Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, April 15, 2022 – 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: Claire Day, Gay Kaplan, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar, Amira Elbeshbeshy, Nina Rhee, Pete Williams, Ricky Kot, Jill Dawson.

Committee Members Absent: Art Wolf, Beverly Karnatz, Diane Prosser.

Staff Present: Pat Curran, Karla Rosado Torres, Nicole Ford, Gabrielle Ault-Riche, Karen Sturdevant.

1. Call to Order / Introductions

The meeting was called to order at 11:33 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

The minutes for January 21, 2022, were unanimously approved as presented:

4. Adopt a resolution finding that, as a result of continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees

In accordance with AB 361, a resolution for approval was presented finding that meeting in person would present imminent health risk due to COVID-19. All in attendance were in favor. The resolution is attached to these minutes as part of the record.

5. State/CMS Updates

a. Kaiser

Mr. Curran explained the state has proposed AB 2724, for a direct contract with Kaiser for Medi-Cal instead of being administered through the local organization as it is currently. Kaiser does see Medi-Cal members in San Mateo County as well as in 18 to 20 other counties in California. Kaiser currently see about 11,000 HPSM members.

The health plan and San Mateo County have come out in opposition to this proposal. The reason for our opposition is this direct contract would change the model of the public health plan and local governance for the members.

The bill is in the legislative process so there is a possibility that it may or may not pass or could be amended. He explained some of the practical implications as we transition into the D-SNP in the future are not necessarily significant for members and access to care.

Currently when a dully eligible member signs up for Kaiser's Medicare plan, they will receive their Medicare and most of their Medi-Cal benefits through Kaiser and it is passed through HPSM. The main concern is the potential fragmentation of support services provided in the community, such as behavioral health services.

Ms. Irgens-Moller asked what problem this change will solve. Mr. Curran explained that he believes the purpose is to have efficiencies for Kaiser who currently works with many different health plans and have to deal with their different arrangements.

Ms. Sturdevant asked if our members will have knowledge of CareAdvantage as an option and would we see them in order to present them information about CareAdvantage. Mr. Curran stated that he believes that HPSM will still be the default organization and members will be enrolled with us, however, if they choose Kaiser, the state would match their Medi-Cal to Kaiser.

Dr. Yee asked for a copy of the legislation to share with her students. She noted that they are involved in policy study and legislative advocacy. She would like to share our opposition to the bill and they might work it into the asks they do when meeting with various legislators.

Ms. Kaplan asked if this change would have any funding implications. Mr. Currant stated that it could depending on the arrangement when Kaiser members are removed from HPSM. He noted that Kaiser has offered that they would grow 25% in their Medi-Cal access in the area of dual-eligibles and this may be attractive to the state.

6. HPSM Updates

a. DSNP Transition Update – Karla Rosado Torres

Ms. Karla Rosado Torres, HPSM Medicare Product Manager, gave an update on the D-SNP transition becoming effective on January 1, 2023 as part of the CalAIM provision. Staff have taken the following steps in preparation of this transition:

- Submitted CMS application with our Model of Care (MOC) in February.
- Created workgroups to lead efforts in the STAR rating program which is a quality bonus program to measure the quality of our services and the member experience. CMS has a lot of new expectations that will be measured by the STAR ratings.
- Work on the Medicare bid is underway which is the financial assumptions that will need to be submitted related to our costs to provide services to our members. This is a large undertaking that we have not been required to perform for a number of years and is an annual requirement.
- The bid also helps us frame the benefits designed for our members as we enter this competitive arena focusing on helping members become and stay healthy and includes focus on social determinants of health.
- Member materials are being reviewed and updated including notices and letters.
- Staff is working on a new marketing strategy for this new competitive market.
- Member experience and how it will affect our CAHPS results are being kept at the forefront of our focus with a variety of initiatives.
- CMS has given us permission to contact our members prior to the customary 90 day notices about this transition which is going to be significant in avoiding confusion for our members.
- Ms. Ault-Riche added that the ability to outreach to members before the 90 days was actually a result of the feedback that was provided by our committee members and thanked the group for their feedback.

b. End of Public Health Emergency & Impact on Redeterminations

Ms. Ault-Riche touched on three major changes related to eligibility that are on the horizon:

- Medi-Cal expansion which does not impact our CMC members but will impact IHSS, community based adult services, behavioral health services going live in two weeks is the expansion to include undocumented adults ages 50 and over. There are about 7,000 people in the ACE program through the county who will become eligible for full scope Medi-Cal. These people have only been eligible for restricted Medi-Cal up to this point and many will not be eligible for Medicare because of their immigration status thus will not go into CMC but will become HPSM Medi-Cal members. This will make them eligible for a number of services available to older adults including IHSS,

behavioral health and CBAS.

- The raising of the asset limit for seniors and people with disabilities (SPD) is another major change in Medi-Cal. She explained that effective in July 2022, the asset limit is going from $2,000 to $130,000 which is a huge leap. This will make many more older adults eligible for Medi-Cal and they can actually have some savings and still be eligible for Medi-Cal coverage. Legal Aid and many others have worked tirelessly to make this change a reality and she expressed gratitude for this advocacy. This means that HPSM can expect a significant increase in its SPD population.

- In January 2024 this limit for the SPD population will be eliminated entirely which means as long as a person meets income level or immigration criteria, they will be eligible for Medi-Cal. This is something HPSM is thinking about now in terms of ensuring our readiness to serve all those people with our provider networks and other services like IHSS, CBAS, etc.

  Ms. Andrade Zuniga asked if there is any increase in funding for IHSS or similar support being discussed and what is the state doing to prepare for this influx of consumers. Ms. Mancini stated they have not heard anything from the state about increase in funding for IHSS and with many of the IHSS caregivers being family members, and their inability to pay undocumented individuals to provide care, there is another problem. It is already a challenge finding caregivers in San Mateo County. We are still waiting n the governor's budget and the May revise coming out soon to see if there is something there.

- Ms. Ault-Riche stated the end of the public health emergency looks like it will happen when it is politically expedient rather than when it is actually over from a public health standpoint. We are unclear when that will be and what the impact will be on Medi-Cal members, but they will give us 120 days prior notice. Once this happens, counties will have 12 months to redetermine services and will have about three months before we begin to see negative actions issued by Human Services. Members' contact information on file is likely out of date since redeterminations have not been processed for the past two years. Regulations came out recently from the state for health plans to outreach to Medi-Cal members to verify contact information. Because of this we expect enrollment to decrease in Medi-Cal.

c. Palo Alto Medical Foundation Homecare Program

Mr. Curran explained this program is a enhanced primary care program which is in the proposal stage. PAMF first introduced this model program called "the Grove model" and was based in Sonoma County. This homecare project will include virtual visits, home visits, social work and wrap around services. The pilot project was led by Dr. Charlotte Carlson, a

geriatrician. HPSM has been talking to PAMF about bringing this model to San Mateo County as a pilot project with our members. PAMF has about 400 CareAdvantage members assigned to them and 1,300 HPSM Medi-Cal members who are in fee-for-service Medicare. HPSM would help fund the pilot through a case management fee and perform an evaluation for outcomes such as better care and decreased emergency room visits which are the same measures as our home advantage program

Mr. Curran stated that this program will leverage and expand primary care in the community. It is possible we can also seek out other organizations and this is similar to the SMMC Ron Robinson Clinic from years ago. We are hopeful that this pilot will go live in the summer opening up more care at PAMF. We continue to work on different ways to expand primary care.

Dr. Yee asked if the fee for virtual visits and home care will be different. Mr. Curran explained that members in Medicare fee-for-service do not have these types of benefits available to them. The idea about the care management fee is that you give the clinic flexibility and they handle this according to their protocols. In Sonoma County, 60% of these visits are virtual .

d. Medicare CAHPS Results & Next Steps

Nicole Ford, Director of Quality Improvement, gave an overview of her presentation reporting on the Medicare CAHPS (Consumer Assessment of Healthcare Provider and Services Systems) results from 2021. The presentation is attached to these minutes.

This is a member experience survey that is performed with our members both through the mail and telephone calls and is drawn from a sampling of members. It is to get information on how they experience the health plan, their provider, ease of access and their satisfaction with these services:

- Conducted first half of the year so members were likely thinking about their early 2021 and late 2020 experiences
- This is conducted annually for Medicare and is submitted to CMS who adjust the final score using a case-mix adjustment.
- Survey is done in English and Spanish; offered in other languages.
- Response rate is about 35.3% which is higher than the past two years.
- Overall rating measure comparison was reviewed.
- Pharmacy did not score as well landing below average in some areas and above average in others.
- Gay Kaplan asked if access is an issue with Pharmacy. Ms. Ford said it is hard to tell based on the questions and the way they are phrased.

- Dr. Yee had a question about the communication results related to doctors and their reliability being low. Ms. Ault-Riche shared what they see in G&A and call centers is it has less to do with where the pharmacies are and more to chronic issues at the pharmacy itself around overrides being needed or pharmacy staff putting a wrong number in the wrong field. These the grievances that the call center is able to resolve on the spot related to medication issues and is usually something simple. In terms of doctors communicating well, this is one of the issues we see around quality of care grievances. The majority are not about actual care provided but more about miscommunication
- Ricky Kot asked how these measures for pharmacy will be monitored in the future. Ms. Ford explained that HPSM will retain the Medicare pharmacy benefit for members so nothing will change.
- Composite measures are developed from multiple questions to make up the overall score. Unfortunately, we are scoring below the national average and peer plans. She reviewed the composite questions and how they make up the general score. She went into detail on the communications piece.
- Care Coordination saw an uptick in the need or offering of care coordination services and an increased level of satisfaction with those services.
- CMC Internet use has gone up since 2019
- In terms of receiving care quickly, the pandemic affected members and providers. Many providers in solo practice did close for a period of time. When they reopened it was not at full capacity.
- Ms. Andrade Zuniga commented that responses regarding people having the care they needed is not truly reflective of what is happening in the disability community. She express concern that because people lost their care, they are not responding to these surveys and are falling through the cracks. She wondered if there is a way the health plan could work with CID to maybe have more communication with members to see how we can encourage more people to participate in the survey and create more accessibility. She also asked about Durable Medical Equipment and issues people are having with their Medi-Cal provider charging for the equipment first for equipment that may or may not be approved. She has seen this happening and that it is making people really discouraged.
- Ms. Ford stated that staff look at Grievances to see how we can work with providers to reduce grievances. We also look at how to expand our network
- We received some decreases this year in customer service which is a concern for the plan and did not seem to be in line with some other measurements like call quality and monitoring which is done readily. To members, customer service can have different meanings. Is it with the health plan or some other vendors that are calling and working with our members on our behalf, or as well as the provider offices. Knowing exactly where the customer service experience they are receiving and

referring to can be difficult to discern. HPSM we can review call volumes internally and other factors where we have more control of our customer service. We are in the process of developing an internal survey to dive into the customer service experience, care coordination staff, call center staff, etc.

7. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbeshy reported:

- Public health emergency (PHE) is being extended for another 90 days. Unclear whether or not it will continue to be extended but have heard that it will either not be extended or extended through the end of the year. CMS has committed to giving a 60 day notice so they should hear sometime in mid-May.
- Older Adult expansion will take place on May 1st. The next group of focus will be for members between ages 26 to 50.
- AB 1900 is a move to raise the maintenance need level to 138% of federal poverty level. If a person goes $1 over this amount they fall into a maintenance need cost of $600 or share of cost (SOC). Letters have been submitted in support of this change.
- She reported on an issue where some cases of people are going into skilled nursing facilities and are being issued the LTC share of cost. This happened in the early phase of the PHE and was allowed as a positive action because it expands access to LTC. CMS disagreed and said this should not be an allowable action and DHCS is holding firm that it is allowable. Other advocates in the state have had cases where this has gone to hearing and DHS eliminated the SOC. Send cases to Legal Aid if you come across any.

8. LTC Ombudsperson Report

Ms. Irgens-Moller reported on:

- The change of ownership of four skilled nursing facilities: The Pavilion (now Golden Pavilion and Golden Heights); the HMC facilities at Coastside and at Seton; are causing problems for staff. Morale is very low and being felt by residents. They are often short staffed, and this is causing problems especially on weekends. She noted that pay rates may not be the problem. There are very few social workers. All of this leads to losing the steady connection to the health plan and things are confusing for residents.
- People are excited about the dental services coming under Medi-Cal but it's hard to find dentists. They will come in to do the assessment but then people need to go out for extractions or other work and are having trouble finding dentists able to do that.
- Many people are having problems with their Medi-Cal applications, not understanding the requirements. The get rejected and don't know why or that they need to hurry to solve an issue, then they have to start over. She expressed concern about the added volume and the need for a streamlined system for helping people with the simple things that can be solved quickly. She wondered if there was a way to have someone who knows what they are doing connect with people so they don't lose their eligibility.

- They are excited about Enhanced Care Management (ECM) coming through the health plan. She has been in a number of meetings and is feeling positive about what she is hearing. Upward Health has been visiting a lot of the residents in the small board and care facilities so residents feel supported and happy about that transition.

9. Questions about reports distributed prior to meeting.

Ms. Ault-Riche apologized for sending out a backlog of reports for Grievances and Appeals. This is a one time catch up. She stated that Grievances and Appeals, however, did remain pretty steady throughout the year with no particular anomalies being seen. Timeliness on case resolution continues to be good. Call Center for Care Advantage continues to meeting metrics, however a new phone system within the year has presented a couple of kinks to work through. All seems to be going well.

Ms. Ault Riche asked for any questions on any of the reports. Ms. Kaplan noted there was an increase in transportation grievances. Ms. Ault-Riche stated that the transportation vendor was having issues earlier in the year with staffing their call center and drivers. This was indicative of a nationwide shortage because of the pandemic. This has been resolved and numbers of grievances have gone down significantly.

a. HPSM Dashboards

No questions specific to dashboards was asked.

b. IHSS

No questions were asked related to the IHSS reports presented in the meeting materials.

10. Proposal to Change 2022 Meeting Dates to July 29, 2022, and October 28, 2022

Ms. Ault-Riche explained that the current schedule challenges the staff with having the data for the reports on the agenda. Moving the meeting to the last Friday of the month would give them time to gather the data needed to prepare the reports. With few conflicts noted, the meeting dates for July and October will be moved accordingly. Ms. Ault-Riche stated we would revisit the meeting dates for the following year.

11. Adjournment

The meeting adjourned at 1:05 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission

RESOLUTION OF THE
Cal MediConnect 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 CMC 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 CMC Advisory Committee continues to agendize its meetings only as online teleconference 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 CMC Advisory Committee this 15st day of April 2022 by the following votes:

AYES: Claire Day, Gay Kaplan, Lisa Mancini, Kirsten Irgens-Moller, Ligia Andrade Zuniga, Dr. Darlene Yee-Melichar, Amira Elbeshbeshy, Nina Rhee, Pete Williams, Ricky Kot, Jill Dawson
NOES: -0-
ABSTAINED: -0-

ATTEST:

BY: C. Burgess
_____
C. Burgess, Clerk

Attachment to Minutes for CMC 4/15/22 Item 6.d

2021 Medicare CAHPS Results

CMC Advisory Committee

Presented 4/15/2022

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CAHPS Survey Background

- **CAHPS** = Consumer Assessment of Healthcare Providers and Systems
- Member experience survey
- Survey sample drawn from all members who have been enrolled for at least 6 months, living in the US and not institutionalized
- Conducted in the first ½ of the year and measures members' experiences over the previous 6 months
- Conducted annually for Medicare
- CMS case-mix adjusts results for final scores

Medicare Response Rates

		2019	2020	2021
Completed/ Partially Completed	Completed Survey	222	247	275
	Partially Completed Survey	14	5	5
	SUBTOTAL	**236**	**252**	**280**
Ineligible	Institutionalized	0	1	1
	Deceased	6	4	3
	Mentally/Physically Incapable	4	0	3
	Excluded from Survey	0	5	0
	SUBTOTAL	**10**	**10**	**7**
Non-response	Bad Address/Phone	1	2	5
	Refusal	30	33	31
	Blank Returned	1	2	0
	Language Barrier	49	42	31
	Non-Response	473	459	446
	SUBTOTAL	**554**	**538**	**513**
Total Sample		**800**	**800**	**800**
Response Rate		**29.9%**	**31.9%**	**35.3%**

Total Number of Mail Completes = 248 (50 in Spanish)

Total Number of Phone Completes = 32 (11 in Spanish)

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

CA MMP 31.3%
NA MMP 25%

Overall Rating Measure Results

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Overall Health Plan Ratings	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Rating of Health Plan	8.8	8.8	8.7	8.6	No Difference	Good
Rating of Health Care Quality	8.7	8.7	8.6	8.5	No Difference	Good
Personal Doctor	9.2	9.1	9.1	N/A	N/A	Very Low
Specialist	9.0	9.0	9.1	N/A	N/A	Very Low

Medicare-Specific and HEDIS Measures	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Annual Flu Vaccine	76%	67%	70%	82%	Above Average	Good
Pneumonia Vaccine	72%	55%	58%	65%	Below Average	Good

Pharmacy Measure Results

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Prescription Drug Composite Measure	National MA-PD	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Getting Needed Prescription Drugs	3.74	3.71	3.69	3.67	Below Average	Good

Overall Rating of Drug Plan	National MA-PD	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Rating of Drug Plan	8.7	8.8	8.7	8.5	Below Average	Good

Contact from Doctor's Office, Pharmacy, or Drug Plan	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Reminders to fill prescriptions	54%	60%	61%	65%	Above Average	Good
Reminders to take medications	30%	47%	48%	49%	Above Average	Good

Getting Needed Prescription Drugs: Attribute Questions

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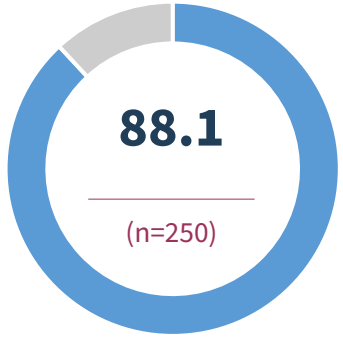
GETTING NEEDED PRESCRIPTION DRUGS QUESTIONS

The Getting Needed Prescription Drugs composite is calculated by taking the average of "Ease of using health plan to get prescribed medicines" question (Q42) and the weighted Combined Local Pharmacy and Mail score (Q44 and Q46).

- Q42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
- Q44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?
- Q46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

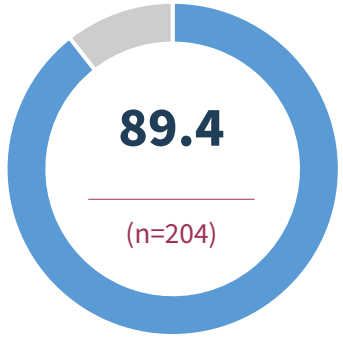
Gate Questions	Valid n	Yes
Q43. Used plan to fill Rx at local pharmacy	262	78.2%
Q45. Used plan to fill Rx by mail	253	12.6%

Q42. EASE OF USING HEALTH PLAN TO GET PRESCRIBED MEDICINES



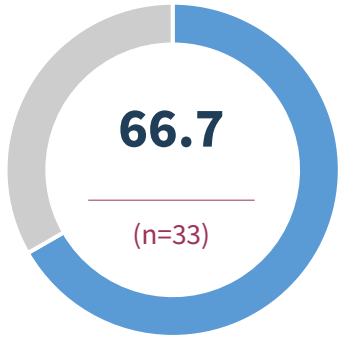
2021	88.1
2020	86.7
2019	83.1

Q44. EASE OF USING HEALTH PLAN TO FILL PRESCRIPTIONS AT LOCAL PHARMACY



2021	89.4
2020	89.9
2019	88.5

Q46. EASE OF USING HEALTH PLAN TO FILL PRESCRIPTIONS BY MAIL



2021	66.7
2020	64.9
2019	76.7

Composite Measure Results

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Health Plan Composite Measures	National MA	National MMP	CA MMP	HPSM	Statistical Significance	Reliability
Getting Needed Care	3.49	3.43	3.37	3.19	Below Average	Good
Getting Appointments and Care Quickly	3.37	3.30	3.32	3.15	Below Average	Good
Doctors Who Communicate Well	3.75	3.72	3.68	N/A	N/A	Very Low
Customer Service	3.72	3.68	3.66	3.52	Below Average	Good
Care Coordination	3.60	3.57	3.52	3.47	Below Average	Good

Getting Needed Care: Attribute Questions

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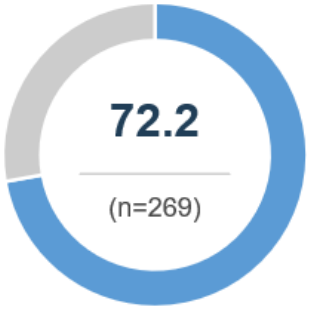
GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

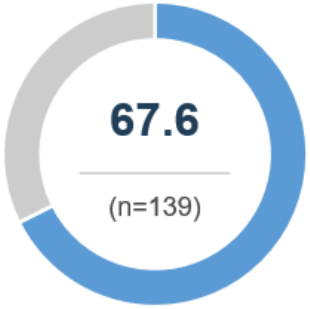
Gate Questions	Valid n	Yes
Q28. Made appointments to see a specialist in the last 6 months	261	53.6%

Q10. GETTING CARE, TESTS, OR TREATMENTS NECESSARY



2021	72.2
2020	74.2
2019	74.5

Q29. EASE OF GETTING APPOINTMENT WITH A SPECIALIST



2021	67.6
2020	72.1
2019	77.4

Getting Appointments and Care Quickly: Attribute Questions

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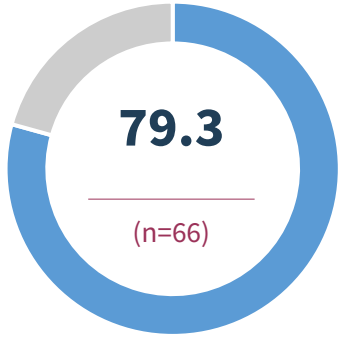
GETTING APPOINTMENTS AND CARE QUICKLY QUESTIONS

The Getting Appointments and Care Quickly composite score is calculated by taking the average of three questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- Q8. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

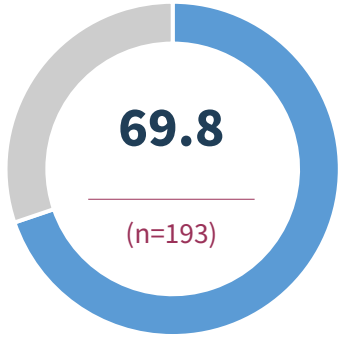
Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	268	26.9%
Q5. Made appointments for check-ups or routine care at doctor's office or clinic	268	75.0%

Q4. OBTAINING NEEDED CARE RIGHT AWAY



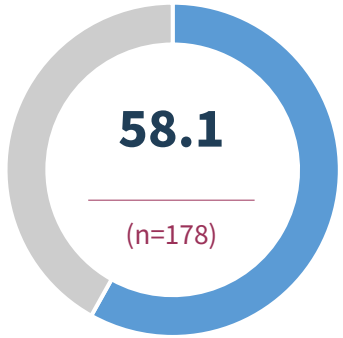
2021	79.3
2020	79.7
2019	81.2

Q6. OBTAINING CARE WHEN NEEDED, NOT WHEN NEEDED RIGHT AWAY



2021	69.8
2020	75.6
2019	74.3

Q8. SAW PERSON CAME TO SEE WITHIN 15 MINUTES OF APPOINTMENT TIME



2021	58.1
2020	56.0
2019	59.1

Customer Service: Attribute Questions

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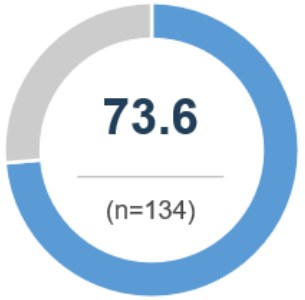
CUSTOMER SERVICE QUESTIONS

The Customer Service composite score is calculated by taking the average of three questions:

- Q34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- Q37. In the last 6 months, how often were the forms from your health plan easy to fill out?

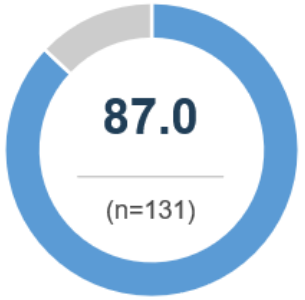
Gate Questions	Valid n	Yes
Q33. Got information or help from customer service	262	51.9%
Q36. Received forms from plan to fill out	252	38.1%

Q34. GETTING INFORMATION/HELP FROM CUSTOMER SERVICE



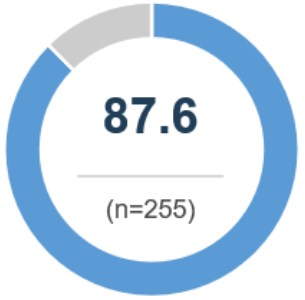
2021	73.6
2020	76.4
2019	74.8

Q35. TREATED WITH COURTESY AND RESPECT BY CUSTOMER SERVICE STAFF



2021	87.0
2020	89.3
2019	86.9

Q37. HEALTH PLAN FORMS EASY TO FILL OUT



2021	87.6
2020	88.9
2019	90.5

Composite Score Question Attributions

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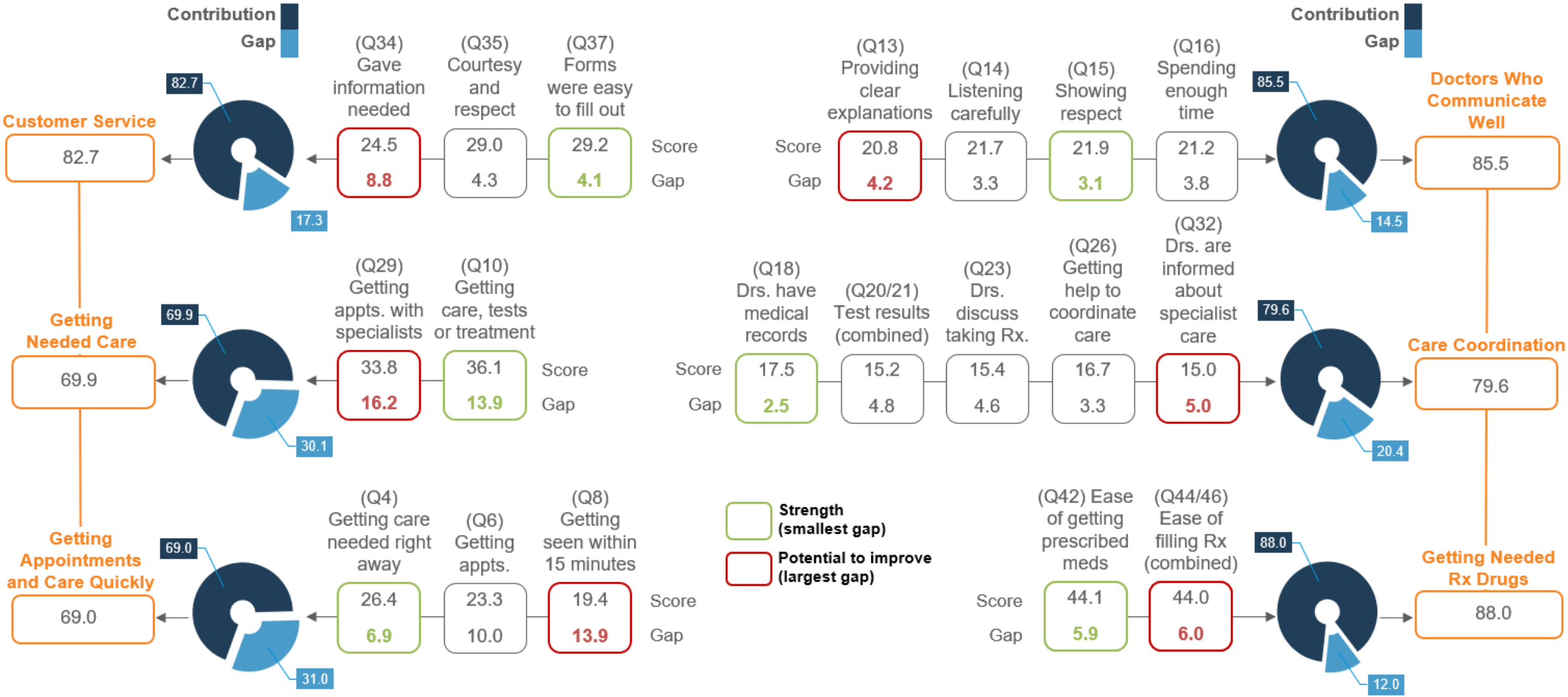

Supplemental Questions

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Survey Item	Opt-out Responses *Out of 280 Total Respondents*	Category Responses Based on Valid Responses Per Question		Plan Summary Rate Score		
				2019	2020	2021
Q69. Did you have the same personal doctor before you joined this health plan?		Yes	No	(n = 215)	(n = 232)	(n = 266)
		51.5%	48.5%	**49.3%**	**52.6%**	**51.5%**
Q70. Does your personal doctor understand how any health problems you have affect your day-to-day life?		Yes	No	(n = 211)	(n = 231)	(n = 258)
		87.2%	12.8%	**86.7%**	**90.0%**	**87.2%**
Q71. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, wheelchair or oxygen equipment?		Yes	No	(n = 214)	(n = 235)	(n = 268)
		26.1%	73.9%	**28.0%**	**22.6%**	**26.1%**
Q72. In the last 6 months, how often was it easy to get or replace the medical equipment you needed through your health plan?		Always or Usually	Never or Sometimes	(n = 67)	(n = 52)	(n = 66)
		48.5%	51.5%	**47.8%**	**67.3%**	**48.5%** ↓
Q73. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks. In the last 6 months, did you need someone to come into your home to give you home health care or assistance?		Yes	No	(n = 209)	(n = 233)	(n = 265)
		22.6%	77.4%	**22.0%**	**22.3%**	**22.6%**

Summary Rate Indicator
Grey shading indicates that the response is included in the summary rate score.

Significance Testing
Current year score is significantly higher than 2020 score (↑), the 2019 score (↕) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (↕) or benchmark score (▼).

Low Base
^Indicates a base size smaller than 20. Interpret results with caution.

Supplemental Questions

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Survey Item	Opt-out Responses *Out of 280 Total Respondents*	Category Responses Based on Valid Responses Per Question		Plan Summary Rate Score		
				2019	2020	2021
Q74. In the last 6 months, how often was it easy to get personal care or aide assistance at home through your care plan?		Always or Usually	Never or Sometimes	(n = 49)	(n = 52)	(n = 56)
		62.5%	37.5%	**73.5%**	**75.0%**	**62.5%**
Q75. In the last 6 months, did you need any treatment or counseling for a personal or family problem?		Yes	No	(n = 208)	(n = 228)	(n = 265)
		9.8%	90.2%	**8.2%**	**11.4%**	**9.8%**
Q76. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?		Always or Usually	Never or Sometimes	(n = 24)	(n = 30)	(n = 29)
		65.5%	NR	**75.0%**	**63.3%**	**65.5%**
Q77. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?		Yes	No	(n = 205)	(n = 229)	(n = 257)
		44.4%	55.6%	**27.3%**	**31.9%**	**44.4%** ↕↑
Q78. How satisfied are you with the help you received to coordinate your care in the last 6 months?		Very satisfied or Satisfied	Very dissatisfied or Dissatisfied or Neither dissatisfied nor satisfied	(n = 63)	(n = 83)	(n = 123)
		88.6%	11.4%	**87.3%**	**85.5%**	**88.6%**

Summary Rate Indicator
Grey shading indicates that the response is included in the summary rate score.

Significance Testing
Current year score is significantly higher than 2020 score (↑), the 2019 score (↕) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (↕) or benchmark score (▼).

Low Base
^Indicates a base size smaller than 20. Interpret results with caution.

Internet Use

Question 65: Do you ever use the internet at home?

Your Contract	# Members	Distribution of Responses	Percentage	Reliability	Significance
2021	268	57%	57%	Good	Below Average
2019	216	46%	46%	Good	Not Shown

Response Group	# Members	Distribution of Responses	Percentage	Reliability
National – All MA Contracts	226,008	69%	69%	Good
National – All MMP Contracts	12,184	51%	51%	Good
State MMP Distribution – CA	4,473	52%	52%	Good
Original Medicare – CA	5,765	77%	77%	Good

Analysis, Barriers, & Action Plans

Getting Needed Care & Getting Care Quickly

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- 2019/2020 Actions Taken
  - Improved trending of grievances by provider & oversight by Physician Review Committee
  - Outreach to expand pain management provider network
- Barriers
  - Pandemic negatively impacted access at provider offices, including provider retirements and contract terminations
  - Provider Services staff time diverted away from PCP recruitment efforts to focus on COVID-related projects

Getting Needed Care & Getting Care Quickly, Cont.

- Action Plan
  - Cross-reference practitioner-level data on noncompliance with timely access standards with member access grievances to identify providers with multiple indications of access issues.
  - Conduct outreach to these providers to address access concerns.
  - Continue to engage in network expansion efforts for PCP and Specialty

Customer Service

- Analysis
  - Significant drop in rates indicate members were not receiving the assistance they needed.
  - Drop in "*dignity and respect*" rating indicates a concerning shift away from HPSM's intended member experience.
- Barriers
  - Call centers struggled to integrate rapidly changing instructions due to vaccination updates.
  - Pandemic affected personal lives of call center staff, increasing stress and possibly reducing empathy and level of attention given to members.
  - Results are unclear as to whether members are reporting experiences with CareAdvantage call center, other staff, HPSM vendors, or provider offices.

Customer Service, Cont.

- Action Plan
  - **Increasing Accurate & Helpful Service**
    - Regular refresher trainings for Customer Service staff on common member questions
    - Continue call monitoring with 95% accuracy standard and track performance across quarters
  - **Increasing Treatment with Dignity and Respect**
    - Explore additional training on active listening and handling calls with empathy, dignity, and respect.
    - Continue to monitor calls against this objective
    - Promote counseling and wellness resources for staff such as Employee Assistance Program to support staff in managing stress

Customer Service, Cont.

- Action Plan, Cont.
  - **Increasing Resources during High Call Volume**
    - Identify areas for increased efficiency, maximizing staff available to answer the phones
    - Moved to a cloud-based call center system in November 2021, which should decrease connectivity issues and provide real-time call volume data.
    - Conduct follow-up Member Experience Survey to gather details on what is causing disatisfaction

How Well Doctors Communicate

- Analysis & Barriers
  - Primary barriers have yet to be fully investigated
  - Efforts at building member engagement infrastructure should deepen HPSM's understanding of the factors contributing to patient-provider communication.

- Action Plan
  - Continue to investigate potential areas to improve provider communication

Thank You

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Appendix:
Summary Rate Scores Trended

Medicare Summary Rate Scores

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DOMAIN: MEMBER EXPERIENCE WITH HEALTH PLAN	2021 Valid n	2019	2020	2021
Q38. Rating of Health Plan (% 9 or 10)	**266**	**65.6%**	**70.7%**	**68.8%**
Q9. Rating of Health Care Quality (% 9 or 10)	**271**	**49.5%**	**52.2%**	**55.4%**
Getting Needed Care (% Always or Usually)	**272**	**80.5%**	**77.5%**	**72.3%** ‡
Q10. Getting care, tests, or treatments necessary	269	78.2%	81.1%	77.7%
Q29. Ease of getting appointment with a specialist	139	82.7%	73.9%	66.9% ‡
Getting Appointments and Care Quickly (% Always or Usually)	**224**	**75.3%**	**73.1%**	**71.5%**
Q4. Obtaining needed care right away	66	85.9%	83.5%	83.3%
Q6. Obtaining care when needed, not when needed right away	193	78.7%	78.0%	69.4% ‡
Q8. Saw person came to see within 15 minutes of appointment time	178	61.4%	57.7%	61.8%
Customer Service (% Always or Usually)	**262**	**87.9%**	**89.4%**	**86.2%**
Q34. Getting information/help from customer service	134	79.8%	81.2%	76.9%
Q35. Treated with courtesy and respect by customer service staff	131	92.6%	97.5%	91.6% ↓
Q37. Health plan forms easy to fill out	255	91.5%	89.6%	90.2%
Care Coordination (% Always or Usually)	**211**	**85.7%**	**88.8%**	**84.8%**
Q20. Personal doctor's office followed up to give you test results	173	77.4%	79.2%	79.8%
Q21. Got test results as soon as you needed	173	78.7%	82.1%	83.2%
Combined Item - Test Results	173	78.0%	80.7%	81.5%
Q18. Doctor had medical records or other information about your care	202	91.9%	95.4%	90.6%
Q23. Doctor talked about prescription medicines	183	83.6%	83.0%	81.4%
Q26. Got help managing care (% Yes, definitely or Yes, somewhat)	76	94.8%	100%	90.8% ↓
Q32. Doctor informed and up-to-date about specialty care	118	80.0%	84.9%	79.7%

Note: The Care Coordination composite is the average of the Combined Item and the remaining measures shaded blue. The Combined Item is the average of Q20 and Q21

Medicare Summary Rate Scores

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DOMAIN: MEMBER EXPERIENCE WITH DRUG PLAN	2021 Valid n	2019	2020	2021
Q47. Rating of Drug Plan (% 9 or 10)	**263**	**66.5%**	**70.5%**	**68.8%**
Getting Needed Prescription Drugs (% Always or Usually)	**256**	**90.2%**	**92.3%**	**93.4%**
Q42. Ease of using health plan to get prescribed medicines	250	87.3%	90.9%	91.6%
Combined Local Pharmacy and Mail	210	93.0%	93.7%	95.2%
Q44. Ease of using health plan to fill prescriptions at local pharmacy	204	93.0%	95.1%	96.1%
Q46. Ease of using health plan to fill prescriptions by mail	33	75.0%	68.4%	69.7%
DOMAIN: STAYING HEALTHY – SCREENINGS, TESTS AND VACCINES				
Q57. Annual Flu Vaccine (% Yes)	**264**	**77.6%**	**81.5%**	**81.8%**
OTHER MEASURES				
Doctors Who Communicate Well (% Always or Usually)	**203**	**93.7%**	**94.1%**	**88.8%**
Q13. Doctors explaining things in an understandable way	200	91.9%	93.8%	86.5% ↓
Q14. Doctors listening carefully to you	202	94.6%	95.4%	89.6% ↓
Q15. Doctors showing respect for what you had to say	201	95.1%	97.4%	90.5% ↓
Q16. Doctors spending enough time with you	199	93.0%	89.7%	88.4%
Q17. Rating of Personal Doctor (% 9 or 10)	**202**	**72.5%**	**74.4%**	**70.8%**
Q31. Rating of Specialist (% 9 or 10)	**133**	**64.6%**	**77.7%**	**69.2%**
Q60. Advised to Quit Smoking (% Always, Usually or Sometimes)	**16^**	**82.4%**	**100%**	**100%**
Q58. Pneumonia Vaccine (% Yes)	**225**	**70.3%**	**72.4%**	**64.9%**

Note: The Getting Needed Prescription Drugs composite is the average of the Combined Item and Q42. The Combined Item is the weighted average of Q44 and (