

Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, April 23, 2021 – 11:30 p.m.
Meeting Summary
-Virtual Meeting via Microsoft Teams-

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, Health Plan of San Mateo offices were closed for this meeting, and the meeting was conducted via online meeting/teleconference. Members of the public were invited to submit public comment via email to the Clerk 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: Art Wolf, Amira Elbeshbeshy, Beverly Karnatz, Claire Day, Gay Kaplan, Ligia Andrade Zuniga, Lisa Mancini, Nina Rhee, Pete Williams, Christina Kahn, Sharolyn Kriger, Sutep Laohavanich, and Kirsten Irgens-Moller.

Committee Members Absent: Diane Prosser, Evelina Chang, Teresa Guingona Ferrer, Nancy Keegan.

Staff Present: Gabrielle Ault-Riche, Maya Altman, Ricky Kot, Pat Curran.

1. Call to Order

The meeting was called to order at 11:32 a.m. by Gay Kaplan.

2. Public Comment

There were no public comments received via email prior to the meeting or made at this time.

3. Approval of Minutes

Motion to approve the minutes for January 15, 2021 were approved as presented: Ligia Andrade Zuniga / seconded: Christina Kahn. Approved unanimously.

4. State/CMS Updates

a. CalAIM

Ms. Altman tabled this discussion for the next meeting.

b. State Budget

Ms. Altman reported that the state revenues have come in well above projection with some one-time funding, however, there are continued concerns of ongoing costs and budget deficits. The American Rescue Act included a 10% increase for home and community based federal financial participation that will be available for these services.

The May revise is expected soon and will contain more information about the Governor's latest budget proposal. CalAIM, the Governor's Medi-Cal reform initiative, is a \$1.1 billion appropriation in the budget with 100 pages of trailer bill language associated with various parts of CalAIM. The budget must be approved by the end of June.

Ms. Altman talked about Senior Focus, which closed at the end of March after decades of service. The health plan and county supervisors are working closely with a potential operator who is excited about offering services in San Mateo County. This is an Orange County family business which operates a number of CBAS centers in Los Angeles. The issue they face is the need for space to provide these services. They have been pre-screened by the California Department of Aging but must have the space identified to get their license. San Mateo County needs these services for its population as there is only one CBAS currently operating in our area. We have arrangements with centers in San Francisco and Santa Clara, but this is a distance for families to go.

5. HPSM Updates

a. Center to Advance Consumer Partnership – Project Update

Ms. Gabrielle Ault-Riche reviewed a presentation to give an update on the work HPSM is engaged in with the Center to Advance Consumer Partnership (CACP). The health plan began this work last year with a consulting group that grew out of Commonwealth Care Alliance, a well-respected community health plan in Boston who uses their experience in member engagement work to teach other health plans. This project focuses on finding ways to integrate member voices and experiences into the plan's decision making and priority setting. This process will help our health plan build an infrastructure to collect information from our members about what is important to them and where their pain points are. She reviewed the demographics of the members who were interviewed by language preferences, utilization, and engagement levels. They interviewed members who were newer to hear about the enrollment process and their experience since it would be fresh in their minds. They also interviewed longer standing members who could share their experience with our programs and staff, having had more time to be engaged with the health plan. The following are highlights of her presentation:

- An assessment by CACP consultants was completed in December 2020 reviewing plan documents around HPSM processes and workflows; interviewing 17 staff; and, 66 members.
- Results of these interviews indicate that members feel supported and cared for by HPSM.

- They trust HPSM to cover their health care costs, which is the most important issue for them.
- They feel confident in calling the CareAdvantage Unit and Care Coordination Unit to get the help they need, to be treated in a respectful manner, receive the correct information, and get help to resolve their issues.
- Members have very positive experiences with the Care Coordination team, but because case management functions are also delegated outside of the plan, member experiences with outside vendors are mixed. Due to the fact that we have multiple vendors involved in case management, members reported being confused about who was responsible for what and who was helping them. As well, they did not understand why they were being contacted by different people asking similar questions. There is an opportunity for improvement in this area for the member experience.
- Members were confused about the purpose of the health risk assessments and care plans and how they are a value for them.
- Only about half of the assumptions the health plan makes in terms of moments that matter to members and the pain points they experience were accurate. This sheds light that the plan has some assumptions that are not correct, which is common for similar organizations doing this work. This is an opportunity for improvement.

Ms. Ault-Riche stated that this is an ongoing project. Next steps include defining HPSM's intended member experience when members interact with HPSM or the health care system generally. Additionally, we need to define the leadership and governance structure including developing a statement of intent that is closely aligned with our mission-vision-values and that all of the processes are in alignment.

Next will be the process of integrating the feedback received from the member interviews. The first two areas are around improving access to interpreter services for members who are in the provider office, and a shift in the dental benefit. The health plan will be taking on dental benefits beginning in January for our CMC and Medi-Cal members. We will have an opportunity to inform this member experience through member focus groups, which is a first step in starting to build a strong infrastructure for members to engage with the plan on an ongoing basis. Examples of other engagement include members submitting feedback online, interacting on social media, and bolstering member participation on our advisory committees.

Questions by committee members:

- Art Wolf asked about the differences in the members' perceptions of pain points compared to those of the health plan. Ms. Ault-Riche stated that the main difference

was around the availability of interpreter services being provided in the provider office setting. Because HPSM pays for these services, we were under the impression that they were being utilized and easy to access for members, but members reported this was not the case. This will be an initial area for improvement.

- Beverly Karnatz asked for a glossary of the acronyms. Ms. Altman stated that we would send this out. Secondly, Ms. Karnatz expressed appreciation for HPSM staff and services. She expressed appreciation for the committee and the connections that are made to help residents through this collaboration. She reported that vaccinations at Rotary Plaza are now completed and the health plan's transportation benefit assisted in this effort.
- Ms. Kahn asked if providers are included in the online feedback. Ms. Ault-Riche explained that this infrastructure has not been built yet but made note about including providers.
- Ms. Krieger talked about the Wheel Care Express Service, which will make it possible for dialysis patients from her facility to get to these appointments. She appreciates being heard when needs are expressed at meetings.
- Ms. Zuniga asked about accessibility issues related to the dental benefit, and Ms. Ault-Riche will connect with her to discuss, explaining that the thought was to work with the CCS Family Advisory Committee and working with other groups to get feedback such as Commission on Disabilities, etc.

b. Enrollment in PG&E's Medical Baseline Program

Ms. Ault-Riche asked the group to spread the word that PG&E has a medical baseline program for people who meet a certain income criterion to receive discounts on their PG&E bill. Participants can also identify a certain emergency contact to be notified in case power is affected. This is particularly important for people who rely on equipment or devices that use power. With fire season approaching, there is the concern of power shut offs. The health plan staff has been trying to work with county partners to identify these people and ensure their safety in this type of situation. The PG&E Medical Baseline Program is a tremendous resource that should be shared. It is easy to find on the web by Googling "PGE medical baseline." People can sign up there with their emergency contact.

6. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbesy reported:

- AB470 focuses on eliminating assets for determining Medi-Cal eligibility and they are strongly supporting this bill.
- AB and SB both focusing on expanding full scope Medi-Cal eligibility to all income eligible adults regardless of immigration status and Legal Aid is also in support of this.

- New Aged and Disabled federal poverty limit increased effective April 1st bringing the limit to \$1,482 for one person and \$2,004 for a couple.
- Effective December, the COFA Medicaid Restoration passed for citizens of Micronesia, the Marshall Islands, and Palau, who will now be eligible for full scope Medi-Cal. Currently this is not automated due to technical issues, so they are relying on advocates to inform this population and assist them.
- The Biden administration introduced an infrastructure plan that includes \$400 billion to improve home and community-based services.
- There has been a lot of advocacy around non-binary gender options in forms across the board with Medi-Cal, Medicare, DHCS and CMS. Legal Aid has had discussions about form improvements and including non-binary options on all materials. DHCS and CMS are aware and are committed to working on this and are awaiting approval from CMS to move forward. It is expected to take at least a year before all forms are updated.
- The Golden Gate Stimulus will not be counted in California as income for either MAGI or non-MAGI Medi-Cal eligibility and will not count as a resource for the 12 month period for non-MAGI.

7. LTC Ombudsperson Report

Ms. Irgens-Moller reported:

- They have had an internal study group on Master Plan for Aging with 12 people in attendance reviewing the legislation.
- Most volunteers are now vaccinated, and PPE trained.
- They are going into facilities to visit and their staff can be used as a resource since they are going into facilities once a month and skilled nursing facilities once a week.
- St. Francis Pavilion and St. Francis Heights has been purchased by new owners and she expressed concern about the transition process. The hope is they will join the collaborative.
- Transition with the purchase of Seton continues. The processes that were in place now have to be rebuilt. Again, the hope is that the collaborative will be the place where standards are established and respected.
- Residents in most facilities are fully vaccinated. There is still concern about breakthrough variance and there have been some cases of staff coming up positive who had been vaccinated though they may be false positives. The next step is to consider how to get new admits vaccinated.

Mr. Curran commented that the collaborative meeting was held the day before and the focus is to continue to expand the network for specific areas and patients. They have some facilities in the East Bay and Santa Cruz. They are broadening the Pay for Performance Program based on quality metrics and continuing this collaborative. Ms. Kriger stated that the feeling is that they are being heard in these meetings and it is truly a collaborative effort.

Mr. Curran explained this is an open forum and would welcome hearing about any access pain points or challenges. Ms. Kriger added that the Ombudsman has been available throughout the pandemic and is back in the building again without missing a beat.

8. Questions about reports distributed prior to meeting.

a. Customer Support: Grievance & Appeals, Enrollment & Call Center

Ms. Ault-Riche opened the floor for any questions on the report that was included in the meeting materials.

- Mr. Wolf asked what process is taken when multiple complaints against a provider are received. Ms. Ault-Riche explained the process. She explained that if there is a trend, it goes from the Provider Services Department to the Peer Review Committee for the appropriate plan of action, if action is needed.
- Mr. Wolf asked about the high percentage of complaints related to quality of care and how the plan looks at the scope of complaints in this area. Ms. Ault-Riche answered that these go through a different review than the rest of the grievances. They are reviewed by a G&A nurse and a Medical Director. Quality of care grievances go through a clinical review and are given a score by the Medical Director based on the level of risk or severity of the issue. This score helps determine next steps. The trending component in this area is currently under review to be strengthened. Anything above a 1 goes to the Peer Review Committee. She explained the medication grievances that are overturned have more to do with the required 24 hour regulatory timeframes for making an approval or denial on decisions. It usually comes down to needing more medical information to approve the authorization.

Ms. Ault-Riche pointed out one of the concerns within CMC on the Enrollment Report is that we are losing more members to enrolling into another health plan. There are a couple of plans that have joined the Medicare market in the past couple of years with aggressive marketing strategies. They post staff onsite at the hospitals to convince people into switching away from CareAdvantage with some appealing benefits such as international coverage that HPSM does not offer. They also have some more extensive vision coverage. The problem is they do not usually have the same provider network or care coordination support. About a quarter of the members who switch away from the Health Plan, switch back within a short period of time. The part that is of major concern is that many times the members do not know they are signing up for a different plan and that by doing so, they are leaving CareAdvantage.

Ms. Kahn was aware of this and, according to Senior Medicare Patrol, the number one marketing abuse is marketing fraud, which some of these plans may be engaging in. This has

been communicated by HPSM to HICAAP regarding a particular broker or agent that is hanging out at a local hospital recruiting patients. This is now under investigation. This is happening within the county system as well. There is another group that is helping people enroll in Kaiser and it seems to be a coalition. Ms. Kahn believes we will see more of this with CalAIM. Ms. Ault-Riche added that they are not making it clear that these other plans are not an integration of the Medi-Cal and Medicare benefits. It is being presented as additional services to CareAdvantage when really it is in lieu of. Ms. Kahn also mentioned that Stanford has hired a consulting firm to help boost their Medicare Advantage plan membership to meet a quota, which is adding to the problem.

Ms. Kahn offered to conduct Duals presentations to clients or residents to anyone in the group and it could be done over Zoom. These presentations were rolled out in November and help explain integration of Medicare and Medi-Cal and what CMC provides. Ms. Ault-Riche will follow up with Ms. Kahn about potentially organizing these presentations for CMC or potential-CMC members.

Ms. Altman explained how those who are Dually eligible can enroll in any Medicare Advantage plan. The problem is there is no coordination between their Medicare and Medicaid benefits which is a problem, particularly if they need long term care. The State under CalAIM is setting up a system called Aligned D-SNP enrollment whereby in 2023, the state will require all D-SNP plans to have a letter approving their operation in California. These will only be given to those who have Medi-Cal because otherwise, it would not be an aligned program if separated. CMS is also cracking down on plans that are called “look-alikes” that enroll a large number of duals, but are a regular Medicare Advantage Plan. The Dual D-SNPs have a number of additional requirements such as the Care Model they use, care coordination, and are monitored with much more scrutiny than regular Medicare plans. This has been a problem that fragments care, and the state and feds are trying to deal with this issue.

Ms. Karnatz noted that she has been noticing that some plans are targeting certain cultural groups. Ms. Kahn talked more about some of the strategies these companies are using. Some of the perks they are presenting are actually already in member’s Medi-Medi coverage, but members are unaware of this.

b. HPSM Dashboards

There were no other questions about the dashboards at this time.

c. IHSS

There were no other comments or questions about the IHSS reports for this quarter.

9. **Group Discussion: Vaccine Update from HPSM and Discussion of Draft Member Materials & Barriers for Older Adults**

Ms. Ault-Riche shared a presentation around vaccine rates and talked about some of the barriers to vaccination and activities in which the health plan has been engaged. She reviewed the vaccination rates and pointed out that HPSM is behind compared to the countywide rates. Our membership has lower vaccination rates in the same areas when compared to the Healthy Places Index zip codes (low HPI zip codes have a higher risk). Staff performed a risk stratification of our members based on their risk of having severe complications of COVID accounting for medical conditions and race/ethnicity. The top tiers in the risk stratification have a higher vaccination rate than the lower tiers. This means we are successfully reaching and prioritizing the highest risk members. Next, she reviewed the breakdown by ethnicity noting the relation of percentages to numbers, since the populations vary in the numbers of people. HPSM is seeing lower vaccination rates in Redwood City, East Palo Alto and Menlo Park.

Some of the barriers include:

- Lack of internet access, comfort level using technology, tech knowledge and access as most of the vaccine signups have been online.
- Language barriers with most sites being in English and some in Spanish.
- Inability to sign up for a vaccination appointment due to supply shortages.
- Physical barriers to accessing the vaccination sites resulting in a program for home visits to provide vaccination to people who are homebound.
- Mobility issues cause a barrier however, members have access to free transportation to get to vaccine appointments but may not know about this benefit.
- Information accuracy is an issue with misconceptions and mistrust around vaccine safety and efficacy.

Activities of the health plan staff:

- The CareAdvantage Unit and Member Services have been receiving record high numbers of calls and helping members sign up for appointments.
- County Health has helped to put together dedicated vaccine supply pathways at Stanford and NEMS with dedicated vaccine for HPSM members.
- Staff has outreached through text messaging to notify members of specific vaccine opportunities.
- Social media, mailings, and our website are ways that we are sharing information and links to sign up to get vaccination appointments.
- A comprehensive communications strategy around vaccinations is being developed.
- A home prevention kit has been developed to help families manage their household with a person with a recent COVID diagnosis. These kits include many items to

protect the household such as masks, hand sanitizer, disinfecting wipes as well as health educational materials. These supplies are geared toward keeping the family members from getting sick.

Ms. Ault-Riche opened the floor to the group to share ideas around barriers, asking about continued barriers for older adults being vaccinated, or ways that HPSM can be a better partner in the county around vaccination:

Gay Kaplan suggested:

- Call clients to make appointments to help those who have technology issues.
- Have someone like community leaders, in a person's own language, explain the importance and pertinence of older people getting vaccinated.
- Extend hours for people who are involved in caregiving that cannot make times between 8am-5pm. Start a clinic at 7-9am and 7-9pm might be helpful.

Nina Rhee commented:

- IHSS has been reaching out to clients with robo calls in Spanish and English, text messaging, mass text messaging, and individual calling. Challenges to these efforts include not reaching people and people not wanting the vaccine or feeling they need to consult with someone else before signing up. Some clients are getting angry because they feel staff is too aggressively promoting getting vaccinated. They have directed staff to be cautious about their approach and that the calls are to be educational and provide opportunity. They are hearing a number of reasons why people are against being vaccinated. There has been success but still there is a large population that are not ready unless they hear directly from their physician.
- The effort will continue with their centralized intake including the hotline and APS, who have access codes for certain clinics giving priority access.

Beverly Karnatz commented:

- Some of the barriers experienced by Rotary Plaza residents was around the need for transportation, then the lack of vaccine, then the inability to effectively schedule appointments. These were frustrations for the residents and staff at that time.

Christina Kahn commented:

- Senior Centers may be a place to help set up vaccination clinics (Fair Oaks – overseen by Peninsula Family Service); East Palo Alto/Menlo Park Senior Centers.
- Adding information with the Second Harvest on brown bags may be a way to get the word out on vaccinations and through the congregate and home delivered meals, as well as through peer counseling.

Sherry Kriger commented:

- The partnership program was great as long as the people were in the building for both injections. Challenges were when they left the building. They brought people back to the facility to have their injections. Now they have to have five or more people that need an injection at the same time in order to get the product into their building.
- She mentioned reaching out through the churches. Ms. Ault-Riche stated the county has had some contact with faith-based organizations in the community.

10. Adjournment

The meeting adjourned at 1:00 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission