

Health Plan of San Mateo
Cal MediConnect Advisory Committee
Friday, October 28, 2022 – 11:30 a.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, Dr. Darlene Yee-Melichar, Beverly Karnatz, Jill Dawson, Kirsten Irgens-Moller, Nina Rhee, Pete Williams, Ligia Andrade Zuniga, Jules Lutaba, Ricky Kot.

Committee Members Absent: Lisa Mancini, Amira Elbeshbeshy.

Staff Present: Pat Curran, Karla Rosado-Torres, Charlene Barairo.

1. Call to Order / Introductions

The meeting was called to order at 11:34 a.m. by Karla Rosado-Torres.

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 July 29, 2022, were presented for approval. Motion to approve: Kaplan
Second: Yee. Minutes were 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: Zuniga; Second: Day. All in attendance were in favor. The resolution is attached to these minutes as part of the record.

5. State/CMS Updates

Mr. Curran explained what is happening statewide. A part of the purpose of CalAIM is to standardize the experience for Medi-Cal beneficiaries. HPSM has already been responsible for the Long Term Care benefit for Medi-Cal members and other counties are now being required to become responsible for this benefit. Also, Dual eligible members will be transitioning into managed care plans. The state is now requiring all Medi-Cal plans to have a corresponding Medicare plan by 2026. HPSM has already been doing this for a number of years.

Mr. Curran will be in Washington, DC next month when the national coalition will meet to talk about proposed legislation to further coordination for the Dual Eligible beneficiaries. There is a bill that will give money to states to develop a plan to coordinate Medicare and Medicaid benefits together. We are advocating nationally that this legislation passes. There is another bill which would more comprehensively coordinate benefits and create a modified program for dual eligibles that will not pass. However, the good news is that there is a lot of activity at a national level to better coordinate coverage, benefits, and care for people who have Medicare and Medicaid.

Beverly Karnatz commented on the number of providers who seem to be reaching out to residents to offer them Medicare and Medicaid dual eligible products. Mr. Curran explained that this does happen every year during open enrollment time. There was discussion about residents being told by their physician that they were leaving the health plan and recommended another program to them. She mentioned connecting them with HI-CAP but stated that HPSM did not seem to be on their list. Staff will follow up on this. Ms. Kaplan added that Medicare does not pay the billed rate and some physicians are leaving the Medicare Managed Care plans for this reason.

6. HPSM Updates

a. D-SNP 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. She reported the following:

- Approval for the State Medicaid Contract has been received.
- The preliminary results for our marketing and brand analysis have been received. This will help us with our brand, and messaging to members and providers.
- Revisions of member materials have been completed and are ready for implementation.
- Notices to our members were sent out at the beginning of October. This includes the annual notice of changes to coverages for 2023, the 90-day notice of renewal which

informs members of changes due to the transition from Cal MediConnect to the D-SNP.

- The HPSM website has been updated with the D-SNP information in English and the other threshold languages.
- During the annual enrollment period (October 15th thru December 7th) members receive solicitations from many health plans. In past years, HPSM has not been involved in this advertising and solicitation process, but we will be sending information to members this year for the first time. We have exciting new benefits to offer, and this will be included in the materials that will be sent to members. We are now in a testing phase with these materials which have been produced in two different versions.
- We received approval for our new benefit package resulting in the following benefits: Vision \$175 annually which is an increase from \$100 every 2 years; new Worldwide Emergency Coverage up to \$25K for services and transportation worldwide on a member reimbursement arrangement; an Over the Counter (OTC) allowance of \$90 every quarter for OTC items (via retail, online orders and phone orders) through a debit card they will receive; and a Healthy Foods benefit of \$65 every quarter for healthy foods and grocery items for members with certain chronic conditions.
- Webinars for providers have been conducted to educate them on the new benefits. In November, there will be another set of webinars for members in English and Spanish about the D-SNP benefits and other changes. More provider webinars will take place around the same time.
- STARS readiness project is under way to prepare for our first official score in 2025. Before that, HPSM will be given a default rating of 3.5 STARS.
- CAHPS survey which takes place in March 2024, will capture the data that will provide us with our first year of STARS rating. A vendor has been engaged to assist with an assessment for best practices. HPSM will conduct a number of surveys around member experience. The results will be shared at future meetings.
- Next year HSPM will be conducting an independent CAHPS survey which will not count towards our STARS rating but will provide the health plan benchmark data to help us improve before our first accountable year of CAHPS. This will be performed in English, Spanish, Chinese and Tagalog.

b. End of Public Health Emergency - Update.

Ms. Karla Rosado-Torres explained that the Governor has announced the end to the state Public Health Emergency. The federal mandate for a public health emergency is the mandate that oversees the Medi-Cal renewal process that is currently on hold. The State PHE affects other activities within the state. We are expecting the end of the federal PHE and are planning for a mid-January date for this to take place. With that, staff has begun outreach to members with messaging around making sure their contact information is up

to date; and, that they respond immediately any requests for information to ensure they do not lose their Medi-Cal. She noted that the deeming period will be four months beginning in May 2023.

7. Discussion Topics:

Ms. Rosado-Torres talked about the restructuring of this committee going forward in 2023. She noted that CMS has indicated that D-SNPs need to have an enrollee advisory committee. This is in order to solicit information from members to understand topics that may affect their health care such as:

- Access to Covered Services
- Coordination of Services
- Health Equity
- Areas of improvement for Underserved Enrollee Populations

One of the requirements of this committee will be to have reasonable representation of our membership. To accomplish this, staff is working on organizing a separate committee that is made up of enrollees (members).

Ms. Kaplan noted that it is a challenge to get members for this age group and with chronic conditions to attend meetings. She suggested that those who work with the members may have an opportunity to identify those that may be able to help us meet this requirement. There was discussion on some of the regulation and how it is specific to ensuring that the CareAdvantage population be well represented.

Dr. Yee asked if the regulation spelled out the need for diversity and inclusion of members or different populations. Dr. Yee would like to see that be taken into consideration such as language. She asked if there is a deadline for this committee to be established and if there are frequency regulations. Ms. Rosado-Torres stated that it would need to meet quarterly and they want it to begin in 2023. There was more conversation around the need for linguistic representation and overall cultural representation in this current committee and also for the other committee that is to be formed. Ms. Rosado-Torres asked committee members to please watch for enrollees that may be interested in joining this committee to see if we can gain member representation. Ms. Irgens-Moller asked if the restructuring of this committee meant that current members would need to resign for others to join. Ms. Rosado-Torres stated that the restructuring would mean that we would focus more on member input and less on reports. Reports could be sent out in advance and discussed at the meetings, but the meetings would be more member focused related to issues they may be experiencing.

Ms. Karnatz expressed interest for her residents commenting on the possibility for the meeting to be hybrid so members could attend virtually. Ms. Rosado-Torres stated that staff will be working on a structure for the committee and will send this out before the next meeting. She again expressed the hope that members of the committee might send her some recommendations of enrollees that might be interested in participating.

8. CCI Ombudsperson Report (Legal Aid)

Mr. Jules Lutaba reported:

- Reported on cases that were related to a long term Share of Cost (SOC) that seemed to be a negative action during the PHE which was not to be permissible. This went to a state hearing and it was decided that switching someone who did not have long term care into Medi-Cal long term care with a SOC was a positive action as it gives them access to those services even though their cost of health care would increase.
- Another issue was members who have a Medicare savings program where their Part A and B premiums are paid for each month who then had an increase in income which made them no longer eligible for that benefit and then removing this premium was paid for was not permissible. In state hearing this was deemed a negative action and therefore not permissible.

9. LTC Ombudsperson Report

Ms. Irgens-Moller talked about changes in personnel at the big skilled nursing facilities that is causing some confusion related to CalAIM. Ms. Irgens-Moller will be working on a cheat sheet to help when talking to clients about CalAIM. There is a shortage of staff and this is being recognized by the patients. There is some tension between the traveling staff CNA's and RN's regarding the difference in pay.

She expressed continued confusion on how to deal with behavioral health issues in the facilities. Some of the larger facilities that had been receiving patch money are now taking people from out of county and they would like a better way to support patients in these facilities receiving this patch.

Dr. Yee offered to connect Ms. Irgens-Moller with interns that she is in contact with to help work with patients who need help with.

10. Questions about reports distributed prior to meeting.

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

There were no questions about the submitted reports at this time.

11. Meeting Dates for 2023

The meeting dates were approved as submitted. Dr. Yee asked about the status of the virtual meetings or if we would be meeting in person. Mr. Curran explained it is dependent on the ending of the PHE. It was stated that January would be a virtual meeting and we could discuss then the future meetings.

12. Adjournment

The meeting adjourned at 12:47 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 28th day of October 2022 by the following votes:

AYES: Day, Kaplan, Yee-Melichar, Karnatz, Dawson, Irgens-Moller, Rhee, Williams, Zuniga, Lutaba, Kot.

NOES: -0-

ABSTAINED: -0-

ATTEST:

BY: C. Burgess
C. Burgess, Clerk