

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

Committee Members Present: Angela Valdez, Ligia Andrade-Zuniga, Amira Elbeshbeshy, Jill Dawson, Kay Lee, Lizelle Lirio de Luna

Committee Members Absent: Kathryn Greis, Hazel Carillo, Ana Avendano Ed.D., Rob Fucilla,

Staff Present: Kiesha Williams, Greg Mays, Rustica Magat- Escandor, Mackenzie Moniz, Michelle Heryford, Veronica Alvarez, Talie Cloud, Joanne Qiao, Joy Deinla

1.0 Call to Order/Introductions: The meeting was called to order by Amira Elbeshbeshy at 12:00 pm, a quorum was met.

2.0 Public Comment: There was no public comment.

3.0 Approval of Meeting Minutes for July 16, 2025: The minutes for July 16, 2025, were approved as presented. **Williams / Andrade-Zuniga MSP**

4.0 Consent Agenda: The consent agenda was approved as presented. **Andrade-Zuniga / Williams MSP**

5.0 HPSM Operational Reports and Updates:

5.1 Leadership Report: Mackenzie Munoz reports:

- HPSM is closely tracking everything that is continuing to happen at the federal level, and it impacts statewide and locally. We have not yet seen decreases in membership but anticipate that we might in 2026. We will be presenting more formal updates at the Commission meeting in November and will bring them back to CAC in January.

5.2 Behavioral Health Service Structure: Joanne Chow and Mackenzie Munoz report:

- The structure of behavioral health services, outreach and education requirements, and gathered feedback from committee members including Joy Dienla and others on improving access, cultural competency, and messaging for mental health and BHT services, especially for AAPI and Black members.

- **Behavioral Health Service Structure:** Joanne Chow explained the Medi-Cal behavioral health system, detailing the roles of HPSM for non-specialty mental health and BHT (including ABA for autism), and BHRS for specialty mental health and substance use disorder treatment. She described the referral and access processes for both BHT and mental health services, including the use of the Access Call Center and the involvement of clinical care managers in member matching.
- **Outreach and Education Plan Requirements:** Mackenzie outlined the DHCS-mandated outreach and education plan, emphasizing the need for multiple member contacts, cultural and linguistic appropriateness, and stigma reduction. The plan is reviewed annually and feedback from the committee and provider groups is sought to improve clarity and accessibility.
- **Feedback on Access and Cultural Competency:** Committee members shared that Black and AAPI members face barriers such as lack of culturally matched providers and stigma. Suggestions included increasing provider diversity, home visiting and field-based services, and leveraging trusted community leaders and primary care physicians to build trust and improve engagement.
- **Improving Messaging and Materials:** Members discussed the importance of clear marketing materials that highlight available benefits and services, with materials available in multiple languages. Suggestions included normalizing preventative mental health care and ensuring that information about benefits and access is widely distributed, including through community organizations and schools.
- **Clarification of Referral and Matching Processes:** Joy Dienla clarified that the Access Call Center is the first point of contact for mental health services, with HPSM handling non-specialty matching and BHRS handling specialty or SUD cases. The process for provider matching and follow-up was explained in response to member questions.

5.3 Population Needs Assessment/PHM, CHA/CHIP work: Talie Cloud reports:

- The 2025 Population Needs Assessment findings and 2026 action plan, highlighting demographic trends, health disparities, and priority intervention areas, and solicited feedback from the committee on strategies to address identified gaps, especially for subpopulations such as people with disabilities and older adults.
- **Assessment Process and Demographics:** Tailey described the annual process of conducting a population needs assessment, including data collection on demographics, program enrollment, chronic conditions, social determinants of health, and disparities. The 2025 membership was 150,534, with a growing

Brazilian Portuguese-speaking subgroup and a predominantly Hispanic population.

- **Health Disparities and Priority Areas:** The assessment identified disparities in diabetes, hypertension, and cancer screening among Black members, lower primary care engagement among Brazilian Portuguese speakers, and lower engagement and chronic condition control among English speakers. Priority areas for intervention include perinatal health, child and youth well visits, adult preventive care, osteoporosis screening, and hypertension management.
- **Community Health Improvement Plan Collaboration:** Tailey reported on HPSM's participation in the county-wide Community Health Improvement Plan, focusing on access to care, mental health, and social determinants of health, and noted recent funding approval to support these initiatives.
- **Feedback on Accessibility and Older Adult Services:** Committee members highlighted persistent accessibility barriers for people with disabilities, especially for cancer screenings, and discussed the evolving needs of older adults, including the role of technology and the importance of in-person care for chronic disease management.

5.4 Health Policy Update: Joy Deinla reports:

- HPSM's guiding principles for navigating Medicaid coverage changes, focusing on long-term planning, transparent communication, and member privacy, and demonstrated new website resources and outreach strategies to keep members, especially immigrants, informed and supported.
 - **Long-Term Planning and Fiscal Strength:** Joy outlined HPSM's commitment to careful long-term planning and fiscal responsibility to ensure stable healthcare access, including investments in community health assessments, primary care, and provider network support.
 - **Transparent Communication and Privacy:** HPSM is enhancing member communications through updated privacy practices, community engagement strategies, and multilingual website resources. Joy emphasized that member data is not shared with immigration authorities and described efforts to inform members about their benefits and available support services.
 - **Support for Immigrant and Vulnerable Populations:** The website now features resources for immigrant families, including legal aid, telemedicine, and virtual dental care, with plans to expand language offerings and publicize these resources through community partners.

- **Mission, Vision, and Advocacy:** Joy described ongoing advocacy efforts with legislators and the distribution of fact sheets highlighting HPSM's community impact, reaffirming the organization's commitment to its mission and values.

5.5 **Grievance and Appeals Report:** Greg Mays reports:

- The grievance and appeals analyst presented the Q3 report detailing membership trends, complaint rates, categories of grievances, and the appeals process, and answered questions about internal review procedures and follow-up with providers.
 - **Membership and Complaint Trends:** Membership slightly decreased in Q3, with Care Advantage having the highest volume of appeals and grievances. Medi-Cal complaints increased, with billing, customer service, and quality of care as the top categories.
 - **Appeals Outcomes and Processes:** Greg reported on the number of medical and drug appeals, including the rates of overturns, withdrawals, and upholds. Most overturned appeals result from additional information provided during review by medical directors.
 - **Provider Follow-Up Procedures:** In response to questions, Greg confirmed that providers are contacted for additional information even if members do not appeal, through a provider response request process, ensuring that cases are reviewed thoroughly before final decisions.

5.6 **Provider Services Report:** There was no Provider Services report for this meeting.

5.7 **Member Services Report:** Keisha Williams reports:

- An update on member services and call center operations, reporting on membership trends, call handling metrics, outreach activities, and upcoming improvements to call center technology and processes.
 - **Membership Trends and Terminations:** Medi-Cal enrollment declined by 2,856 members in Q3, with ongoing terminations primarily due to members moving out of county or not completing renewal packets. ACE membership also declined, while Healthworks and CCS remained stable.
 - **Call Center Performance and Staffing:** The call center answered 82% of incoming calls with a 5% abandonment rate and an average handle time of 6 minutes. The team includes 14 bilingual staff, with ongoing recruitment for Tagalog speakers and program specialists assisting with call volume.

- **Outreach and Technology Initiatives:** Outreach efforts included over 1,000 new member welcome calls and pediatric HRAS outreach. Planned technology upgrades include workforce management, after-call surveys in multiple languages, and demographic pre-screening via IVR to streamline member identification.
- **Tracking Redeterminations and Re-enrollments:** Keisha confirmed that the team tracks members lost due to redetermination and monitors how many are retroactively re-enrolled, coordinating with county efforts to reconnect members who lose coverage.

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

- The CareAdvantage Call Center Supervisor reported on Q3 membership, call center activity, benefit changes for 2026, and ongoing outreach and recruitment efforts, addressing questions about benefit reductions and retention.
 - **Membership and Enrollment Changes:** CareAdvantage membership increased by 2.4% to 8,433, with 246 new enrollments (208 new, 38 re-enrolled) and 201 disenrollments, mainly due to death, relocation, or plan changes. Default enrollment accounted for 30% of Q3 enrollments with a 79% retention rate.
 - **Call Center Operations and Top Call Reasons:** The call center received 6,008 calls in Q3, with transportation, billing inquiries, Part D benefits, Part C appeals, and general benefit education as the top reasons for calls. Quality monitoring met the 95% goal.
 - **Benefit Changes for 2026:** Effective January 1, 2026, the over-the-counter benefit allowance will decrease from \$95 to \$75 per quarter, and the healthy grocery benefit will decrease from \$70 to \$25 per quarter, with no carryover of unused funds. Members have been informed of these changes.
 - **Outreach and Staffing Initiatives:** Ongoing retention outreach includes welcome calls and preventive care campaigns. Recruitment is underway for a bilingual CareAdvantage navigator and an enrollment/disenrollment specialist. An all-aboard CareAdvantage event is scheduled for October 25th.

5.9 **2026 Meeting Dates**

- Mackenzie reviewed proposed 2026 meeting dates, discussed the potential for virtual meetings pending Brown Act changes, and encouraged committee members to recruit new HPSM members to join the committee.
- **Meeting Scheduling and Recruitment:** The committee approved the 2026 meeting dates, which will remain on the third Wednesday of each quarter. The possibility of virtual

meetings is being monitored, and members were encouraged to invite new participants, especially HPSM members, to future meetings.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:11 pm by Amira Elbeshbeshy.

Respectfully submitted:

V. Alvarez

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