	SUBTOTAL	554	538	513
Total Sample		800	800	800
Response Rate		29.9%	31.9%	35.3%

 Total Number of Mail Completes = 248 (50 in Spanish)

 Total Number of Phone Completes = 32 (11 in Spanish)

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

CA MMP 31.3%

NA MMP 25%

Overall Rating Measure Results



Overall Health Plan Ratings	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Rating of Health Plan	8.8	8.8	8.7	8.6	No Difference	Good
Rating of Health Care Quality	8.7	8.7	8.6	8.5	No Difference	Good
Personal Doctor	9.2	9.1	9.1	N/A	N/A	Very Low
Specialist	9.0	9.0	9.1	N/A	N/A	Very Low

Medicare-Specific and HEDIS Measures	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Annual Flu Vaccine	76%	67%	70%	82%	Above Average	Good
Pneumonia Vaccine	72%	55%	58%	65%	Below Average	Good

Pharmacy Measure Results



Prescription Drug Composite Measure	National MA-PD	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Getting Needed Prescription Drugs	3.74	3.71	3.69	3.67	Below Average	Good

Overall Rating of Drug Plan	National MA-PD	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Rating of Drug Plan	8.7	8.8	8.7	8.5	Below Average	Good

Contact from Doctor's Office, Pharmacy, or Drug Plan	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Reminders to fill prescriptions	54%	60%	61%	65%	Above Average	Good
Reminders to take medications	30%	47%	48%	49%	Above Average	Good

Getting Needed Prescription Drugs: Attribute Questions



GETTING NEEDED PRESCRIPTION DRUGS QUESTIONS

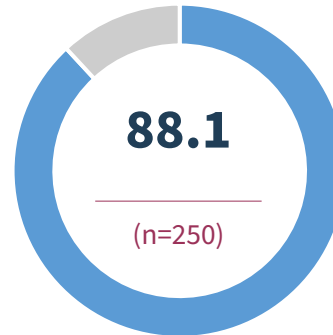
The Getting Needed Prescription Drugs composite is calculated by taking the average of “Ease of using health plan to get prescribed medicines” question (Q42) and the weighted Combined Local Pharmacy and Mail score (Q44 and Q46).

- Q42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
- Q44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?
- Q46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

Gate Questions

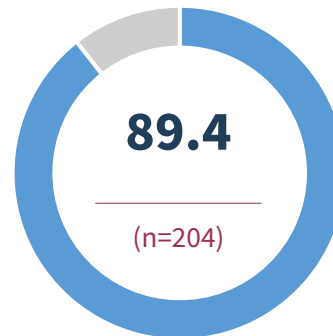
	Valid n	Yes
Q43. Used plan to fill Rx at local pharmacy	262	78.2%
Q45. Used plan to fill Rx by mail	253	12.6%

Q42. EASE OF USING HEALTH PLAN TO GET PRESCRIBED MEDICINES



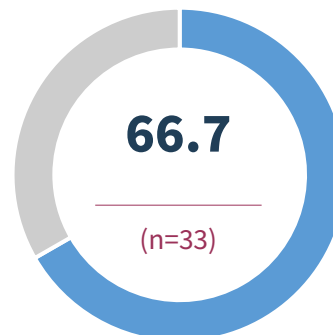
2021	88.1
2020	86.7
2019	83.1

Q44. EASE OF USING HEALTH PLAN TO FILL PRESCRIPTIONS AT LOCAL PHARMACY



2021	89.4
2020	89.9
2019	88.5

Q46. EASE OF USING HEALTH PLAN TO FILL PRESCRIPTIONS BY MAIL



2021	66.7
2020	64.9
2019	76.7

Composite Measure Results



Health Plan Composite Measures	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Getting Needed Care	3.49	3.43	3.37	3.19	Below Average	Good
Getting Appointments and Care Quickly	3.37	3.30	3.32	3.15	Below Average	Good
Doctors Who Communicate Well	3.75	3.72	3.68	N/A	N/A	Very Low
Customer Service	3.72	3.68	3.66	3.52	Below Average	Good
Care Coordination	3.60	3.57	3.52	3.47	Below Average	Good

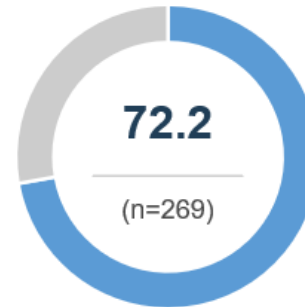
Getting Needed Care: Attribute Questions

GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

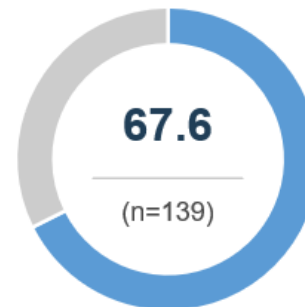
- Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Q10. GETTING CARE, TESTS, OR TREATMENTS NECESSARY



2021	72.2
2020	74.2
2019	74.5

Q29. EASE OF GETTING APPOINTMENT WITH A SPECIALIST



2021	67.6
2020	72.1
2019	77.4

Gate Questions

Q28. Made appointments to see a specialist in the last 6 months

Valid n	Yes
261	53.6%

Getting Appointments and Care Quickly: Attribute Questions



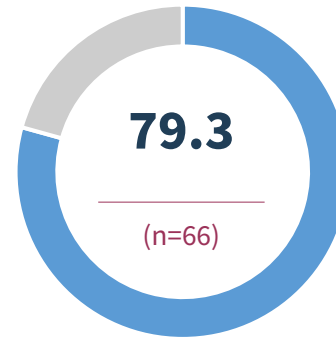
GETTING APPOINTMENTS AND CARE QUICKLY QUESTIONS

The Getting Appointments and Care Quickly composite score is calculated by taking the average of three questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- Q8. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

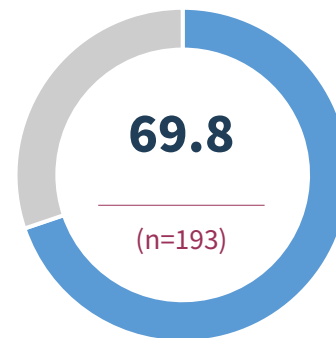
Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	268	26.9%
Q5. Made appointments for check-ups or routine care at doctor's office or clinic	268	75.0%

Q4. OBTAINING NEEDED CARE RIGHT AWAY



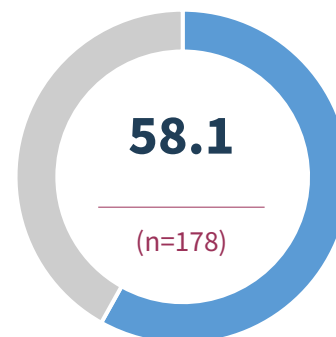
2021	79.3
2020	79.7
2019	81.2

Q6. OBTAINING CARE WHEN NEEDED, NOT WHEN NEEDED RIGHT AWAY



2021	69.8
2020	75.6
2019	74.3

Q8. SAW PERSON CAME TO SEE WITHIN 15 MINUTES OF APPOINTMENT TIME



2021	58.1
2020	56.0
2019	59.1

Customer Service: Attribute Questions

CUSTOMER SERVICE QUESTIONS

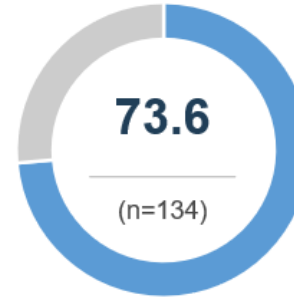
The Customer Service composite score is calculated by taking the average of three questions:

- Q34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- Q37. In the last 6 months, how often were the forms from your health plan easy to fill out?

Gate Questions

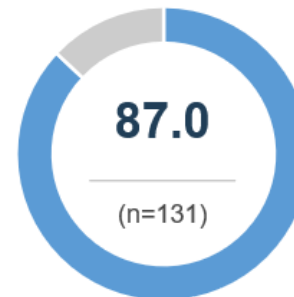
	Valid n	Yes
Q33. Got information or help from customer service	262	51.9%
Q36. Received forms from plan to fill out	252	38.1%

Q34. GETTING INFORMATION/HELP FROM CUSTOMER SERVICE



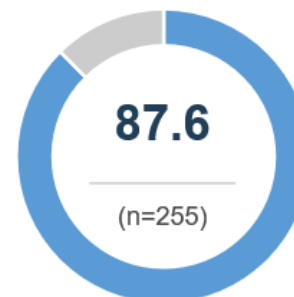
2021	73.6
2020	76.4
2019	74.8

Q35. TREATED WITH COURTESY AND RESPECT BY CUSTOMER SERVICE STAFF



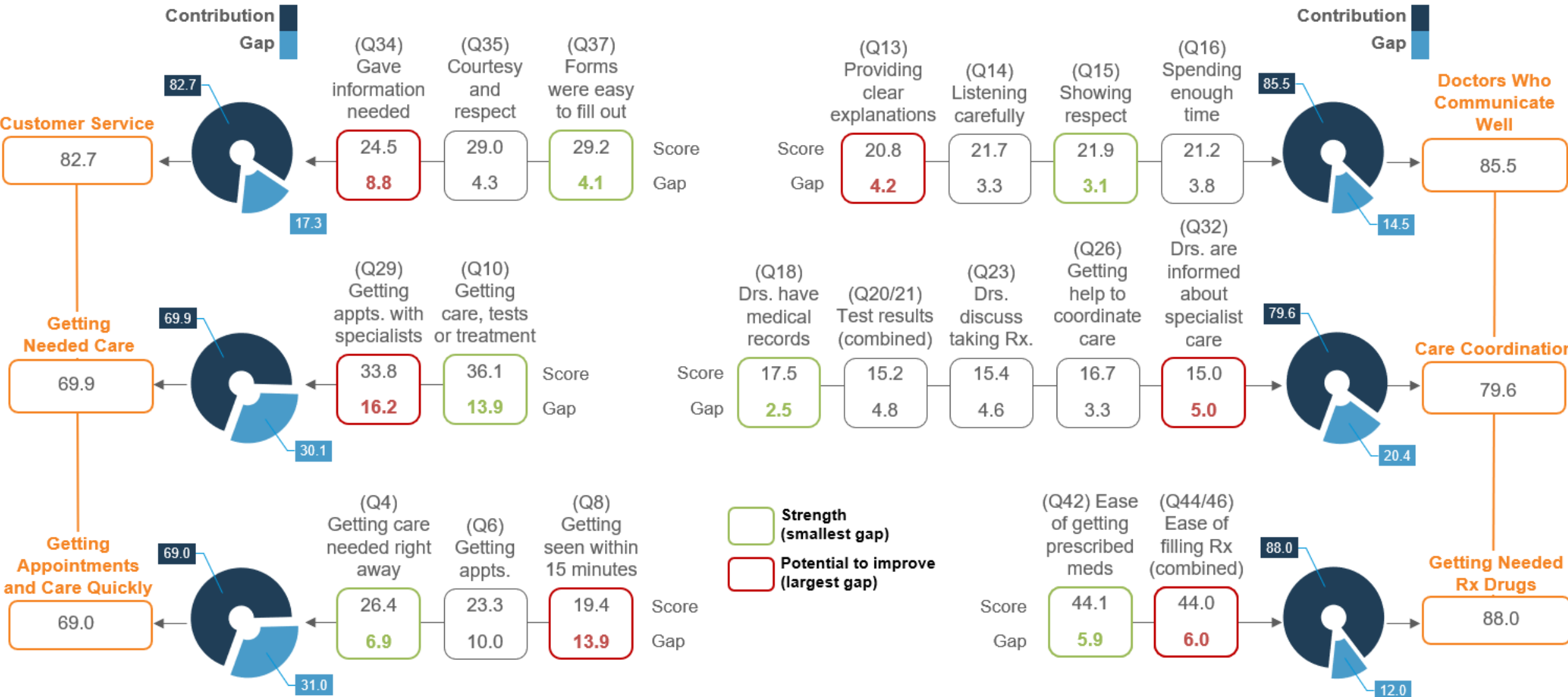
2021	87.0
2020	89.3
2019	86.9

Q37. HEALTH PLAN FORMS EASY TO FILL OUT



2021	87.6
2020	88.9
2019	90.5

Composite Score Question Attributions



Supplemental Questions



Survey Item	Opt-out Responses <i>Out of 280 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>		Plan Summary Rate Score		
				2019	2020	2021
Q69. Did you have the same personal doctor before you joined this health plan?		<u>Yes</u> 51.5%	<u>No</u> 48.5%	(n = 215) 49.3%	(n = 232) 52.6%	(n = 266) 51.5%
Q70. Does your personal doctor understand how any health problems you have affect your day-to-day life?		<u>Yes</u> 87.2%	<u>No</u> 12.8%	(n = 211) 86.7%	(n = 231) 90.0%	(n = 258) 87.2%
Q71. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, wheelchair or oxygen equipment?		<u>Yes</u> 26.1%	<u>No</u> 73.9%	(n = 214) 28.0%	(n = 235) 22.6%	(n = 268) 26.1%
Q72. In the last 6 months, how often was it easy to get or replace the medical equipment you needed through your health plan?		<u>Always or Usually</u> 48.5%	<u>Never or Sometimes</u> 51.5%	(n = 67) 47.8%	(n = 52) 67.3%	(n = 66) 48.5% ↓
Q73. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks. In the last 6 months, did you need someone to come into your home to give you home health care or assistance?		<u>Yes</u> 22.6%	<u>No</u> 77.4%	(n = 209) 22.0%	(n = 233) 22.3%	(n = 265) 22.6%

Summary Rate Indicator

Grey shading indicates that the response is included in the summary rate score.

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (⚡) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⚡) or benchmark score (▼).

Low Base

^Indicates a base size smaller than 20. Interpret results with caution.

Supplemental Questions



Survey Item	Opt-out Responses <i>Out of 280 Total Respondents</i>	Category Responses Based on Valid Responses Per Question		Plan Summary Rate Score		
				2019	2020	2021
Q74. In the last 6 months, how often was it easy to get personal care or aide assistance at home through your care plan?		<u>Always or Usually</u>	<u>Never or Sometimes</u>	(n = 49) 73.5%	(n = 52) 75.0%	(n = 56) 62.5%
Q75. In the last 6 months, did you need any treatment or counseling for a personal or family problem?		<u>Yes</u>	<u>No</u>	(n = 208) 8.2%	(n = 228) 11.4%	(n = 265) 9.8%
Q76. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?		<u>Always or Usually</u>	<u>Never or Sometimes</u>	(n = 24) 75.0%	(n = 30) 63.3%	(n = 29) 65.5%
Q77. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?		<u>Yes</u>	<u>No</u>	(n = 205) 27.3%	(n = 229) 31.9%	(n = 257) 44.4% ‡↑
Q78. How satisfied are you with the help you received to coordinate your care in the last 6 months?		<u>Very satisfied or Satisfied</u>	<u>Very dissatisfied or Dissatisfied or Neither dissatisfied nor satisfied</u>	(n = 63) 87.3%	(n = 83) 85.5%	(n = 123) 88.6%

Summary Rate Indicator

Grey shading indicates that the response is included in the summary rate score.

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (‡) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

Low Base

^Indicates a base size smaller than 20. Interpret results with caution.

Internet Use

Question 65: Do you ever use the internet at home?



<u>Your Contract</u>	<u># Members</u>	<u>Distribution of Responses</u>	<u>Percentage</u>	<u>Reliability</u>	<u>Significance</u>
2021	268	57%	57%	Good	Below Average
2019	216	46%	46%	Good	Not Shown

<u>Response Group</u>	<u># Members</u>	<u>Distribution of Responses</u>	<u>Percentage</u>	<u>Reliability</u>
National – All MA Contracts	226,008	69%	69%	Good
National – All MMP Contracts	12,184	51%	51%	Good
State MMP Distribution – CA	4,473	52%	52%	Good
Original Medicare – CA	5,765	77%	77%	Good

Analysis, Barriers, & Action Plans

Getting Needed Care & Getting Care Quickly



- 2019/2020 Actions Taken

- Improved trending of grievances by provider & oversight by Physician Review Committee
- Outreach to expand pain management provider network

- Barriers

- Pandemic negatively impacted access at provider offices, including provider retirements and contract terminations
- Provider Services staff time diverted away from PCP recruitment efforts to focus on COVID-related projects

Getting Needed Care & Getting Care Quickly, Cont.



- **Action Plan**

- Cross-reference practitioner-level data on noncompliance with timely access standards with member access grievances to identify providers with multiple indications of access issues.
- Conduct outreach to these providers to address access concerns.
- Continue to engage in network expansion efforts for PCP and Specialty

Customer Service



- Analysis
 - Significant drop in rates indicate members were not receiving the assistance they needed.
 - Drop in “*dignity and respect*” rating indicates a concerning shift away from HPSM’s intended member experience.
- Barriers
 - Call centers struggled to integrate rapidly changing instructions due to vaccination updates.
 - Pandemic affected personal lives of call center staff, increasing stress and possibly reducing empathy and level of attention given to members.
 - Results are unclear as to whether members are reporting experiences with CareAdvantage call center, other staff, HPSM vendors, or provider offices.

Customer Service, Cont.



- Action Plan
 - **Increasing Accurate & Helpful Service**
 - Regular refresher trainings for Customer Service staff on common member questions
 - Continue call monitoring with 95% accuracy standard and track performance across quarters
 - **Increasing Treatment with Dignity and Respect**
 - Explore additional training on active listening and handling calls with empathy, dignity, and respect.
 - Continue to monitor calls against this objective
 - Promote counseling and wellness resources for staff such as Employee Assistance Program to support staff in managing stress

Customer Service, Cont.



- Action Plan, Cont.
 - **Increasing Resources during High Call Volume**
 - Identify areas for increased efficiency, maximizing staff available to answer the phones
 - Moved to a cloud-based call center system in November 2021, which should decrease connectivity issues and provide real-time call volume data.
 - Conduct follow-up Member Experience Survey to gather details on what is causing dissatisfaction

How Well Doctors Communicate



- Analysis & Barriers

- Primary barriers have yet to be fully investigated
- Efforts at building member engagement infrastructure should deepen HPSM’s understanding of the factors contributing to patient-provider communication.

- Action Plan

- Continue to investigate potential areas to improve provider communication

Thank You



Appendix: Summary Rate Scores Trended

Medicare Summary Rate Scores



DOMAIN: MEMBER EXPERIENCE WITH HEALTH PLAN	2021 Valid n	2019	2020	2021
Q38. Rating of Health Plan (% 9 or 10)	266	65.6%	70.7%	68.8%
Q9. Rating of Health Care Quality (% 9 or 10)	271	49.5%	52.2%	55.4%
Getting Needed Care (% Always or Usually)	272	80.5%	77.5%	72.3% †
Q10. Getting care, tests, or treatments necessary	269	78.2%	81.1%	77.7%
Q29. Ease of getting appointment with a specialist	139	82.7%	73.9%	66.9% †
Getting Appointments and Care Quickly (% Always or Usually)	224	75.3%	73.1%	71.5%
Q4. Obtaining needed care right away	66	85.9%	83.5%	83.3%
Q6. Obtaining care when needed, not when needed right away	193	78.7%	78.0%	69.4% †
Q8. Saw person came to see within 15 minutes of appointment time	178	61.4%	57.7%	61.8%
Customer Service (% Always or Usually)	262	87.9%	89.4%	86.2%
Q34. Getting information/help from customer service	134	79.8%	81.2%	76.9%
Q35. Treated with courtesy and respect by customer service staff	131	92.6%	97.5%	91.6% ↓
Q37. Health plan forms easy to fill out	255	91.5%	89.6%	90.2%
Care Coordination (% Always or Usually)	211	85.7%	88.8%	84.8%
Q20. Personal doctor's office followed up to give you test results	173	77.4%	79.2%	79.8%
Q21. Got test results as soon as you needed	173	78.7%	82.1%	83.2%
Combined Item - Test Results	173	78.0%	80.7%	81.5%
Q18. Doctor had medical records or other information about your care	202	91.9%	95.4%	90.6%
Q23. Doctor talked about prescription medicines	183	83.6%	83.0%	81.4%
Q26. Got help managing care (% Yes, <u>definitely</u> or Yes, somewhat)	76	94.8%	100%	90.8% ↓
Q32. Doctor informed and up-to-date about specialty care	118	80.0%	84.9%	79.7%

Note: The Care Coordination composite is the average of the Combined Item and the remaining measures shaded blue. The Combined Item is the average of Q20 and Q21

Medicare Summary Rate Scores



DOMAIN: MEMBER EXPERIENCE WITH DRUG PLAN	2021 Valid n	2019	2020	2021
Q47. Rating of Drug Plan (% 9 or 10)	263	66.5%	70.5%	68.8%
Getting Needed Prescription Drugs (% Always or Usually)	256	90.2%	92.3%	93.4%
Q42. Ease of using health plan to get prescribed medicines	250	87.3%	90.9%	91.6%
Combined Local Pharmacy and Mail	210	93.0%	93.7%	95.2%
Q44. Ease of using health plan to fill prescriptions at local pharmacy	204	93.0%	95.1%	96.1%
Q46. Ease of using health plan to fill prescriptions by mail	33	75.0%	68.4%	69.7%
DOMAIN: STAYING HEALTHY – SCREENINGS, TESTS AND VACCINES				
Q57. Annual Flu Vaccine (% Yes)	264	77.6%	81.5%	81.8%
OTHER MEASURES				
Doctors Who Communicate Well (% Always or Usually)	203	93.7%	94.1%	88.8%
Q13. Doctors explaining things in an understandable way	200	91.9%	93.8%	86.5% ↓
Q14. Doctors listening carefully to you	202	94.6%	95.4%	89.6% ↓
Q15. Doctors showing respect for what you had to say	201	95.1%	97.4%	90.5% ↓
Q16. Doctors spending enough time with you	199	93.0%	89.7%	88.4%
Q17. Rating of Personal Doctor (% 9 or 10)	202	72.5%	74.4%	70.8%
Q31. Rating of Specialist (% 9 or 10)	133	64.6%	77.7%	69.2%
Q60. Advised to Quit Smoking (% Always, Usually or Sometimes)	16^	82.4%	100%	100%
Q58. Pneumonia Vaccine (% Yes)	225	70.3%	72.4%	64.9%

Note: The Getting Needed Prescription Drugs composite is the average of the Combined Item and Q42. The Combined Item is the weighted average of Q44 and (

MEMORANDUM

AGENDA ITEM: 4.5

DATE: June 8, 2022

DATE: May 23, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, CEO
Robert Fleming, Facilities Director

RE: Approve Amendment to Agreement with Service by Medallion to provide janitorial services

Recommendation

Authorize the Chief Executive Officer to execute an Amendment to extend the agreement with Service by Medallion (SBM) for an additional three years, from January 1, 2022 through December 31, 2024 to provide janitorial service. This amendment would add \$464,035 for this extended term for a total amount not to exceed of \$555,000 for the full contract term.

Background and Discussion

In 2015 HPSM purchased a five floor building at 801 Gateway, South San Francisco, which resulted in the need of services that HPSM had previously not required. One of these services was janitorial. Services include a day porter and nighttime janitorial crew. At that time the Administrative Services staff interviewed three companies to review our needs and submit pricing. The companies interviewed were ABM Janitorial, Able Janitorial and SBM. Cost comparisons of services offered by each company were similar. Service by Medallion was selected by staff as they offered direct supervision of their staff on site, had higher cleaning standards and for the services offered they were the most cost effective. Additionally, SBM had provided the janitorial services to the previous building owners. In November 2015 you approved a three-year agreement with SBM.

In September 2018 HPSM issued an RFP for these services as the current agreement was due to expire and the cost of these services exceed the \$100,000 annual threshold. Three vendors: Eden, ServiceMaster and SBM, replied to the RFP. SBM was selected based upon multiple criteria. Their pricing proposal was very competitive, their knowledge of the building would minimize any

transition costs, and their past performance for these services at HPSM as well as a check of local references made SBM the best fit for continuing to provide janitorial services at HPSM. In December 2018, you approved an additional three-year agreement through December 3, 2021.

In December 2021, HPSM executed a six-month agreement with SBM to allow HPSM time to review cost proposals from several vendors. After review of these proposals by HPSM staff, the impact of COVID and SBM's response to HPSM needs throughout the pandemic, including cleanliness and cost, SBM's knowledge of the building, and potential transition costs, HPSM is requesting approval of an amendment to extend the current Agreement through December 31, 2024.

Fiscal Impact

This amendment adds \$464,035 for the extended term through December 31, 2024 for maximum amount not to exceed \$555,000.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AN AMENDMENT TO
THE AGREEMENT WITH SERVICE BY MEDALLION**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission previously entered into an agreement with Service by Medallion to provide janitorial services at 801 Gateway, South San Francisco following a Request for Proposal process.
- B. The agreement expires on July 31, 2022; and
- C. Based on the evaluation of costs and services, staff recommends an amendment to continue the services with Service by Medallion through December 31, 2024.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves the amendment to extend the agreement with Service by Medallion for a full three year term from January 1, 2022 through December 31, 2024 for a total amount not exceed of \$555,000; and
- 2. Authorizes the Chief Executive Officer to execute said amendment.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of June 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.6

DATE: June 8, 2022

DATE: May 23, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Robert Fleming, Facilities Director

RE: Approve Agreement with UG2 Engineering to provide Engineering Services to HPSM

Recommendation:

Approve an Agreement with UG2 Engineering, to provide Engineering Services at 801 Gateway from September 1, 2022 through December 31, 2024 in a total amount not to exceed of \$650,000 and authorize the Chief Executive Officer to execute said Agreement.

Background:

In 2015 HPSM purchased a five-floor building at 801 Gateway, South San Francisco, which resulted in the need of services that HPSM had previously not required. One of these services is engineering and maintenance. Services include minor repairs of boilers, heater pumps, valves, compressors, and coordination of building/capital improvements. HPSM also requested a full-time engineer to be on site. The Facility/Administrative Services staff interviewed three companies to review our needs and submit pricing. The companies interviewed were ABM Engineering, Able, and CBRE Engineering. Cost comparisons of services offered by each company were similar. Able was selected based on reference checks of all three vendors. Able stood out as the leader in the Engineering field. Additionally, Able Engineering had provided the engineering and maintenance services to the previous building owners. Because of this they knew the building equipment and had relationships with the vendors that support that equipment. In December 2015, the commission ratified a three-year agreement with Able to provide Engineering Services in the amount of \$678,000. In March 2018 the commission approved an amendment extending the agreement until December 31, 2020 increasing the not to exceed amount to \$1,549,740.

In January 2021, you approved a 2 year agreement with Able through December 2022 to continue providing Engineering services to HPSM.

Discussion

In September 2021 HPSM received notice that Able Engineering had been acquired by ABM Engineering. While the notice had been extended, there was no action by ABM to interact with HPSM. Because of this, HPSM staff looked at alternatives and received information regarding engineering services from ABM, GSH and UG2. All Peninsula/San Francisco Union Building Engineers belong to Local 39 and as such the wages paid and benefits given are the

same by all companies. The only price variable is the markup by the company contracted with. Current cost comparisons of the local engineering companies are very similar. After review, based on local references, management support and cost, it was determined that UG2 Engineering would best meet the needs of HPSM.

Term and Fiscal Impact:

The agreement term is September 1, 2022 through December 31, 2024 with a total fiscal obligation of \$650,000. Monies have been approved in the 2022 budget and a request for funds will be made in future budgets for the subsequent years of the agreement.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AGREEMENT WITH
UG2 ENGINEERING, INC.**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission previously entered into agreements with Able Engineering Services through December 31, 2022 to provide engineering services to Health Plan of San Mateo offices located at 801 Gateway Blvd.;
- B. Due to change in ownership from Able Engineering to ABM Engineering, and decline in service quality, staff began a search to find a new engineering firm and selected UG2 Engineering based on results of this search; and
- C. Staff requests approval of an agreement with UG2 Engineering to provide these engineering services.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves an Agreement with UG2 Engineering Services, Inc. for a term beginning September 1, 2022 through December 31, 2024 in an amount not to exceed \$650,000; and
- 2. Authorizes the Chief Executive Officer to sign said Agreement.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of June, 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

MEMORANDUM

AGENDA ITEM: 4.7

DATE: June 8, 2022

DATE: May 18, 2022

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Eben Yong, Chief Information Officer

RE: Waive Request for Proposal and Approve Agreement with eMagined Security

Recommendation:

Waive the RFP process and approve agreement with eMagined Security for total contract value of \$276,000 for a three-year term from July 1, 2022 to June 30, 2025.

Background:

Information Technology (IT) systems include compute, network and data resources which allow for HPSM to perform services to meet regulatory and business requirements for the members and providers served by HPSM. HPSM's IT infrastructure is protected against cybersecurity threats by IT security tools and systems, vendor partnerships, policies and procedures, and staff training.

eMagined Security has assisted HPSM previously in three engagements: 1) An assessment of HPSM's IT network; 2) A forensics analysis of one potentially compromised PC and one email account; and 3) An IT penetration test with social engineering campaign. The initial network assessment provided a small scope project to introduce the vendor to HPSM's systems. The work was performed efficiently and provided good information for both the HPSM team and the vendor. The forensics analysis was requested by HPSM when an HPSM team member's email showed signs of compromise. The HPSM team member's PC was isolated, and full system review was conducted by the vendor. The IT penetration exercise tested for vulnerabilities with HPSM's applications and networks. Social engineering testing was conducted via an email phishing campaign. All projects were completed successfully with outcomes analysis and remediation recommendations.

An RFP waiver is requested in this project because of previous successful engagements with the vendor, substantive due diligence performed via examination of industry capabilities for IT security, and participation in IT security collaboratives with other Medi-Cal health plans

comparing similar solutions. The proposal matches the key objectives to implement modern defenses for HPSM's IT systems along with 24/7 active monitoring that continuously protects HPSM's IT equipment and data against cybersecurity threats. eMaged Security provided competitive pricing in this project and understands HPSM's business and systems which in turn will facilitate a successful implementation.

Fiscal Impact:

This is a three-year agreement with a contract amount not to exceed \$276,000. The term three year term begins July 1, 2022 and ends June 30, 2025. The cost structure includes:

- 1) software license, \$33,000 per year;
- 2) 24/7 monitoring services, \$52,000 per year; and
- 3) one-time implementation fee, \$21,000.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVE REQUEST FOR PROPOSAL AND
APPROVAL OF AGREEMENT WITH eMAGINED SECURITY**

RESOLUTION 2022 -

RECITAL: WHEREAS,

- A. It is critical to protect HPSM's compute and data infrastructure; and
- B. eMaged Security has delivered excellent support services to HPSM; and
- C. Additional services and software are needed to achieve improved defenses for HPSM's IT systems.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the request for proposal process and approves a three-year agreement with eMaged Security in an amount not to exceed \$276,000 for a term beginning July 1, 2022 through June 30, 2025.
- 2. The San Mateo Health Commission authorizes the Chief Executive Officer to sign said agreement.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of June 2022 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Don Horsley, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____
C. Burgess, Clerk

Kristina Paszek
DEPUTY COUNTY COUNSEL

DRAFT

SAN MATEO HEALTH COMMISSION
Meeting Minutes
May 11, 2022 – 12:30 p.m.

AGENDA ITEM: 4.8

DATE: June 8, 2022

****BY VIDEOCONFERENCE ONLY****

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

Commissioners Present: Jeanette Aviles
Michael Callagy
Si France, M.D.
Don Horsley, Chair
Bill Graham
Barbara Miao
George Pon, R. Ph., Vice-Chair
Kenneth Tai, M.D.
Ligia Andrade Zuniga

Commissioners Absent: David J. Canepa.

Counsel: Kristina Paszek

Staff Present: Luarnie Bermudo, Chris Baughman, Corinne Burgess, Pat Curran, Trent Ehrgood, Robert Fleming, Nicole Ford, Francine Lester, Richard Moore, M.D., Colleen Murphey, Amy Scribner, Carl Smith, Jr., Katie-Elyse Turner, Jim Winkel, and Eben Yong.

1. Call to order/roll call

The meeting was called to order at 12:30p.m. by Chair, Commissioner Horsley. A quorum was present.

2. Public Comment

No public comments were received via email or verbally made at this time.

3. Approval of Agenda

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

Verbal roll call vote was taken:

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

No: 0

4. Approval of Consent Agenda

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

Verbal roll call vote was taken:

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

No: 0

5. Specific Discussion/Action Items

5.1 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

Commissioner Horsley introduced this item. Mr. Curran reported that the Board of Supervisors is going to begin hybrid meetings and other organizations are handling this differently in terms of in-person meetings. His recommendation was to continue meeting virtually until there is notification of the end of the Public Health Emergency by the federal government and then reassess at that point. He reported that the health plan building is not open yet to the public and staff are required to be vaccinated in order to return to the office. For these reasons, he recommends continuing to meet virtually.

Commissioner Graham felt this is a prudent approach as the number of cases continues to fluctuate and is not on the rise again with a slightly different variant. Commissioner Aviles added that it also reduces the complexity of contact and exposure management once it happens. Commissioner Zuniga made a comment related to accessibility being able to meet virtually and the removal of the accommodation. Commissioner Tai presented the idea that we do lose something by meeting virtually verses meeting in person and that he would like to see us return in person one day.

The motion was made to the finding that meeting in person would present imminent risk to the health or safety of attendees, and to continue meeting virtually at this time. **Zuniga / Second: Horsley**

Verbal roll call vote was taken:

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

No: 0

5.2 Audited Financial Statements for the Twelve-Month Period Ending December 31, 2021 Moss Adams

Mr. Ehrgood, CFO, shared a presentation which was reviewed in detail with the Finance Committee on March 28, 2022. He reported that Moss-Adams was present at this Finance Committee meeting and gave a review in detail of their audit results. The Finance Committee having the charge of oversight of the financial operations did accept this report to be submitted to the commission for final approval.

Mr. Ehrgood reviewed some of the process taken by Moss-Adams to perform the audit. He reported there were no audit adjustment by Moss-Adams but that staff had made some adjustments within the process which have been incorporated into the final audit report. Part of the requirements of this audit is to submit these to DMHC by April 30, 2022 and this has been done.

Included in this report is the official Communication to Commissioners and the audited financial statements all of which were included in the meeting packet. Mr. Ehrgood reported that there were no findings by Moss-Adams within the audit to be reported to the commission and they were able to give an “Unmodified Opinion” which is the best opinion that can be received equivalent to an A+.

Mr. Ehrgood reviewed that Statement of Revenue and Expenses as it appears in the Final Audit showing a bottom line net income/loss of \$27,108,810 for 2021. The major drivers of this surplus was due to higher than expected Medicare revenue for CMC; lower hospital inpatient costs in Q4 of 2021; and lower long-term care costs over the entire year due to outbreaks in the early part of the year. Another driver related to long-term care was the excess funding by the state some of which was returned to the state is incorporated into these financials and contributes to the favorable bottom line. The extension of the pharmacy carve out also had an impacted on the bottom line. The surplus represents a 3% margin on the \$931 million in revenue. The rate setting process for our Medi-Cal revenue which is based on cost experience, includes a 2% underwriting gain. Putting this into perspective, the 3% is actually a small percentage of gain and is part of how the Medi-Cal business should play out.

Lastly, Mr. Ehrgood reviewed the reserve balance which has been hovering around the \$300 million for a while and just now going over the \$350 million dollar mark at the end of the year.

Commissioner Callagy moved approve the audited financials as presented for period ending December 31, 2021: **Callagy / Second: Aviles**

Verbal roll call vote was taken:

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

No: 0

5.3 Approval of Funding from Children’s Health Initiative to Ravenswood Family Health Network for Dental Project.

Mr. Curran presented the recommendation from the Children’s Health Initiative (CHI) Oversight Committee to increase dental capacity in the community by distributing \$85,000

in up front cost and an additional \$20,000 in incentive payments to Ravenswood Family Health Network through the CHI Trust Fund. This recommendation is to fund the capital improvement of a dental operatory to increase access to dental care for children and improve the overall quality of dental health. This will include one dental chair, and associated equipment and instruments and will increase the number of low-income children receiving dental services from July 1, 2022 through June 30, 2024.

Mr. Curran explained the funds come out of the CHI Fund and not the health plan. He expressed the importance of this funding to increase capacity in the community now that the dental program has been implemented. People are getting services through the safety net of San Mateo Medical Center, Ravenswood, NEMS, and Gardner (FQHCs), as well as Sonrisas which is not an FQHC but focuses on low income.

Mr. Curran explained this is likely the last proposal that will come from the CHI Oversight Committee. The group will continue to meet to address issues related to children, what role the plan and community can play, and possibly to find ways to coordinate and leverage funding through this entity. We expect the next step will be to request approval to return the remaining funds back to the original funding entities.

Commissioner Horsley asked if Sonrisas is an FQHC. Mr. Curran confirmed they are not noting there are steps to becoming an FQHC but is not sure why they are not, though their focus is on low income members.

Commissioner Miao asked if the FQHC's see adults. Mr. Curran stated they are a wonderful access point for adults however access for adults is far more challenging with all the clinics. The focus of these funds though is to build capacity and access to children.

Commissioner moved approval of the recommendation from the CHI Oversight Committee to distribute a total not to exceed \$105,000 from the CHI Trust Fund to Ravenswood Family Network as stated: **Miao / Second: Tai**

Verbal roll call vote was taken:

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

No: 0

5.4 Overview on IT Security

Mr. Curran introduced Mr. Jim Winkel, IT Operations Manger for HPSM who reviewed his presentation regarding IT security. Mr. Curran stated that at a previous meeting, Commissioner Horsley asked what the health plan is doing related to cyber security. There has been a lot in the news about Russia and other various events in the world causing concern. Mr. Curran stated that one of our sister health plans had been hit by a major data breach and this is a growing issue for all health plans.

Mr. Winkel touched on the timeline ss discussion around this issue. Mr. Winkel explained that the health plan does not have a dedicated IT Security Team, however, his IT Operations Team is charged with security management. The health plan has partnered with a local 3rd party vendor with a strong team. They have performed risk assessments for the health plan in the past and recently conducted penetration tests and vulnerability scans. They have been a great partner in these efforts. He added that the health plan have strong processes, policies and procedures in place. HPSM end users have been informed and educated about phishing and other threats to watch for and they are very alert to these threats.

Internally, the health plan has a cross departmental IT Security Steering Committee which meets monthly to discuss what to put in place to avoid risks and propose solutions. Staff continues to reassess our gaps and exposure. He explained the extent to which a breach can affect systems including web-based systems, email and other service disruptions and covered some of the activities around solutions staff have in place such as firewalls, intrusion detection and preventions, and protection of our building that keeps our systems safe. Much of the protection and security is focused on end users particularly since we have been working remotely and presents new challenges. Two factor authentication has been implemented wherever possible including the entire office suite and Outlook. We have implemented another product from Cisco that filters all the end users web activity which has been very effective. Every hard drive is encrypted, End Point Detection and Response (EDR) is currently in use and other products are under review that may be even better than the current vendor. And we have a comprehensive compliance and IT security training every year. Our data is well protected with offsite backups and are looking to immutable copies that cannot be overridden and message hygiene.

He shared an example of the number of events showing an legitimate amount of activity and showing that the firewall is doing its job. He shared other security events showing the number of connections or attacks which is virtually non-stop. Traffic coming from outside of the country are completely blocked. He shared an example of a snapshot of a Monday morning and the number of blocks that were performed. He reported on the penetration test and had some external applications that were tested to make sure they were not able to be compromised. The results showed that we were missing updates, but the external app test had zero findings, there were low-moderate findings that have been remediated. The phishing test results about 10% clicked through the email with one entering credentials. Mr. Winkel talked about continuous improvement with increased end user training, improved endpoint protection, and moving hosted services to the cloud.

Mr. Winkel and Mr. Yong, HPSM Chief of IT, have been meeting with IT leaders from other sister health plans across the state to get a sense of what they are doing. These discussions will continue on a regular basis sharing knowledge and may lead to partnering with purchasing.

Commissioner Pon asked about VPN systems used in the company. Mr. Winkel stated that all staff working remotely have VPN to connect into our network. Commissioner Pon was surprised to see the number of hits to the geo-block. Mr. Winkel stated we can't stop them from coming but the block is doing its job.

6. Report from Chairman/Executive Committee

Commissioner Horsley had nothing to report from the Executive Committee.

7. Report from Chief Executive Officer

Mr. Curran reported on the following:

- Pharmacy Carve Out – The activity for pharmacy that began on January 1, 2022 is being monitored closely. The State and Magellan have lifted many authorization requirements allowing a vast majority of prescriptions to go through. There are still issues and staff continues to track them especially related to specialty medications. Wait times have decreased significantly. The concern now is the State reimplementing requirements in July and staff will be watching this.
- CalAIM Initiatives - Some of the initiatives began in January and now a housing incentive program and student behavioral health program have been implemented. Amy Scribner and Courtney Sage have been working with schools and the County Office of Education on the student behavioral health program and this is exciting work. Mr. Curran will present more information at future meetings regarding the CalAIM initiatives. There are over a dozen programs involved in CalAIM and we'll try to look at it thematically about what it means to the organization. This is a five year transformation by the State much of which will be done through the health plan and we will take a look at it on a broad level at future meetings, spread over a couple of months.
- At future meeting, Dr. Chris Esguerra will present information on our health outcomes strategy related to the State's implementation in long term and the health plan's re-entry into the Medicare Dual Eligible Special Needs Program (D-SNP).
- Diversity, Equity, and Inclusion Work – At a future meeting, a presentation will be given by a committee of staff throughout the organization and members will be given on the continuing work in this area. This will also be another area of emphasis on health outcomes.

8. Other Business

No other business was discussed.

9. Adjournment

The meeting was adjourned at 1:17 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

2021 Financial Audit Results

Presentation to Commission

May 11, 2022



2021 Financial Audit Summary



- Moss Adams performed interim audit procedures in October 2021, final field work in February 2022, and finalized adjustments, and prepare financial statements and footnotes in early March 2022.
- No audit adjustments were made by the auditors, but HPSM accounting staff proposed some adjustments based on updated information, which were incorporated into the financials.
- Moss Adams presented the details of their process and their findings to Finance/Exec Committee on March 28th.
- Final approval by HPSM Commission today, May 11, 2022.
- Approved audited financials are due to DMHC by April 30, 2022.

Audit Deliverables



- Communication to the Commissioners
- Financial statements with audit report and footnotes to the financial statements

3

Report of Independent Auditors



Unmodified Opinion

Financial statements are fairly presented in accordance with generally accepted accounting principles.

4

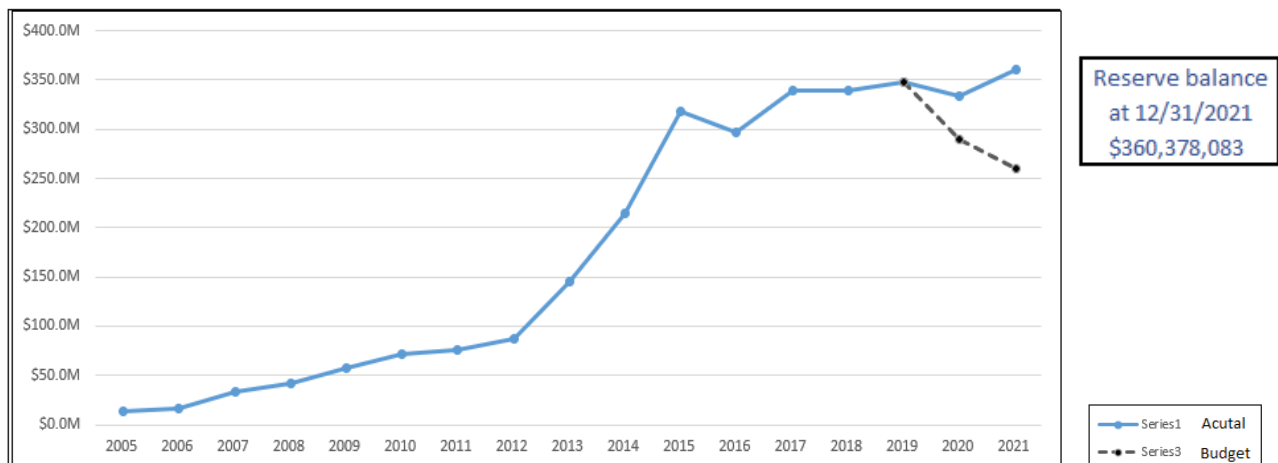
Statement of Revenue and Expenses Final Audited



	<u>2021</u>	<u>2020</u>
Capitation revenue	931,522,153	808,016,459
Healthcare cost	822,725,388	749,993,793
Administrative expenses	51,474,667	48,544,008
MCO Tax	34,808,380	31,144,340
Income/(loss) from operations	<u>22,513,718</u>	<u>(21,665,682)</u>
Non-operating revenue	4,595,101	6,916,312
Net income/(loss)	<u>27,108,819</u>	<u>(14,749,370)</u>

5

Reserve Balance by Year Final Audited compared to 2020 and 2021 Budget



6

Commission Action Item



- Questions?
- Action item to accept/approve audited financial statements.

Thank you



HPSM Health Outcomes Framework



Our Path



Current State

Case for Evolution

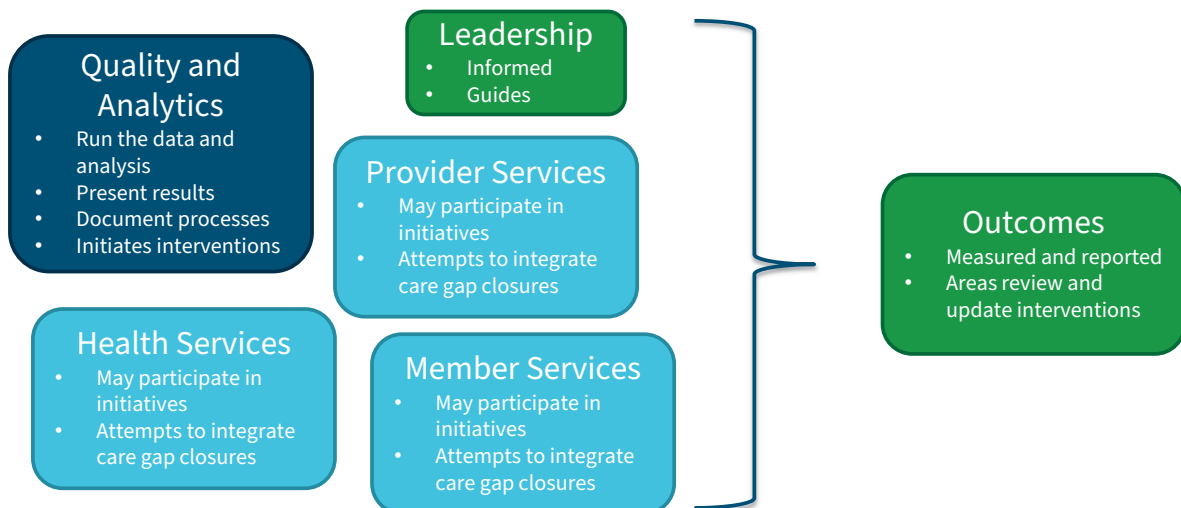
New Framework



Current State



Achieving Health Outcomes is an Unfocused Effort





Growing External Pressure, Need for Stronger Internal Operations



External

Medicare/DSNP

- Outcomes emphasis (Stars) leading to:
 - Healthy members easily navigating health care
 - Increased revenue to further invest in members

Medi-Cal

- Greater focus on health outcomes + equity
- CalAIM – move to regional rates with a quality and outcomes component

Internal

Need new capabilities

- Approaches can be fragmented and focus on small populations
- Planning and evaluation sometimes secondary

Improve coordination and operations

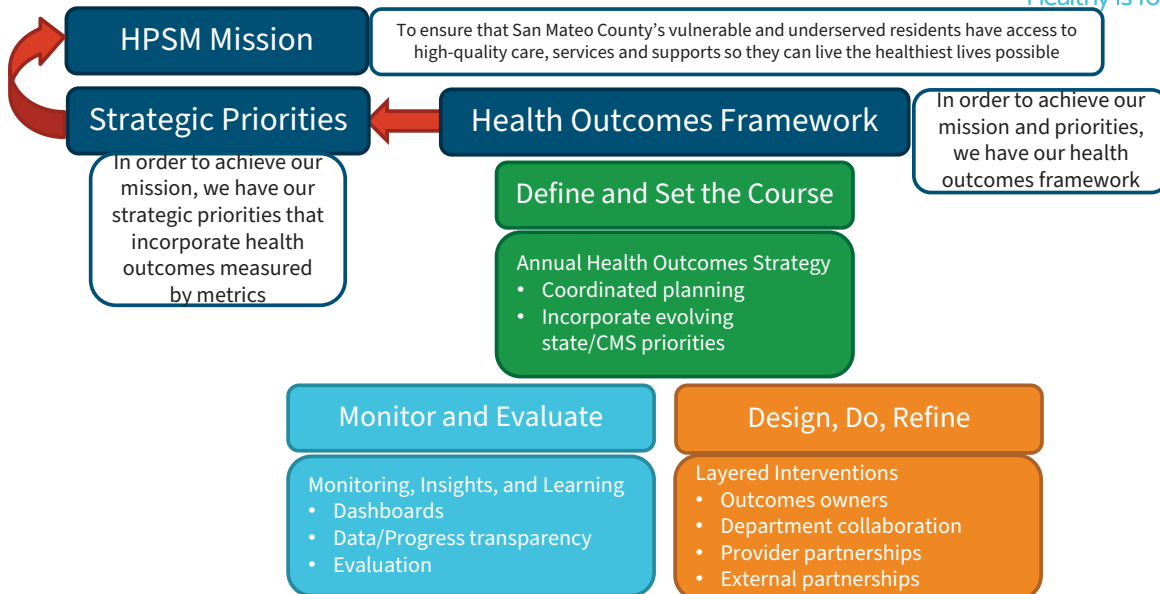
- Minimize duplication
- Effort can be monumental
- Tools not readily available to support improvement efforts



Our New Framework

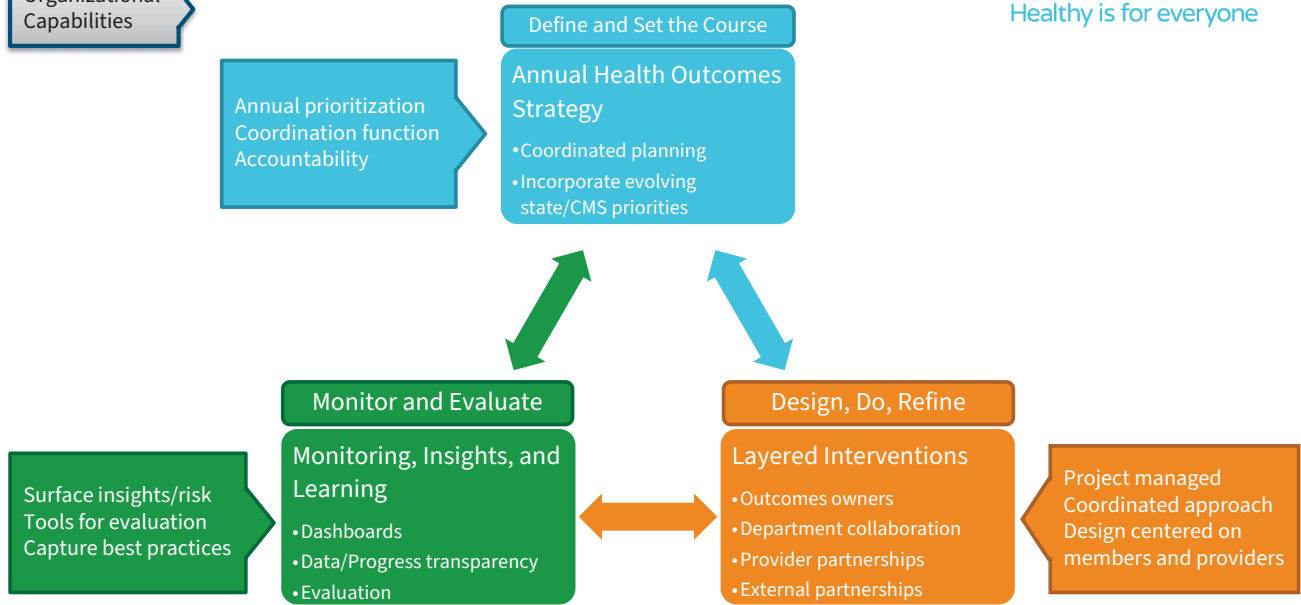


A Unified Effort Driven by our Mission



Organizational Capabilities

Health Outcomes Framework



Thank You

AGENDA ITEM: 5.2

DATE: June 8, 2022

**Meeting materials are not included
for Item 5.2 – Presentation on
Diversity, Equity and Inclusion Efforts**

MEMORANDUM

AGENDA ITEM: 7.0

DATE: June 8, 2022

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

State Budget

On May 13th, the state released its updated budget projection for the fiscal year starting in July, termed the May Revise. The budget surplus is predicted to be a stunning \$49.2 billion, after placing \$37.1 billion in budget reserves, including the rainy-day fund, state operating fund reserve, safety net reserve, and public-school stabilization.

Regarding health care, there is continued emphasis on the relationship between health and housing, as well as many programs with one-time incentive funding, which does not commit the state to long-term investments. Though these one-time funds can help spur innovation, they are also challenging because organizations must be cautious to not depend upon the funding for ongoing operations. Here are several notable items from the budget in the health care sector:

- When the end of the public health emergency is announced, the state will begin the process of redetermining eligibility for more than 14 million Californians currently receiving Medi-Cal benefits. Enrollment in Medi-Cal is predicted to be fairly flat, and the state is proposing one-time funding to bolster outreach efforts so that people who are eligible continue to receive benefits.
- The state is also proposing one-time payments to hospital and facility health care workers to acknowledge the tremendous contributions they made during the pandemic.
- Additional one-time incentives of \$700 million are proposed for providers and community organizations through Equity and Transformation Payments. Details have not been released, but HPSM will determine how we can use this funding to build upon the collaborative work we have already been doing with providers and community organizations.
- The state is still planning to expand coverage to all undocumented residents aged 26-49 who fulfill Medi-Cal income requirements effective January 1, 2024. This could include many of the individuals who are receiving coverage through the county's Access to Care for Everyone (ACE) Program.
- The state is implementing new Medi-Cal benefits for Doula services starting in January 2023.

- The state is proposing a dizzying number (27 in total) of separate program initiatives across several departments related to Home and Community-Based Services (HCBS).
- The state is proposing \$290 million to enhance behavioral health services for youth. We do not anticipate that this funding will go through health plans.