

**HEALTH PLAN OF SAN MATEO  
CONSUMER ADVISORY COMMITTEE MEETING**

**Meeting Minutes**

**Thursday, January 28, 2021**

**\*\*Virtual Teleconference\*\***

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor's Office, in order to minimize the spread of the COVID-19 virus, the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Assistant Clerk to the Commission in advance of the meeting and were also able to access the meeting using the web and teleconference information provided on the meeting notice.

**Committee Members Present:** Amira Elbeshbeshy, Ricky Kot, Mary Pappas, Judy Garcia, Angela Valdez

**Committee Members Absent:** Rob Fucilla, Cynthia Pascual, Hazel Carrillo

**Staff Present:** Pat Curran, Carolyn Thon, Gabrielle Ault-Riche, Dr. Richard Moore, Colleen Murphey, Sarah Munoz, Samareen Shami, Nicole Ford, Joy Deinla, Michelle Heryford

**1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:04 pm.

**2.0 Public Comment:** There was no public comment virtually or via email.

**3.0 Approval of Meeting Minutes for October 22, 2020:** The meeting minutes of October 22, 2020 were approved as presented. **M/S/P**

**4.0 HPSM Operational Reports and Updates**

**4.1 CEO Update:** Mr. Curran provided an update on behalf of Ms. Altman, the State budget is better than anticipated in spite of the pandemic, mainly because California is very reliant on income tax revenue and high income earners were not affected the way low income earners were by the pandemic. The significant decrease in tax revenue the State originally anticipated did not occur. However, they are expecting tight years coming up. While there were no real substantive cuts in terms of eligibility or benefits, many of the prior pre-pandemic proposals were not included in this budget. The State will still go forward with the CalAIM initiatives. There are many aspects to this program, but the main objective is care management. It will address "in lieu of" services, social determinants like housing and recuperative care, as well as better integration of behavioral and dental health, which HPSM is working on as well. The CalAIM initiatives are slated to start

in January 2022. HPSM is working on how to adapt and implement some of these programs.

He also provided an update on COVID-19. HPSM is presently focusing on two different inflection points. Firstly, because they are seeing high transmission rates, they are working closely with hospitals, skilled nursing facilities (SNF's) and providers to facilitate transitions and to remove barriers that affect access to care. The 2<sup>nd</sup> inflection point is the vaccination rollout. HPSM is working closely with County Health, as they are the focal point for distribution. They are also working with One Medical group to open up access to vaccines to HPSM members, especially because the vaccine rollout has been uneven and information is inconsistent. HPSM and the County are doing whatever they can to minimize possible inequities in vaccine distribution for members. Ms. Ault-Riche said that through the partnership with One Medical they've already vaccinated 270 members that are 75 years or older. Members are being notified by robo-calls that are going out in all of the threshold languages. The clinics are on a walk-in basis. There are clinic hours in the afternoon Monday thru Friday and all day on the weekends at the One Medical facility in Redwood City. Mr. Kot asked if proof of ID is required. Ms. Ault-Riche replied that everyone needs a photo ID as well as an HPSM ID. Though if one cannot locate their HPSM card, One Medical can check eligibility using a photo ID with the member's date of birth. Another resource is Ravenswood Family Health Center, who has a COVID vaccine clinic for employees and patients that are 65 years and older.

Ms. Murphey said they are learning that there are changes daily, sometimes even hourly. They are trying to learn quickly and are adjusting their approach as they go. They are focusing on coordination and on providing accurate information. They said the County website has listed some of the providers that are offering vaccines for their patients that are 65 or 75 and older. She said there has been mixed messages on how available some of these facilities are when it comes to making an appointment and that she has heard reports about long wait times. She reiterated what Mr. Curran said about the joint effort with the County on addressing equity issues, including those around race and ethnicity. The goal is to make sure that the most vulnerable and those most at risk are at the front of the line. She stressed that data sharing is important and HPSM will play a big part on identifying those members within each of the different phases who are most at risk.

**4.2 CMO Update:** Dr. Moore provided an update on CalAIM. One of the visions is a population health management approach. They have restructured Care Coordination, Long Term Services & Supports (LTSS), and Behavioral Health. HPSM has been active and has finalized a change in the Care Coordination Department so that they are now organized into teams with each team responsible for a different population of HPSM members. It is a risk stratification approach and there are 3 teams: Emerging Risk, Enhanced Case Management, and Prevention and Early Intervention.

He also provided an update on COVID-19. The World Health Organization (WHO) warned that the world is facing a pandemic paradox. Virus related hospitalizations have been decreasing in every US region, however 7-day death averages are rising with 21 states reporting at least a 10% increase compared to last week. They are concerned about the new variants. Pfizer and Moderna have revised their vaccine to deal with the South African variant. Ms. Pappas had a question about the new variants: will those who have already received the vaccine be protected from them? Dr. Moore replied that while it should still offer some protection, people may still get infected but not have all of the organ involvement that they might have without the vaccine. There is talk that there may be different variants that require a slightly different vaccine every year, as with the flu vaccine.

Dr. Moore spoke about monoclonal antibody therapeutics. The FDA has recently approved emergency use authorization for this infusion of antibodies. There are a couple of different formulas. The idea is to give it within 10 days of the onset of symptoms, preferably within three days. The antibodies can reduce the need for emergency room visits or hospitalization. However, they did not help those already hospitalized. The question now is where does one go to get these infusions? Infusion centers have not been set up to do this and a hospital setting is needed for this particular therapy. They'd like to know if this is being done in San Mateo County. They will meet with the nursing facility engagement group to see what can be done. He noted that nursing facilities are the ideal place to do the IV's.

Dr. Moore noted that at one point the COVID Centers of Excellence (COE's) experienced a lull in patients, however due to the recent surge and hospital backup, the Plan and Provider Services in particular worked diligently to expand the number of COE's. Sutter has announced that it is doing away with parts of their

Diabetes Prevention Program, a necessary service in San Mateo County. He also reported that the Senior Focus adult day care will be eliminated from Mills Peninsula services; it's the only one that offers specialized health and dementia care services. Community Based Adult Services (CBA's) is a Medi-Cal benefit that offers nursing services, physical, occupational and speech therapy, as well as nutrition counseling and even transportation to and from the patient's home. Without the CBA centers members are more likely to be admitted to a SNF. Senior Focus had served 120 fragile members of the community. Ms. Altman and Mills Peninsula were looking for alternatives to no avail. There is hope another organization like the Peninsula Health Care District, who at one time provided grants to Senior Focus, will take this over. There are some other organizations that have expressed an interest as well. Mr. Kot asked if this was a done deal or still just a proposal. Dr. Moore said the deal is final; it was announced last Tuesday and they are now working on member transitions.

**4.3 Social Media Strategy:** Ms. Deinla from the Marketing and Communications Department (MARCOM) gave a presentation about HPSM's new Social Media strategy. This decision was driven by a desire to widen their reach and messaging about HPSM's programs and services and to engage with members and the community, as well as increase awareness about HPSM. They will share health tips and programs and refer people to HPSM's website for additional information, hopefully while there they will find a lot more information and resources about HPSM. They've had a presence on LinkedIn and Facebook and are now on Instagram. They have learned a lot from their health plan counterparts and have created content calendars to ensure they get appropriate messages out every day, seven days a week. They post every morning at 10:00 am, posts focus on brand awareness, preventative care, staying healthy, and sharing resources. They have partnered with San Mateo County and share their posts as well. They will measure success by seeing how many will bounce back to the HPSM website. But primarily it will be on engagement such as likes and comments.

**4.4 Quality Improvement:** Ms. Shami and Ms. Munoz presented the 2020 Population Needs Assessment (PNA). This is an annual assessment of the Medi-Cal population and a requirement for all managed care plans since 2019. The Medi-Cal population is relatively young, with 50% falling in the 0-21 age group. The majority identify as Hispanic, followed by Asian or Pacific Islander. She briefly went over the top 5 most frequently diagnosed conditions. Ms. Shami reviewed some of the sub-populations that were looked at, the data used and the findings. She also went

over some of the disparity data, which helps them to identify what is going on with different populations and who to target thru outreach. She reviewed the next steps and how they intend to use this data. They will share this information with providers and community partners so that they can find ways together to improve care for HPSM members. Mr. Kot requested a copy of the full report. He asked her to explain how they are dealing with disparity once the data identifies it. She said sometimes it is by ramping up referrals and sometimes it's by reaching out directly to groups that are affected. They target their approach accordingly. Ms. Shami will send a copy of the full report to Mr. Kot.

**4.5 Grievance and Appeals:** Ms. Ault-Riche went over highlights in the Grievance & Appeals report for CareAdvantage (CA). Timeliness for Q3 and Q4 of last year is doing well, members are receiving timely resolutions. CA appeals have been steady, grievances are up a bit, which happens at the end of the year. Appeals by type of service are steady, confirming that the original decisions are, in most cases the appropriate one. She went over the Medi-Cal side where the trends are similar to CA. Mr. Kot asked if HPSM will still track the pharmacy grievances and appeals. Ms. Ault-Riche replied that HPSM will not, since Magellan will be handling all of the appeals as well as the grievances. Unfortunately HPSM will lose visibility in what is happening with the benefit. Magellan will provide a report but it won't be as thorough as HPSM is used to. Currently, the Call Centers do a fair amount of problem solving for the pharmacy, often in real time and they are usually successful in avoiding grievances because of this. HPSM will lose the ability to help members directly and to track events. They will still be able see that on the CA side as HPSM is retaining the authorization process for CA drugs. She completed by noting there were only 4 regulatory cases, 3 were in favor of the enrollee and 1 is still pending. 69 members requested to change their PCP. 20 switched from clinics and 15 from individual providers.

**4.6 Provider Services:** Ms. Murphey said they are focusing on getting more behavioral health providers. There are 27 new providers being credentialed in the coming week. They also hope to find behavioral health providers for virtual care, as access remains challenging in this area. There is a new hospice and palliative care provider. Angel Palliative Care and Hospice recently joined the network providing an important need for HPSM members. They are still working closely with SNF's during this time of increasing COVID cases and have expanded the number of out-of-county facilities they are working with as well. She updated the

committee on the nursing facility collaboration they've been working on. They've lifted some of the prior authorization (PA) requirements for discharge or for placement to ensure that members can move in and out promptly and make sure beds are available when they are ready for a transition. They've also increased after hours support. The Health Services (HS) team is credited with working closely with hospitals to ensure members are placed safely and for supporting those needs when they come up after hours. They are continuing to meet with nursing facilities virtually. They have a session this afternoon with nursing facilities, where they will discuss the barriers and obstacles for handling COVID-19 and the vaccine. Many have completed their second round of vaccines within their facilities. They are working closely with community partners to ensure that all facilities are on the radar and have a vaccination plan. Not all are completed yet, but they are monitoring the situation. There were a number of outbreaks at some of the SNF's. They are working closely with those facility administrators and clinicians. She said they remain hopeful with the vaccination rates at these facilities.

**4.7 Member Services:** Ms. Ault-Riche went over the Call Center & Enrollment report, noting that Medi-Cal enrollment has increased steeply. This increase is not because of new members; instead existing members are retaining coverage because it was mandated that they cannot be dis-enrolled from Medi-Cal during the public health crisis. Something similar is happening with the ACE population for the same reason. Calls initially dropped at the beginning of the pandemic but are back to pre-pandemic levels. Calls about the vaccine and COVID related questions have increased. The Member Services team was just shy of their 80% goal for calls answered within 30 seconds, coming in at 74-76%. They also fell just short of their quality goal, so Member Services Supervisors provided additional training and coaching for staff who had not met their call quality goals. The call abandonment rate is low. CA enrollment is stable, call center performance is at 95% exceeding their goal of 80%. The call abandonment rate is low at 1% and they are meeting all of their quality metrics.

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

**6.0 Adjournment:** The meeting was adjourned at 1:27 pm by Ms. Elbeshbeshy

Respectfully submitted:

*M. Heryford*

**M. Heryford**

Assistant Clerk to the Commission