

**HEALTH PLAN OF SAN MATEO
COMMUNITY ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, January 15, 2025
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080**

Committee Members Present: Rob Fucilla, Ricky Kot, Kathryn Greis, Ligia Andrade-Zuniga, Marmi Bermudez

Committee Members Absent: Angela Valdez, Amira Elbeshbeshy, Hazel Carillo, Ana Avendano Ed.D.

Staff Present: Megan Noe, Amy Scribner, Kiesha Williams, Luarnie Bermudo, Mykaila Shannon, Rustica Magat-Escandor, Mackenzie Munoz, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Greis at 12:09 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for October 16, 2024:** The minutes for October 16, 2024, were approved as presented. **Kot/Andrade-Zuniga MSP**
- 4.0 Consent Agenda:** The consent agenda was approved as presented. **Andrade-Zuniga/Kot MSP**
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** Chief Health Officer Amy Scribner, reported on behalf of CEO Pat Curran. The State budget was released last Friday. There were some additional surpluses that were unexpected, but the budget is essentially break even. HPSM is not expecting any major shifts in coverage or benefits. There is still looming uncertainty at the federal level that they will continue to monitor. They should learn more later in the month.
 - 5.2 CMO Update:** There was no report.
 - 5.3 Culturally and Linguistically Appropriate Services Program Review:** Health Equity Program Specialist, Mykaila Shannon went over the evaluation of HPSMs Culturally and Linguistically Appropriate Services (CLAS) program. The program's vision is to plan, develop, implement, support, and evaluate the cultural and linguistic services available to HPSM members, including those mandated by contractual obligations with regulatory agencies. The areas of focus include 1) reducing health disparities, 2) ensuring equitable access to

linguistically appropriate services and 3) improving access to culturally inclusive care. To help reduce health inequities they review the annual Population Needs Assessment (PNA) to identify areas of improvement. They also implement interventions aimed at reducing outcomes identified in the PNA. To improve access to culturally appropriate care, they review and respond to any discrimination related grievances and appeals. They also ensure that HPSM staff providers and vendors are educated annually on CLAS and best practices to improve quality of care and workplace environment. To improve equitable access to linguistically appropriate services, they ensure quality interpretation and translation for members in their preferred language, review and respond to any interpreter related grievances and complaints, and monitor and analyze language assistant services, utilization, and satisfaction annually. Another goal is to strengthen HPSMs relationship with members and the broader community. Work streams will focus on gathering strategy input from community partners, developing regular check-ins and participating in community calls with these and other partners as it relates to health equity. They will also engage members and integrate their input and feedback. The CLAS program evaluation projects for measurement include:

Focus Areas	Projects
Reducing Health Inequities	<ul style="list-style-type: none"> • Well Child Visits
Improving Access to Culturally Appropriate Care	<ul style="list-style-type: none"> • Discrimination Related Grievances • Diversity, Equity, and Inclusion Training • Sexual Orientation and Gender Identity
Ensuring Equitable Access to Linguistically Appropriate Services	<ul style="list-style-type: none"> • Interpreter Services Utilization • iPad Pilot Expansion

Ms. Shannon went over the description/objectives, takeaways, current initiatives, and the goals and directions in 2024 for the focus areas. She also reviewed the 2023 goal for discrimination related grievances and appeals, the 2023 discrimination related grievance findings as well as discrimination related grievances performance and recommendations for improving access to culturally appropriate care. The diversity, equity and inclusion education initiative is based on a recent APL that requires all staff, contracted providers, and vendors (annually and at the time of contracting/hire) take comprehensive DEI training including

information on: 1) consideration and acknowledgment of structural and institutional racism and their impact on members, 2) identified cultural groups including their beliefs about illness and health and traditional home remedies, 3) member experience with discrimination and implicit bias, 4) identified health disparities, 5) LGBTQIA+ and gender affirming care, and 6) language and literacy needs. In 2024, 100% of HPSM employees completed CLAS training and HPSM will develop curriculum to be used in their 2025 DEI training pilot. She delved into the details of each program and asked the committee to think about feedback on language assistance services, diversity, equity and inclusion and sexual orientation and gender identity training programs. Discussion with the committee followed with members sharing concerns and suggestions that include 1) having staff that reflects the community 2) training staff in disability etiquette, 3) education and training on patients' rights, 4) reaching out to the immigrant community and ensuring them that provider offices are safe spaces, noting how important respect and empathy at the point of contact is, 5) improving location accessibility, 6) having staff that are not only bi-lingual but bi-cultural to understand and respect cultural differences, and 7) simply promoting kindness.

5.4 Provider Services (PS) Report: Director of Provider Services, Luarnie Bermudo provided an update. She was pleased to see that dental providers are leveraging the iPad pilot program. They recently recruited a new general dentist in South city, a general dentist and an oral surgeon in Redwood City and an oral surgeon from Sun Surgical. HPSM is in the middle of a learning collaborative with the Sequoia Healthcare District. There are 10 dental providers participating who are not contracted in the network. They are currently seeing members through a letter of agreement (LOA). These providers have seen 100 members so far who have no prior dental history. She is pleased to note that all 10 providers have agreed to join the network after the collaboration. At the November Commission meeting HPSM received capacity funding for Sonrisas, a dental provider that will supply a mobile unit on the coast. There are more providers in the pipeline, a pediatric dentist in San Mateo, a general dentistry group in San Bruno and an oral surgeon in Pacifica. There was a question about whether new providers are getting trained on implicit bias, discrimination, and cultural differences. There is cultural training that is required, it is done mostly via video or slide deck. She reminded the group that the BHT benefit was de-delegated from Magellan. HPSM has onboarded 100% of the providers that were in the Magellan network, they also added four additional providers. At the November Commission meeting, they received approval for two capacity funding grants for two contracted providers to increase access for members. Ms. Bermudo notes that there is a need for more BHT providers in Redwood City. Regarding doulas, they have a meeting with

representatives from the County Black Infant Health program coming up, there are currently 7 doulas in the network. They would like to increase the black doula population in the network. She also noted that there are currently no community health workers (CHW) in the network. There are pilots but none that are contracted. They are considering working with Sonrisas on this issue. Stanford has also expressed interest in having CHWs in their emergency department (ED). Ms. Bermudo informed the committee that they continue to have problems with the California Prison Industry Authority (PIA). They are having great difficulty in getting lenses for members and it is affecting the pediatric population. They are conducting internal conversations to work on a solution and will offer this feedback to the Department of Health Care Services (DHCS). They have two providers outside of PIA who are willing to help with lenses, but access is an issue.

5.5 Member Services Report: Director of Member Services, Keisha Williams reviewed the Member Services report for Q4 of 2024. Membership for all lines of business (LOB) was 150,857 members. There was a 2% increase in the Medi-Cal population, adding a little over 3K new members to the membership. ACE and Healthworx membership numbers remain stable. There was an increase in calls from members inquiring about benefits and how to access transportation. They also completed 194 health risk assessments (HRA) at the end of 2024. The call center operates Monday through Friday from 8:00 am to 6:00 pm, with staff working both on site and remotely. There is also staff at the office from 8:00 – 4:00 pm, Monday through Friday to receive members.

5.6 CareAdvantage (CA) Enrollment and Call Center Report: Call Center Supervisor, Rustica Magat-Escandor provided a report on behalf of CareAdvantage (CA) Manager Charlene Barairo. CA membership was 8,184 as of December 2024, a decrease of 4.6% from 8,577 in January of 2024. In Q4 they enrolled 78 members, 67 are new members and 11 have re-enrolled. 224 members dis-enrolled in Q4. The Medicare annual enrollment period is completed, it occurred from October 15th to December 7, 2024. As of January 1, 2025, dual eligible individuals will be allowed to enroll once per month. Default enrollment will begin in March of 2025. In mid-December of 2024 they sent a 60-day letter notice to 31 eligible members and outreach calls were made at the end of December. As of January 15, 2024, 29 of the 31 eligible members were confirmed. The fully staffed CA team has been trained for the new Call Center. Vendor portal access and shared sites were provisioned. The top reasons for member calls are balance billing, Part C&D benefit inquiries, provider inquiries and Part C authorizations. New benefits starting on January 1, 2025 include 1) personal emergency response system, 2) HPSM fitness benefit transportation, 12 one way or 6 round trip rides per month, 3) the over the counter (OTC) benefit increase to \$95 per quarter, 4) the healthy

grocery benefit increase to \$70 per quarter, 5) rollover of unused OTC and healthy grocery benefit card allowance.

5.7 Grievance and Appeals (G&A) Report: Chief Health Officer, Amy Scribner reviewed the G&A report for Q4 of 2024. Overall membership across all LOBs is stable and steady. The volume of G&A continues to increase. A lot of that is attributed to the fact that first call resolutions are now coming to the grievance department. Rates of complaints for 1,000 member months were outside of the goal for all LOBs except for the CCS Whole Child Model. She noted that Medi-Cal was just .01 percent over the goal and the rates for CA decreased significantly from prior quarters. The most common grievances are related to customer service, especially amongst emergency rooms and dental providers. There were no access issues noted. Timeliness is above goal at 100% overall. PCP change increased from prior quarters, but there are no trends in terms of specific clinics or providers. The top three grievances for CA are quality of care, followed by customer service and billing. The top three CA appeals are prescription drugs, durable medical equipment (DME), and Part B drugs. There were quite a few overturned appeals in Q4 because members tried a first level medication or there was additional information that was provided to the pharmacy team that enabled them to overturn these appeals. The top three grievances for the Medi-Cal line are quality of care, customer service and access. The top appeals for Medi-Cal are other service/therapy, DME, and ancillary (x-rays, labs, etc.).

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:29 pm by Ms. Greis.

Respectfully submitted:

M. Heryford

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Clerk to the Commission