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**HEALTH PLAN OF SAN MATEO  
COMMUNITY ADVISORY COMMITTEE MEETING  
Meeting Minutes  
Wednesday, January 21, 2026  
801 Gateway Blvd. – 1<sup>st</sup> Floor Boardroom  
South San Francisco, CA 94080**

**Committee Members Present:** Angela Valdez, Amira Elbeshbeshy, Jill Dawson, Kay Lee, Lizelle Lirio de Luna, Rob Fucilla

**Committee Members Absent:** Kathryn Greis, Hazel Carillo, Ana Avendano Ed.D., Ligia Andrade-Zuniga

**Staff Present:** Julian Aldana, Luarnie Bermudo, Tejasi Khatri, Greg Mays, Megan Noe, Amy Scribner, Gale Carino, Colleen Murphy, Rustica Magat-Escandor, Karla Mendoza-Pina, Michelle Heryford.

- 1.0 Call to Order/Introductions:** The meeting was called to order by Amira Elbeshbeshy at 12:06 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for October 15, 2025:** The minutes for October 15, 2025, were approved as presented. **Fucilla / Valdez MSP**
- 4.0 Consent Agenda:** The consent agenda was approved as presented. **Fucilla / Valdez MSP**
- 5.0 HPSM Operational Reports and Updates:**
  - 5.1 Leadership Report:** Amy Scribner reports:
    - HPSM is experiencing a significant decline in membership driven by Medi-Cal redetermination issues, reduced auto-enrollment since July 2025, and the usual January drop—which was larger than normal this year. Many members are losing coverage because renewal packets are not being returned. HPSM is monitoring trends closely and will present more complete analysis next quarter. On the positive side, the governor’s preliminary state budget introduced no new cuts or spending, and the deficit is smaller than projected. No immediate policy changes or operational impacts are expected until the May budget revision.
  - 5.2 Grievance and Appeals Report:** Greg Mays reports:
    - In Quarter 4 of 2025, the Grievance & Appeals department reported an overall decrease in complaint rates—from 1.38 to 1.14 per 1,000 members—with notable improvements across CareAdvantage, Medi-Cal, and CCS, while small-membership programs like HealthWorks and ACE showed higher ratios due to minimal volume changes. CareAdvantage met 100% timeliness

on grievances and pharmacy appeals, though Medi-Cal appeals fell short because 10 cases were marked late (nine of which appear to be misclassified rather than actually late). Grievance volumes totaled 141 for CareAdvantage and 240 for Medi-Cal, with 43 PCP changes processed, primarily to 39th Avenue Clinic, Fair Oaks Health Center, and Pacific Medical Clinic. Committee members expressed strong appreciation for the exceptionally low complaint rates and overall performance.

**5.3 Provider Services, Provider Manual, and Network Development:** Julian and Luarnie reports:

- An overview of the annual Provider Manual updates and recent network expansion efforts. Julian shared that the Provider Manual was refreshed across 12 sections, with notable changes including a new Behavioral Health Treatment (BHT) section, updated Enhanced Care Management (ECM) and Community Supports (CS) referral forms, an extended pharmacy appeal reconsideration window (60 to 65 days), and the launch of the Teen Wellness Rewards Program offering a \$25 incentive for youth preventive visits. Luarnie highlighted significant network growth over the past quarter, including new contracts with Apria for oxygen DME, Brilliant Corners for transitional rent, Journey Health as the plan's first Community Health Worker provider, Inspira for BHT/ABA, expanded dental coverage (general and pediatric), a new ambulatory surgery center, Coastside Optometry to improve vision access, and Advanced Radiology & Imaging. She also noted substantial provider rate increases rolled out throughout 2025—with additional increases for podiatry and chiropractic effective January 1, 2026—strengthening provider engagement and access across the network.

**5.4 CAC Updates: Phone Number Discussion & 2026 Schedule / Planned Presentations:** Megan Noe reports:

- An update from the Community Advisory Committee (CAC), delivered by Megan on behalf of program manager Mackenzie Moniz. The team reported that a previously raised issue about unreturned phone calls was resolved after discovering that a fax number—not a phone line—had been used, and warm-transfer protocols between Legal Aid and Member Services were put in place to prevent future problems. Megan also reviewed the purpose and scope of the CAC, emphasizing its role in shaping HPSM programs, improving equity and cultural responsiveness, and elevating member and community voices. She noted active efforts to increase direct member participation, with approximately five prospective members currently being oriented. Additional updates included distribution of CAC swag bags and a shift from individualized lunches to a buffet format, with dietary needs to be collected in advance. Committee discussion centered on the longstanding challenge of recruiting Medi-Cal members and the value of strengthening lived-experience representation moving forward.

## **5.5 ICM Department & Community Resources:** Gale and Tejasi reports:

- An in-depth overview of CalAIM services, led by Tejasi and Gale, with additional insights from Kay and Jill. The presentation explained how Enhanced Care Management (ECM) delivers intensive, person-centered care coordination for Medi-Cal members with complex needs, while Community Supports (CS) offers non-clinical services addressing housing stability, nutrition, home safety, and other social drivers of health; HPSM currently implements 11 of the 15 available supports, including the newly required Transitional Rent benefit administered by Brilliant Corners. The team described multiple referral pathways (provider referral, self-referral, and HPSM data-driven identification), the use of updated ECM/CS referral forms, and the timelines for processing routine and urgent requests. They also reviewed Community-Based Adult Services (CBAS)—a long-standing Medi-Cal benefit separate from CalAIM—highlighting its medical and social supports delivered in adult day health centers, its countywide transportation options, and its role in helping members remain safely in the community. Committee members requested more data on ECM and CS (including enrollment and identification processes), clarification on child welfare ECM providers, and future presentations featuring member stories to illustrate how these programs interact with IHSS, FSP, and Care Court. Kay, representing a CBAS center, described strong demand, transportation-enabled access across the county, and continued success rebuilding awareness post-COVID.

## **5.6 Provider Service Report:**

- The Provider Services report was combined with Item 5.3, which included the Provider Manual updates and Network Development overview

## **5.7 Member Services Report:** Karla reports:

- Member Services activity for Q4, with Karla reporting declines across all major lines of business—including a 3.69% decrease in Medi-Cal membership (a net loss of 5,437 members), continuing downward trends in ACE and CCS, and stable but slightly reduced HealthWorks enrollment. The call center remained highly effective, answering 11,293 calls with a low 2.74% abandonment rate and maintaining a six-minute average handle time while also completing 780 voicemails and 1,210 email responses. Staffing stood at 13 customer service navigators, with active recruitment for additional bilingual Tagalog and Spanish staff. Member Services also facilitated 773 pediatric PCP assignments through HRA outreach, completed 34 HRAs across 49 families, and continued work on system upgrades—including an IVR demographic pre-screening enhancement and implementation of workforce management tools. Quarter 4 also saw the soft launch of a new after-call survey to gather real-time member satisfaction feedback.

## **5.8 CareAdvantage Report:** Rustica Magat- Escandor reports:

- The CareAdvantage report showed continued strong performance, with membership reaching 8,475—an increase of 3% since January 2025—driven by 247 new enrollments and 32 reenrollments, though partially offset by 214 disenrollments due to death, relocation, or plan changes. Call center operations exceeded regulatory standards, answering 86% of calls within 30 seconds, maintaining an average 21-second hold time, and achieving a 0% disconnect rate, while monitored calls earned an exceptional 99.8% quality score. Additional updates included the mailing and required activation of new Nations Benefits OTC/grocery cards, staffing improvements with a newly hired Spanish-speaking navigator and a filled Enrollment/Disenrollment Specialist role, and a successful “All Aboard” member event with nearly 400 attendees. Members were also informed of 2026 benefit adjustments, including reductions in OTC funds (from \$95 to \$75 per quarter) and grocery allowances (from \$70 to \$25 per quarter), with no carryover provisions.

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

**7.0 Adjournment:** The meeting was adjourned at 1:28 pm by Amira Elbeshbeshy.

Respectfully submitted:

*V. Alvarez*

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