

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Meeting Minutes
Friday, January 18, 2019 – 11:30 a.m.
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Gay Kaplan, Sharolyn Kriger, Lisa Mancini, Christina Kahn, Teresa Guingona Ferrer, Ligia Andrade Zuniga, Pete Williams, Evelina Chang, Tricia Berke Vincent, Beverly Karnatz, and Nancy Keegan.

Guests: Lisa Choquette

Committee Members Absent: Claire Day, Janet Hogan, Kirsten Irgens-Moller, and Diane Prosser.

Staff Present: Maya Altman, Gabrielle Ault-Riche, and Katie-Elyse Turner.

1. Call to Order

The meeting was called to order at 11:40 a.m. by Gay Kaplan.

2. Public Comment

There was no additional public comment at this time.

3. Approval of Minutes

The minutes for the October 19, 2018 meeting were approved as presented. **M/S/P.**

4. Ombudsman Services Report

Ms. Irgens-Moller was not present to give a report at this meeting.

5. Legal Aid Report

Ms. Tricia Berke Vinson reported:

- There have been some staffing changes at the Legal Aid but they are now fully staffed again. They are continuing to see clients consistently throughout the last several months but there have not been the same number of referrals recently.
- They performed training for the CareAdvantage staff at the end of November and they have seen an uptick in the referrals to the program which indicates that people are getting the help they need.
- Monthly clinics take place and private attorneys volunteer to help members who have been put on share of cost and having trouble accessing their services. There are 12 people scheduled for the January clinic and others in line for February.
- It seems there may be an increase in churning of members on and off the program. This can be a problem resulting in gaps in coverage which can cause other problems (i.e., social security). They will be looking into the reason for this over the next few months.

- She suggested that a share of cost training could be done for this group in the future. The group thought this was good idea for an agenda topic for the next meeting.

6. Grievances and Appeals Report

Ms. Ault-Riche reported on Q3 of 2018:

- Rate of Complaints per 1,000 members CMC decreased from 21 in Q2 to 16.8 in Q3. This is typical activity to see decreases over the course of the year.
- Timeliness of Complaint Resolution shows that Grievances and Appeals are struggling a bit at 88% (compared to the goal of 95%) and this was due to staffing and leadership issues at this time last year. At this point, the coordinator positions are fully staffed, a new manager has been hired, and only one nurse position needs to be filled.
- Volume and types of grievances has remained flat. The Part D medication appeals are down over the course of the year and again this is typical activity.
- Staff has been working closely with the Medical Directors on the overturned appeals. They established a workgroup to review these case by case to identify how to improve the process and reduce these types of denials. They now have enough data to trend and are now taking a second look.
- Discussion ensued related to transportation benefits, the amount of usage, and types of ways to access the benefit. Ms. Karnatz asked if there had been a reduction in transportation benefit usage noting she had seen some of her residents using Redi-Wheels instead of the health plan's benefit and wondered about the use of Uber or Lyft. Ms. Ault-Riche answered there has been an increase in usage overall and members with a Smartphone are able to use Lyft through HPSM's contracted transportation vendor, American Logistics Company. Ms. Zuniga expressed concern around the number of no-shows and the effects on people getting to appointments. There was some discussion around consequences for the drivers who have poor performance. Ms. Ault-Riche stated that though there may not seem to be much that changes when clients complain, there is actually action taken when grievances are filed so it is important that people file the grievances when they have issues. Other ideas presented were to consider some sort of reward system for drivers or possible special training for serving seniors and people with disabilities. This may be possible with ALC but not Lyft. Another program called Go-Go Grandparent which lets people use Lyft and Uber without using a Smartphone was mentioned.

Questions:

- A question was raised about the Part D prescription appeals report. Ms. Ault-Riche stated this is not an accurate accounting of the total of overturned appeals and will make the correction.
- Ms. Karnatz asked where the transportation grievances appear in the report. Ms. Ault-Riche stated that they fall under Grievances because they are not appeals (they have not been denied). The transportation complaints tend to be for no shows, late arrivals, etc. She added that the agreement with ALC, the transportation vendor, was recently renewed after an RFP process and the contract changed to include a provision that if they are more than 15 minutes passed the time they said they would be there,

then this ride is considered late. This is reduced from the 30 minute window previously set. Additionally, in the past, if they got the member to the appointment on time then it was considered a successful ride but this did not take into account the stress level in this type of a ride. Hearing these complaints led to this change. There are payment penalties related to this performance.

- Ms. Vinson asked about the increase in pharmacy appeals due to policy changes related to process standardization. She asked if there was a way to override the process of going through two formulary drugs to get the non-formulary drug. Ms. Ault-Riche reported that early on there was an increase in Part D appeals and staff is watching to see if the 2nd quarter of this year looks the same or whether folks are getting used to this change. She did not know the clinical reasons for the process change. Ms. Vinson asked if there were exceptions to the rule and Ms. Ault-Riche said she would have to check on this. She added that there is a review performed on a case by case basis and if there is a reason that a patient needs to be put on a medication without going through the standard process, the physician should include this in the request. Many times the appeals are overturned because additional information is given after the first request and if it had been included at the beginning, the request would not have been denied.
- Ms. Zuniga asked about the reasons for the grievances related to DME (Durable Medical Equipment). Ms. Ault-Riche stated that most of the DME grievances seen moving to appeals are either for incontinence supplies or the big items like walkers and wheelchairs. Sometimes appeals are for CPAP supplies which is one of the areas the MD's are looking at more closely because it is one of the types of appeals we are overturning. Ms. Zuniga mentioned that CID (Center for Independence of Individuals with Disabilities) has a program for people who do not qualify that can help with walkers, wheelchairs and other DME products which are donated. Pete Williams added that, for example, if it is a hospital bed or stair lift CID can connect with people to figure out the need and the availability to meet that need. Ms. Zuniga stated that there is a network that CID is connected to where if CID does not have something they can go through the network to see if they can fill the need and work out how to get it to that person.

7. Updates and Discussion

a. CMC Dashboards

Ms. Katie-Elyse Turner explained that there were no formal reports prepared for this meeting.

b. IHSS Update

Ms. Turner asked the group what they would like to discuss in April and at future meetings related to IHSS. She will work with IHSS and others here to put together some data and metrics based on the groups' interest for future meetings.

Ideas discussed included:

- Data on the changes to the number of Protected Supervision hours.

- Ms. Vinson said she would like to know if there has been a change in the way these hours are allocated. Legal Aid has been seeing people who are losing these hours and she wonders why. Ms. Mancini explained what Protected Supervision Hours are, the number of hours allowed (192 hours maximum of the 283 maximum IHSS hours) and that this is a special set of people. She suggested she could give a more detailed report in April.
- Policy changes that affect people on IHSS
 - With a new Governor there may be policy changes that affect people on IHSS. Ms. Mancini concurred that there are policy issues related to sick leave coverage, new emergency registry and other policy issues that we can talk about.
- Recruitment of Providers to IHSS
 - The workforce has been an issue for a while. Providers are made up mostly of family members however, there are people who do not have family members and others who choose to use providers that are not family members.
- Educating legislators
 - Legislators that drive the budget may not always understand the affect that policy decisions have on IHSS recipients. The group discussed opportunities to educate legislators. Ms. Zuniga added that there is a forum CID is forming to talk about what is currently happening with IHSS, how it directly affects IHSS recipients, and what type of policy issues need to be changed. The legislators do not completely understand the affects since they are not users of the program. Ms. Vinson added that there has been a bill running year after year to raise the Aged and Disabled FPL income level to match the MAGI Medi-Cal level. One of the things that they wanted to explain to the legislature in terms of passing this bill was that by keeping the FPL so low people aren't able to access IHSS and then the only option for some people is to go into an institution which is so much more expensive.
- And, IHSS eligibility and the exceptions to qualify for IHSS.

Other discussion ensued around the inclusion of IHSS recipients at this meeting. Ms. Zuniga reminded the group that this meeting was to include IHSS recipients and provide a place for them to voice their issues and concerns. Ms. Altman stated that we are interested in recruiting IHSS recipients for this group and welcomed any suggestions. Ms. Zuniga stated that the CID could be a resource for people who may be a fit to this group for IHSS issues.

8. Other State/CMS Updates

Ms. Altman reported:

- Seton filed in bankruptcy court that there is a potential buyer. This buyer filed a bid to buy the San Mateo county-based hospitals, including Seton Coastside. Santa Clara County is trying to buy the two hospitals in Santa Clara County. The bidder

owns seven other hospitals in Southern California. This all has to go through bankruptcy court. They have set up procedures for an auction that will likely be held in April and then the Attorney General will make a decision thereafter.

- The CMC program is supposed to end in 2019 and the state had been working on a one year extension. CMS came back suggesting they do a three-year contract extension with some conditions attached. These conditions include a disenrollment policy for plans that have high voluntary disenrollment rates. HPSM is at 1% voluntary disenrollment so this is not a concern. Another is a profit sharing provision and HPSM does not have any profits. Because of the government shut down there has been a slow in progress but we expect to see an extension.
- CMS came to the Health Plan recently. The head of the Medicare-Medicaid Coordination Office (MMCO, or “the duals office”) spent the day with all the CMC plans and met with HPSM staff. It seemed to be a good visit because they were engaged and asked good questions. They challenged the Plan to focus more on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey score performance and we are going to work on that.
- Last year HPSM initiated a proposal to the state to be able to pay for Assisted Living. Because assisted living is not a benefit in Medi-Cal, HPSM teamed up with Inland Empire Health Plan (IEHP) to approach the state about this issue. IEHP has recently implemented a program that replicates HPSM’s Community Care Settings Program (CCSP) using the same vendors, Institute on Aging (IOA) and Brilliant Corners. When HPSM and IEP met with the Director of Health Care Services at the state, she was encouraging and asked the rates people to meet with us. A few months later they discontinued discussions. It was frustrating but now that we have a new administration we will go back and try again. One of the people appointed as the Cabinet Secretary was our consultant who helped us try to save CMC and she was also the Director of Finance when it was developed so we know she understands this program and likes it. We will also do a broader approach with the legislature. The California Association of Health Plans have adopted this as a major strategy because even if they plans are not in CMC, many of the plans are responsible for Long Term Care so they would love to work on alternatives to nursing home care.
- The Governor’s initial budget came out last week and there is a lot in there some of which is not directly related to CMC but there is an expansion coverage proposal. We are concerned about the pharmacy proposal that will take pharmacy responsibility away from the plans and centralize it at the state. We are particularly concerned about the impact on certain populations because it would require a statewide formulary. This means we would lose the ability to customize our formulary to people’s needs, for example, the CCS formulary which was changed to eliminate some of the prior authorization requirements. We have a lot of work to do to understand the proposal but are concerned about losing local controls and

access to important data that help us manage our members.

- Dental Integration research continues. There is another dental coalition meeting on Friday.
- The CareAdvantage event “All Aboard CareAdvantage” took place at HPSM. The event was very well attended, there were booths and vendors present answering questions and community partners such as Legal Aid and HICAP. We had staff present interpreting for people. There was a lot of information sharing and people were hearing information that was new to them. It was a very productive event. CMC even had a booth recruiting for this committee and have a list of interested parties. Christina Kahn asked about the title of Medicare Specialist and wondered if it would be confusing to members and if staff will still refer clients to HICAP when they may need more information on Medi-Cal/Medicare. Ms. Ault-Riche reported that this potential confusion was communicated to the Marketing Director, who said they are calling themselves CareAdvantage Medicare Specialists. We have taken note and the call centers are very clear about referring to HICAP. Ms. Ault-Riche said she would follow up with the sales staff to ensure they are letting members know about HICAP’s availability.

9. Adjournment

The meeting adjourned at 12:55 p.m.

Respectfully submitted:

C. Burgess

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Clerk of the Commission