

**HEALTH PLAN OF SAN MATEO  
CONSUMER ADVISORY COMMITTEE MEETING  
Meeting Minutes  
Thursday, August 19, 2021  
\*\*Virtual Teleconference\*\***

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

**Committee Members Present:** Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Judy Garcia, Rob Fucilla, Marmi Bermudez, Gloria Garcia-Flores, Hazel Carrillo.

**Committee Members Absent:** Cynthia Pascual, Mary Pappas

**Staff Present:** Maya Altman, Pat Curran, Chris Esguerra M.D., Carolyn Thon, Gabrielle Ault-Riche, Karla Rosado-Torres, Kiesha Williams, Richard Moore, M.D., Charlene Barairo, Michelle Heryford

**Staff Absent:** Colleen Murphey, April Watson

**Guests:** Lizelle Lirio de Luna, SMC Health

- 1.0 Call to Order/Introductions:** The meeting was called to order at 12:03 pm by Miss Elbeshbeshy.
- 2.0 Public Comment:** There was no public comment virtually or via email.
- 3.0 Approval of Meeting Minutes for April 22, 2021:** The meeting minutes for April 22, 2021, were approved as presented. **M/S/P**
- 4.0 HPSM Operational Reports and Updates**

- 4.1 CEO Update:** Miss Altman updated the committee briefly on vaccine efforts at HPSM and across the County. The state has noticed that Medi-Cal member vaccine rates are much lower than overall California vaccine rates. It varies by county, but invariably in every county there is a gap. The State has developed new efforts to ensure that Medi-Cal members get vaccinated and have set aside about \$350M to incentivize health plans to work even harder toward this goal. They must submit a plan to the State by September 1, 2021, with operations to start on September 21, 2021. The County is doing great with a 91% vaccination rate, in comparison HPSM members come in at 65%. Ms. Altman also reminded the group that in September, HPSM is going before

the San Mateo Health Commission (SMHC) to seek approval for the dental program slated for January 2022. They are expecting to get rates from the State soon.

Mr. Curran said Marisa Cardarelli, the new dental benefits manager is hard at work trying to recruit dentists. But they are also focusing on existing dentists as they work to grow the network. Mr. Curran said they are doing a lot of work to ensure a smooth transition. The focus during the transition is people who are in care and making sure that continues and that they can see their same provider. He also spoke about the dental focus groups recently conducted by the Center to Advance Consumer Partnership (CACP). He noted there was a lot of rich information there that may be useful as they develop the program.

Ms. Altman informed the group that the State has reinstated the Pharmacy carve out effective January 2022. The Pharmacy Benefits Manager (PBM) will be Magellan. HPSM is sending out notices to inform members. HPSM is also preparing for CalAIM and enhanced care management (ECM), which means HPSM will be contracting with community and county providers to provide extra care management for certain populations such as the homeless, those with mental illnesses and members that are high utilizers of services. The other part is the in-lieu-of services which the Plan has been doing for some time now with the Community Care Settings Program (CCSP). It includes providing housing and residential care facility services and other services for members transitioning out of nursing homes. HPSM will now be reimbursed for those services.

**4.2 CMO Update:** Dr. Esguerra said it's a very busy time for Health Services. They are preparing for several programs that are scheduled to go live on January 1, 2022. They are also in the middle of audit season, with three scheduled in close proximity. Karla Rosado-Torres is working hard to lead the preparation for the eventual transition from the CareAdvantage CalMediConnect line of business (LOB) to the dual special-needs plan Medicare product which is a very involved process.

**4.3 Provider Services:** Mr. Curran provided an update on behalf of Ms. Murphey. The long-term care (LTC) facilities continue to be the biggest area of concern when it comes to COVID, at the moment they appear to be okay. Non-emergent medical transport (NEMT), which is transportation for members in wheelchairs is also a

concern. The most acute issue however is for members who require gurney transport. In preparation for fire season, they are encouraging everyone to join the PG&E public safety power shut-off (PSPS) program, their biggest concern is for members with durable medical equipment (DME). They have made efforts to work with Dr. Esguerra and the Health Services department to connect with DME providers and vendors to make sure they know that it's okay to include extra batteries and to serve members without authorization. HPSM members with medical equipment are being referred directly to equipment vendors for DME questions or concerns.

**4.4 Enrollments & Call Center Performance:** Ms. Williams reviewed the report for Q2. Membership is currently at 156,176 across all lines of business. There was a 4.2% increase in Medi-Cal since January 2021. Redeterminations by Human Services Agency (HSA) is scheduled to start in 2022. They've been encouraging members who are getting redetermination packages to complete them and send them back. Calls are beginning to stabilize a bit compared to the beginning of the year and HPSM has recently implemented a new cloud-based phone system. They are also monitoring email communication with members and are pleased to report that goal is being met. They are hoping to recruit a couple of representatives for the Call Center, as well as a supervisor. They have not met all goals for Q2, but they understand it was a challenging time for members and employees alike. Mr. Kot asked what kind of adjustments were made for the period between January and June, to move the call center numbers from 70% to 85%. She replied that they have taken an all-hands-on-deck approach, using employees from the Member Services (MS) team to help with the workload, they also worked with IT to address connectivity issues and adjusted schedules to meet member demand.

Ms. Barairo went over the CareAdvantage (CA) portion of the call report. Enrollment has increased over 2% in the last year. For the first time in history, they've had six months in a row of more than 100 enrollments per month, the average number is 118. She credits the efforts of the Marketing & Communications (MARCOM) team which created and mailed new flyers to potential members and increased phone outreach. Enrollments were completed telephonically, no in person enrollments were conducted. The top reason for dis-enrollment continues to be death and moving out of the county, however they are seeing an increase in dis-enrollments due to members enrolling in new plans such as Brand-New Day and Anthem Blue; they will report on this further at a future meeting. The deeming period continues to be extended from 2-

6 months due to the public health emergency. All regulatory standards were met for the Call Center in Q2, and they met their customer service (CS) quality goal at 95%. They continue to assist members with COVID and vaccine related questions and have added a COVID registration link on the member portal so members can sign up on their own. They anticipate an increase in calls due to the proposed booster shot. A navigator was hired in May and will be starting on Monday, August 23rd.

**4.4 Grievance and Appeals:** Ms. Ault-Riche provided an update on Grievance & Appeals (G&A). CA Grievances increased most around customer service which is a proxy for transportation as those issues are CS related. There was also an increase in first-call resolutions. These are calls in which the member is dissatisfied but it doesn't reach the formal grievance process because the issue is resolved by the Call Center during the call or within 24 hours. Most of those are related to CS, which again means transportation. Part of the reason is there is a nationwide shortage of drivers and many of the NEMT runs were done by Uber and Lyft who are also affected by the shortage. There was an increase in Part D or prescription drug issues, she is not sure why and is looking further into that. Medi-Cal appeals decreased a bit. The overturned rate is also lower. There were 2 state hearings for Medi-Cal regulatory grievances, these are appeals that have gone thru the HPSM process and was escalated to a third party; both were dismissed. Medi-Cal first call resolutions went down a bit, unlike CA. There were no independent medical reviews. She advised the group that for NCQA they are required to come up with goal rates, she went over those for behavioral health, they do not have the numbers from the non-behavioral health side for Q2. HPSM members that are assigned to Kaiser, file grievances directly with them instead of HPSM. Kaiser reported nine grievances in Q1, they are usually a quarter behind. 69 members requested to change their assigned PCP in Q2. Members switched from 28 PCPs, 22 were from clinics, 6 were individual providers. Mr. Kot asked how many HPSM members are assigned to Kaiser, Mr. Curran said it's about 8,000.

**4.5 2021 CAHPS Survey:** Ms. Ault-Riche went over the 2021 Medi-Cal Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a member survey conducted every year. This is just for Medi-Cal members, no CA members are surveyed. It's conducted in the first half of the year and measures members experiences over the previous 6 months. The survey is sent in the mail, if it's not

returned, members are phoned and can complete the survey over the phone. There has been a decrease in response rates compared to years past. There are two surveys, one for adults and one for parents and caregivers of children. She went over the survey results for both populations, noting they are composite scores. For the adult survey there were increases in the following areas: 1) rating for the Health Plan, 2) rating of all health care and 3) getting needed care, which addresses issues of access. They went down in the following areas: 1) rating of personal doctor, 2) rating of specialist seen most often, 3) how well doctors communicate and 4) customer service. She reviewed the Children's survey results, which were like the Adult's except for the rating of the Health Plan which went down. She went over some of the actions taken and the barriers for Getting Needed Care, as well as their action plan. They will investigate the issue of How Well Doctors Communicate, they believe that efforts at building the member engagement infrastructure should deepen HPSM's understanding of the factors there. Though this is not an area identified for intervention. She went over the analysis for customer service and the barriers they faced at the time the survey was taken. Their action plan includes monthly refresher trainings, an annual test on staff knowledge, continued call monitoring and tracking across all quarters. The action plan for increasing Treatment with Dignity and Respect includes additional training and call monitoring as well as promoting wellness resources for staff. They will also be increasing resources during high call volume. She concluded by going over their goals for 2022 and the remainder of 2021. Committee members asked about language concerns in the CAHPS survey, Ms. Ault-Riche said that language is not included in the CAHPS survey but will be asked in the Timely Access Survey, which will go out at the end of the year. There was also a question about a back-up pool to help with calls. Ms. Ault-Riche said it is a challenge as the reps are required to know a lot which makes the extensive training tough.

**5.0 New Business:** There was no new business.

**6.0 Adjournment:** The meeting was adjourned at 1:29 pm by Miss Elbeshbeshy.

Respectfully submitted:

*M. Heryford*

M. Heryford

Assistant Clerk to the Commission