HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, June 7, 2018
801 Gateway Blvd. 1st Floor-Boardroom
South San Francisco, CA 94080

Committee Members Present: Mary Pappas, Judy Garcia, Robert Fucilla, Cynthia Pascual, Danilyn Nguyen

Staff Present: Gabrielle Ault-Riche, Kati Phillips, Mat Thomas, Charlene Barairo, Rustica Magat-Escandor, Carolyn Thon, Richard Moore, M.D., Cindy Cooper, Marwan Kanafani, Pat Curran

1.0 Call to Order/Introductions: The meeting was called to order at 12:02 pm by Danilyn Nguyen.

2.0 Public Comment: There was no public comment.

3.0 Approval of Agenda: The agenda was approved. **M/S/P**

4.0 Approval of Meeting Minutes for March 1, 2018: The minutes were approved via email. **M/S/P**

5.0 HPSM Operational Reports and Updates:

5.1 CEO Update: Pat Curran reported on behalf of Maya Altman. He noted that the statewide budget process is almost completed and there have been no significant changes. HPSM is hoping that part of the budget will include a pilot proposal to explore dental services within HPSM, rather than it being handled separately thru Denti-Cal and the state. If approved HPSM will involve the community in the planning process; the earliest implementation date would be 2020. He also reported on the upcoming retreat for HPSM leadership and Health Commissioners, scheduled for June 15th. The emphasis will be on the Strategic Plan for 2019-2021. He will share the final document with the CAC upon its completion. He also announced that the Plan has a new Chief Medical Officer, Dr. Susan Huang. She will join HPSM in mid-July. She was a medical director and Chief Medical Officer with FQHC and worked most recently with Brown and Toland. She has a passion for the population we work with and comes to HPSM with much experience in health plans and managed care.

5.2 **Medical Director Update:** Dr. Moore gave the group an update on the Post-Acute Care pilot program, which is a Landmark program. The programs goal is to improve the quality of care for our members in skilled nursing and long term care facilities.

Specifically the Plan would like to improve key quality metrics such as fall prevention, pain management, gradual dose reduction, reduction of polypharmacy, etc. They also want to make sure residents have a discussion on advance directives. Dr. Moore stressed the importance of having residents identify a decision maker, in the event they are unable to make vital decisions themselves. They also hope to reduce unnecessary or preventable ER visits and transfers and reduce hospitalizations, especially re-hospitalizations. At the same time they also hope to increase coordination between care facilities. Part of this coordination will include a Physician satisfaction survey for Providers to use as an internal monitoring tool. The program will start in 6 facilities on the Peninsula; St. Francis Convalescent Pavilion, St. Francis Heights Convalescent Hospital, Burlingame Long-Term Care, Millbrae Skilled Care, Peninsula Post-Acute, and Providence San Bruno. Approximately 450 short term/skilled nursing and 260 long-term/custodial members will participate. Dr. Moore stressed that member choice is paramount and patient rights have to be respected. Landmark will provide 24/7 support and telephonic on-call coverage. They will also act as a consultant to member physicians and ensure that PCP's have full access to everything that occurs in the SNF/LTC facilities. Dr. Moore also spoke about the Providers and noted their credentials. There was a question about the makeup of the members participating and if they are Medi-Medi members. Only CareAdvantage and straight Medi-Cal members are eligible for this program.

5.3 Grievance and Appeals: Ms. Ault-Riche reviewed the Grievance and Appeals report.

- **CareAdvantage/CMC** – The CareAdvantage/CMC numbers are stable and consistent across the board. This line of business reported a total of 56 appeals in Q1 of this year and 140 grievances, that number is up since last quarter, but consistent with past years.
- The quality of care numbers rose in the Types of Grievances received for last quarter but is back to normal levels. Appeals are consistent from last quarter.
- There has been a downward trend in the Rate of Overturned Appeals. Ms. Ault-Riche noted that the overall numbers are small and that she has worked hard with Dr. Moore, Dr. Cooper and Mr. Kanafani to address this issue in a systemic manner.
- **Medi-Cal** – There were 137 appeals and 184 grievances reported for Q1, which is consistent from last year numbers**.**
- The numbers in Types of Grievances are moving in the right direction, quality of care has decreased. The numbers in billing has increased some, but is not a cause of concern at this point.
- DME and Pharmacy continue to be the biggest factor in appeals. The rate of overturned appeals stayed stable from last quarter.

- Timeliness of Complaint Resolution - There was a big increase in the resolutions within 24 hours; this reflects the success the department has had in resolving conflicts quickly. The Rate of Complaints has stayed the same.
- There were 88 members who chose to change their Primary Care Physician, due to dissatisfaction. Members switched away from a total of 34 different PCP's. Of those, 19 were clinics and 15 were individual providers. For 5 providers, 5 or more members requested to switch away from their practice. Three were clinics and the other two were individual physicians.
- Mr. Curran asked about the Non-Medical Transportation benefit, which has been in effect for about a year now. He'd like a qualitative and quantitative analysis of how our members feel about this latest benefit. Ms. Ault-Riche noted that while there are numerous complaints noted in the G&A report, the number pales in comparison to the amount of rides provided and actually accounts for less than 1% of grievances and appeals. Ms. Ault-Riche noted that overall members are very satisfied with this new benefit. Ms. Thon noted that there had been problems with HPSM members who do not have smart phones using Lyft. Measures have been taken to address that, Lyft will be used only for members that can manage curb to curb service *and* have access to a smart phone, all others will use ALC.

5.4 **Provider Services:** Kati Phillips reviewed the new payment model tracks proposed by Provider Services. She explained how the different tracks function and how our providers will implement the changes to their current billing processes.

- The first track shows how the Fee for Service/Pay for Performance (FFS P4P) program has been updated to reflect the population health needs of the community. Some of the updates are already in effect, information about this can be found on the HPSM website.
- Like Track 1, Track 2 includes the updates for the FFS P4P program, but it also includes an engagement bonus to replace capitation bonuses for extended office hours, immunization registry use and auto-assignment of HPSM Medi-Cal Members.
- Track 3 incorporates base payments, benchmark P4P and an engagement benchmark with identical updates. Like Track 2, it introduces new outcomes-based patient engagement capitation bonuses.
- The major theme here is a move toward rewarding outcomes rather than a volume of services. The department will submit a report to notify PCP's about screenings for patients and will keep members abreast of services they are due for.

- Provider Services feel this hybrid model is best to help balance incentives. They have reported receiving positive feedback on these efforts thus far.

5.5 Member Services: Ms. Ault-Riche went over the Member Services report.

- HPSM enrollment exceeds 144,200 members.
- Member services received 22,876 calls with an average speed to answer of a minute and three seconds in Q1 of 2018. The department received an average of 7,600 calls per month in Q1 of 2018. While they did not meet their phone goal for Q1, they have made changes in the call center in Q2 to help meet this goal.
- The CareAdvantage call center routinely meets and exceeds all goals, answering 93% of calls within 30 seconds, with an abandonment rate of 2%, well below the 5% goal.
- The CareAdvantage complaint rates are primarily related to enrollment/disenrollment issues and are usually resolved within one to two days of receipt.
- CMS includes complaints about the Plan as one of its star measures. HPSM has received 5 out of 5 stars for this measure for the past several years.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 12:55 pm.

Respectfully submitted:

M. Heryford

M. Heryford
Assistant Clerk to the Commission