

**HEALTH PLAN OF SAN MATEO  
COMMUNITY ADVISORY COMMITTEE MEETING  
Meeting Minutes  
Wednesday, October 18, 2023  
801 Gateway Blvd. – 1<sup>st</sup> Floor Boardroom  
South San Francisco, CA 94080**

**Committee Members Present:** Amira Elbeshbeshy, Ricky Kot, Angela Valdez, Hazel Carrillo, Marmi Bermudez, Robert Fucilla.

**Committee Members Absent:** Mary Pappas, Cynthia Pascual, Ana Avendano, Ed.D

**Staff Present:** Pat Curran, Megan Noe, Mackenzie Moniz, Keisha Williams, Talie Cloud, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:05 pm, a quorum was met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for August 16, 2023:** The minutes from the August 16, 2023, meeting were approved as presented. **Williams/Kot MSP**
- 4.0 HPSM Operational Reports and Updates:**
  - 4.1 CEO Update:** Chief Executive Officer, Pat Curran provided an update, he advised the group that at their last meeting, the San Mateo Health Commission (SMHC), voted to approve a sizable investment in Primary care. Ongoing primary care access is one of HPSMs biggest concerns. This will span the next 5 years. The investments will be in people, process, and technology. Mr. Curran also advised the group about some transitions that will be happening in Behavioral Health Therapy (BHT). These specific services are for children that are on the autism spectrum. HPSM had been working with Magellan to provide these services. However, over the last nine months they have noticed an increase in grievances in this area. Access issues are at the forefront, at last check there were about 80 individuals on a waiting list that had not received care. There are many reasons for this, there are extreme work force challenges in this area and an increase in individuals seeking treatment. HPSM feels the best way to proceed is to transition those services in-house from Magellan. The contract with Magellan is over in December and they are not renewing it. HPSM will be talking with Magellan soon to discuss what that transition looks like. Some of the grievances have been sent to the

California Department of Managed Health Care (DMHC), requiring HPSM to take action. There was a question about DMHC and if they are requiring HPSM to transition from Magellan. The answer is no, HPSM decided on their own to go in this direction.

Mr. Curran asked Ms. Valdez to give the group an update on the redetermination process. They received many waivers from DHCS that they are trying to apply to the renewals they are processing. Return mail is a big issue, because they are working hard to process renewals that are late, return mail takes a back seat. Ms. Bermudez noted that at present in San Mateo County, work is being done on Medi-Cal disenrollments, which is happening as the department transitions into a new system, which makes things difficult. Initially, they could not physically see the disenrollments. Reports from Member Services showed only about 300 members being disenrolled in September. They had hoped those numbers signified that the word was out and that members had been re-enrolling, however the following month the numbers ballooned to approximately 2,600 renewals. What they are doing in the Health Coverage Unit (HCU) is to assist and educate members immediately about their options. Many come in without their renewal packets. There are escalation units to help those, especially those with urgent needs and those that are still within the renewal period. They are asking members to submit through Benefits Cal for a variety of reasons. They have also created a flyer to inform members of the different ways they can renew. Members can call HSA and renew over the phone, drop into the office, or just mail in their packet. She reminded the group that clients can also simply file their taxes for an income match administrative renewal. The renewal packet is not needed with an income match. Statewide the disenrollment rate is about 25%, HPSM is below the statewide average. It was mentioned that many have used the Get CalFresh portal for their sign ups, however, Get CalFresh is sunsetting. Using Benefits Cal would require one to open an account, which was not a requirement with Get Calfresh. Member advocates noted that they would like to be able to submit online renewals on behalf of clients without asking them for their log-in information which Get CalFresh allowed. The group was reminded that the majority of ACE members, though not all, are transitioning to full Medi-Cal on 1/1/2024. About 15K+ ACE members will be receiving a transition and disenrollment notice by 11/01/2023, letting them know they will be eligible for Medi-Cal on 1/1/2024. The ACE fee waiver is fully sunsetting on 2/28/2024.

**4.2 CMO Update:** There was no update.

**4.3 Population Needs Assessment Results:** Population Health Program Specialist, Talie Cloud went over the 2022 results of the Population Needs Assessment (PNA) for the Medi-Cal line of business. The goals are to:

- Identify the health needs and disparities of HPSM's membership.
- Assess health outcomes and resources available.
- Evaluate the health experiences of HPSM's subpopulations.
- Implement targeted strategies for Population Health Management (PHM) program/service gaps through an Action Plan.
- Guide PHM strategy and collaboration with county of key focus areas.

She briefly went over the PHM strategy. Demographics show HPSM had 173,439 members at the end of 2022. 81% of those are enrolled in Medi-Cal. The largest populations are Hispanic/Latino, Other and Asian or Pacifica Islander (PI). This year they have some de-aggregated racial data for the Asian and PI subgroup. In this category, Filipino and Chinese are the largest groups. In terms of language, there are four threshold languages, English, Spanish, Chinese (Mandarin/Cantonese), and Tagalog. Threshold languages have certain requirements for language assistance services. 45% of members prefer a language other than English. The MC population is aging, in 2019, the largest group was the 0-21 age group at 50%, in 2022 the largest group was the 22-64 age group at 49%. Ms. Cloud noted they are also doing subpopulation analysis on the following groups: 1) Perinatal Health, 2) Child and Youth Health, 3) Adult Preventive Health, 4) Chronic Conditions, 5) Members with Limited English Proficiency (LEP), and 6) Social Determents of Health and Behavioral Health (SDOH). She spoke a little bit about SDOH. About 3% of HPSM members have one or more SDOH claims. There was a 43% increase in coding of these SDOH claims from 2021 to 2022. This high number does not mean this issue has increased, it merely reflects the number of Providers who are now coding for this, they had not done so before. The most common category is housing and economic circumstances. She went over the health disparities they assess as well. They are able to measure disparities such as age, race, disability status, sex, and language. They are not able to measure disparities around gender, sexual orientation, or education because they lack the data at this time, they are working with the County to obtain that. She provided an analysis summary of disparities identified using variables like, age, gender, race/ethnicity, spoken language and people with disabilities. These

results are what they use to inform their targeted action plans and programs. The PNA action plan includes work in perinatal health, child and youth health, adult preventive health, and chronic condition management. There was a question about how data was collected and if they would consider using geographic data. The majority of the data is claims data, they add in additional data from health risk assessments from member surveys. They can include geography and have in the past, for example looking at the North County as well as the Coastside area. The demographics come from the FAME file from DHCS. They have been working with them to get information about members, which is often broken down and more detailed.

**4.4 CAC & Member Engagement Update:** Program Manager, Member Experience & Engagement, Mackenzie Moniz went over some of the changes proposed for the Community Advisory Committee going forward. There are new items such as the CAC welcome page, updates to the scope and charter, a community menu of member Advisory Groups, a sample CAC calendar and an updated policy and procedure page. She went over the updated charter and scope. The main change is updated language around the purpose, goal & scope, membership, and community involvement. Another new feature is the addition of the menu of advisory groups, they are looking closely at some of the groups that are under the Office of Diversity and Equity. There are many groups there that meet monthly that mirror the concerns and issues that many HPSM members have. HPSM is also working with a Provider, the San Mateo Medical Center (SMMC) on these issues as well. If there are other groups that they are made aware of, they will be added to this list. She spoke briefly about a sample calendar. Key regulatory reporting from the CEO, CMO, Provider Services, Member Services, CareAdvantage and Grievance and Appeals are required and will remain, a summary page will be included in the reports. The calendar will also have additional topics related to health delivery system reforms, communication methods to providers, health education and outreach programs, marketing materials and campaigns, the Population Needs Assessment and Quality (Member) Surveys. Ms. Moniz also went over the updated P&P, which is designed to engage HPSM membership to join CAC. Other changes includes the incorporation of a feedback loop for information shared at the meetings and follow-up about what HPSM has done with the suggestions and ideas received. There will also be an annual CAC demographic report. It will include composition and diversity of the HPSM membership. She also proposed a yearly check-in for areas of opportunity within

the Committee and how to adjust the trajectory if needed. They will also try to address barriers and challenges in meetings. The post discovery proposal includes the following:

#### **Members in CAC**

- 1-9 HPSM members involved in CAC Committee.
- Sharing the member perspective during the meeting.
- Include family members or representatives from Health Advocacy Groups.

#### **Community Member Groups:**

- Lean into Community Groups
- Create stronger partnerships with community advisory groups
- Create a report out structure to CAC Committee Members on areas of interest that connect with content as needed.

She reviewed the workplan and timeline, outlining goals for each quarter of 2024. They will begin with an outreach campaign for new members in 2024. An email vote on the P&P and charter will be sent to the group asking committee members to approve the changes made.

**4.5 Provider Services (PS):** CEO, Pat Curran, provided an update on behalf of Provider Services Director, Luarnie Bermudo. There are three areas where there is a need, the first is for dental, specifically there is an emphasis on access for adults to specialty care services. The other item is speech therapy, mostly for services for children. The third is Non-Emergency Medical Transportation (NEMT). There are issues right now, specifically related to the work force. Access challenges in the future may be related to workforce issues as offices are already having challenges hiring and NEMT providers can't find drivers. There was a question about looking at mobile dental services, especially since they are able to go to senior housing facilities to help many at once. It is an area that HPSM is exploring. Mr. Curran noted that special needs access is a highlight, many HPSM members with special needs have received services from their Providers at their home, and HPSM has received many positive comments and feedback about that.

**4.6 Member Services (MS) Report:** Member Services Director, Kiesha Williams, went over the Member Services report. HPSM has 173,481 members across all lines of business

(LOB). The Medi-Cal renewal process continues, there is a noted 3% decrease in membership. They are continuing their “Do Not Lose your Medi-Cal” outreach efforts to help encourage members to return their packets. Robo calls were made as well, there were 3,332 members reached through this effort. In 2024, they will be working on the Medi-Cal adult expansion for ages 26-49, there will roughly 18K ACE participants transitioning to full scope Medi-Cal, those members will be auto assigned back to their county PCP under the MC LOB. They are also preparing for the Kaiser transition; they will transition approximately 14K members to Kaiser for Medi-Cal. Kaiser will manage those benefits. They are also working on a request for proposal (RFP) for a new phone system. They hope to implement a new phone system in Q2 of 2024.

**4.7 CareAdvantage (CA) Enrollment and Call Center Report:** There was no update.

**4.8 Grievance and Appeals (G&A) Report:** This was no update available.

**4.9 2024 CAC Meeting Dates –** The committee reviewed the proposed dates for 2024. The dates were approved as presented. **Kot/Williams MSP**

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

**6.0 Adjournment:** The meeting was adjourned at 1:13 pm by Ms. Elbeshbeshy.

Respectfully submitted:

*M. Heryford*

M. Heryford

Assistant Clerk to the Commission