

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Teleconference Meeting
Meeting Minutes
Thursday, October 22, 2020**

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

Committee Members Present: Amira Elbeshbeshy, Mary Pappas, Rob Fucilla, Ricky Kot, Angela Valdez, Hazel Carrillo

Committee Members Absent: Cynthia Pascual, Judy Garcia

Staff Present: Gabrielle Ault-Riche, Carolyn Thon, Dr. Richard Moore, Karla Rosado-Torres, Megan Noe, Sarah Munoz, Karen Fitzgerald, Joy Deinla, Mat Thomas, Michelle Heryford

Staff Absent: Charlene Barairo, Kiesha Williams

1.0 Call to Order/Introductions: The meeting was called to order at 12:03 pm by Ms. Elbeshbeshy.

2.0 Public Comment: Ms. Pappas updated the group on HICAP. They are very busy with open enrollment for Part D and Medicare Advantage plans. Those who would like to make changes must do so before Dec. 7th. San Mateo County has multiple Medicare Advantage plans, making this decision very confusing for workers and members. Ms. Elbeshbeshy asked for materials and information to share.

3.0 Approval of Meeting Minutes for July 23, 2020: The meeting summary for the July 23, 2020 meeting was approved as presented. **M/S/P**

4.0 HPSM Operational Reports and Updates

4.1 CEO Update: Ms. Altman started with a report on PG&E's Public Safety Power Shut-Offs (PSPS). She noted HPSM's efforts in coordination with the County to reach out to members that could be affected by the shut offs. They have also reached out to congregate facilities both skilled nursing and residential care for the elderly to ensure they are okay at this time. She is happy to see things have settled down a bit with regard to the County statistics related to COVID as

compared to the beginning when there were so many outbreaks. The facilities are now conducting regular testing, particularly on their staff.

Ms. Altman informed the group that Seton Medical Center has a new owner, AHMC, which is a hospital chain from Southern California. HPSM reached agreement with them on a new contract in August. So far they have not heard much about this transition, other than their plans to implement a new electronic medical record system.

She went over the pharmacy carve out, which is coming up in January. HPSM has been working closely with the State and their Pharmacy Benefit Manager (PBM), Magellan, to ensure a seamless transition. However, Ms. Altman noted they are very concerned as this is a big change for providers, pharmacies and members, and there is certain to be a lot of confusion for members who are used to dealing with HPSM directly over pharmacy issues. There will be continuity for prescriptions for the first 6 months, which should help. Ms. Pappas asked if this is just for Medi-Cal, and Ms. Altman confirmed that it is limited to Medi-Cal, Cal-MediConnect is exempt.

Ms. Altman also reported on transitioning Behavioral Health and Recovery Services (BHRS) services from the County to the Plan. They've already assumed responsibilities around managing the network of behavioral health providers that provide mild to moderate services. She remarked that in the short term there may be some pain and confusion, but in the long run, both parties agree it will be a better system.

She informed the committee that the dental program has been delayed. It is expected to start in January 2022. She also spoke about current work on the 2021 budget; she hopes to come back to this group with a list of company initiatives in January. While not drastic, some important changes have been made based on the State's budget. She reminded the committee that HPSM sustained cuts this year and they expect to receive additional cuts next year. HPSM's financial reserves will help cushion the blow.

Mr. Fucilla asked Ms. Altman if HPSM has noticed an increase in demand for mental health services due to the pandemic. Ms. Altman noted isolation is a big problem. She spoke briefly about the programs and outreach HPSM has made to their members to help in this area. She expects they will see an increase in mental health services, but could not provide a quantitative answer at the meeting. She said she would check with Amy Scribner, HPSM's Director of Behavioral Health for the numbers. Colleen Murphey, HPSM's Network and Strategy Officer remarked they have seen an uptick in utilization in BHRS needs overall. She said they are aware about a need for these services, in particular from those in congregate care

settings. It is an active area of focus right now to expand the network of providers who can offer those services in a Residential Care Facility for the Elderly (RCFE) or a Skilled Nursing Facility (SNF). Dr. Moore confirmed there has been a rise, mostly in those already engaged in therapy. He said alcoholism and drug use has gone up too.

4.2 CMO Update: Dr. Moore said while San Mateo County had been faring relatively well with COVID, on this day California recorded the highest death total in nearly a month. On average the numbers are up by 10%. There are 23 COVID patients in San Mateo County, 3 are HPSM members. The Center of Excellence (COE) at Seton Medical Center still remains open but with few patients. The SNFs are experiencing some financial hardship keeping a unit open that is dedicated strictly to COVID patients. They are working on strategies for COVID positive patients that need a SNF.

He also spoke briefly about flu shots and reminded the group that flu shots are part of a comprehensive public health strategy. He noted it's not only to reduce the burden of flu but to preserve healthcare resources for patients with COVID.

Ms. Elbeshbeshy had a question about the demand for testing in the county in light of a possible third wave. Dr. Moore replied there is plenty of testing, there are many drive-in facilities and care facilities are testing on a regular basis. Ms. Altman said she has been in touch with the County. She agreed with Dr. Moore that testing facilities have ramped up testing availability. There is a concern about reaching those who are in high risk communities. They are working on messaging to remedy this. Dr. Moore reported that the Federal government sent test kits to area SNFs but some refused to use them. The package states "a negative result should never be used for decision making" and has a sensitivity rating of about 70%, the State's recommendation is over 90%. Ms. Murphey noted that they are closely tracking the availability of POC tests with higher sensitivity. There are a couple out there that are both fast and accurate.

4.3 Quality Improvement: Sarah Munoz, Health Promotion Program Specialist, informed the committee about HPSM's first ever drive-thru flu clinic. It is scheduled for Saturday, November 7th at the HPSM offices at 801 Gateway Blvd in South San Francisco. Information is on the HPSM website. Ms. Altman noted the importance of getting a flu shot, especially this year. Ms. Munoz asked for feedback on a couple of health education flyers they worked on with the Marketing and Communications Team (Marcom). The first was the flu information card. It is similar to last year's card but the design and pneumonia vaccine information has been updated. They are encouraging members to check with their PCP to see if a pneumonia vaccine is recommended. Ms. Elbeshbeshy

wondered if there should be some mention of COVID in the flyers, as she thinks perhaps more members may be interested. Ms. Munoz welcomed the suggestion. She did add that it is mentioned in their scripting. Mr. Kot asked if the cards will be translated, and Ms. Munoz said they would be translated in all of the threshold languages: Chinese, Spanish, Russian and Tagalog. Ms. Munoz also shared a vaccine mailer which provides a vaccine timetable for members of the Baby and Me program. They will begin to send those out in November.

4.4 Grievance and Appeals: Ms. Rosado-Torres provided a review of the Grievance and Appeals report included in the packet for Q3. She did note that grievances have gone up a bit from Q2 and Q3. This comes as the state prepares to reopen, though it is still lower than the number of grievances they are used to receiving; this goes for the CareAdvantage line as well. There are no significant plans to address this, as it is just a symptom of reopening in the County. There was only 1 Medi-Cal case related to DMHC or State Fair Hearings in Q3. It was a billing case regarding post-acute care and a decision was made to dismiss the case. There was a total of 11 Independent Medical Reviews (IMR's) in Q3. 82 members requested to change their PCP from 29 different PCP's; 20 were clinics and 9 were individual providers.

4.5 Provider Services: Ms. Murphey reported that they have been focusing on the BHRS transition, which went live on October 1, 2020. They are also taking on referral management for mild to moderate (M2M) or primary mental health care services. If a member needs a referral for a M2M provider, their provider can refer them to the BHRS ACCESS call center who can help them make a direct match to a M2M mental health care provider. In the spirit of protecting access and to support providers, they have shared provider training materials and FAQ's with all HPSM providers. They are also beefing up the website with information specifically to help providers get their issues addressed without slowing down access to care.

They are also looking for BHRS providers for members in congregate care settings, and for more virtual options. Network recruitment continues in primary care, speech and occupational therapy and non-emergency medical transportation (NEMT). They recently made a shift with NEMT to a new vendor called Wheel Care Express, which has capacity to serve HPSM members.

The work at the COE and SNFs continues to be a major focus. They are working hard to ensure the COE model stays open, but the volume isn't as high as expected and some are struggling to stay open with low capacity. They are looking for a facility to help with this. She announced efforts to assist SNFs as well

as other facilities with the launch of a virtual session with community health partners to discuss areas and issues of concern. Kati Philips, HPSM's Provider Network Manager, will be leading those discussions. They'd like to focus on shared quality goals, in particular shared priorities for high quality of care. They'd also like to discuss efforts for better engagement with hospital discharge teams. The current discharge process whether to a nursing facility or home can be a bit complicated.

She provided an update on the value based payment and process improvement work. Hospitals are the third tier in this process and they are encouraged by how programs in primary care and the nursing facilities are evolving. They are coming to the close of the measurement period for some of those prioritized quality measures for the primary care and skilled nursing value based payment model. They will calculate the data to see how well these provider's did on shared quality metrics.

4.6 Member Services: Ms. Ault-Riche reported on behalf of Kiesha Williams, starting with the pharmacy carve out. They are concerned about the impact to members and are working to mitigate this transition. She noted that members will need their Client Identification number (CIN), which is located on a card issued from the Department of Healthcare Services (DHCS) called a BIC card. Many received their BIC cards years ago and cannot locate them now. There has been a cross department effort with Marcom to help members, which will include a letter with their CIN number for easy access. If members can't find their card, the letter will have all of the pertinent information.

They have also submitted feedback to DHCS around the appeals process. DHCS is replicating the same appeals and grievance process that they do for fee for service (FFS) Medi-Cal, which is not nearly as strong in terms of members' rights as the Knox-Keene agreement with DHCS. This means the PBM, Magellan, will be held to a much lower standard when it comes to appeals and grievances than HPSM is. One of the concerns is that if a member is denied, the only path to challenge that denial is a State Fair hearing, which is not a good system for a medication appeal. It takes several months and is decided by a judge not a clinician. They did receive confirmation that physicians can submit the same prior auth request over and over, which gives them a chance to include information that may have been missing prior. This may help as denials often occur because physicians fail to submit all pertinent information initially.

Mr. Kot inquired on the role of the Plan and how they will help members, especially those whose medications may no longer be available to them. Ms. Ault-

Riche responded that the member will need to call the PBM and unfortunately if an override is needed in order to process a claim while the member is at the pharmacy, HPSM will no longer be in a position to do that. There will be a few select HPSM staff members who will have access to the Magellan system, and they will be able to see what kinds of decisions were made but they will not be able to do anything in the system. HPSM will also have a contact at Magellan that the clinical staff can call.

She reported on enrollment and the performance of both call centers. Initially after COVID hit, calls decreased dramatically. The volume is now almost back to pre-pandemic levels. Both call centers have been doing very well with their metrics. She reported that Medi-Cal enrollment is stable. The year started with lower enrollment than last, however since April and May enrollment has been steadily increasing. She clarified that the number of new enrollees has not increased significantly. Most of the increase is the result of existing members staying on Medi-Cal and not losing coverage because the State made the decision not to dis-enroll members. The increased enrollment is the cumulative effect of members being able to keep their Medi-Cal coverage.

A section was added to the report for both the Member Services and the CareAdvantage call centers. It will provide details on the quality of the calls in addition to the statistics it currently provides. She briefly explained their Call Monitoring System, a long-standing process used by the department and listed the criteria used to monitor the calls, as well as some of the specifics of the call monitoring forms. The criteria for these calls was met 95% of the time. The CA line has reached this goal 97% of the time. Ms. Elbeshbeshy had a question about employees making these calls while working from home, asking if calls are still able to be recorded. Ms. Ault-Riche replied that calls are recorded on a system through the employees' computer while working from home.

5.0 2021 Meeting Dates: Ms. Ault-Riche went over the proposed CAC meeting dates for 2021. The committee will meet quarterly on January 28, April 22, July 22 and October 28, 2021. The committee approved the dates via roll call. **M/S/P**

6.0 New Business: There was no new business either virtually or via email.

7.0 Adjournment: The meeting was adjourned by Miss Elbeshbeshy at 1:21 pm.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission