

**Health Plan of San Mateo
CareAdvantage Advisory Committee
Friday, April 28, 2023 – 11:30 a.m.
Meeting Summary
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Beverly Karnatz, Amira Elbeshbeshy, Claire Day, Gay Kaplan, Dr. Darlene Yee-Melichar, Jill Dawson, Oscar Rodriguez, Nina Rhee, Ricky Kot

Committee Members Absent: Pete Williams, Ligia Andrade Zuniga, Lisa Mancini

Staff Present: Chris Esguerra, M.D., Joy Deinla

Guest Present: Donovan Fernandez, Kellie Hanson, Chelsea Hargreaves

1. Call to Order / Introductions

The meeting was called to order at 11:30 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. Ms. Hanson and Ms. Hargreaves shared a flier for their new Emerging Aging & Disability Resource Connection program, using the “No Wrong Door” approach to provide a coordinated point of entry for older adults and individuals with disabilities to help them access services and supports.

3. Approval of Minutes

The minutes for January 27, 2023, were approved as corrected with the spelling and consistency of Dr. Yee-Melichar’s name. Motion to approve: Dawson / Second: Yee. Minutes were approved as corrected.

4. State/CMS Updates

Dr. Esguerra noted that previously the health plan had its CareAdvantage Medicare/Medi-Cal program known as Cal MediConnect which now has officially ended and will now be moving into a D-SNP (Duals Special Needs Plan). This is designed specifically for beneficiaries who are Medicare/Medi-Cal eligible. The health plan has ongoing work with the state towards alignment and coordination for our members. He talked about AB 1230 which is a bill that promotes look-alike Special Needs Plans that will force DHCS to enter contracts with plans even though they may not align with the Medi-Cal portion. It goes against the CMS and the State’s intent to align Medicaid and Medi-Cal. He talked about how, in the past, people have joined these look-alikes to later find they do not align with services and then they will move away from them. This happens every year but there will be even more advertising sent to our

members during years' this open enrollment. Discussion ensued on what this might look like and he noted it is a bit confusing for members. Kaiser this year will be another competitor and we have already witnessed an influx this year into Kaiser enrollment away from HSPM. He will provide more details in the future on this bill.

Dr. Yee-Melichar also asked how this bill and the onset of redeterminations will affect our members. Dr. Esguerra answered that the health plan has been sending out a lot of communications in partnership with the county about the redetermination process which is beginning in April for July due dates. If someone loses their Medi-Cal, they have a four month deeming period in which to have it reinstated. Staff have processes in place to work with members and are typically able to reinstate their Medi-Cal. The message is to the community to pay close attention to the information they will be receiving and to reply to it quickly.

5. HPSM Updates

a. CareAdvantage D-SNP – post transition – Dr. Chris Esguerra

Dr. Esguerra reviewed his presentation on the transition from Cal MediConnect to the new D-SNP program. He explained that this transition was a lift and shift with staff supporting the process. Supplemental benefits were offered to members: Over the Counter at \$90 per quarter; Healthy Food for those with qualifying conditions in the amount of \$65 per quarter. Communications to members were updated with a brand refresh. The additional benefits are administered by debit card through a vendor. There were many calls and questions which overwhelmed the vendor. These benefits began back in January. Even though there were daily calls in the average of 600-1,000 between the health plan and the vendor, staff were able to get members what they needed.

Dr. Esguerra touched on the Pharmacy Carve Out noting that Part D transition was fine, however, the Medi-Cal portion of the carve out in California had issues. For a small subset of items, members had to deal with the State instead of HPSM. Our staff is helping members as much as possible through this transition. He encouraged the group that they have members experiencing problems to contact HPSM and staff will help.

Dr. Esguerra explained how staff triage requests depending on products requested. If it is something covered HSPM can handle internally and will work with the pharmacy on how we will cover it or with their OTC card. If not, HPSM will help them make the call to the State and work with the pharmacy with the information needed.

Ms. Karnatz encouraged us to use her (facility administrators) with the communications for the residents so when they are asked about issues, they will be able to help them. She also mentioned that the enrollment period was very aggressive last year with their approach to the residents. Dr. Esguerra explained that work around advertising is a focus and now when

you look at Medicare.gov HPSM does not have a STAR rating because we are new. This will change as we approach this year's open enrollment.

Mr. Fernandez asked about the OTC benefit and if the member does not use the funds in the quarter, do they lose this (use it or lose it). Dr. Esguerra confirmed they will lose it if it is not used within the quarter and members are told to use it and get all that they can. We are seeing more use on the grocery side. There was discussion on the use of these cards and the various items considered grocery rather than OTC (vitamins for example). Dr. Esguerra noted that members can get help from the CareAdvantage unit who can work with the vendor to fix any miscategorized items. Currently they do not have the demographic information and will hope to have more information on that at future meetings.

In closing, Dr. Esguerra explained there are about 16,000 dually eligible individuals in San Mateo County and 8,850 are in CareAdvantage. About 5,900 have Medicare original and the rest are split among Kaiser and other plans. The 5,900 are those we hope to reach. Our goal is to grow that enrollment through outreach to the community.

6. Presentation – CareAdvantage Brand Refresh – Joy Deinla

Ms. Deinla, HPSM's Marketing and Communications Manager, reviewed her presentation which is attached to these minutes. She touched on the following:

- Staff reviewed the current CareAdvantage brand and thought about ways to transition CareAdvantage from Cal MediConnect to the D-SNP program in a way that would have the new program stand out among other plans and still live under the Health Plan of San Mateo with consistent and effective messaging.
- The new branding includes a new logo "CareAdvantage by Health Plan of San Mateo"
- The process considered what our Dual Eligible members want from their health plan, how can we retain members and encourage others to join us over other plans.
- Focus on commitment to health equity, working with existing local partners, and cultivating new partnerships was identified as key factors in this approach
- Staff embarked on building a brand identity for members to connect with when thinking of CareAdvantage using good member experiences with our local and knowledgeable staff to help them.
- All-in-one coverage. Local care. Right here in San Mateo County – is the foundations of our new brand and characteristics of focus.
- Four pillars of our Brand: Specialized Plan; Local Coverage; Community Connections; Culturally Inclusive Care.

Next steps will be to incorporate this into the communications within the annual enrollment and communications that will be developed for community partners to share with their clients about CareAdvantage, providers, on our website, etc.

Ms. Rhee asked for materials to be shared with Aging and Adult Services as new materials come out to be shared with their staff to share with the public. She also asked about provider and member training opportunities as new benefits and information is being pushed out to the public, noting that older adults sometimes have trouble hearing or capturing the information. Ms. Karnatz asked for the member newsletters to be sent to the facility administrators so they can be informed of what the members are receiving and wondered about training at their level to be able to help their residents. Dr. Esguerra thanked them for this input on what we are doing for our communications with community partners such as talking points and education.

Ms. Kaplan asked about health plan presence at the community farmer's markets. Ms. Deinla stated that the staff is working on a calendar for community activations and will investigate the farmer's market idea. Ms. Kaplan asked how the pillars will be kept together and not become silos so that members will have access to each. Ms. Deinla stated that there was an internal launch of the brand, but a constant refresh will happen throughout the year.

Ms. Karnatz talked about their partnership with the health plan has been a model for her organization (Human Good). Dr. Yee-Melichar noted that membership recruitment is important but also mindful of membership retention and continuing to reinforce the messaging is needed. She thanked Joy for the presentation and expressed appreciation for the four pillars mentioned. She suggested that the Cultural Inclusion pillar may need to be more tailored to groups for the outreach.

Ms. Deinla added messaging in other languages go through translation and staff reviews to make sure the translations are not translated in ways that have other meanings. Retention messages will be out to the public, advertising outdoor in select zip codes such as bus stops and other news media. She shared her contact information and is open to all suggestions.

7. Discussion Topics:

a. Supplemental Benefits – looking to 2024 – Dr. Chris Esguerra

- Dr. Esguerra reviewed his presentation which is attached to these minutes.
- 2023 Benefits for CareAdvantage Program: Vision (\$175 per year), Worldwide Emergency Coverage (up to \$25K), Over the Counter Plus (\$90 per quarter), Healthy Foods (\$65 per quarter)

- He asked the group for their thoughts for 2024. Staff will be submitting a proposal in May and have a potential to change in August
- Regarding vision: data usage might be helpful in answering if it should be increased. The question of being able to carry over the benefit to the following year to have 2x the benefit for those who may not get new glasses each year was asked.
- Worldwide Emergency Coverage amount – what is the ideal amount (unsure)
- Over the Counter and Healthy Foods benefit – the idea of as bumping that up was discussed. The idea of it being available to all was discussed and Dr. Esguerra explained there are chronic condition regulations that cannot be changed. Another question asked was could this be increased and combined with Healthy Foods up to \$200. Dr. Esguerra will check on this idea. Dr. Esguerra noted that members should talk to their PCP to see if there is something that may not have been documented that might make them eligible for these benefits.
- Next Dr. Esguerra asked if there were other benefits we should consider adding: i.e., Fitness, Transportation, and any other benefits. Ideas mentioned were supplemental support for utilities; support for IHSS background checks could help the healthcare provider; dental care support above Medi-Cal, hearing aids, and DME.
- Dr. Esguerra talked about the dental program demonstration pilot and possible benefit expansion soon to focus on prevention.
- Lastly, Dr. Esguerra reviewed the timeline that leads to more benefits being released in October

8. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbeshy reported:

- The CCI Ombudsperson program has changed and will no longer be CCI. It will become Medi-Medi Ombudsperson for D-SNP program.
- Reported on specific cases where members were erroneously enrolled in Medicare, being disenrolled and having an impact on the Medi-Cal benefits. They are hearing that this is happening in other counties as well. Seems to be a Part D coverage problem and DHCS is working on this. Legal Aid is working on the enrollment issue.
- Asset requirements will be eliminated in January 2024. A request for a federal waiver has been submitted by DHCS to not check asset limits for renewals to eliminate potential gap coverage between now and January.
- No changes to CSRA (Community Spousal Resource Allowance). There was talk of a change but DHCS is leaving this intact.
- Reported that there were cases of people being terminated from their Medicare savings program during the public health emergency. This was determined to be not allowable and since then, have only seen one case of a person being disenrolled. It was announced that this decision was retroactive to March 2020.

- 2321 is a special rule during the renewal restart that if a person's income is \$0 they will not be asked for any verification.
- Medi-Cal/Medicaid scams are on the rise in California and around the country. Members should never be asked to pay for the Medi-Cal applications or any information. Please share this with members.

9. LTC Ombudsperson Report

Mr. Rodriguez stated that the Ombudsman Services of San Mateo County, Inc. (OSSMC) has a new executive director who will either assign someone to this group or will attend these meetings in the future. They are now fully staffed with their new regional supervisor beginning next week. He reported they are having issues with long-term care residents in care facilities needing help with their Medi-Cal applications. He asked if someone or agency could come to the facilities to assist as these patients are unable to leave the facility due to their conditions. Dr. Esguerra stated that the HCU could help with this and if not the CareAdvantage Unit could help. CID also shared a contact to help as well.

10. Questions about reports distributed prior to meeting.

- **Health Risk Assessment/Care Plan Completion and LTSS Utilization Dashboard**
- **Grievance & Appeals Report**
- **Call Center & Enrollment Report**
- **IHSS Utilization Report**

Dr. Esguerra asked if there were any questions related to the reports.

Ms. Dawson noted the jump in referrals this month in IHSS, and they expect this to continue to rise. They are working on increasing the number of staff to meet that demand.

11. Other Discussion Topics

Dr. Esguerra asked if this group would be open to staff watching a live stream of this meeting. Dr. Yee-Melichar moved to allow streaming of this meeting for staff. There was a second to the motion and the group was in agreement.

12. Adjournment

The meeting was adjourned at 1:06 p.m.

Respectfully submitted:

C. Burgess

C. Burgess, Clerk of the Commission