

HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING

Meeting Minutes
Thursday, April 22, 2021

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: Ricky Kot, Mary Pappas, Ricky Kot, Judy Garcia, Rob Fucilla

Staff Present: Maya Altman, Pat Curran, Gabrielle Ault-Riche, Colleen Murphey, Dr. Richard Moore, M.D., Karla Rosado-Torres, Kiesha Payne, Charlene Barairo, Michelle Heryford

1.0 Call to Order/Introductions: The meeting was called to order at 12:02 pm by Ms. Elbeshbeshy.

2.0 Public Comment: There was no public comment virtually or via email.

3.0 Approval of Meeting Minutes for February 28, 2021: The minutes from the February 28, 2021, meeting were approved as presented.

4.0 HPSM Operational Reports and Updates

4.1 COVID 19 Vaccine Update- Ms. Ault-Riche presented the vaccine efforts at HPSM. Overall, HPSM members are not only getting vaccinated at lower rates than residents County-wide, but at even lower rates than those in the County who are in lower HPI zip codes. HPI is the Healthy People Index; people in these areas are at greater risk of contracting COVID-19. For HPSM members over 65, only 52% are fully vaccinated and 15% are partially vaccinated. There is a significant discrepancy in these numbers when compared to the County where 60% of adults ages 16+ are vaccinated. HPSM Members ages 16-64 are vaccinated at only 12%; 13% are partially vaccinated. Given that the vaccine only recently opened to that age group, Ms. Ault-Riche expects those numbers to go up soon. However, there is overall concern about slower uptake of the vaccine. HPSM is working with County Health to raise the vaccine rates. HPSM also established internal risk scores to target members with

pre-existing conditions that would put them at risk of contracting COVID. They included race/ethnicity data because certain races and ethnicities are at higher risk. Because HPSM focused on these populations, these groups have higher vaccination rates than those at lower risk. Ms. Ault-Riche reminded the committee increasing vaccination rates is an ongoing effort. She listed the rates by race/ethnicity. American Indian or Alaskan Native and Native Hawaiian rates are very low. While the rates are low, the number of members who identify with those ethnicities is also low. Vaccination rates are also low among speakers of Arabic, Spanish and Portuguese and the cities that are seeing low rates are Redwood City, East Palo Alto, and the Menlo Park/Fair Oaks area.

She went over some of the barriers to vaccination, the big one being access to and comfort with technology. Some HPSM members don't have access to the internet, do not have an email address, or are generally not tech savvy, which is a barrier given that most vaccination appointments require online sign-up. Fortunately, County Health has recently added walk-up clinics, which has helped with this issue. Members also encounter linguistic barriers, since most vaccination sign-ups are in English only, with some offering Spanish. There are also physical barriers, as some members are homebound and lack the ability to physically get themselves to a vaccination site. To address this need, County Health provides in-home vaccination, but this is a slow process. She mentioned that HPSM provides free transportation for those who need it, but some members may not be aware of this benefit. Customer Support and the Marketing Team (Marcom) are working together to raise awareness of this free service. There is also the issue of vaccine hesitancy due to misinformation. There are a lot of misconceptions about the vaccine regarding safety and efficacy.

She shared recent efforts by the Member Services and CareAdvantage Unit Call Centers to address some of these barriers. The call volume has been extremely high recently, and both call centers have provided a lot of one-on-one support to members, answering questions about access to the vaccine and signing members up for vaccine appointments over the phone. This has been very helpful to members who need higher-touch support to overcome the barriers discussed above. HPSM has also been partnering with County Health and as a result has a dedicated supply of vaccines for HPSM members at Stanford and NEMS. HPSM has been sharing a lot of information over social media on Facebook and Instagram as well as the HPSM website. Now that HPSM has worked to get as much information out as possible, the plan is to step back and try to be a little more strategic in their communications. One tactic they are exploring involves supporting smaller primary care providers in sending letters to their patients encouraging them to get the vaccine. HPSM has the infrastructure to do large scale mailings, which is something that some of the smaller providers are not equipped to do. They are also looking for other creative ways to support providers in the community. Finally, she noted that HPSM has assembled a COVID home protection kit for members. The kits include masks, hand sanitizer, disinfecting wipes and thermometers along with health education materials about

how to prevent disease spread within the household. Ms. Ault-Riche said they have many kits and urged the group to request one for HPSM members if needed. Simply email or call the Health Education team to request one.

Mr. Fucilla said he was impressed with the efforts thus far. He asked what the realistic goal is, and Ms. Ault-Riche said the goal is to meet the County-wide vaccination rate, which is about 80%. She asked for feedback and if there was anything further HPSM can do to improve these numbers? Dr. Moore said that some younger members feel they will get COVID if they get the vaccine. There is also a pretty vocal group of anti-vaxxers. He noted that several of the COHS are offering incentives. Ms. Ault-Riche said that is something HPSM is looking into.

Ms. Ault-Riche shared some materials they've created about vaccine hesitancy and asked for the committee's feedback before mailing them to members. The committee did not indicate that changes were needed to these materials. HPSM has also partnered with County Health who plan to call higher risk HPSM members who have not been vaccinated yet.

4.2 CEO Update: Mr. Curran provided a report on behalf of CEO Maya Altman. He thanked HPSM staff for all their work on the vaccine front. He said County Health has been very helpful in sharing data and information and have been great partners with whom to collaborate.

He announced that HPSM has a new Chief Medical Officer, Dr. Chris Esguerra. He has worked with HPSM before, most recently as a consultant during the last year. Mr. Curran thanked Dr. Moore for his work as the interim CMO.

Dental integration is scheduled for 2022. HPSM has hired a new Dental Benefits Manager, Marisa Cardarelli. They plan to hire a Dental Director in the fall and will bring this position to the Commission for final approval in August. They will have to go before the Commission in the fall to go over the rates, which they won't receive until the summer.

CalAIM, which has many facets is also scheduled for January 2022. One of the programs that will most affect HPSM members is the transition of the Whole Person Care program into what will be called the Enhanced Case Management (ECM) program. He reminded the group that the State has released the budget and the overall assessment is better than everyone anticipated. Both the budget and tax revenues were better than expected, so they do not anticipate any cuts.

4.3 CMO Update: Dr. Moore gave an update on COVID-19. Presently, HPSM has only two COVID positive members, and there are no COVID positive patients in any of the skilled nursing facilities (SNFs). SNFs have been doing a great job on vaccinations and infection control. There are 5 new skilled nursing facilities. He noted there is even one in Oakland that is a specialty facility that provides neurobehavioral and chronic mental illness services.

The post-acute transfer from Landmark to Vituity has been smooth. They will be working with Core Continuity group another SNFist group and Vituity as well as community members to develop a preferred SNFist provider network. Internally they are working on determining requirements for the preferred status. Dr. Moore is promoting participation in the American Medical Directors Association (AMDA) which is now called the Society of Post-Acute and Long-Term Care medicine. He also reported on AB 749 Medical Director Certification, which reads: “A SNF shall not contract with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director – this covers 22 critical areas of PALTC practice, administration, and leadership; requires ongoing education and must be renewed every 6 years.”

There is a meeting today with the Nursing Facility Learning Collaborative. Topics include the Nursing Facility Quality Payment Program Overview and Eligibility and the Non-Emergency Medical Transportation (NEMT) benefit. HPSM members that had been attending the recently closed Senior Focus CBAS have opted to move to another center. Some have agreed to be referred by the Multipurpose Senior Services Program (MSSP) and others are being care managed by one of HPSMs Care Coordination Case Managers.

4.4 Provider Services: Ms. Murphey spoke briefly about the vaccine efforts at HPSM. They are looking at vaccine equity across the membership. There are higher vaccination rates among HPSM’s older population as early efforts have paid off. They are still lagging behind the County but doing well. They’ve prioritized members with health risks and conditions and have had some dedicated events specifically for HPSM members. Now that vaccine availability has opened across the County their focus has shifted a bit. Part of that is making sure that they continue to direct additional resources to make it easier for members who may face barriers. The other part is working with providers, particularly primary care providers (PCPs) to answer questions about vaccine hesitancy. They are already working with some of the PCPs to address this.

She also provided some network updates. HPSM is working hard to add Behavioral Health providers to the network, noting that the need has really increased lately not just locally but nationwide. HPSM has a couple of new provider groups to address that. They have also been focusing on the SNF

facilities. There is a new group that will be rounding at Burlingame Skilled Nursing and Millbrae, called Vituity. They are taking over some of the work Landmark did in the SNFs for post-acute.

They are also continuing their work with hospital partners; they have a meeting coming up with folks who work in the Emergency Departments of the larger hospitals in the County. They will discuss ideas and best practices around care transitions for members leaving the hospital as well as ways to support members when they are at the ED.

4.5 Member Services: Ms. Ault-Riche opened with enrollment. She reported that Medi-Cal enrollments has been steadily increasing but not because there are more new members. The high enrollment is a result of the State's halt on "negative actions" for Medi-Cal coverage. This means that the County Human Services Agency (HSA) is not processing redeterminations for most members because of the public health emergency. It is unknown how re-determinations will be processed once the public health emergency is over. Membership for the ACE line of business is continuing to rise for the same reason. CareAdvantage (CA) enrollment has increased a little in 2020 but not significantly. The top 3 reasons people leave CA are members passing away, moving from the county or members losing their Medi-Cal. What they are seeing now is that considerably more are lost because of members passing, which makes some sense as this is an older population in the midst of a pandemic. She warned the group that HPSM is also losing an increasing number of members because they are enrolling in other Medicare Advantage plans. There are a couple of new plans on the market with aggressive marketing tactics that offer additional benefits like gym memberships, more expansive vision benefits, and international medical coverage. CMC does not offer these benefits. Interestingly, of those that leave, 25% return in a few months. This trend is concerning as it reflects that members are not aware of what they are signing up for. Members don't always realize that they are losing their CMC coverage. They often think their new Medicare Advantage coverage is in addition to their existing CMC coverage. HPSM has notified HICAP of these trends as they may indicate insincere marketing practices by the other health plans.

Regarding call center performance, the CA Unit was unable to meet some of their goals in Q1, mainly because call volume increased 127% over the past year, which is a dramatic turn for this small team. Quality scores, however, were met.

Ms. Williams reported on the Member Services Call Center metrics. Q1 call timeliness goals were not met. As with the CA line, call volume has increased drastically due to questions about COVID and the vaccine. The call abandonment rate, however, was met. They have adopted an all-hands-on deck approach and have enlisted help from the Member Services Program Specialists and Customer Support Float who normally do not cover the phones. Call monitoring quality goals were also not met;

the goal is 95% and they achieved a quality score of 92%. Ms. Williams reported that email volume has gone up as well. The team received over 2,000 emails in Q1 and successfully responded in a timely manner to 100% of the time.

4.6 Grievance and Appeals (G&A): Ms. Rosado-Torres reviewed the G&A report. During Q1 most lines of business had a rate of complaint that was within their goal rate; HealthWorx was the only line that did not. However, she noted this line has such low membership that only 11 cases were enough for the goal not to be met. It was a great quarter in terms of timeliness for both the Pharmacy Unit and the G&A Unit, as both met their goal of 95% timeliness. The CareAdvantage (CA) line had a significantly lower number of grievance and appeal cases. The 2nd quarter is not turning out the same, as they are seeing a lot more cases right now in Q2. The pharmacy appeals overturn rate was 52%, medical appeals was 50%, which comes to 16 and 10 appeal cases, respectively. Overall, they have seen a decrease in percentages in the number of cases for customer service and for quality-of-care grievances. They did not receive any complaints in Q1 from the CMS Complaint Tracking Module (CTM), which records complaints members make directly with Medicare. Medi-Cal had a slightly higher number of appeals; however, grievances are lower. They did not receive any regulatory grievances in Q1. They received 6 Independent Medical Review (IMR) cases in Q1. Four have been in favor of the member and two are still pending a decision. The rate of overturned appeals for medical services in Q1 2021 is 50%, which represents 17 appeals. They did an analysis of 2020 for NCQA and recorded all the quarters to reflect the breakdown of cases received. Grievances and appeals are separated based on whether they are related to Behavioral Health services, and further broken down in the categories NCQA requires. In general, the goal rate of complaints per 1,000 Medi-Cal members is set at 3.09 and the goal rate per 1,000 CCS members is set at 8.61 These goal rates include all grievances and appeals for all services, not only those related to behavioral health. They are also calculated based on enrollment, not utilization of services. Ms. Rosado-Torres said there have been access issues which have been mitigated. 73 members requested PCP changes from 19 different clinics and 7 individual providers.

5.0 New Business: There was no new business.

6.0 Adjournment: The meeting was adjourned at 1:17 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission

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