

**Health Plan of San Mateo
Cal MediConnect Advisory Committee
Meeting Minutes
Friday, October 25, 2019 – 10:00 a.m.
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

Committee Members Present: Gay Kaplan, Beverly Karnatz, Janet Hogan, Ligia Andrade Zuniga, Pete Williams, Teresa Guingona Ferrer, Sharolyn Kriger, Tricia Berke Vincent, Claire Day, Nancy Keegan, and Kirsten Irgens-Moller.

Committee Members Absent: Christina Kahn, Lisa Mancini, Evelina Chang, and Diane Prosser.

Staff Present: Maya Altman, Amy Scribner, Adrienne Lebsack, Susan Huang, M.D., Ricky Kot

1. Call to Order

The meeting was called to order at 11:35 a.m. by Gay Kaplan.

2. Public Comment

Gay Kaplan congratulated Maya Altman for being appointed to the Master Plan on Aging workgroup. She also welcomed Art Wolf as a guest presenter today. There were no further public comments at this time.

3. Approval of Minutes

The minutes for the July 19, 2019 meeting were approved as presented. **M/S/P.**

4. CCI Ombudsman Services Report (Legal Aid)

Ms. Berke Vinson reported what they are seeing in the office related to CMC members:

- Continue to have issues with people losing their Medi-Cal at renewal and switching from free Medi-Cal to share of cost Medi-Cal.
- Increased requests for more documentation in renewal process.
- Problems with a slow-down in enrollment processing
- Concerns about Medi-Cal staff being able to improve the ability to recognize and educate people about some beneficial programs such as the Working Disabled program and Spousal Impoverishment.

Ms. Vinson noted that though there is a two month deeming period that keeps members enrolled on CMC while we work to reinstate Medi-Cal benefits, there are share of cost issues for some members which can be devastating. Ms. Vinson reported they have a meeting scheduled with Human Services and hope to see some improvements in some of these areas.

Additionally, Legal Aid has been working around the public charge regulations. Though this should not directly impact CMC members, there are a lot of people in CMC who have concerns. Members don't understand what it means and are afraid that their use of benefits will impact

family members. Legal Aid has a lot of literature available explaining that few people are impacted and they have postings on their website.

Statewide, Ms. Vinson reported they are watching the following bills and budget items:

- An increase to the aged and disabled poverty level passed as part of the Governor's budget though the implementation may be delayed by the state, possibly until July 2020. Legal Aid is planning to bring this to the attention of the legislature and raise awareness about people in this group. She is collecting member stories to bring to the state legislators who passed this bill.
- AB 1088 passed recently. This affects people who are eligible for the aged and disabled program because there is a deduction for paying the Medicare premium. However, once they are on the program, the state pays the Medicare premium. Once the state starts paying the Medicare premium, members lose that deduction and go over the level for the aged and disabled program putting them into a share of cost for two months. The Governor signed into law a bill that says if a person is eligible when paying the Medicare premium, they will remain eligible even when it is paid by the state. But, we don't know when the state is going to implement this.
- A bill related to an increase in asset levels to the amount of money a person can have and be eligible for Medi-Cal was unsuccessful. She stated that the current asset level is \$2,000 for an individual and \$3,000 for a couple. The bill proposed last year was to raise this level to \$10,000 for an individual and \$15,000 for a couple, and would also have exempted certain types of assets such as pensions and IRAs. It did not pass but has been made into a two-year bill. Legal Aid is watching this potential bill. Ms. Vinson asked for member stories if we see the asset level affecting our members.

Ms. Altman stated that Human Services department in the county is looking for a new director. She will on the interview panel and will look for someone who can work on these issues. Ms. Vinson added in the past there seemed to be time to recognize the risk of losing Medi-Cal in advance and proactively avoid it but lately they are finding out the only a day before. The ability to collaborate more with the Health Plan can make all the difference.

5. LTC Ombudsperson Services Report

Ms. Kirsten Irgens-Moller reported they hear that HPSM is being very responsive on the phone and thanked the health plan for this. They are still having problems with Skilled Nursing Facilities not having Medi-Cal beds. They don't seem to be able to make it clear that every Medicare bed is a Medi-Cal bed. She wonders if there is a way for the health plan to intervene.

Dr. Huang spoke about the year-long collaborative for long term care and the new payment model as of October 1st. This payment model will help facilities get reimbursed in similar fashion for their Medi-Cal short term skilled stays as they would for their Medicare short term skilled stays. There are also incentives built in for encouraging appropriate discharge planning and community placements, as well as providing extra tools to the facilities relative to our Medi-Cal members.

Ms. Kriger suggested we look at the people who can go to lower levels of care and do not need 24 hour nursing care coverage to see if there is some way to help them ADLs. Dr. Huang stated that there is some movement on this issue.

Ms. Irgens-Moller concluded her report stating that there is still some difficulty with people who do not have family and are falling off of Medi-Cal because there is no one to open their mail or help them complete the re-enrollment. Ms. Vinson added that this is a real problem when someone loses cognitive capacity. Legal Aid is not able to help them unless they have a capable person who has durable power of attorney in place. Without this, the only thing that can be done once a person loses competence is to get a conservatorship. Legal Aid does not do conservatorships, Public Guardian can but is not easy to do and is a low priority. This is a common issue and attorneys would like to help but are not legally allowed to represent someone who cannot authorize them.

6. Grievances and Appeals Report

Ms. Altman handed out the G&A Report for Q2 of 2019. There were no questions at this time.

7. Updates and Discussion

Ms. Adrienne Lebsack and Ms. Amy Scribner reviewed the dashboard, educational topics, and IHSS reports in the absence of Katie-Elyse Turner:

- **Dashboard**

Health Risk Assessments Completion (Q2 2019):

- HRAs completed category was down slightly at 49% which could be attributed to staffing issues.
- “Unable to Locate” category has decreased to 22% which is good. A vendor has been used to distribute HRAs and is tracking people down with better contact information.

There was discussion of the different reasons that an HRA may not be completed such as the member not being able to complete the process or have someone to help them. Some with intellectual disabilities may also need to refer this back to the health plan and the care coordination unit can assist to see if there is someone that should be contacted to help or if they can mail the survey and follow up.

Beverly Karnatz mentioned the issue of the contact data or patient status being out of date. Dr. Huang realizes there are limitations of the HRAs since it is done only once a year or possibly more frequently due to triggers. However, this does not mean that we are not outreaching and doing care coordination with the members.

There was some question about the reliability of the HRAs if they are all self-reported. Dr. Huang explained that the health plan has other ways of evaluating member health status. Ms. Lebsack added there are also other ways they to validate the information

such as A1C report for diabetics. They can also do a validation to see that members are accurately self-reporting.

Ms. Lebsack reviewed the chart regarding care plans showing high and low risk member plans were both up and above the state average for the quarter.

LTSS Utilization among CMC Enrollees:

Ms. Scribner reviewed the four charts related to LTSS utilization:

- IHSS – enrollment is fairly stable
- MSSP – there has been a focused effort since Q1 of 2019 to increase enrollment in MSSP. This report is only a portion of the enrollment of MSSP, which is closer to 93% capacity. One of the challenges identified in getting people into MSSP is the turnaround for the authorizations and enrollment process.
- Nursing Facilities - fluctuated a little in Q2
- CBAS – Nancy Keegan noted that Senior Focus has a wait list but has made progress reducing the wait list. She hopes to see more movement in the New Year. There have been some changes in their enrollment and intake process to help make it go quicker.

Education Topics

Ms. Scribner reported on the CMT call topics from the last quarter (July, August, September):

- **Members with an Annual Reassessment**
Relates again to the HRAs. ILS became our vendor in 2017 so 2018 was a ramp up period. Targeting the unreachable members through care coordination.
- **Documented Discussions of Care Goals**
We have a lot of data captures on this. Landmark is one of the ways we are discussing care goals but it is hard to extract data.
- **Consumer Advisory Board**
Recruitment of member participants is a challenge and efforts are made at member events. We are working on ways to engage members.
- **IHSS Services MOU**
CMS-DHCS was interested in hearing from plans about the status of MOUs with county IHSS. Some of the challenges discussed are when members are transitioning back to the community from LTC they have a share of cost, resulting in a problem getting IHSS. It takes a little while for the aid code to switch over to a non-LTC aid code. Caregiver availability, especially if the member does not have a family member or friend, can also cause a delay in getting services. Ms. Vinson suggested that these people be referred to Legal Aid who can help expedite this aid code change rather than a person being put in the queue.

- **Durable Medical Equipment**

HPSM receives and identifies DME requests through prior-authorizations. It's also identified through our Care Management program. When a patient is getting discharged from acute or inpatient stay we identify DME needs. We use a vendor, DME Consultants, who does some of the in-home evaluations to confirm the patient's needs and that the right equipment is requested.

Repair and maintenance requests are managed and tracked by the Health Services department. We are pursuing improvements in the delivery confirmation process for DME through claims data and grievances and appeals to confirm the equipment was delivered to the member. Dr. Huang added that Health Services is working on a more proactive process to confirm timely and accurate delivery of equipment with the member once an authorization has been approved.

- **IHSS Updates**

Janet Hogan reported there are 2,045 clients in aging and adult services that will be impacted by the most recent power outage this weekend. Of those, there are 450 that are considered medium to high risk. They have a team making calls to these clients to discuss what their provision plans are and to see what they have in place.

She noted challenges with the electronic visit verification process. San Mateo County goes live in June 2020 but are trying to get everyone on electronic timesheets before that. We are currently at 41%. LA has gone live and is doing well. The biggest problem is that the system does not have the ability to manage the capacity of people enrolled and crashes each pay period.

Another challenge is the issue of share of cost. This causes a huge impact to the provider as the provider is not getting paid and it's taking a long time to fix this issue. If the family pays the provider directly and submits a claim, it can take up to six months to be reimbursed.

Public Authority:

- They had 122 referrals for care givers last month
- The training program ended last fiscal year with 46 trainings. These trainings are offered in English and Spanish. In addition to the basic core essential care giving skills classes that are being taught, there are a large number of specialty classes dealing with unique problems that clients and providers face.
- They are working with an advisory committee to develop a new set of classes that people can take and receive certification for completion of skill level two.

8. Other State/CMS Updates

Power Outages

Ms. Altman asked Dr. Huang to report on the current power outages. Dr. Huang stated that the health plan has been coordinating with county on the recent power outages. They have been happening so quickly not allowing much opportunity to prepare. The health

plan has extracted a list of about 800+ members, Medi-Cal and Duals combined. Staff is prioritizing anyone on electrical medical equipment such as cardio pulmonary assist devices, oxygen related equipment, etc. This will be enhanced further for additional equipment like nutrition pumps and mobility equipment in the future. The outage this weekend is so broad that HPSM sent the lists out in waves. Some people are very fragile and will be getting in home visits, and some are being contacted through other partners such as housing, CCSP, Wider Circle, ILS, Matrix. We have also produced a quick guide and given instructions to staff on how to advise members about refrigerated medications. The health plan has participated in huddles such as the county incident command and is continuing to review the CMS guidelines and tool kits from prior disasters. The health plan is also preparing its own business continuity plan should there be a power outage here in the HPSM office. Ms. Altman added that staff is also outreaching to critical providers to ask about their business continuity plans.

Ms. Zuniga stated that CID received a grant through PG&E to provide generators and instructed if there is someone with disabilities that needs a generator, anyone can call CID. They are not open over the weekend but it will be routed to a specific number that will answer that call.

MSSP

Ms. Altman reported that in the beginning of September, the state issued a brief announcement saying that by 2021 all Medicaid plans in California will have to cover Long Term Care and will become a standing benefit across plans. Also, plans will cover organ transplants and, like LTC, this is not standard throughout health plans. The state also announced that they will be carving out MSSP. HPSM and SM County worked extremely hard to integrate the program with staff, integrating data systems, providers, etc., and it has been working very well. Ms. Altman asked the committee to help support by signing a letter that the county and the plan would develop to the new leadership of the DHCS and to the Secretary.

CalAIM

Ms. Altman announced the state's new program, CalAIM, which is geared toward improving and advancing Medi-Cal. They are revealing their plan on Tuesday. One encouraging component is a program called In Lieu of Services which would be an opportunity that could provide funding to the CCSP. This could allow us to have a funding source to sustain this program. There are other In Lieu of Services that could pay for social determinates such as food and housing.

Master Plan on Aging

Ms. Altman reported that she is teaming up with Justice in Aging to push for Long Term Services and Supports integration and overall integration. The process is just starting and she will bring more to this group as it develops.

CareAdvantage Day at HSPM

HPSM invited CareAdvantage and Cal MediConnect members to an event here at the health plan. There were representatives from Legal Aid, among many other organizations. More than 300 people attended with questions about their plan benefits. A number of volunteer staff was present to help and some people signed up for the CareAdvantage program. We plan to try to do this type of event each year.

In conclusion, Ms. Altman stated that at a future meeting, we will have an update on the CCSP program. Also, the Long Term Care Collaborative is just starting after a year of planning. A lot of work has happened with the high volume facilities and with their staff to help them improve quality.

Dental Integration

Ms. Altman announced that at the October commission meeting, the commission approved the dental integration program. We will be working towards a start date of January 2021.

9. 2020 Meeting Dates

The 2020 meeting dates were approved as presented. Next meeting will be on January 17, 2020.

10. Adjournment

The meeting adjourned at 12:57 p.m.

Respectfully submitted:

C. Burgess

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Clerk of the Commission