



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 650.616.0050
fax 650.616.0060
tty 800.735.2929 or dial 7-1-1

www.hpsm.org

**HEALTH PLAN OF SAN MATEO
COMMUNITY ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, January 17, 2024
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080**

Committee Members Present: Ricky Kot, Hazel Carrillo, Marmi Bermudez, Robert Fucilla, Cynthia Pascual, Ana Avendano, Ed.D, Ligia Andrade-Zuniga.

Committee Members Absent: Amira Elbeshbeshy, Mary Pappas, Angela Valdez

Staff Present: Megan Noe, Amy Scribner, Keisha Williams, Charlene Barairo, Luarnie Bermudo, Scott Foley, Julian Aldana, Cecille Mortel, Rustica Magat-Escandor, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Scribner at 12:02 pm, a quorum was met.
 - 1.1** Ms. Scribner took this time to introduce the newest Committee member, SMHC Commissioner Ligia Andrade-Zuniga. Ms. Zuniga is also an active consumer advocate and brings a wealth of information and experience to the committee.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for October 17, 2023:** The minutes from the October 17, 2023, meeting were approved as presented. **Fucilla/Kot MSP**
- 4.0 Consent Agenda:** The consent agenda was approved as presented. **Bermudez/Williams MSP**
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 Provider Communication & Delivery System Reforms:** Senior Provider Learning Specialist, Julian Aldana, provided an overview of how HSPM communicates with Providers, their communication methods and where to find these resources online. HPSM has about 10,000 contracted providers in their network. There are dozens of provider types ranging from primary care, dental, behavioral health providers, housing navigators and much more. HPSM adds new providers to the network each year. One

of HPSMs goals is to provide proactive communication. They do that in a few different ways. There are five buckets on the website, where all pertinent content live. Regardless of how it is distributed it will always exist on the HPSM website. They also reach out to providers via email and fax. Notifications are sent out weekly to providers. There is also a quarterly newsletter as well as a provider manual which contains the policies and procedures for providers, which is sent out once a year. They also send other documents and communications. He noted that many are targeted for specific audiences so as not to inundate providers unnecessarily. They also use email for more urgent updates. He shared a visual of some of their publications, the provider manual, and newsletters. These items now exist in blog form. Individual articles can be read on the blog.

Strategic Network Investment Manager, Scott Fogel reviewed some of the many projects across the organization designed to improve health outcomes for members. HPSM has multiple teams engaged in improving the network at all times. As a managed care organization, HPSM typically considers health outcomes at the aggregate or population level, where they measure rates of cancer screenings, or controlled hemoglobin A1C for those with diabetes, track the rate of immunizations for children and adolescents, etc., they all have a relationship with process metrics where there's a clear and studied association between the delivery of certain services, screening or treatment and the impacts to the health of the population. He shared a snapshot of some of the improvement projects, all of which are at different stages of development. The first step is in line with the organization's strategic initiatives regarding access and experience and that is primary care investment. In September of 2023, the San Mateo Health Commission (SMHC) approved a proposal to use \$30M of HPSMs reserve funds for an infusion in primary care over the next five years. Primary care because it tends to be the most upstream and appropriate care setting to engage members in a stable routine of healthcare. Healthcare systems with strong levels of primary care investment see higher quality of care with better and more equitable outcomes. The objective is to address 4 key problems corresponding to four systems. The first is financial neglect, the second is workforce shortages, bandwidth constraint and provider burnout. The third is a suboptimal care experience. Four addresses an underdeveloped population health with initiatives for better health.

He also spoke about a new project under the better population health system, it's a partnership with an organization called Stellar Health. It's a population health management application and incentive program they're offering to primary care practices at no cost. The Stellar partnership will help primary care teams to log in to view a list of all assigned patients with information about their care gap status, where they're missing or due for critical services that influence health outcomes. It's also a value payment tool. Clinics will be paid for pursuing the closure of care gaps with discrete per action payments, it is predominantly a point of tool attestation where primary care teams are presented with very simple checklists describing what patients need. This program will be rolled out in a matter of weeks. He also spoke briefly about the at home colorectal screening option with Cologuard now available to members.

5.2 CEO Update: Chief Health Officer Amy Scribner provided an update on behalf of Chief Executive Officer, Pat Curran. HPSM had several transitions and go live events in January. HPSM launched Enhanced Care Management (ECM) for the justice transitioning population, those coming out of jail are now eligible for ECM if they have Medi-Cal. There was a transition from the ACE population, many of those members became eligible for Medi-Cal and many transitioned to Kaiser for full managed care, as Kaiser became one of two Medi-Cal managed care plans in the County on January 1, 2024. Redeterminations continue, they are at about 20% which is similar to the state average and what they were seeing prior to the pandemic. They started the process of de-delegation from Independent Living Systems (ILS), they had been doing health risk assessments and care planning for CA members as well as some D-SNP kids. The de-delegation process will continue until the end of March. They are now planning for de-delegation of the Behavior Health Therapy (BHT) benefit for Medi-Cal for kids. This is typically for those with an autism diagnosis or those in need of Applied Behavioral Analysis (ABA) services. This process will continue until the end of June of this year.

5.3 CMO Update: There was no update.

5.4 Provider Services (PS): Provider Services Director, Luarnie Bermudo updated the Committee on their efforts on network building in the last couple of months. There are currently 345 dental providers in the network. They recently onboarded their first tele dentistry provider, Dentistry One. HPSM is also expanding dental services to home bound members. They are in negotiations with a provider right now called Enable. Ms. Bermudo reminded the Committee that last year the SMHC approved a capacity grant

for a behavioral health provider to expand services for members, in particular children and youth. The capacity grant would essentially increase recruitment and retention for specialty mental health providers in San Mateo and provide actual clinical space in Burlingame. She also reports on finalizing negotiations with Seton Hospital, one highlight is that they've been able to expand dental OR time. Seton is one of the only hospitals in the county where dental providers can provide dental OR services for HPSMs special needs members. Specifically, members connected to GRC. There are also three new behavioral health providers offering non-specialty mental health services. They've also added have two new ECM providers. She reminded them of the new doula benefit as well. They've also expanded their transportation network and have added other service providers which includes home health agencies, a pathology group, and an ophthalmology group.

5.5 Member Services (MS) Report: Member Services Director, Kiesha Williams, went over the Member Services report. Membership numbers are changing every day. At current, HPSM is reporting 163K+ members. Over \$14K+ members from the ACE program were transitioned to Medi-Cal. All members were successfully reassigned with their original PCP that they had under ACE. Some ACE participants are still waiting to be transitioned. HPSM continues to work with the County to get those processed. There were a total of 13,000 members that were de-delegated to Kaiser, effective January 1, 2024. They have received calls from Kaiser members who are confused. They are doing a lot of member education and redirecting to remedy this. She went over the numbers for the Medi-Cal redetermination for December. They are continuing robo-calls. In December they outreached to over 2K members, mainly to remind them to renew their Medi-Cal, this is for both lines of business (LOB). They are in the final stages of the Request for Proposal (RFP) process for the Call Center and hope to have a final decision at the end of Q1 with implementation in Q2 and Q3. There has been a lot of staff movement at the Call Center. They have lost staff and are asking for patience while they continue their recruiting efforts.

5.6 CareAdvantage (CA) Enrollment and Call Center Report: CareAdvantage Manager Charlene Barairo reported that enrollment in CA has decreased. They continue their efforts to enroll more people into the CA-DSNP program and to improve awareness of this program. They provided a lot of training in the Call Centers in Q4 in preparation for 2024. There is a new fitness benefit and free prescription delivery for CA members.

They ended Q4 with 8,398 members, this number will go up as there was heavy enrollment between October 15th and December 7, 2023. However, they did get into negative territory in Q4, disenrolling more members than they had enrolled. The number one reason for disenrollment is death. She briefly went over ethnicity and language data and listed some of the Health plans that HPSM members have left for, there were not as many as Q3, and some have actually returned. There are many challenges in their transition to D-SNP as well as confusion with members regarding the over the counter and grocery benefit from Nations. She went over the Call Center numbers; exact metrics will come once they implement the new vendor. She briefly explained the new fitness benefit. HPSM is collaborating with YMCA locations throughout San Mateo, Santa Clara, and San Francisco counties. CA members need to show their CA membership card and complete the YMCA's intake form to sign up for the YMCA membership. The no-cost prescription delivery benefit allows members to get their medications sent to their home. Members simply need to ask Postal Prescription Services (PPS) to transfer the prescription. CA members are still responsible for their prescription co-pays, and the amount changes every year. They have a new unit, called the Member Assessment Unit (MAU), they are responsible for calling members and ensuring they get a health risk assessment.

5.7 Grievance and Appeals (G&A) Report: Chief Health Officer, Amy Scribner went over the G&A report for both Q3 and Q4 of 2023. In Q3, as a result of redeterminations, membership decreased to 173,348. Volume for all G&A increased in Q3, which has been the trend year over year for several years now. Rates of complaints per 1,000 member months were within goal for CCS. CA was outside of goal as it's been for over a year. MC, Healthworx (HWx), and ACE were all slightly above goal, but within less than a tenth of a percentage point. Timeliness is above goal at 97.7%. BHT grievances continue to be high in Q3 2023, action steps continue and include improved oversight, monitoring, transparency, and additional care coordination (CC). PCP change requests were higher due to a provider retiring from the network but were otherwise attributed to larger clinics. Ms. Scribner is requesting adjusting the CA rate from 6.18 to 7 to be a little closer to actual. She also wants to do something similar on the NCQA side. She explained that HPSM measures Medi-Cal for both behavioral and non-behavioral health. BHT grievances were high in three out of four quarters in 2023, for that reason she would like to increase the rate from .22 per 1,000 to .55 per 1,000. HPSMs contract

with Magellan ended December 31st. They just resigned an amendment for a six-month extension to help through the transition. She briefly reviewed the charts, graphs and data and went over the types of grievances and appeals for both Medi-Cal and CA.

In Q4, membership decreased to 166,330. Volume for all G&A decreased, which is consistent with 2023 trends as well. Rates of complaints per 1,000 member months were within goal for CCS, MC, and ACE. CA was outside of goal as it has been for over a year. HWx was slightly above goal, this can be attributed to a small increase in volume given the low number of members in the LOB. Timeliness is above goal at 98.6%. BHT access grievances decreased in Q4 2023. Additional CC, tracking logs and oversight has improved access for members slightly. HPSM is in the de-delegation process with Magellan. This should be completed by July 1, 2024. Charts and graphs are very similar for Q4 as they were in Q3. All reports were sent to CAC members prior to this meeting.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:30 pm by Amy Scribner.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission