

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

Meeting Minutes

Thursday, October 28, 2021

****Video 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, Rob Fucilla, Judy Garcia, Marmi Bermudez, Hazel Carrillo, Gloria Flores-Garcia, Ricky Kot

Committee Members Absent: Mary Pappas, Cynthia Pascual

Staff Present: Pat Curran, Gabrielle Ault-Riche, Colleen Murphey, Karla Rosado-Torres, Charlene Barairo, Nicole Ford, Michelle Heryford

Staff Absent: Maya Altman, Chris Esguerra, M.D., Richard Moore, M.D., Keisha Williams

1.0 Call to Order/Roll Call: The meeting was called to order at 12:02 pm by Ms. Elbeshbeshy.

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

3.0 Approval of Meeting Minutes for August 19, 2021: The August 19, 2021, minutes were approved as presented. **Kot/Second: Flores-Garcia. A roll call vote was unanimous.**

4.0 AB 361: Mr. Curran informed the committee about AB 361 which basically says the extension of the ability for public bodies to meet virtually will extend past October 1, 2021. It requires the committee to make a motion and approve the extension to continue to meet virtually. The motion passed.
Kot/Second: Flores-Garcia. A roll call vote was unanimous.

5.0 HPSM Operational Reports and Updates

5.1 CEO Update: Mr. Curran provided an update on behalf of Ms. Altman.

- 5.1.1** He updated the group on the Pharmacy Carveout, in which HPSM members will be receiving their Medi-Cal (MC) pharmacy benefits through the State and their contractor Magellan. There continues to be transition work. Members will continue going to the pharmacies they see now. HPSM is concerned about the transition because of the volume of phone calls HPSM currently receives about prescription refills and the staffing Magellan will need to support these inquiries state-wide. Ms. Ault-Riche said that after the carveout complex issues will be forwarded to the pharmacy and CC teams, who will have access to a medical liaison at MedicalRX. Mr. Kot asked what would happen to the HPSM pharmacy team after January 1st. Mr. Curran replied that since the carveout will only impact the Medi-Cal line of business (LOB), the pharmacy team will continue their current work for all other lines of business. They will also get more involved with some of the coordination aspects of medical pharmacy such as injectables. Ms. Valdez asked if the Human Services Agency can still refer clients to HPSM for pharmacy related issues. Ms. Ault-Riche said they will be expected to reach out to Magellan directly for any pharmacy related issues, as HPSM will only step in for escalated or complex issues.
- 5.1.2** Mr. Curran reminded the group about HPSM Dental, the dental program being implemented on January 1st. This is a six-year pilot program. The short-term focus is on transition and continuity. If members are getting care now, they will continue to see their dentist whether that dentist is in the network or not. The goal is to try to remove barriers for the first three months or more. Over time they hope to increase access. Notification letters have been sent to members already and will be sent 90-, 60-, and 30-days before the January 1st transition.
- 5.1.3** The committee discussed ways to provide outreach and assistance to members about the new programs before implementation. Mr. Curran noted that for the dental program, ideally members should contact their current dentist to see if they will be participating. There isn't much that members can do beforehand about the pharmacy carveout besides continuing to get their medications from their current pharmacist. Members will not need to change their pharmacy or get new ID cards. Consumer advocates have noted that they are seeing many questions from members about the forms being sent to them. Ms. Ault-Riche asked the group to please let her know when there are questions about materials disseminated. The feedback is helpful and will guide efforts to simplify notification letter and forms. The Marketing and Communications Department (MARCOM) has created a user-friendly booklet about the dental benefit that will include key information. It is slated to be released in December. Dental providers will be listed on the electronic directory effective January 2021.

- 5.1.4** Mr. Curran also noted that there have not been any significant changes from the State in terms of disenrolling people. This is a looming concern but there doesn't seem to be any coverage changes scheduled for January 1, 2021. He also spoke briefly about CalAIM, a multi-year initiative by DHCS to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program, and payment reform. Mr. Curran noted that this will mean more in-depth care coordination.
- 5.1.5** He advised the group that this is a very busy time for regulatory work with audits and accreditation work going on behind the scenes at HPSM. He ended by reminding the committee about Ms. Altman's retirement at the end of the year.

5.2 CMO Update: Chief Medical Officer, Chris Esguerra was not present, but he provided a written statement: "We at HPSM are busy with a lot of implementations for January 1, 2022. CalAIM integrates and acknowledges addressing social needs of members with high level of need. Our dental integration starts 1/1/2022, marking local, integrated coverage of dental benefits for Medi-Cal. Unfortunately, pharmacy will be carved out to the state starting 1/1/2022."

5.3 Provider Services: Ms. Murphey provided an update on several key changes related to the provider network and to vaccination rates.

5.3.1 She went over HPSM's vaccine efforts. Overall, vaccine rates in San Mateo County are very high, though the rate of members vaccinated lags by about 20 points. HPSM has recently launched a vaccine incentive program for Primary Care Providers (PCPs) with funding provided by the State. There are several reasons member vaccine rates are lower such as vaccine hesitancy, language, transportation, and information barriers. They are working with Legal Aid and Wider Circle as well as individual providers to act as trusted messengers to build vaccine confidence with members. They will provide dedicated funding to all participating PCPs. Many of the large clinics are vaccinators already, but a lot of the solo practitioners are not registered yet. It's an involved and expensive process, so HPSM is providing some funding to help with that. There are dollars that PCPs can receive for getting members vaccinated and the funding is flexible and can be used in whatever way they feel is most effective. Ms. Murphey offered to share some resources with the group.

5.3.2 She also spoke about HPSM's network of PCPs. A growing number of PCP's have retired or are nearing retirement, which is a big area of focus. Provider Services are working on trying to expand capacity with some of the larger providers and are in active conversations now about adding a new primary care location to an existing provider who will be able to handle about 100 more members.

5.3.3 Ms. Murphey informed the group about the transition of the Home Advantage benefit which is focused on members that have five or more chronic conditions. They hoped to expand the program. A Request for Proposal (RFP) was done, and Landmark, the current provider, was asked to participate in that along with other providers. The decision was made to contract with a new provider called Upward Health. They will begin transitioning in March of 2021.

5.4 Grievance and Appeals: Ms. Ault-Riche reviewed the Grievance & Appeals (G&A) report.

5.4.1 The Medi-Cal Rate of Complaints for Q3 is within the goal; CA was slightly over the goal as was Healthworx (HW). HW numbers are small which makes any change look significant.

5.4.2 Timeliness goals were met for all G&A categories.

5.4.3 There were significant changes in the number of 24-hour resolutions. These are calls in which members express dissatisfaction, but the Call Center is able to find a solution during the call or within one business day. Resolutions related to medical services decreased in Q3 but those related to prescription drugs doubled. The decrease on the medical side appears to be related to increased access to transportation. When medical offices opened after the height of the pandemic, the demand for rides significantly increased. At the same time there was a nationwide shortage of Uber drivers, who are one of the main transportation suppliers for the benefit, which lead to delays in members receiving rides and a higher volume of 24-hour resolution calls. HPSM has been working closely with their transportation vendor to address this issue. The decrease in calls indicates improvement in transportation timeliness. 24-hour resolutions related to pharmacy issues, however, increased as did claims rejections by the pharmacy team. This could be related to the fact that before the public health emergency members needed to use 75% of their medication supply before getting more. This restriction was loosened to 50% at the beginning of the pandemic to ensure members had sufficient medication supplies. HPSM recently reverted to the 75% threshold, which may have led to the increase in pharmacy-related calls.

5.4.4 The overturn rate on prescription drug appeals decreased and is now at 49%, whereas previously 69% of pharmacy appeals were getting overturned. The Pharmacy Services team is investigating this change more closely to see if they can identify trends.

5.4.5 There were no complaints filed with the Complaints Tracking Module (CTM), which are complaints that members file directly with CMS.

- 5.4.6** Medi-Cal grievance and appeals rates are stable. The percentage of quality-of-care grievances increased, which has been referred to HPSM's Medical Directors and Quality team to review for trends.
- 5.4.7** Kaiser grievances doubled from Q1 to Q2 and again from Q2 to Q3. HPSM has asked Kaiser to do a root cause analysis to identify the sources of this increase. The majority of Kaiser grievances are about case management or care coordination. There was a question from the committee about how HPSM handles Kaiser G&A. Ms. Ault-Riche confirmed that HPSM only provides oversight of Kaiser and does not work grievances or appeals directly for Kaiser-assigned members.
- 5.4.8** Ms. Ault-Riche reviewed the number of PCP changes away from clinics and solo practitioners, which included 100 members asking to change their PCP in Q3 2021.

5.5 Member Services: Ms. Ault-Riche reviewed the Medi-Cal portion of the Enrollment and Call Center report, and Ms. Barairo reviewed the CareAdvantage section of this report.

- 5.5.1 Enrollment continues to trend up because of the hold on dis-enrollments. There are fewer new Medi-Cal enrollments this year than there were at the same time in 2020, which is likely an indication that they are reaching saturation of people who qualify for Medi-Cal in San Mateo County. The ACE line of business has a similar trajectory.
- 5.5.2 Calls to Member Services were up for much of the year but have since stabilized. Member Services anticipates seeing the call volume increase again as the transitions related to HPSM Dental, CalAIM, and the Pharmacy Carveout approach. Member Services is in the process of hiring additional call center staff and have recently hired a Call Center Supervisor.
- 5.5.3 Call center answering goals were met for August and September. Call abandonment rates are very low at 1-1/2%. Representatives in the call center have three of their calls selected per month and reviewed for call quality; for Q3, 95% of the calls that were reviewed met the quality standards. There were five calls that did not meet the standards, and those representatives received one on one coaching. Member Services has also started refresher trainings at staff meetings in which they review scenarios and different opportunities to help the call center reps stay current.
- 5.5.4 Goals for the timeliness and quality of email response were met at 100%.
- 5.5.5 Ms. Barairo reviewed the CareAdvantage portion of the report. In Q3 CareAdvantage enrolled a total of 255 members; 185 were new members and 70 were re-enrolled. There were also 245 dis-enrollments. The top three reasons for dis-enrollment are moving out of the area, enrolling in a new plan, and passing away. HPSM leadership is evaluating how to remain competitive in the market, as other Medicare Advantage plans are

emerging in San Mateo County. The hope is that going forward, signing on with other health plans is not one of the top three reasons for leaving the plan.

- 5.5.6 The CareAdvantage team is working with San Mateo County HICAP to get HPSM members qualified and enrolled in the Qualified Medicare Beneficiary program (QMB). In January they mailed letters to 901 members. Some members qualified for free Medicare without using QMB. They now have 139 members getting free Medicare Part A through QMB and 50 of those are newly enrolled in CareAdvantage.
- 5.5.7 The CareAdvantage Call Center received 5,650 calls in Q3 and answered 93% of those. In Q3, they answered 86% of calls in 30 seconds, which is low compared to previous quarters but still meets the regulatory goal of 80%. The decrease in answer time is the result of CareAdvantage Navigators answering phones without the assistance of the Enrollment/Disenrollment team as they adjust workflows. The abandonment rate was at 2% and 97% of monitored calls in Q3 met the quality standards. These are both within goal.
- 5.5.8 The CareAdvantage Unit also hired a new CA Navigator in May. There are no proposed actions at this moment as all medical and DHCS requirements were met.

6.0 New Business: Proposed 2022 Meeting Dates: Ms. Ault-Riche reviewed the proposed meeting dates for 2022. Meetings will continue to be quarterly on the third Thursday of the month. The proposed dates for 2022 are January 20, April 21, July 21, and October 20. The meeting dates were approved as presented. **Flores-Garcia/Second: Bermudez. A roll call vote was unanimous.**

7.0 Adjournment: The meeting was adjourned at 1:17 by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

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Assistant Clerk to the Commission

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION
CONSUMER ADVISORY COMMITTEE**

**IN THE MATTER OF APPROVAL OF TELECONFERENCE MEETING
PROCEDURES PURSUANT TO AB 361 (BROWN ACT PROVISIONS)**

RECITAL: WHEREAS,

- A. In the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the San Mateo County Board of Supervisors recently found that meeting in person would present imminent risk to the health or safety of attendees of public meetings and accordingly directed staff to continue to agendize its public meetings only as online teleconference meetings; and
- B. The Board of Supervisors strongly encouraged other legislative bodies of the County of San Mateo that are subject to the Brown Act to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined; and
- C. The Committees of the San Mateo Health Commission must make such a finding under AB 361 in order to continue to conduct meetings as online teleconference meetings.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

1. The Consumer Advisory Committee hereby finds that in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, meeting in person would present imminent risk to the health or safety of attendees of public meetings for the reasons set forth in Resolution No. 078447 of the San Mateo County Board of Supervisors and subsequent resolutions made pursuant to AB 361; and
2. The Consumer Advisory Committee continues to agendize its meetings only as online teleconferencing meetings; and presents this item within 30 days for its consideration regarding whether to make renewed findings required by AB 361 in order to continue to meet remotely.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 28th day of October 2021 by the following votes:

AYES: Elbeshbeshy, Kot, Fucilla, Bermudez, Garcia, Carillo, Flores-Garcia

NOES: 0

ABSTAINED: 0

ATTEST:

BY: *Michelle Heryford*

Michelle Heryford

Assistant Clerk to the Commission