

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, January 11, 2018 - Noon
801 Gateway Blvd., 1st Floor Boardroom
South San Francisco, CA 94080**

Committee Members Present: Danilyn Nguyen, Judy Garcia, Ricky Kot, Marmi Bermudez

Staff Present: Maya Altman, Pat Curran, Carolyn Thon, Margaret Beed, M.D., Gabrielle Ault-Riche, Ed Garcia, Mat Thomas

1.0 Call To Order/Introductions: Ms. Nguyen called the meeting to order at 12:07 pm.

2.0 Public Comment/Communications: There was no public comment.

3.0 Approval of Agenda: The agenda was modified to reflect no report from Health Education. The Committee accepted the modified agenda.

4.0 Approval of Meeting Minutes for September 7, 2017: The September 7, 2017 Meeting Summary was approved as presented.

5.0 HPSM Operational Reports and Updates

5.1 CEO Update

Ms. Altman gave an update to the group:

- She recently spoke with Jennifer Kent, State Director of Health Services regarding the 2019 Budget which was recently proposed. There are not a lot of cuts or changes to healthcare, however uncertainty on the Federal level continues.
- Congress still hasn't approved reauthorization of the CHIP program. This will affect States as many are running out of money, but coverage must be provided regardless. California is weathering this a little better than most since we don't have a stand- alone CHIP Program, it was folded into Medi-Cal a few years ago. Ms. Altman noted that some

states are dealing with the repeal of the ACA's individual mandate by imposing their own, such as Maryland.

- The 30th Anniversary celebration for HPSM was a great success. It was a nice reunion as members and commissioners from the last 30 years were there. She thanked all those who attended.

5.2

Medical Director

Dr. Beed

- Dr. Beed reported on the success thus far of the Landmark Program. She noted that they have reached about 40% member engagement, which is the fastest engagement ramp in the history of the company. HPSM is also working with Landmark on a SNFist program; this program was created to help minimize the average length of stay for our members in a handful of SNF/LTC facilities by proactively engaging said members through their PCPs.
- Dr. Beed also reported that HPSM will be utilizing Mom's Meals starting February 1st. It is an optional benefit for specific HPSM members. This nutritional assistance program will provide high-quality, home-delivered meals to those with chronic diseases such as diabetes, heart or renal disease. Because these conditions can be successfully managed with proper diet, this program could be very helpful in keeping HPSM members out of the hospital. Gluten-free, vegetarian, diabetic-friendly, heart-healthy, and renal meals are some of the meal options available.
- Finally Dr. Beed noted that HPSM is going live soon with their Palliative Care Program. It should help to provide a full scope of services including social work, case management, and home health services for Medi-Cal members with a set of specific diagnoses. The emphasis of the program will be on symptom management. Members can continue to receive curative services.

5.3

Grievance and Appeals

Ms. Ault-Riche verbally reviewed the submitted Grievance and Appeals Report.

- CareAdvantage/CMC reports an increase in the volume of appeals for Part C, which is the medical benefit. It has been increasing steadily throughout the year compared to last year. The rise is not dramatic, but there is an upward trend. She also noted that the medication appeals volume has been stable. We started the year with a high volume of grievances, though she is not sure why, as the grievances by category is consistent with past quarters. The increases are seen

overall, it has not been attributed to any one department or Line of Business.

- The highest numbers in “Types of Appeals”, as usual, come from Durable Medical Equipment and Service/Therapy at 24%.
- There is good news about the rate of overturned appeals for medical services and supplies, 30% end up getting approved. That reinforces the fact that HPSM Utilization Management is making the right decision the first time around.
- Medi-Cal appeals have increased overall, though grievances have decreased. She also noted a decrease in pharmacy calls. Overall the rate of complaints has been stable.
- Currently the biggest grievance under Medi-Cal is “Quality of Care.”
- The biggest type of appeal with Medi-Cal is prescription drugs.
- Numbers are up for Resolutions within 24 hours of Receipt. The call center has been very successful in resolving issues before they enter the Grievance process. The number of calls for Prescription Drugs in all Lines of Business has decreased since the last quarter.
- The Rate of Complaints has remained stable.
- G&A has reached their goal for Timeliness of Complaint Resolution.
- A total of 85 members requested to change their assigned PCP during the 3rd Quarter due to dissatisfaction. Members switched away from a total of 30 different PCP’s. Of those 17 were clinics and 13 were individual providers. Four providers had 5 or more members request to switch from their practice. All of these were group practices or clinics.

There was a question regarding the high number of complaints surrounding the ride service provided. It was noted that there is currently a lawsuit against Logistic Care who is being sued by Neighborhood Legal Services on behalf of Medi-Cal and the CCI beneficiaries. The main complaint being that rides are being provided by Uber and Lyft without trained individuals to assist. HPSM uses Lyft only for curbside service where no assistance is needed. They will continue to use taxis for those who do require assistance. Ms. Ault-Riche noted that while the grievance numbers seem high, it actually accounts for less than 1% of all taxi provider services. We are currently using American Logistics Company for this service. Ms. Ault-Riche will run the numbers again and report at the next CAC meeting.

5.4

Member Services

Ms. Ault-Riche reported on Member Services

- Enrollment is stable across all Lines of Business.
- The average speed it takes for the Member Services Call Center to pick up calls has decreased by about half. Their goal is to answer 80% of calls within 30 seconds. There has been a lot of progress, as they started the year at 64% and are currently at 78%.

- The CareAdvantage CMC Call Center is doing well; their goal is to answer 80% of calls within 30 seconds. While they have met that, wait time has increased some from 24 seconds to 28 seconds.
- She also reported on the results of the Timely Access Survey; this survey is sent to Medi-Cal and Healthworx members. She noted the 24% response rate and highlighted some of the results. Responders reported that wait time for urgent care appointments is about 2.3 days. 75% of those saying they always or usually are able to see a doctor, up from 70% last year. For non-urgent appointments, the wait is about 6 days. 65% said they are always or usually able to see a doctor. 79% of responders gave HPSM an 80% or higher for overall performance, which is an increase from the year which was 77%.

6.0 Approval of CAC Meeting Calendar

- The Committee approved the 2018 Meeting calendar as proposed.

7.0 CAHPS Presentation

- Ms. Thon did a presentation on the CAHPS Survey. CAHPS is the Consumer Assessment of Healthcare Providers and Systems. One of the CMS/Medicare requirements is that we conduct this survey every year. HPSM's vendor for this service is DSS Research in Texas; they were chosen from a list provided by CMS for this service. The survey response rate was 36.6%. The results show that the program continues to perform well overall relative to other MMPs, although there was a slight decrease from 2016 of about 3%. This decrease may be related to the ability to receive healthcare services and authorizations. 96% of our members feel that their physicians communicate well, while 86% of members are satisfied with the quality of care received. Generally our members feel that they can get the care they need, but this has declined by 4% from 2016. Changes to authorizations and members going outside the network may have contributed to the reduction of this score. Ease of access to care has traditionally been a weak point. HPSM did better than last year improving by 8%. A heavy reliance on County Clinics may have something to do with this result. Members are reporting that Care Coordination has improved from last year as well, by about 6%. Ease of getting prescriptions is tough as the timing of the survey coincides with the start of the prescription co-pay, which results in many complaints to G&A. So while HPSM has improved from last year, the timing of the copay affects that number some.

8.0 Adjournment

- The meeting was adjourned at 12:58 pm.

