

Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, July 29, 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: Gay Kaplan, Dr. Darlene Yee-Melichar, Beverly Karnatz, Jill Dawson, Amira Elbeshbeshy, Lisa Mancini, Ligia Andrade Zuniga, Art Wolf.

Committee Members Absent: Claire Day, Kirsten Irgens-Moller, Nina Rhee, Pete Williams, Ricky Kot

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

1. Call to Order / Introductions

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

The minutes for April 15, 2022, were presented for approval. Motion to approve: Zuniga
Minutes 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.

Motion to approve: Dr. Yee-Melichar. All in attendance were in favor. The resolution is attached to these minutes as part of the record.

5. State/CMS Updates

a. Title 22

Mr. Curran explained new federal legislation proposing a new Title to the Federal Code specifically for the Dual Eligible individuals, forming a separate program for both Medicare and Medi-caid – The Comprehensive Care for Dual Eligible Individuals Act. He does not expect it to pass this fall. However, it introduces an important conversation about integrating services for dual eligible individuals. Right now, this does not have effect on us. California is ahead of the curve even as we move back to the D-SNP. The state is making policy changes reflecting the importance of integrated care for people between Medicare and Medi-Cal and aligning the plans to do that. A copy of the legislation will be sent out to the group.

6. HPSM Updates

a. DSNP Transition Update – Karla Rosado Torres

Ms. Karla Rosado Torres, HPSM Director of Medicare, gave an update on the D-SNP transition which be in effect on January 1, 2023, as part of the CalAIM provision. Staff have been working towards a smooth transition for staff and members. She reported the following:

- The Model of Care submission was approved by CMS and DHCS.
- The bid submission has been completed. This is the financial assumption made for the cost of services for our members. Staff have evaluated and designed an enhanced benefit package for 2023. The results on this bid should be received soon.
- Staff continues to evaluate the market to be forward thinking for next future year's benefits to ensure we are competitive in the services we provide.
- Additionally, staff continue work in our Star ratings workgroups to strategize around the quality and member experience measurements. This rating is the measurement of health plans and helps members with their selection when deciding which health plan to choose. The member engagement is a significant factor in our Star rating, so staff is focusing on aligning our services with this measure.
- Member materials are still under review for this transition. Some have already been submitted to CMS and DHCS.
- A market and brand analysis are underway to create an attractive presence for CareAdvantage. Staff is working with a marketing firm to analyze our strengths and weaknesses in our marketing presence to improve our presence internally and externally.
- The timing of outreach to our members about the transition has been under review and while some thought it better not to reach out to members with this information during open enrollment, the state is making this a requirement. There is concern

about using a vendor which, in the past, did cause confusion for our members. Staff is still working on a developing a plan on the best approach.

- Open enrollment period is October 15 through December 7. HPSM will be very present and visible during this upcoming enrollment period. We will be announcing new benefits to our current members and hope this will help to retain them and entice new potential members.

Mr. Wolf asked what the expected losses and gains in membership are and what is the breaking point in order to be considered successful in this transition and enrollment period. Ms. Rosado Torres explained that this is a new venture for HPSM and do not have history to look back to in order to make projections. We hope to gain 200-700 members throughout the entire first year. He suggested that a cost analysis be performed to find out how much it costs to obtain that new member.

Ms. Andrade Zuniga asked how those affiliated with community-based organizations can support the health plan in educating people to become or stay as members. Ms. Rosado-Torres stated that they are looking into ways of connecting with our community partners to develop talking points and presentations to help them understand the advantages of HPSM CareAdvantage.

b. End of Public Health Emergency Member Communications Plan

Ms. Ault-Riche touched on the possible effects on member eligibility related to the end of the Public Health Emergency (PHE). Since the beginning of the pandemic, the PHE has been extended every 90 days. It now has been extended through mid-October. If it is not extended again, the Human Services Agency will begin to send out redetermination packets at that time. There are many factors involved in members keeping their Medi-Cal eligibility and the fear is that they could be dropped from Medi-Cal coverage, which would affect their CareAdvantage eligibility. She described some of the ways that members could be dropped, for example, the need to return all of their documentation in a timely manner and if they miss their deadline or if they are lacking information, these could cause their coverage to be dropped.

Staff have been working on developing a communication plan to give notice to members about the importance of returning their paperwork to avoid losing their coverage. She will come to the next meeting with what they have developed. HPSM will collaborate with Human Services on ways to target members with communications.

Beverly Karnatz suggested that we reach out to the housing facilities because they can assist in connecting with residents with these communications. Mr. Wolfe suggested the same for the Long Term Care Facilities. Any other ideas can be sent to Karla Rosado-Torres.

7. Discussion Topics:

- a. Proposal to change advisory committee name to “CareAdvantage Advisory Committee” for the upcoming transition to a Duals Special Needs Plan (DSNP)

In terms of the naming of the committee, now that the program is going back to the D-SNP program, the committee would be better described as the “CareAdvantage Advisory Committee”. This name change was proposed to the group to become effective as of January 2023. Ms. Elbeshbesy motioned to make that change; second by: Dr. Yee-Melichar. All were in favor of this name change.

Ms. Ault-Riche reported on communications with DHCS and CMS about this committee and they expressed the need to recruit more beneficiaries to this committee. This has been stated by these agencies before. They are interested in learning more from members. Another perspective shared by DHCS and CMS is that they would like to see our committees have more reporting and discussion from the member perspective, with input and priorities from the community and community advocates.

- b. Proposal to shift committee agenda structure to focus more on discussion topics.
 - i. What topics are you interested in receiving updates on through HPSM staff presentations vs. what topics would you prefer to learn about through reports in the consent agenda?
 - ii. What topics are you most interested in discussing and providing feedback/insights to HPSM about during committee meetings?
 - iii. What topics do you think are most pressing for CareAdvantage members and warrant additional attention from this committee?

Mr. Wolf suggested that staff convene a strategic planning session to identify the scope of focus for the group with what we see coming down the pike and what the scope and role is on an ongoing basis.

Ms. Elbeshbesy agreed and suggested preparing a welcome packet for committee members to explain the role of the group and as well the role of beneficiaries, and how they can be a contributing member of this group. And, to set aside time for questions, concerns and grievances for members to be empowered to share at the meeting.

Ms. Ault-Riche added that they are also thinking about having a separate group that would be more like a focus group of members that is not a formal committee. Ms. Elbeshbesy agreed with this idea and suggested then one of these members might also come to this meeting to be a representative for that group.

8. CCI Ombudsperson Report (Legal Aid)

Ms. Elbeshbesy reported:

- The PHE extension means no negative actions will be taken through the rest of the year. CMS has said they will provide 60 days' notice so we should know in a few weeks if it will be extended again.
- The final legislative budget:
 - Money has been allocated in the budget for Medi-Cal Share of Cost reform targeted for implementation by January 2025. This will eliminate the maintenance needs allowance making the maintenance needs the federal poverty level. As an example, currently if a member is \$1 over this limit their SOC is \$900; with this change, if a person is over by \$1, their SOC is \$1.
 - Medi-Cal expansion in May 2022 included people aged 50 and over, and years ago it was expanded to include adults up to age 26. The goal now is to close that gap to include the undocumented between ages 26 to 49.
 - A permanent back up provider systems for IHSS is being established.
 - Premium elimination was effective July 1st for the working disabled, MCAP and other programs. Balances as of June 30th should be zeroed out and payments made should be rejected if sent in after that date.
- The asset limit went up July 1st however, some people are still receiving notices that they are ineligible based on the old asset limits
- Legal Aid have had a hearing on cases around negative actions being taken on LTC SOC. Their stand is that this should not have been allowed during the pandemic. DHCS is contending that it is not a negative action because its basis is on a post-eligibility treatment of income (PETI) rule. They are waiting to hear the results from the hearing.
- Another issue of cases going to hearing has to do with people being disenrolled from QMBY, one of the Medicare savings programs. This is due to premiums of almost \$1,000 a month for a couple when they did not have to pay premiums in the past.
- A new ACWDL 22-19 was issued in July related to updating contact information and what is allowable sharable information between counties. She encouraged staff to look this up.

9. LTC Ombudsperson Report

Ms. Irgens-Moller was not present at the meeting.

10. Questions about reports distributed prior to meeting.

Mr. Wolf asked how staff is approaching getting new members as they are going through this transition and focusing on quality at the same time. Ms. Ault-Riche did say this is a difficult time for staff with this transition. However, as they are working on integrating, there is focus on not losing people because of issues that could be avoided such as answering phones on

time. While this is the basics it is currently a challenge. Mr. Curran talked about the Star rating and the member experience through their Primary Care which is a significant measure. He stated that this is an important area of focus with sharing information, tools and support for providers and is an area where staff will put a lot of energy. He suggested this will assist in keeping members during this transition.

Ricky Kot pointed out that MSSP is no long a program and has been transitioned to CalAIM ECM this year.

Ms. Sturdevant commented how some of the information shared in the reports is helpful to her to see what kinds of issues people are having. For her, this shed light on how she might better explain information to members during the enrollment process. Ms. Ault-Riche added that many of the quality issues are related to the Primary Care members receive and is key what can we do as a plan to improve for our members.

Beverly Karnatz suggested that the health plan could give an informational or educational presentation to residents to help them understand changes taking place that could affect them. Ms. Rosado-Torres added that this is something they have been thinking about, ways to be out in the community and interacting in the community on a regular basis. Ms. Kaplan asked if the health plan could go into schools with education and resources because of the multi-generational representation. Ms. Rosado-Torres stated there are strict regulations between education and sales. She stated staff is open to all opportunities within the community.

There were no specific questions asked about the dashboard or other reports at this time.

a. HPSM Dashboards

b. Grievance & Appeals Report

c. Call Center & Enrollment Report

d. IHSS

10. Other Discussion Topics

There were no other topics discussed at this time.

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 29th day of July 2022 by the following votes:

AYES: Kaplan, Yee-Melichar, Karnatz, Dawson, Elbeshbeshy, Mancini, Zuniga, Wolf.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess
C. Burgess, Clerk