

**HEALTH PLAN OF SAN MATEO
CONSUMER ADVISORY COMMITTEE MEETING
Meeting Minutes
Thursday, June 6, 2019
801 Gateway Blvd. 1st Floor-Boardroom
South San Francisco, CA 94080**

Committee Members Present: Tricia Vinson, Ricky Kot, Angela Valdez, Mary Pappas, Judy Garcia, Robert Fucilla

Committee Members Absent: Hazel Carrillo, Cynthia Pascual

Staff Present: Maya Altman, Karla Rosado-Torres, Kiesha Payne, Mat Thomas, Gabrielle Ault-Riche, Charlene Barairo, Carolyn Thon, Rustica Escandor, Samareen Shami, Megan Noe, Colleen Murphey, Nicole Ford, Dr. Richard Moore, Michelle Heryford.

- 1.0 Call to Order/Introductions:** The meeting was called to order at 12:02 pm by Tricia Vinson and introductions were made.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Agenda:** The agenda was approved as presented. **M/S/P**
- 4.0 Approval of Meeting Summary for March 7, 2019:** The meeting summary for March 7, 2019 was approved as presented. **M/S/P**
- 5.0 HPSM Operational Reports and Updates**

- 5.1 CEO Update:** MS. Altman updated the group on the dental integration efforts. There is a meeting tomorrow, June 7th and HPSM will be presenting a financial analysis. They are still on track to go to the commission in August for permission to proceed. She reminded the group that if the program is approved the projected start date is January 2021. She asked anyone interested to please attend the meeting.

The State budget is still being finalized. HPSM continues to be concerned with the pharmacy carve out, proposed by Gov. Newsom. There are two parts to this, one is the bulk purchasing of pharmaceuticals and the other is the carving out of the pharmaceutical benefit from Medi-Cal managed care. She noted that HPSM and several health plans in the California Association of Public Health Plans are quietly casting doubt on this proposal. Especially as studies have shown that similar programs in other states have increased the cost of drugs. Mainly because while they may have been successful in lowering prices thru bulk purchasing, they have not been effectively managing the benefit, making sure members are taking generics when instructed to do so, etc. A copy of the study has been released to the legislature and key staff. The report has many vignettes and anecdotal evidence from the Plans' pharmacy staff with proof of assistance in helping members with their pharmacy

needs. Finally, she reported that the Seton sale hasn't closed yet; but should by October.

Ms. Vinson noted about the State budget has a proposal to raise the poverty level, which will positively affect many in San Mateo County, she is urging everyone to call Assemblyman Ting to voice support of this bill. Ms. Vinson will supply talking points to HPSM about this issue.

- 5.2 CMO Update:** Dr. Moore reported on the Seton purchase, he advised the group that KPC is committed to maintaining a lot of the services currently in place there and at the Coastside location.

Health Services took over utilization of the Behavioral Health psychotherapy authorizations from BHRS, except for severe mental illness clients. They are reporting 100% compliance for turn-around times thus far.

The CMC contract was recently renewed for three years, HPSM is going thru the contract now.

Withholds received for quality measures are at 100%. DHCS has issued new quality indicators for 2019 that are very extensive and may prove challenging for Providers. Ms. Ford noted that there are many new measures proposed for a variety of services. Notably, there has been a big addition of pediatric based measures and metrics. DHCS has raised the benchmark from 25% to 50%, which can result in corrective action if a provider is unable to perform as required. There was a question from Mr. Kot about how this might affect the delivery of service to HPSM members? Ms. Ford noted that there will be some outreach from the Plan to members to remind them about seeing their Primary Care Physician and taking advantage of other preventative care measures. They will also check in with members to gauge accessibility and see if there are barriers to their being seen. Efforts will be made to advise members about the Non-Emergency Medical Transportation (NEMT) benefit.

Karen Fitzgerald, Director of Marketing reported on the new HPSM website. It is a year old now, she reports there has been a 6% increase in traffic to the site over the last 6 months among HPSM members.

- 5.3 Quality Improvement:** Ms. Shami reported on a new initiative, it's a collaborative approach with several departments at HPSM. Entitled "The Member Experience and Member Engagement Workgroup", the purpose is to reassess and reevaluate the interaction between members and the health plan and optimize how members

engage with HPSM. The group is made up of representatives from Member Services, Behavioral Health and Integrated Care, Care Coordination, Marketing, Adult Programs, and Quality Improvement and Monitoring. It is still a work in progress, and they are still reassessing the strategy. The group meets once a month.

Ms. Shami noted this is based on a cyclical approach and they are looking at how other plans engage with their members. They will continue to work with other departments and focus on CAHPS scores. Ms. Vinson inquired on the makeup of the group and asked why there are no HPSM members in this group. They will set up a focus group with members, noting that eventually there will be HPSM members in the core group. Mr. Fucilla noted it's hard to address member engagement without member participation. Member involvement on committees has been a struggle historically. Ms. Ault-Riche noted the group was created because HPSM wants to increase member participation. While Mr. Fucilla believes it's a step in the right direction, he also feels HPSM committees should try to have at least one member on each committee and perhaps offer a stipend as an incentive. Ms. Altman noted that historically HPSM has struggled to get members to sit on committees. She noted however, that we currently have a member on the Commission, and many active members on CCS, though she feels more can be done. Ms. Vinson suggested inviting members to attend committee meetings to introduce them to different ways they can become involved. Ms. Shami said they are also meeting with other health plans about their plans for engagement. Ms. Garcia noted that transportation is often difficult for many members such as herself and to consider that it may be the reason there isn't more member participation.

5.4 Grievance and Appeals: Ms. Rosado-Torres reviewed the G&A report. In the 1st quarter of 2019, only 2 lines of business were higher than expected, Medi-Cal and CCS. The department met their goal of 95% for Timeliness for grievances. Pharmacy appeals met their goal as well. G&A Medical Appeals did not meet their goal, they came in at 93%, but this was due to a system error, which has since been resolved. The CMC Line of business reported a slight increase in grievances in Q4 of 2018, however it was lower than Q1 of 2018. She reported that all Grievances are timely for the first time since Q3 of 2017. Grievance cases for CMC has gone up slightly since Q4 of 2018, though are lower than Q1 of 2018. Appeals for Prescription Drugs has increased since the last quarter, however the number of appeals for both quarters are the same. Appeals related to DME has decreased from Q4. They have been working with their overturned appeals workgroup and have finalized trends and a threshold for overturned appeals that they will be monitoring quarterly. The Medi-Cal line had an increase in grievances, 216 compared to 184 in the last quarter. There has also been an increase in specialty appeals. Ms. Rosado-Torres also reported that they have been instructed to mark repeat grievances so that they can monitor this for NCQA data. There are no corrective actions.

A total of 94 members asked to change their PCP, 25 were clinics, 12 were providers. For 6 providers, 5 or more members has asked to switch providers. Ms. Vinson asked about those who asked to switch their PCP. She inquired on the follow up to this request and if they know why are they requesting this? G&A is working with Provider Services to monitor and track trends that may be contributing to this. Ms. Vinson inquired on their findings. Ms. Murphey reported that Provider Services has met with some of these providers. Part of the problem is the auto-assignment feature, some practices always have them on and are seeing members continually assigned to their practice even when they don't have time to see them. Provider Services has asked some to disable the auto assignment feature to not overwhelm them. Ms. Vinson also inquired about the forecast of increased denials in BHRS. Ms. Rosado-Torres noted that because BHRS pre-authorization process was transferred to HPSM and they are taking on the utilization management they are anticipating having to limit the amount of sessions due to outliers found that eat up access for other members. Maya requested the committee invite Amy Scribner, Director of Behavioral Health to the CAC meeting in September to discuss the BHRS transfer.

5.5 Provider Services: Ms. Murphey reported on network updates. Recent additions to the network include, the Columbia Asthma and Allergy clinic. They've also added a couple of cardiologists and physical therapists. She went over a couple of active network development initiatives; the first is about Long Term Care and Skilled Nursing Access. Provider Services are moving towards a new payment model for SNF and LTC, with the goal of improving access, making it easier for skilled Medi-Care members to get placement and rewarding facilities for quality of care. They are also hoping to add wheelchair vans to the transportation benefit. Ms. Murphey also reported on new programs with Mills Peninsula and Sequoia. They are proposing an ED Navigator position. This person will be a licensed physical social worker hired to catch frequent utilizers to the ED. They will specifically target, those who do not need acute care and are instead in need of social programs or assistance. Ms. Pappas inquired if an ED Navigator would be there 24 hours, 7 days a week. Ms. Murphey noted they are still working on what the scope might be. Mr. Fucilla remarked that busy hours in the ED are typically between 3:00-9:00 pm. The group encouraged the department to keep the busy time in mind when scheduling this position. Ms. Vinson inquired about those who aren't members yet but will be with a little help, what is the plan for those in the gap period? Ms. Murphey noted other plans have used incentive programs to help review current plans for members and to look at coverage, they may consider that as well.

5.6 Member Services: Ms. Ault-Riche went over the Member Services and Care Advantage report. She advised the group that DHCS is transitioning most of the kids in the Healthy Kids line of business to Medi-Cal. She believes this will be a great transition, as there will

no longer be co-pays, they will still have premiums but will deal directly with DHCS for that. This change is effective Sept. 1st, 2019. Members won't need to do anything. This change means they will have Denti-Cal going forward. She reported this will affect all but 23 of the current members, those who have Healthy Kids but not CHIP. This will affect San Francisco, San Mateo and Santa Clara counties. They are partnering with the county to ensure coverage for those who are not transitioning. Members will receive 30- and 60-day notices before this takes effect.

The Call centers continue to see enrollment go down. Medi-Cal enrollment went down about 9% since last year. The Marketing and CareAdvantage teams are working hard to make sure existing CA members stay in that program as well as initiating outreach to those in the county who are eligible for CA. The CA Call team continues to exceed all goals consistently. MS are still struggling; they are presently engaged in a comprehensive evaluation of the MS call center. They are looking at staffing ratios, training needs, process improvements and anything else that may be contributing to this issue. They also have a new performance dashboard and put together a work plan based on staff feedback around process improvements. She will have more information at the September meeting. Ms. Ault-Riche introduced Kiesha Payne, HPSM Member Services Manager. The team is very excited to have her.

There was a question from Mr. Fucilla about the big drop in Medi-Cal enrollment. Ms. Ault-Riche reported that presently, they do not have a good sense why enrollment is dropping so much. The two biggest reasons stated in G&A reports for losing Medi-Cal is "Failure to Cooperate" and "Other." Because these explanations are so vague it is difficult to adequately measure. It is important to try and make a determination, she noted because if a member is moving out of the county or getting a job, those are considered good reasons. But if this is because our members cannot get access than that is not good for HPSM and needs to be addressed. She also noted that HPSM staff that were dedicated to the Healthy Kids line of business can now be used for outreach calls to Medi-Cal members, in the hopes they can engage the member before losing their insurance.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:05 pm by Ms. Vinson.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission